CEDARS-SINAI®

COMMUNITY HEALTH NEEDS ASSESSMENT **2019**

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Executive Summary

Cedars-Sinai Medical Center is one of the largest nonprofit academic medical centers in the U.S., with 886 licensed beds. Clinical programs range from primary care for preventing, diagnosing and treating common conditions to specialized treatments for rare, complex and advanced illnesses.

For more than a century, Cedars-Sinai has served vulnerable communities across the Los Angeles region. This commitment to community service is one of Cedars-Sinai's defining values.

As an independent, nonprofit healthcare organization, Cedars-Sinai recognizes the importance of its vital civic role and its dedication to:

- Deliver the highest quality healthcare services
- Expand the horizons of medical knowledge through biomedical research
- Educate and train physicians and other healthcare professionals
- Strive to improve the health status of our community

Cedars-Sinai sponsors, develops and coordinates thousands of activities that help improve health for more than 180,000 people annually. Cedars-Sinai works closely with schools, local government, senior centers, health and human service programs, and other agencies to better understand community needs, and to expand the capacity of local organizations to serve the most vulnerable. These joint efforts maximize long-term health impacts on Angelenos.

Cedars-Sinai Medical Center (Cedars-Sinai) has undertaken the triennial Community Health Needs Assessment (CHNA), outlined as a requirement in California's Senate Bill 697 and the Patient Protection and Affordable Care Act through the IRS section 501(r)(3) regulations.

The purpose of this Community Health Needs Assessment is to identify and prioritize significant health needs of the community served by Cedars-Sinai. The health needs identified in this report help to guide the hospital's community benefit activities.

Cedars-Sinai participated in a collaborative process for the Community Health Needs Assessment, in partnership with Cedars-Sinai Marina del Rey Hospital, Kaiser Permanente West Los Angeles Medical Center, Providence St. John's Health Center, and UCLA Health.

Service Area

Cedars-Sinai is located at 8700 Beverly Boulevard, Los Angeles, California 90048. The Community Benefit Service Area includes large portions of Service Planning Areas (SPAs) 4 (Metro), 5 (West) and 6 (South), and a smaller portion of SPA 8 (South Bay) in Los Angeles County. The Community Benefit Service Area can also be viewed by Los Angeles City Council Districts, covering all or part of districts 1, 4, 5, 8, 9, 10, 13, 14 and 15. The Community Benefit Service Area includes 52 ZIP Codes, representing 25 cities or neighborhoods. To determine the Community Benefit Service Area, Cedars-Sinai takes into account the ZIP Codes of patients discharged from the hospital; the current understanding of community need based on the most recent CHNA; and long-standing community programs and partnerships.

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 community demographics, social determinants of health, health care access, birth indicators, leading causes of death, acute and chronic disease, 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 interviews with 39 key 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

The community stakeholders were asked to prioritize the significant 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 and resulted in an overall average for each health need. Among the interviewees, mental health, housing and homelessness, and substance use and misuse were ranked as the top three priority needs in the service area. A brief description of the significant health needs follows listed in priority order:

Priority Ranking	Health Need	Summary Data
1	Mental health	• In SPA 4, 9.4% of adults were determined to have likely experienced serious psychological distress in the past year. Data shows this indicator as 7.2% of adults in SPA 5 and 8.7% of adults in SPA 6. • Among those who sought mental/emotional help, SPA 5 residents (65%) were more likely to receive help than those in SPA 4 (54.4%) and SPA 6 (54.7%). • Stakeholders noted that there continues to be a stigma associated with mental health care, which decreases access to needed services.
2	Housing and homelessness	• The annual Greater Los Angeles Homeless Count shows an increase in homelessness from 2015 to 2018. • Among the homeless population, 31.7% in SPA 4, 26.3% in SPA 5 and 22.6% in SPA 6 are chronically homeless. • Stakeholders noted there is not an adequate supply of housing. “Even if we had the supply, many don’t have the means to live here. For some a financial set back would likely put them on the street. They live in a very tenuous situation. People who are forced to spend too much of their income on housing, live in substandard housing, live in garages, live six to a room, it is a crisis.”
3	Substance use and misuse	• In SPA 4, 20% of the population has misused prescription drugs. 21% of SPA 5 residents and 18% of SPA 6 residents have misused prescription drugs. • In SPA 4, 13.9% of adults smoke cigarettes. 9.9% of SPA 5 adults smoke and 13.6% of adults in SPA 6 smoke. SPA 4 and 6 rates of smoking do not meet the Healthy People 2020 objective (12%). • 8.8% of teens in SPAs 4, 5, and 6 have tried an e-cigarette. • A stakeholder commented there is so much media coverage about opioid use but there are many other issues that need attention as well, e.g. meth and alcohol use.
4	Access to health care	• The Community Benefit Service Area has 79.0% insurance coverage across all ages, which is lower than county (84.1%) and state (87.4%) rates of insurance coverage. • 92.8% of children in the Community Benefit Service Area are insured. • Community stakeholders commented 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. We’ve noticed the number one reason people tend to miss appointments is they lack transportation.”
5	Dental care	• 14.5% of children in SPA 4, 24.5% in SPA 5 and 13.3% in

Priority Ranking	Health Need	Summary Data
		SPA 6 have never been to a dentist. • 40.3% of adults in SPA 4, 28.9% in SPA 5 and 56.9% in SPA 6 have not obtained dental care in the past year. • Stakeholders noted dental care is one of the health services that is challenging to access or missing in the community.
6	Diabetes	• Diabetes is the fourth leading cause of death in the Community Benefit Service Area. • Among adults in SPA 4, 10.1% have diabetes, 6.3% of adults in SPA 5, and 12.7% of adults in SPA 6. • Stakeholders noted that a lack of healthy food, medications and safe neighborhoods make it difficult to effectively manage chronic diseases such as diabetes.
7	Preventive practices	• The Healthy People 2020 objective is 70% of the population to receive a flu shot. 38.4% of SPA 4 adults, 45.8% of SPA 5 adults and 30.3% of SPA 6 adults received a flu shot. • The Healthy People 2020 objective for mammograms is that 81.1% of women, ages 50-74 years, have a mammogram in the past two years. In SPA 4, 78.5% of women in the target demographic have had a mammogram in the past two years. 82% of SPA 5 women had the required mammogram, and 77.6% of women in SPA 6 had a mammogram.
8	Heart disease and stroke	• Heart disease is the top leading cause of death in the Community Benefit Service Area and stroke is the third leading cause of death. • A co-morbidity factor for heart disease is hypertension (high blood pressure). In SPA 4, 27.7% of adults are diagnosed with high blood pressure. 24.3% of adults in SPA 5 and 32.7% of adults in SPA 6 have been diagnosed with high blood pressure.
9	Overweight and obesity	• 33.7% of SPA 4 adults, 34.4% of SPA 5 adults and 36.3% of adults in SPA 6 are overweight. • In SPAs 4, 5 and 6 combined, 21.6% of teens are overweight and 13.2% of children are overweight. • Data indicates that over three-quarters of the adult population among African Americans in SPA 4 (79.4%) and SPA 6 (78.1%) are overweight or obese. Area Latinos also have high rates of overweight and obesity. • Stakeholders noted there is not enough park space for people to exercise and people do not have access to healthy foods.
10	Cancer	• Cancer is the second leading cause of death in the Community Benefit Service Area.

Priority Ranking	Health Need	Summary Data
		• Rates of newly diagnosed breast cancer ranged from a low of 79.3 per 100,000 women in City Council District 15 to a high of 193.5 in Beverly Hills. • Rates of newly diagnosed colon cancer ranged from a low of 31.5 per 100,000 persons in LA City Council District 15 to a high of 48.6 per 100,000 persons in West Hollywood.
11	Community safety (crime and violence)	• When asked whether they perceived their neighborhood to be safe from crime, 40.3% of SPA 6 adults felt safe from crime, compared to 84.0% of respondents countywide. 97.4% and 74.3% of adults in SPAs 5 and 4 respectively felt safe from crime. • Community stakeholders noted if a community doesn't feel safe and secure it impacts residents' health and wellbeing.
12	Food insecurity	• 30.5% of adult residents of SPA 5, 32% of SPA 4, and 32.4% of SPA 6 adults, living below 300% of the Federal Poverty Level, reported food insecurity. These are higher rates of food insecurity than found in the county (29.2%). • A community stakeholder noted, "We live in a food desert. We do not have enough access to healthy food. There are plenty of liquor stores but not enough grocery stores and farmers markets."
13	Sexually transmitted infections (STIs)	• Rates of STIs continue to rise. In the Community Benefit Service Area, SPA 6 has the highest area rate of Chlamydia (941 per 100,000 persons). SPA 4 has the highest area rates of Gonorrhea (400 per 100,000 persons), and early syphilis, which includes primary and secondary syphilis, and early latent (103 per 100,000 persons). • Stakeholders noted there is insufficient funding for STI testing and treatment. "We have effective interventions for STIs but we lack resources."
14	Asthma	• In SPA 4, 10.9% of the population has been diagnosed with asthma; SPA 5 - 13.1%, and in SPA 6, 9.2%. • Among youth in SPA 4, 5.9% have been diagnosed with and currently have asthma, 6.7% of youth in SPA 5 have asthma, and 7.8% of youth in SPA 6 have asthma.

Report Adoption, Availability and Comments

This CHNA report was adopted by the Cedars-Sinai board in May, 2019.

This report is widely available to the public on the hospital's web site, https://www.cedars-sinai.org/community/community-benefit.html. Written comments on this report can be submitted to Cindy Levey at cindy.levey@cshs.org.

Introduction

Background and Purpose

Cedars-Sinai began in 1902 as a 12-bed hospital in the Angelino Heights neighborhood of Los Angeles. Today, Cedars-Sinai Medical Center has 886 licensed beds. Cedars-Sinai Health System serves more than 1 million people each year in over 40 locations, with more than 4,500 physicians and nurses and 1,500 research projects.

Cedars-Sinai is a nonprofit, independent healthcare organization committed to improving the health status of the communities we serve through:

- Leadership and excellence in delivering quality healthcare services
- Expanding the horizons of medical knowledge through biomedical research
- Educating and training physicians and other healthcare professionals
- Striving to improve the health status of the community

Quality patient care is the priority. Providing excellent clinical and service quality, offering compassionate care, and supporting research and medical education are essential to our mission. This mission is founded in the ethical and cultural precepts of the Judaic tradition, which inspire devotion to the art and science of healing and to the care we give our patients and staff.

Cedars-Sinai has undertaken a Community Health Needs Assessment (CHNA) as required by state and federal law. California's 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.

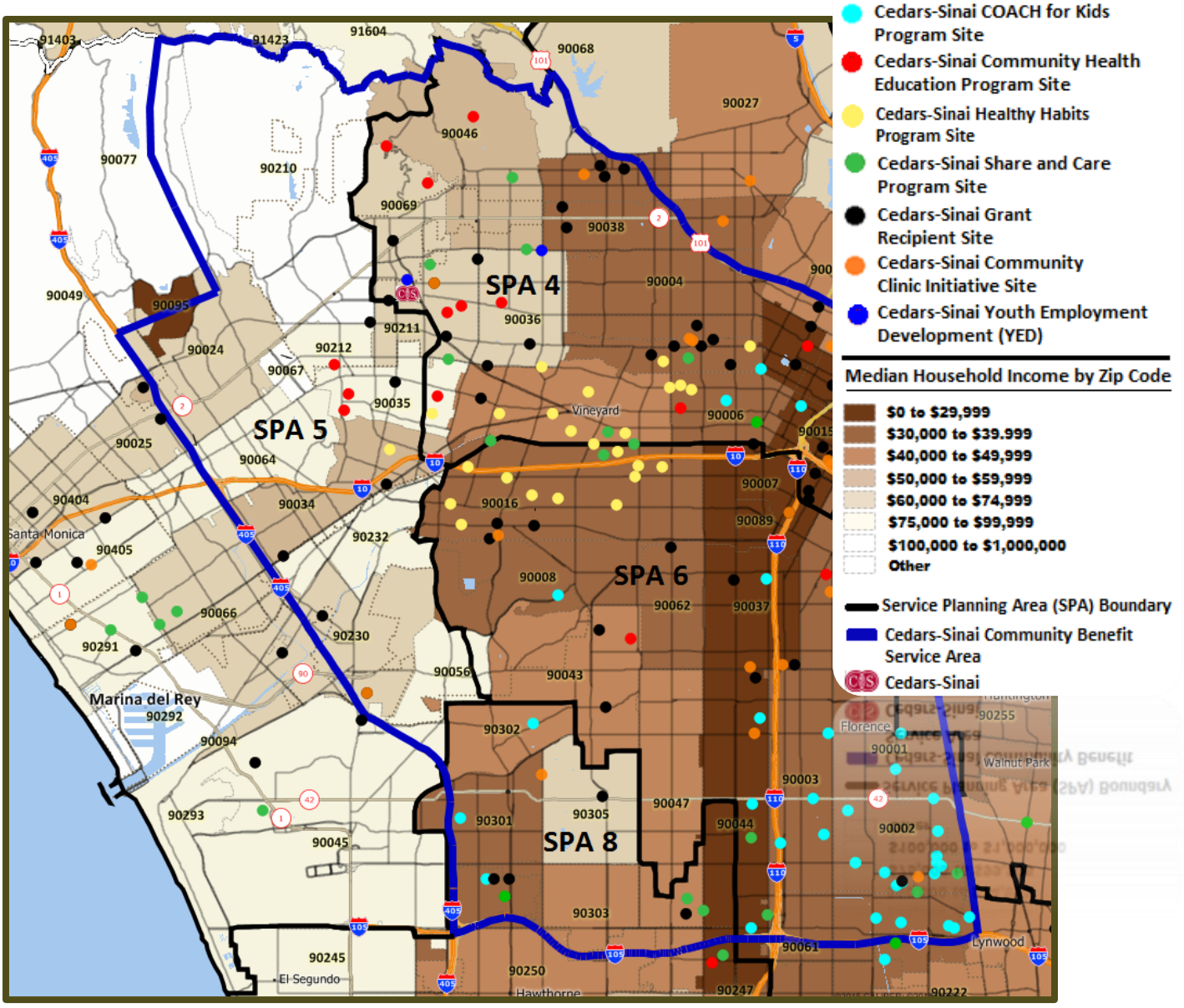
Service Area

Cedars-Sinai is located at 8700 Beverly Boulevard, Los Angeles, California 90048. The Community Benefit Service Area includes large portions of Service Planning Areas (SPAs) 4 (Metro), 5 (West) and 6 (South), and a smaller portion of SPA 8 (South Bay) in Los Angeles County. The Community Benefit Service Area can also be viewed by Los Angeles City Council Districts, covering all or part of districts 1, 4, 5, 8, 9, 10, 13, 14 and 15. The Community Benefit Service Area includes 52 ZIP Codes, representing 25 cities or neighborhoods. However, two ZIP Codes (90071 and 90079 in Downtown Los Angeles) have no resident population from the Census and will not be examined within this report. To determine the Community Benefit Service Area, Cedars-Sinai takes into account the ZIP Codes of patients discharged from the hospital; the current understanding of community need based on the most recent CHNA; and long-standing community programs and partnerships.

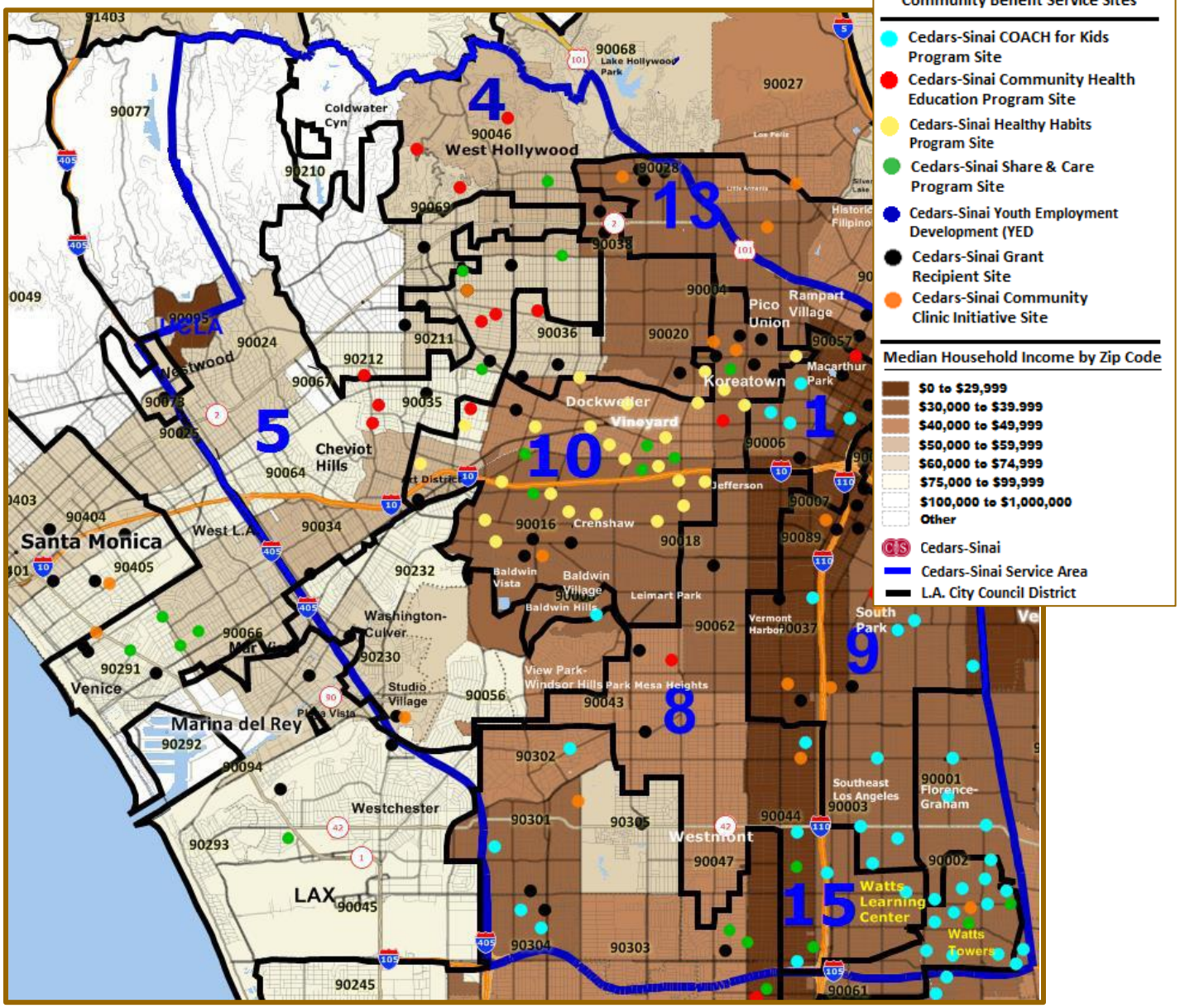
Cedars-Sinai Community Benefit Service Area

Geographic Area	ZIP Code	SPA	District
Baldwin Hills	90008	SPA 6	8
Beverly Hills	90210, 90211, 90212	SPA 5	N/A
Central LA	90013, 90014, 90015, 90017	SPA 4	1,9,14
Century City	90067	SPA 5	5
Crenshaw	90016, 90018	SPA 6	8,10
Culver City	90230, 90232	SPA 5	N/A
Downtown LA	90010, 90021, 90071, 90079	SPA 4	1,10,14
Fairfax/Mid-City	90019, 90036	SPA 4	4,10
Hollywood	90028, 90038	SPA 4	4,13
Hyde Park	90043	SPA 6	8
Inglewood	90301, 90302, 90303, 90305	SPA 8	N/A
LA/Coliseum & MLK Blvd	90011	SPA 6	9
LA/MLK & Hobart	90062	SPA 6	8
Ladera Heights	90056	SPA 5	N/A
Lennox	90304	SPA 8	N/A
South Central LA	90001, 90002, 90003, 90044, 90047	SPA 6	8,9,15
South Los Angeles	90059	SPA 6	15
University	90037, 90089	SPA 6	9
USC	90007	SPA 6	1,9
West Hollywood	90046, 90048, 90069	SPA 4	4,5
West LA/Palms	90034	SPA 5	5
West LA/Rancho	90025, 90035, 90064	SPA 5	5
Westwood	90024	SPA 5	5
Wilshire	90006, 90057	SPA 4	1,13
Wilshire/Koreatown	90004, 90005, 90020	SPA 4 & 6	1,4,13

Community Benefit Service Area



Community Benefit Service Area and City Council Districts



Collaborative Process

Cedars-Sinai Medical Center participated in a collaborative process for the Community Health Needs Assessment in partnership with Cedars-Sinai Marina del Rey Hospital, Kaiser Permanente West Los Angeles Medical Center, Providence St. John's Health Center, and UCLA Health. Given that these hospital facilities share an overlapping service area, a collaborative effort reduced redundancies and increased data collection efficiency.

Cedars-Sinai Medical Center is actively engaged as a member of the LA Partnership, a collaboration among local health departments, the Hospital Association of Southern California, the California Community Foundation, and over 20 non-profit health systems in LA County. The group aims to promote best practices and alignment of CHNAs and prevention-oriented Implementation Strategies among hospitals and community partners. For this CHNA, members of the LA Partnership developed a set of core primary data collection questions for hospitals, health systems and public health agencies to create a consistent picture of community health across the county.

Project Oversight

The Community Health Needs Assessment process was overseen by:
Cindy Levey, MPH
Associate Director, Community Benefit Systems and Planning
Cedars-Sinai Medical Center

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 Cedars-Sinai Community Health Needs Assessment. She was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. 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, health care access, birth indicators, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. When available, data sets are presented in the context of Los Angeles County and California to help frame the scope of an issue as it relates to the broader community.

Sources of data include: the U.S. Census American Community Survey, California Department of Public Health, California Health Interview Survey, Los Angeles County Department of Public Health, 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 Community Benefit Service Area data.

Primary Data Collection

Cedars-Sinai conducted targeted interviews to gather information and opinions from persons who represent the broad interests of the community served by the hospital. Thirty-nine (39) interviews were completed from November 2018 to January 2019.

Cedars-Sinai participated in a collective process to establish a standardized set of primary data questions for use across Los Angeles County. This effort was accomplished through the LA Partnership, a collaborative of nonprofit hospitals, the Los Angeles County Department of Public Health, California Community Foundation and the Hospital Association of Southern California. Interview questions focused on the following topics:

- Most significant health issues in the community

- Social, cultural, behavioral, environmental or medical factors contributing to poor health in the community
- Who is most affected by the significant needs
- Effective strategies or actions for addressing the needs
- Services most challenging to access
- Potential resources to address the identified health needs, such as services, programs and/or community efforts
- Potential areas for coordination or collaboration to address community health needs
- Additional comments and concerns

Community stakeholders identified by the collaborative hospital partners 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. A list of the stakeholder interview respondents, their titles and organizations 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.cedars-sinai.org/community/community-benefit.html. Comments received were incorporated in the report as appropriate.

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, county rates, state rates and/or Healthy People 2020 objectives. Indicators related to the health needs, which 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 care
- Chronic diseases (asthma, cancer, diabetes, heart disease, stroke, HIV)
- Community safety (crime and violence)
- Dental care
- Economic insecurity
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity (healthy eating and physical activity)
- Preventive practices
- Sexually transmitted infections
- Substance use and misuse

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. The following criteria were used to prioritize the health needs:

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

The stakeholders were asked to rank each identified health need. The percentage of responses were presented for those needs with severe or significant impact on the

community, had worsened over time, and had a shortage or absence of resources available in the community.

Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample. Among the interviewees, housing and homelessness, mental health and economic insecurity received the highest rankings for severe and significant impact on the community. Housing and homeless, substance use and misuse and economic insecurity had the highest scores for worsened over time. Housing and homelessness, economic insecurity and dental care received the highest rankings for insufficient or absent resources.

Significant Health Need	Severe and Significant Impact on the Community	Worsened over Time	Insufficient or Absent Resources
Access to care	73.9%	13.0%	78.3%
Asthma	50.0%	18.2%	58.3%
Cancer	66.7%	20.0%	60.0%
Community safety (crime and violence)	66.7%	50.0%	72.2%
Dental care	78.9%	31.6%	94.7%
Diabetes	84.2%	52.6%	84.2%
Economic insecurity	90.9%	76.2%	95.5%
Food insecurity	68.2%	36.4%	66.7%
Heart disease and stroke	76.5%	37.5%	62.5%
Housing and homelessness	95.6%	91.3%	100%
Mental health	95.6%	77.3%	91.3%
Overweight and obesity (healthy eating and physical activity)	70.0%	47.6%	66.7%
Preventive practices	61.9%	20.0%	71.4%
Sexually transmitted infections/HIV	64.7%	29.4%	47.1%
Substance use and misuse	84.2%	83.3%	84.2%

The stakeholders were also 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, mental health, housing and homelessness, substance use and misuse, access to health care, and dental care were ranked as the top five priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant health needs.

Significant Health Need	Rank Order Score (Total Possible Score of 4)
Mental health	3.92
Housing and homelessness	3.87
Substance use and misuse	3.76
Access to care	3.75
Dental care	3.73
Diabetes	3.55
Preventive practices	3.50
Economic insecurity	3.43
Heart disease and stroke	3.40
Overweight and obesity (healthy eating and physical activity)	3.39
Cancer	3.32
Community safety (crime and violence)	3.30
Food insecurity	3.26
Sexually transmitted infections/HIV	3.10
Asthma	2.95

Resources to Address Significant Health Needs

Through the interview 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, Cedars-Sinai Medical Center 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 2016-2019 Implementation Strategy addressed access to care and chronic diseases.

Access to Care: Selected community benefit efforts focused on increasing and supporting access to essential health care services for the underserved through direct programs and partnerships with local community-based organizations. Programs, partnerships and strategies addressed the following access-to-care priority health needs:

- Primary care
- Specialty care
- Mental health
- Preventive care

Chronic Disease: Community benefit efforts also focused on the prevention of key chronic health conditions and their underlying risk factors. Programs, partnerships and strategies addressed the following priority health needs related to chronic disease:

- Cardiovascular disease
- Diabetes

- Cancer
- Overweight and obesity: healthy food choices and physical activity
- Preventive care

A review of the impact of the actions to address these significant health needs can be found in Attachment 4.

Community Demographics

Population

The population of the Cedars-Sinai Community Benefit Service Area is 1,814,274. From 2011 to 2016, the population increased by 3.6%, higher than the 2.8% increase in the county population.

Total Population and Change in Population, 2011-2016

	Cedars-Sinai Service Area	Los Angeles County
Total population	1,814,274	10,057,155
Change in population, 2011-2016	3.6%	2.8%

Source: U.S. Census Bureau, American Community Survey, 2007-2011 & 2012-2016, DP05. http://factfinder.census.gov

Of the area population, 49.2% are male and 50.8% are female.

Population by Gender

	Cedars-Sinai Service Area	Los Angeles County
Male	49.2%	49.3%
Female	50.8%	50.7%

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

Children and youth, ages 0-17, make up 22.0% of the population, 67.6% are adults, ages 18-64; and 10.3% of the population are seniors, 65 and over. The Community Benefit Service Area has a higher percentage of children, under the age of 5, and adults, 18 to 44, than the county.

Population by Age

	Cedars-Sinai Service Area	Los Angeles County
0 – 4	6.5%	6.3%
5 – 9	6.0%	6.2%
10 – 14	5.9%	6.3%
15 – 17	3.6%	4.0%
18 – 20	5.0%	4.3%
21 – 24	7.0%	6.1%
25 – 34	18.5%	15.6%
35 – 44	14.4%	13.9%
45 – 54	12.8%	13.7%
55 – 64	9.9%	11.3%
65 – 74	5.7%	6.8%
75 – 84	3.1%	3.7%
85+	1.5%	1.7%

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

The Community Benefit Service Area has 399,869 youth, ages 0 and 17, and 187,382 seniors, 65 and older. The LA/Coliseum, South Central Los Angeles, and South Los Angeles ZIP Codes have the largest percentages of youth, ages 0-17 (about a third of their total populations). Century City has the highest percentage of residents 65 and older (52.4%); however, Century City has a smaller population. As a result some communities may have a higher number of seniors but a lower percentage given the size of the total population.

Population by Youth, Ages 0-17, and Seniors, Ages 65+

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Baldwin Hills	90008	32,060	18.1%	17.6%
Beverly Hills	90210	20,957	19.5%	24.4%
Beverly Hills	90211	8,129	17.9%	16.0%
Beverly Hills	90212	12,915	21.7%	16.1%
Central LA	90013	11,668	2.8%	11.8%
Central LA	90014	7,191	2.0%	18.6%
Central LA	90015	19,378	21.4%	9.2%
Central LA	90017	25,772	21.6%	8.0%
Century City	90067	2,355	9.4%	52.4%
Crenshaw	90016	47,079	21.3%	11.3%
Crenshaw	90018	51,639	24.6%	10.9%
Culver City	90230	32,692	19.2%	15.7%
Culver City	90232	14,810	15.7%	13.8%
Downtown LA	90010	3,524	4.3%	16.3%
Downtown LA	90021	2,954	12.1%	7.2%
Fairfax/Mid-City	90019	68,530	19.8%	11.5%
Fairfax/Mid-City	90036	37,931	15.6%	8.7%
Hollywood	90028	31,122	8.4%	10.1%
Hollywood	90038	28,155	18.4%	7.5%
Hyde Park	90043	44,328	21.1%	15.3%
Inglewood	90301	36,429	24.6%	11.0%
Inglewood	90302	31,064	26.6%	8.6%
Inglewood	90303	25,134	26.8%	10.2%
Inglewood	90305	15,777	19.3%	16.0%
LA/Coliseum & MLK Blvd.	90011	104,762	32.3%	5.4%
LA/MLK & Hobart	90062	33,690	25.6%	9.8%
Ladera Heights	90056	8,118	21.0%	23.3%
Lennox	90304	27,008	30.2%	5.9%
South Central LA	90001	57,942	32.2%	6.8%
South Central LA	90002	51,826	32.1%	6.3%
South Central LA	90003	70,208	33.7%	5.9%
South Central LA	90044	90,155	29.2%	8.7%
South Central LA	90047	48,306	23.5%	14.3%
South Los Angeles	90059	46,027	35.3%	5.6%

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
University	90037	61,451	29.7%	7.4%
University	90089	3,680	1.7%	0.0%
USC	90007	41,979	15.6%	7.1%
West Hollywood	90046	50,923	7.1%	13.7%
West Hollywood	90048	22,722	11.0%	14.8%
West Hollywood	90069	20,435	4.4%	13.3%
West LA/Palms	90034	57,443	14.8%	9.6%
West LA/Rancho	90025	46,520	11.1%	11.8%
West LA/Rancho	90035	30,582	19.4%	15.6%
West LA/Rancho	90064	27,032	21.4%	15.9%
Westwood	90024	49,737	7.7%	11.5%
Wilshire	90006	61,230	23.6%	10.1%
Wilshire	90057	48,302	23.5%	9.1%
Wilshire/Koreatown	90004	63,095	19.9%	10.0%
Wilshire/Koreatown	90005	39,338	19.8%	10.1%
Wilshire/Koreatown	90020	40,170	18.1%	8.3%
Cedars-Sinai Service Area		**1,814,274**	**22.0%**	**10.3%**
Los Angeles County		**10,057,155**	**22.8%**	**12.2%**

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

Race/Ethnicity

In the Cedars-Sinai Community Benefit Service Area, 49.1% of the population is Hispanic/Latino, 19.8% are White, 18.4% are Black/African American, 10.1% are Asian, and the remaining 2.6% are American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, other race/ethnicity, or multiple races. There is a lower percentage of Whites and Asians, and a higher percentage of Hispanic/Latinos and Blacks/African Americans, in the Community Benefit Service Area than found at the county level.

Race/Ethnicity

	Cedars-Sinai Service Area	Los Angeles County
Hispanic/Latino	49.1%	48.3%
White	19.8%	26.7%
Black/African American	18.4%	8.0%
Asian	10.1%	14.1%
American Indian/Alaska Native	0.1%	0.2%
Native Hawaiian/Pacific Islander	0.1%	0.2%
Other/Multiple	2.4%	2.5%

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

Language

The languages spoken at home by area residents mirror the racial/ethnic make-up of the Cedars-Sinai Community Benefit Service Area communities. Spanish is spoken in

the home among 45.6% of the population. English is spoken in the home among 39.9% of the population, 7.9% of the population speaks an Asian language, and 5.3% of the population speaks an Indo-European language in the home.

Language Spoken at Home, Population 5 Years and Older

	Cedars-Sinai Service Area	Los Angeles County
Speaks Spanish	45.6%	39.4%
Speaks only English	39.9%	43.3%
Speaks Asian/Pacific Islander language	7.9%	10.9%
Speak Indo-European language	5.3%	5.4%
Speaks other language	1.4%	1.1%

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

When examined at the ZIP Code level, a number of communities have high percentages of Spanish speakers including: LA/Coliseum, South Central Los Angeles, and Lennox. Neighborhoods with a high percentage of Asian language speakers include: Downtown LA 90010, University 90089, Century City, and the Wilshire and Wilshire/Koreatown areas. Beverly Hills, Westwood, West Hollywood and West Los Angeles have higher rates of residents who speak Indo-European languages at home.

Language Spoken at Home by ZIP Code

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Baldwin Hills	90008	73.2%	22.4%	2.5%	0.7%
Beverly Hills	90210	49.3%	5.4%	7.4%	34.7%
Beverly Hills	90211	45.5%	7.5%	6.6%	31.0%
Beverly Hills	90212	54.7%	6.3%	4.0%	28.0%
Central LA	90013	70.2%	11.7%	13.1%	4.2%
Central LA	90014	66.5%	12.3%	12.8%	7.6%
Central LA	90015	24.6%	61.0%	11.4%	1.7%
Central LA	90017	19.8%	62.9%	13.2%	2.8%
Century City	90067	63.4%	4.0%	18.8%	10.3%
Crenshaw	90016	44.9%	49.7%	2.0%	1.5%
Crenshaw	90018	38.8%	53.8%	3.6%	1.6%
Culver City	90230	53.0%	28.7%	10.5%	5.8%
Culver City	90232	63.6%	19.1%	9.1%	6.5%
Downtown LA	90010	27.9%	7.6%	63.0%	1.5%
Downtown LA	90021	45.5%	46.6%	4.8%	2.6%
Fairfax/Mid-City	90019	39.0%	44.0%	13.6%	2.4%
Fairfax/Mid-City	90036	60.7%	7.7%	14.5%	12.0%
Hollywood	90028	51.5%	27.5%	5.3%	14.1%
Hollywood	90038	31.4%	53.6%	4.0%	9.9%
Hyde Park	90043	67.5%	30.1%	0.5%	0.8%
Inglewood	90301	40.2%	56.9%	0.8%	1.1%

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Inglewood	90302	53.3%	38.7%	1.2%	3.6%
Inglewood	90303	40.9%	56.0%	0.8%	1.6%
Inglewood	90305	81.3%	14.7%	1.4%	1.2%
LA/Coliseum & MLK	90011	11.7%	87.5%	0.6%	0.1%
LA/MLK & Hobart	90062	37.0%	61.3%	1.0%	0.3%
Ladera Heights	90056	88.7%	7.1%	1.5%	0.6%
Lennox	90304	11.7%	85.3%	0.7%	1.3%
South Central LA	90001	13.5%	86.3%	0.1%	0.0%
South Central LA	90002	27.0%	72.2%	0.6%	0.2%
South Central LA	90003	26.0%	73.3%	0.2%	0.2%
South Central LA	90044	40.5%	58.4%	0.5%	0.3%
South Central LA	90047	67.7%	29.2%	0.5%	1.5%
South Los Angeles	90059	37.4%	61.4%	0.6%	0.2%
University	90037	23.8%	74.3%	0.9%	0.8%
University	90089	63.4%	8.5%	22.8%	4.6%
USC	90007	33.9%	45.4%	15.3%	4.4%
West Hollywood	90046	63.2%	10.2%	4.1%	20.4%
West Hollywood	90048	63.7%	8.8%	5.3%	18.4%
West Hollywood	90069	73.1%	10.4%	2.8%	13.0%
West LA/Palms	90034	52.1%	24.0%	10.6%	11.0%
West LA/Rancho	90025	56.9%	14.1%	11.4%	16.2%
West LA/Rancho	90035	60.1%	9.6%	5.4%	16.9%
West LA/Rancho	90064	62.7%	12.5%	11.1%	11.0%
Westwood	90024	57.1%	7.8%	17.4%	15.7%
Wilshire	90006	11.0%	69.8%	18.0%	0.8%
Wilshire	90057	13.4%	66.8%	17.9%	0.8%
Wilshire/Koreatown	90004	27.1%	47.0%	21.9%	3.8%
Wilshire/Koreatown	90005	17.7%	48.3%	31.3%	1.3%
Wilshire/Koreatown	90020	21.1%	31.6%	40.9%	4.8%
Cedars-Sinai Service Area		**39.9%**	**45.6%**	**7.9%**	**5.3%**
Los Angeles County		**43.3%**	**39.4%**	**10.9%**	**5.4%**

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 examines social and economic indicators 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 ranking to 57 for the county with the poorest ranking. This ranking examines high school graduation rates, unemployment, children in poverty, income inequality, social support, and others. Los Angeles County is ranked as 29, at the midpoint of all California counties according to social and economic factors. Two years ago, the Los Angeles County ranking was 42.

Social and Economic Factors Ranking

	County Ranking (out of 57)
Los Angeles County	29

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

The 2018 SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes. All ZIP Codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). To find the areas of highest need, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value as compared to all Los Angeles County ZIP Codes.

The Community Benefit Service Area communities with the highest Index Value (highest socioeconomic need) were: University, LA/Coliseum and MLK Blvd., South Central LA, and South Los Angeles. The communities with the lowest socioeconomic need were: Century City, Beverly Hills, West Los Angeles, West Hollywood, Ladera Heights and Westwood.

SocioNeeds Index Value and Ranking

	ZIP Code	Index Value (0-100)	Ranking (1-5)
University	90089	100	5
LA/Coliseum & MLK Blvd.	90011	99.8	5
South Central LA	90001	99.5	5
South Central LA	90003	99.5	5
University	90037	99.5	5
South Central LA	90002	99.3	5
South Los Angeles	90059	99.3	5
Wilshire	90057	98.9	5
Central LA	90017	98.8	5
Wilshire	90006	98.6	5
USC	90007	98.5	5

	ZIP Code	Index Value (0-100)	Ranking (1-5)
South Central LA	90044	98.3	5
Lennox	90304	98.0	5
LA/MLK & Hobart	90062	96.9	5
Downtown LA	90021	96.4	5
Central LA	90015	95.8	5
Inglewood	90301	95.5	5
Crenshaw	90018	95.3	5
Inglewood	90303	95.0	5
Wilshire/Koreatown	90005	94.5	5
Hollywood	90038	92.7	5
South Central LA	90047	91.0	5
Crenshaw	90016	90.4	5
Wilshire/Koreatown	90004	88.3	5
Baldwin Hills	90008	86.6	5
Hyde Park	90043	85.1	5
Wilshire/Koreatown	90020	84.9	5
Inglewood	90302	84.8	5
Fairfax/Mid-City	90019	82.2	5
Hollywood	90028	77.2	4
Central LA	90014	76.3	4
Central LA	90013	71.7	4
Inglewood	90305	49.0	3
West LA/Palms	90034	37.4	3
Culver City	90230	24.6	2
Culver City	90232	17.4	2
West Hollywood	90046	14.4	1
West LA/Rancho	90035	12.9	1
West LA/Rancho	90025	12.8	1
Fairfax/Mid-City	90036	11.4	1
Westwood	90024	9.4	1
West Hollywood	90048	7.6	1
Beverly Hills	90211	7.2	1
Beverly Hills	90212	7.0	1
Ladera Heights	90056	6.4	1
West Hollywood	90069	5.6	1
West LA/Rancho	90064	3.8	1
Beverly Hills	90210	1.1	1
Century City	90067	1.1	1
Downtown LA	90010	No Data	No Data
Los Angeles County		**48.4**	**N/A**

Source: 2018 SocioNeeds Index, https://www.conduent.com/community-population-health/

Poverty

The Census Bureau annually updates official poverty population statistics. For 2016, the federal poverty level (FPL) was an annual income of $11,880 for one person and

$24,300 for a family of four.

Among the residents represented in the area SPAs, SPA 6 has the highest poverty rates. In SPA 6, 37.8% are at or below 100% of the federal poverty level (FPL) and 70.3% are considered low-income at 200% or below FPL. In SPA 4, 31.2% are at or below 100% FPL and 55.6% below 200% FPL. In SPA 5, 5.9% are at or below 100% FPL and 17.7% below 200% FPL. Rates of poverty in SPA 4 and SPA 6 are higher than found in the county.

Poverty Level

	SPA 4	SPA 5	SPA 6	Los Angeles County
<100% FPL	31.2%	5.9%	37.8%	22.6%
<200% FPL	55.6%	17.7%	70.3%	45.0%

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

A view of children in poverty indicates that 45.4% of children in SPAs 4 and 6 live below the poverty level. In SPA 6, 75.3% of children are categorized as low-income (<200% FPL), 71.6% of children in SPA 4 and 4.9% of children in SPA 5 are low-income.

Children in Poverty, Ages 0-17

	SPA 4	SPA 5	SPA 6	Los Angeles County
0-99% FPL	45.4%	0.0*	45.4%	30.4%
100-199% FPL	26.2%	4.9%*	29.9%	22.9%
200-299% FPL	7.3%*	6.3%*	6.9%*	10.6%
300% FPL and above	21.1%	88.8%*	17.8%*	36.1%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Families in poverty paint an important picture of the population within the Cedars-Sinai Community Benefit Service Area. Over one-quarter (26.3%) of families live in poverty. When examined by ZIP Code, community poverty rates are high among families in Central Los Angeles, Downtown LA 90021, LA/Coliseum, and University and USC neighborhoods.

Families in Poverty by ZIP Code (<100% FPL)

	ZIP Code	Percent
Baldwin Hills	90008	21.2%
Beverly Hills	90210	9.1%
Beverly Hills	90211	10.8%
Beverly Hills	90212	9.3%
Central LA	90013	45.1%
Central LA	90014	39.1%
Central LA	90015	38.2%
Central LA	90017	45.8%
Century City	90067	7.5%

	ZIP Code	Percent
Crenshaw	90016	22.2%
Crenshaw	90018	26.5%
Culver City	90230	11.2%
Culver City	90232	9.1%
Downtown LA	90010	16.5%
Downtown LA	90021	49.5%
Fairfax/Mid-City	90019	20.8%
Fairfax/Mid-City	90036	13.5%
Hollywood	90028	27.4%
Hollywood	90038	30.3%
Hyde Park	90043	20.4%
Inglewood	90301	20.9%
Inglewood	90302	20.6%
Inglewood	90303	26.4%
Inglewood	90305	10.7%
LA/Coliseum & MLK Blvd.	90011	39.1%
LA/MLK & Hobart	90062	26.3%
Ladera Heights	90056	6.0%
Lennox	90304	30.7%
South Central LA	90001	32.7%
South Central LA	90002	35.5%
South Central LA	90003	35.2%
South Central LA	90044	35.8%
South Central LA	90047	21.2%
South Los Angeles	90059	36.8%
University	90037	40.3%
University*	90089	100.0%*
USC	90007	48.5%
West Hollywood	90046	14.3%
West Hollywood	90048	9.0%
West Hollywood	90069	10.1%
West LA/Palms	90034	14.9%
West LA/Rancho	90025	12.7%
West LA/Rancho	90035	11.4%
West LA/Rancho	90064	8.4%
Westwood	90024	33.4%
Wilshire	90006	28.8%
Wilshire	90057	35.9%
Wilshire/Koreatown	90004	20.5%
Wilshire/Koreatown	90005	29.4%
Wilshire/Koreatown	90020	19.5%
Cedars-Sinai Service Area		**26.3%**
Los Angeles County		**17.8%**

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1701. http://factfinder.census.gov
**In the 90089 ZIP Code only 6 family units were identified, with a total of 13 individuals, making this an unstable statistic. Most or all of the remaining persons are students and for purposes of determining poverty, are considered part of family units living elsewhere.*

Unemployment

The unemployment rates of Cedars-Sinai Community Benefit Service Area cities range from 3.3% in Culver City to 7.2% in Inglewood. Los Angeles has an unemployment rate of 4.8%, which is the same as the state unemployment rate.

Unemployment Rate, 2017 Average

	Percent
Beverly Hills	4.2%
Culver City	3.3%
Huntington Park	5.9%
Inglewood	7.2%
Ladera Heights	6.7%
Lennox	5.8%
Los Angeles	4.8%
West Hollywood	3.8%
Los Angeles County	**4.7%**
California	**4.8%**

Source: California Employment Development Department, Labor Market Information;
http://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html
**Data available by city, therefore, ZIP Code-only areas in the Community Benefit Service Area are not listed.*

Free and Reduced Price Meals

The percent of students eligible for the free and reduced price meal program is one indicator of socioeconomic status. Among Los Angeles Unified School District schools, over three-fourths (78.8%) of the students are eligible for the free and reduced price meal program, indicating a high level of low-income families. In the Inglewood Unified School District, 80.8% of students qualify for the program, and 93.1% of Lennox School District students are eligible for the free and reduced price meal program.

Free and Reduced Price Meals Eligibility

	Percent Eligible Students
Beverly Hills Unified School District	8.1%
Culver City Unified School District	30.5%
Inglewood Unified School District	80.8%
Lennox School District	93.1%
Los Angeles Unified School District	78.8%
Los Angeles County	**67.3%**
California	**58.1%**

Source: California Department of Education, 2016-2017.http://data1.cde.ca.gov/dataquest/

Households

In the Cedars-Sinai Community Benefit Service Area there are 646,268 households and 696,830 housing units. Over the last five years, the population grew by 3.6% and

households grew by 3.3%. Housing units grew at a lower rate (2.6%) and vacant units decreased by 5.2%. Home-ownership also decreased, with 1.5% fewer units occupied by owners, while renter-occupied units increased by 7.3%. The 3.3% growth of households in the Community Benefit Service Area was greater than county (2.0%) and state (3.0%) growth. The 2.6% increase in housing units was also higher than the county (1.5%) and state (2.1%) rates.

Households and Housing Units, and Percent Change, 2011-2016

	Cedars-Sinai Service Area			Los Angeles County			California		
	2011	2016	Percent Change	2011	2016	Percent Change	2011	2016	Percent Change
Households	625,879	646,268	3.3%	3,218,518	3,281,845	2.0%	12,433,172	12,807,387	3.0%
Housing units	679,230	696,830	2.6%	3,437,584	3,490,118	1.5%	13,631,129	13,911,737	2.1%
Owner occ.	177,459	174,712	(-1.5%)	1,539,554	1,499,576	(-2.6%)	7,055,642	6,929,007	(-1.8%)
Renter occ.	439,354	471,556	7.3%	1,637,009	1,782,269	8.9%	5,201,849	5,878,380	13.0%
Vacant	53,351	50,562	(-5.2%)	219,066	208,273	(-4.9%)	1,197,957	1,104,350	(-7.8%)

Source: U.S. Census Bureau, American Community Survey, 2007-2011 & 2012-2016, DP04. http://factfinder.census.gov

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.” In the Community Benefit Service Area, 57.6% of households spend 30% or more of their income on housing. This includes those living both in owner-occupied housing units with a mortgage and those without a mortgage (where costs are costs of ownership), as well as those who rent. This is higher than the county where 49.5% of households spend 30% or more of their income on housing.

The communities with the highest percent of households that spend 30% or more of their income on housing are Downtown LA (90010), LA/Coliseum, South Central (90044), University, and USC areas.

Households that Spend 30% or More of their Income on Housing

	ZIP Code	Percent
Baldwin Hills	90008	60.5%
Beverly Hills	90210	45.9%
Beverly Hills	90211	53.2%
Beverly Hills	90212	47.8%
Central LA	90013	56.5%
Central LA	90014	55.5%
Central LA	90015	60.7%
Central LA	90017	63.7%
Century City	90067	48.5%
Crenshaw	90016	58.4%
Crenshaw	90018	60.0%

	ZIP Code	Percent
Culver City	90230	43.3%
Culver City	90232	38.8%
Downtown LA	90010	68.0%
Downtown LA	90021	52.9%
Fairfax/Mid-City	90019	55.9%
Fairfax/Mid-City	90036	52.3%
Hollywood	90028	60.7%
Hollywood	90038	59.8%
Hyde Park	90043	59.1%
Inglewood	90301	57.5%
Inglewood	90302	56.1%
Inglewood	90303	58.4%
Inglewood	90305	45.9%
LA/Coliseum & MLK Blvd.	90011	67.9%
LA/MLK & Hobart	90062	62.0%
Ladera Heights	90056	51.2%
Lennox	90304	59.3%
South Central LA	90001	62.5%
South Central LA	90002	63.8%
South Central LA	90003	70.3%
South Central LA	90044	68.2%
South Central LA	90047	58.9%
South Los Angeles	90059	58.4%
University	90037	72.8%
University*	90089	100.0%*
USC	90007	68.5%
West Hollywood	90046	51.4%
West Hollywood	90048	44.8%
West Hollywood	90069	43.7%
West LA/Palms	90034	48.6%
West LA/Rancho	90025	49.7%
West LA/Rancho	90035	51.3%
West LA/Rancho	90064	45.1%
Westwood	90024	56.5%
Wilshire	90006	62.7%
Wilshire	90057	61.4%
Wilshire/Koreatown	90004	56.4%
Wilshire/Koreatown	90005	63.3%
Wilshire/Koreatown	90020	59.7%
Cedars-Sinai Service Area		**57.6%**
Los Angeles County		**49.5%**

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP04. http://factfinder.census.gov

**In the 90089 ZIP Code only 6 family units were identified, with a total of 13 individuals, making this an unstable statistic. Most or all of the remaining persons are students and for purposes of determining poverty, are considered part of family units living elsewhere.*

The median household income in the Community Benefit Service Area is $48,046 and the average household income is $72,501. These are lower than comparable county incomes.

Household Income

	Cedars-Sinai Service Area	Los Angeles County
Median* household income	$48,046	$57,952
Average household income	$72,501	$85,514

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP03. http://factfinder.census.gov
**Weighted mean across Service Area cities' medians.*

Community Input – Economic Insecurity

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

- On the Westside we see gentrification but we have quite a number of low-income people who live and work here and have for generations. The disparity continues to be more pronounced and we see an increased need for housing and food. Many people can barely afford to get by. They spend their money on rent and other resources, and consequently, may have inconsistent access to food.
- Financial instability is an obstacle to obtaining medical care.
- Vulnerable populations, such as domestic violence survivors, the undocumented or persons who don't speak English, may not have a stable income. They oftentimes work for cash.
- Because of increases in rent and interest rates, many older adults are inching toward homelessness.
- In this community, people are challenged to meet their health care share of costs and copay requirements when they become ill, even if they are insured. They have very little income and are living at the margins.
- West Hollywood has a higher proportion of seniors than LA County and many live on fixed incomes. The cost of living is very high so people have to make decisions about what they can afford within their budgets. Their health might not be at the top of the list. Their money may be going for rent and housing.
- There are high rates of economic insecurity in LA and it is sometimes invisible. People cannot meet all their financial obligations. Their income doesn't extend to all their bills. We see this with older adults and working people who cannot stretch the budget to get food for their families.
- Our families have fewer and fewer resources because of increases in housing costs and the cost of living.
- People who are struggling with inadequate finances have to make difficult choices. They cannot do all the necessary things they need to, so they end up with choices –

do I pay the rent or the car payment or do I pay my medications or buy food?

- An economic challenge on the Westside is people can get some entry level jobs in the service industry but they cannot afford to live here, so they live on the street.
- The main issue is a lack of jobs. For people who have a job that pays minimum wage, they live paycheck to paycheck.
- The unemployment rate has dropped but there is limited access to jobs that provide livable wages. This continues to be a challenge and has an effect on homelessness. If you do not earn a livable wage, you cannot afford housing.
- The high cost of living and housing is a huge issue. Even those who are working spend a significant amount of their salaries on housing. It is a major contributor to homelessness.
- People think Koreans are all successful, doctors and lawyers and wealthy entrepreneurs. But those who get overlooked are the vulnerable community members, those who are immigrants and undocumented and not able to access health care. They are hidden and under the radar of our mainstream community.
- With few dollars available, immediate needs are shelter and food and not preventive care or purchasing healthy foods.

Homelessness

Since 2005, the Los Angeles Homeless Services Authority (LAHSA) had conducted the annual Greater Los Angeles Homeless Count to determine how many individuals and families are homeless on a given day. Data from this survey show a large increase in homelessness in the three years from 2015 to 2018. However, from 2017 to 2018 there was the first decrease in the past 4 years. In 2018, SPA 4 had an annualized estimate of 14,425 homeless individuals (a 23.5% increase from 2015, but a 6.3% decrease from 2017). SPA 5 had 4,485 homeless individuals (a 4.9% increase from 2015, but an 18.6% decrease from 2017) and SPA 6 had 8,317 homeless individuals (a 10.7% increase over 2015, but a 10% decrease from 2017).

In SPA 4, 89.7% of the homeless are individual adults and 9.9% are families. In SPA 5, 85.8% of the homeless are single adults and 14.1% are families. In SPA 6, 80.6% of the homeless are single adults and 19.3% are families. The percent of unsheltered homeless has increased from 2015 through 2018 while the percent of sheltered homeless has decreased. Shelter includes cars, RVs, tents and temporary structures (e.g. cardboard), in addition to official homeless shelters. The largest increases in homelessness have been among single adults. The percentage of homeless families and unaccompanied minors has decreased from 2015 to 2018.

Homeless Population, 2015-2018 Comparison

	SPA 4		SPA 5		SPA 6		Los Angeles County	
	2015	2018	2015	2018	2015	2018	2015	2018
Total homeless	11,681	14,425	4,276	4,485	7,513	8,317	41,174	50,385
Sheltered	34.3%	26.0%	29.8%	20.5%	29.1%	28.9%	29.7%	24.6%
Unsheltered	65.7%	74.0%	70.2%	79.5%	70.9%	71.1%	70.3%	75.4%
Individual adults	85.2%	89.7%	83.3%	85.8%	77.5%	80.6%	81.1%	84.3%
Family members	14.1%	9.9%	16.6%	14.1%	21.2%	19.3%	18.2%	15.5%
Unaccompanied minors (<18)	0.6%	0.3%	0.1%	0.1%	1.3%	0.1%	0.7%	0.1%

Source: Los Angeles Homeless Service Authority, 2015 & 2018 Greater Los Angeles Homeless Count. https://www.lahsa.org/homeless-count/ 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, 31.7% in SPA 4, 26.3% in SPA 5 and 22.6% in SPA 6 are chronically homeless. The rates of chronic homelessness have decreased from 2015 to 2018 for individuals and families in SPAs 5 and 6, while rising for homeless individuals in SPA 4. Rates of serious mental illness have gone down in SPAs 5 and 6. Substance abuse rates among the homeless have been dropping steadily across the SPAs and county. SPA 5 has the highest area rate of homeless veterans (10.7%). On a positive note, the rates of homeless veterans have been dropping steadily as a percentage of total homelessness. There has been a continuing and notable increase in the homeless population with domestic violence experience, and an increase across the area in those reporting a chronic illness, though the percentage reporting a physical disability has dropped.

Homelessness Subpopulations*

	SPA 4		SPA 5		SPA 6		Los Angeles County	
	2015	2018	2015	2018	2015	2018	2015	2018
Chronically homeless individuals	28.4%	31.7%	35.0%	26.3%	26.3%	22.6%	30.0%	27.0%
Chronically homeless family members	2.9%	1.4%	8.0%	1.4%	3.0%	0.5%	4.9%	0.9%
Brain injury	3.9%	3.5%	7.7%	6.1%	2.2%	3.7%	5.0%	3.5%
Chronic illness	8.8%	23.8%	6.4%	29.3%	5.3%	21.5%	6.7%	23.2%
Domestic violence experience	22.5%	31.5%	27.0%	32.0%	16.6%	21.7%	21.5%	26.9%
Persons with HIV/AIDS	3.2%	3.2%	1.8%	0.9%	1.3%	0.6%	1.9%	1.4%
Physical disability	17.4%	16.2%	25.2%	12.4%	18.0%	11.1%	19.5%	13.6%
Serious mental illness	29.2%	29.4%	40.9%	28.9%	25.2%	15.0%	29.6%	24.5%
Substance abuse disorder	24.3%	17.9%	26.8%	11.4%	17.1%	11.5%	25.2%	13.5%
Veterans	10.6%	7.5%	20.8%	10.7%	6.3%	5.3%	10.6%	7.1%

*Source: Los Angeles Homeless Service Authority, 2015 & 2018 Greater Los Angeles Homeless Count. https://www.lahsa.org/homeless-count/ *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 Section 8 housing program, as designed, was meant to serve less than 20% of the people in need and the resources are just not there.
- We have many homeless people who need services and are unwilling to get them. The street teams have been helpful but the need is so large that it is not enough. Populations are different, even the homeless are different in different areas and we can't apply one model to all. The homeless are very resourceful and gravitate to like-minded people and form a community.
- There just is not enough housing. There are efforts by cities and the county to have more housing resources but the communities and neighborhoods are very opposed to it. Housing is a top intervention to keep someone healthy.
- The homeless die early because of their homelessness.
- We have clients at risk of homelessness, but we are less likely to see them sleeping on the street. They are more hidden, in the shadows, in churches, at a friend's house or in their cars. We have seen more clients with housing insecurity and a need for jobs and skills training and financial stability, more so this year than ever before.
- In this community, there are more people who are marginally homeless. They may be one paycheck away from being homeless. So many people are on the edge, they are not homeless yet, but any emergency could push them over the edge. If they do not get a paycheck because they are sick, that could push them to homelessness and when they become homeless, they have to migrate to get services.
- Watts, Lynwood and adjacent LA cities are the last vestiges of low-cost housing in central LA County. If you are living with a lower middle class income, this is where you can try to live. If we see an escalation of prices, there is nowhere to go without an extended commute. People are very worried about gentrification, and they wonder where they can go next.
- There are many people who are stable in their houses but they can't move and there are people who are unstable and facing eviction. With older adults, this is related to behavioral health issues as well. Behavioral health issues can impact their functionality, to the point where their housing is in jeopardy.
- There is not a sufficient supply of housing, and even if we had the supply, many don't have the means to live here. For some, a financial set back would likely put them on the street. They live in a very tenuous situation. People who are forced to spend too much of their income on housing live in substandard housing, live in garages, live six to a room; it is a crisis.
- There is an intersection with mental health, substance use and homelessness. With mental health, the challenge becomes economic security and access to affordable

housing. There is a significant gap in how we support our unsheltered neighbors who have multiple health challenges and substance abuse to get them linked to services. They are linked with first responders and law enforcement versus a holistic system to link them to a system of care.

- We have significant issues with homelessness and housing insecurity. We have, on average, 30 patients in the Emergency Department who are classified as homeless.
- There is not enough LGBTQ and 'trans' housing. And our youth housing is full.
- People can go in and out of housing. Homelessness doesn't just mean living on the street; it can also mean not having secure housing. Pregnant women are especially vulnerable to homelessness. There is not enough stable low-income housing for those who are pregnant and parenting young children.
- There is a disproportionate number of homeless living on the Westside along Santa Monica and the beach. 75% of the homeless are unsheltered with no place to go. This remains a very significant problem here as the housing crisis continues. Finding land to build on is slowly happening.
- We wish to repurpose some existing properties to accommodate families. We are also looking at safe parks. For those people living in cars and trailers, if they can park in a secure area with a restroom and security, they can have peace of mind.

Public Program Participation

Residents in SPA 6 have higher rates of participation in government sponsored public programs compared to residents in SPA 4 and SPA 5. In SPA 4, 46.4% of adults, below 200% of the FPL, cannot afford food and 25.5% utilize food stamps. In SPA 6, 49.3% of residents below 200% FPL cannot afford food and 29% utilize food stamps. These rates indicate a considerable percentage of residents who may qualify for food stamps but do not access this resource. WIC (Women, Infants and Children) benefits are more readily accessed. Among children in SPA 4, 53.6% access WIC benefits, and 69.9% in SPA 6 access WIC benefits. SPA 5 respondents did not report accessing WIC for their children. Among SPA 6 residents, 15.8% are TANF/CalWorks recipients; 10.7% of SPA 4 residents and 2.5% of SPA 5 residents are TANF/CalWorks recipients.

Public Program Participation

	SPA 4	SPA 5	SPA 6	Los Angeles County
Not able to afford food (<200%FPL)	46.4%	34.9%*	49.3%	42.6%
Food stamp recipients (<300% FPL)	25.5%	8.7%*	29.0%	21.6%
WIC usage among children, 6 years & under	53.6%	0.0%*	69.9%*	54.1%
TANF/CalWorks recipients	10.7%	2.5%*	15.8%	10.5%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. According to the California Department of Social Services, 1,776,820 individuals in LA County are eligible to receive food stamps (CalFresh), however only 1,172,041 (66%) of them do. In the area cities where data were available, participation is lower than at the county level. The highest rate of utilization (60% of those eligible) was found in Inglewood, while the lowest was found in West Hollywood, where only 16% of eligible individuals accessed the CalFresh program.

CalFresh Eligibility and Participation

	Number Eligible	Participation Rate
Beverly Hills	3,124	22%
Culver City	4,216	32%
Inglewood	27,520	60%
Los Angeles City	884,921	56%
West Hollywood	6,312	16%
Los Angeles County	**1,776,820**	**66%**

Source: Los Angeles Department of Public Health, City and Community Health Profiles, based on California Department of Social Services' CalFresh Geocoding Data, 2015. http://publichealth.lacounty.gov/ohae/cchp/index.htm

Access to Food

The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life. 30.5% of adult residents of SPA 5, 32% of SPA 4, and 32.4% of SPA 6 adults, living below 300% of the Federal Poverty Level, reported food insecurity. These are higher rates of food insecurity than found in the county (29.2%).

Food Insecurity, Adults below 300% of Poverty

	Percent
SPA 4	32.0%
SPA 5	30.5%
SPA 6	32.4%
Los Angeles County	**29.2%**

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

Farmers Markets Accepting EBT or WIC

EBT stands for Electronic Benefits Transfer, which is how CalFresh (the California food stamp program), CalWORKs and other food and cash aid benefits are accessed in California. WIC stands for the Special Supplemental Nutrition Program for Women, Infants and Children, a federal assistance program. Most Farmers Markets in the area accept public benefit programs (EBT or WIC). However, Culver City hosts no Farmers

Market, and the one Farmers Market in West Hollywood does not accept EBT or WIC. One of five markets in District 4, two of the six in District 5, one of nine in District 14, and one of three in District 15 also do not accept benefits programs.

Farmers Markets Accepting EBT or WIC

	Farmers Markets	Accepting EBT or WIC
Beverly Hills	1	1
Culver City	0	0
Inglewood	1	1
Los Angeles City Council District 1	2	2
Los Angeles City Council District 4	5	4
Los Angeles City Council District 5	6	4
Los Angeles City Council District 8	1	1
Los Angeles City Council District 9	2	2
Los Angeles City Council District 10	4	4
Los Angeles City Council District 13	6	6
Los Angeles City Council District 14	9	8
Los Angeles City Council District 15	3	2
West Hollywood	1	0

Source: Los Angeles Department of Public Health, City and Community Health Profiles, from the Ecology Center's Farmers' Market Finder, 2017. http://publichealth.lacounty.gov/ohae/cchp/index.htm

Community Input – Food Insecurity

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

- Financial insecurity will often translate to food insecurity.
- We live in a food desert. We do not have enough access to healthy food. There are plenty of liquor stores but not enough grocery stores and Farmers Markets.
- The safety net system does not provide food that is culturally sensitive to the needs of the Korean community. Food banks do not provide Korean food. Many are lactose intolerant, so they need soy, not milk and they eat more seafood. Instead of bread and tortillas, they eat rice. There is not an understanding of being culturally competent for Asians, so they end up not receiving the food they need.
- There are Korean seniors who know how to get to food pantries. These are seniors who've been here 20-30 years and they tend to have immigration status and somehow, they've figured out how to access the safety net services. You will see senior Koreans at food pantries, but other than this one group, there are many vulnerable Koreans who are not accessing food resources.
- There is no Trader Joe's or Wholefoods Market in this community. You might find a Ralph's if you look really hard, but not in Willowbrook. It is a 30 minute drive to access fresh, organic food. As a result, people eat inexpensive, high calorie fast food.
- Isolated, frail seniors lack access to healthy foods.

- Healthy food costs more than unhealthy food. Those who struggle to make their budgets work are also eating less healthy food.
- Because people do not have adequate financial resources, they can't afford high protein sources and fresh vegetables. Their diet suffers and so does their health.
- Many food pantries rely exclusively on donations and so they receive a lot of bread and pastries, and foods that are high in calories and short on nutrients.
- A portion of students suffer from food and housing insecurity because they are sacrificing wages in order to get a better education.

Educational Attainment

Among area adults, ages 25 and older, 27.5% lack a high school diploma. 19.2% of adults are high school graduates and 35.7% of area adults are college graduates.

Educational Attainment of Adults, 25 Years and Older

	Cedars-Sinai Service Area	Los Angeles County
Less than 9th grade	16.8%	13.1%
Some high school, no diploma	10.7%	9.2%
High school graduate	19.2%	20.7%
Some college, no degree	17.6%	19.4%
Associate degree	5.2%	6.9%
Bachelor degree	19.7%	20.1%
Graduate or professional degree	10.8%	10.7%

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

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshman enrolled four years earlier. The high school graduation rate for LAUSD (77.3%) and Inglewood Unified School District (72.4%) are lower than county (81.6%), and state (83.8%) rates. These districts do not meet the Healthy People 2020 objective of an 87% high school graduation rate. The Lennox School District (98.5%), Beverly Hills Unified (98.3%) and Culver City Unified (93.7%) graduation rates exceed the Healthy People 2020 objective for high school graduation.

High School Graduation Rates, 2015-2016

	High School Graduation Rate
Beverly Hills Unified School District	98.3%
Culver City Unified School District	93.7%
Inglewood Unified School District	78.6%
Lennox Math, Science & Tech Academy	98.5%
Los Angeles Unified School District	77.3%
Los Angeles County	**81.6%**
California	**83.8%**

Source: California Department of Education, 2017. https://www.cde.ca.gov/ds/sd/sd/filescohort.asp

Preschool Enrollment

The percentage of 3 and 4 year-olds enrolled in preschool in the Community Benefit Service Area (where data were available) ranged from 43% enrollment in LA City Council District 9 to 87% enrollment in Beverly Hills.

Children, 3 and 4 Years of Age, Enrolled in Preschool

	Percentage
Beverly Hills	87%
Culver City	77%
Inglewood	58%
Los Angeles City Council District 1	50%
Los Angeles City Council District 4	77%
Los Angeles City Council District 5	75%
Los Angeles City Council District 8	49%
Los Angeles City Council District 9	43%
Los Angeles City Council District 10	54%
Los Angeles City Council District 13	56%
Los Angeles City Council District 14	54%
Los Angeles City Council District 15	52%
West Hollywood	61%
Los Angeles County	**54%**

Source: Los Angeles Department of Public Health, City and Community Health Profiles, from the Census Bureau's American Community Survey, 2011-2015. http://publichealth.lacounty.gov/ohae/cchp/index.htm

Reading to Children

Adults with children, ages 0 to 5, in their care were asked whether the children were read to daily by family members in a typical week. 56.4% of adults interviewed in LA County responded yes to this question. In SPA 5, 82.7% of children were read to daily. In SPA 4, 54.4% of interviewed adults said children were read to daily and 42.1% of adults in SPA 6 indicated children were read to daily.

Children Who Were Read to Daily by a Parent or Family Member

	SPA 4	SPA 5	SPA 6	Los Angeles County
Children read to daily	54.4%	82.7%	42.1%	56.4%

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

Parks, Playgrounds and Open Spaces

86.8% of county children, 1-17 years of age, were reported to have easy access to a park, playground or other safe place to play. Children in SPA 5 are more likely to have access to parks, playgrounds and open spaces (90.2%), 81.9% of SPA 4 children and

78.5% of SPA 6 children had access. While ease of access does appear to affect utilization (which was lowest among SPA 6 children), more SPA 4 and SPA 6 children visited one of these areas in the past month than reported easy access to them. 19.2% of SPA 4 adults, 13.2% of SPA 5 adults and 21.7% of SPA 6 adults indicated their neighborhoods have no parks, playgrounds or open spaces.

Access to and Utilization of Parks, Playgrounds and Open Space

	SPA 4	SPA 5	SPA 6	Los Angeles County
Can easily get to a park, playground, or other safe place to play, ages 1 to 17	81.9%	90.2%	78.5%	86.8%
Visited park, playground or open space in past month, ages 1 to 17**	87.2%*	88.7%*	82.9%	85.1%
Adults who use walking paths, parks, playgrounds or sports fields in their neighborhood	48.4%	54.9%	39.4%	47.5%
Adults who say their neighborhood has no parks, playgrounds or open space	19.2%	13.2%	21.7%	15.2%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm
***Source: California Health Interview Survey, 2014-2016; http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

The LA County Department of Public Health report, *Parks and Public Health in Los Angeles County,* reports the park space per capita in 120 cities, communities and LA Council Districts. The report notes there is an inverse correlation among premature mortality, childhood obesity, and the amount of park space per capita. The report also indicated poorer neighborhoods and those with higher percentages of African American and Latino residents have a smaller amount of park space per capita.

Of the area cities, communities and council districts listed in the report, LA Council District 4 has the highest amount of park space: 16.8 acres per 1,000 residents. Beverly Hills, Culver City and LA City Council Districts 1 and 15 have 2.4 to 2.9 acres per 1,000 persons. City Council District 9 has 0.4 acres per 1,000 persons and Lennox has 0.2 acres of park space per 1,000 residents.

Park Space per Capita

	Acres per 1,000 Persons	Rank out of 120 Cities or Communities
LA City Council District 4	16.8	4
Culver City	2.9	26
LA City Council District 1	2.9	25
Beverly Hills	2.8	29
LA City Council District 15	2.4	37
LA City Council District 14	1.1	68
LA City Council District 13	0.9	78
Inglewood	0.8	81

	Acres per 1,000 Persons	Rank out of 120 Cities or Communities
LA City Council District 10	0.6	89
LA City Council District 5	0.6	93
LA City Council District 8	0.5	96
West Hollywood	0.5	99
LA City Council District 9	0.4	107
Lennox	0.2	113

Source: Parks and Public Health in Los Angeles County, A Cities and Communities Report, May 2016.
http://publichealth.lacounty.gov/chronic/docs/Parks%20Report%202016-rev_051816.pdf

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. Violent crime rates were higher than county rates in Los Angeles, Inglewood, West Hollywood and Huntington Park. Violent crime rates increased from 2014 to 2016 in all reported cities except for Beverly Hills. The property crime rates in all area cities where data were available were higher than the county rate, and in Culver City it was more than twice as high. Property crime rates increased from 2014 to 2016 in all reported cities except Inglewood.

Violent Crimes Rates and Property Crime Rates, per 100,000 Persons, 2014 and 2016

	Property Crimes				Violent Crimes			
	Number		Rate		Number		Rate	
	2014	2016	2014	2016*	2014	2016	2014	2016*
Beverly Hills	1,071	1,416	3,078.6	4,070.3	111	106	319.1	304.7
Culver City	1,693	2,060	4,279.5	5,207.2	169	213	427.2	538.4
Huntington Park	1,806	1,988	3,057.7	3,365.8	409	463	692.5	783.9
Inglewood	2,740	2,456	2,446.5	2,192.9	783	830	699.1	741.1
Los Angeles	83,139	99,151	2,128.1	2,538.0	19,171	28,817	490.7	737.6
West Hollywood	1,325	1,601	3,731.7	4,509.0	267	275	752.0	774.5
Los Angeles County*	**217,493**	**252,224**	**2,163.1**	**2,508.5**	**42,725**	**56,351**	**424.9**	**560.4**
California*	**946,682**	**1,001,380**	**2,459.0**	**2,544.5**	**151,425**	**174,701**	**393.3**	**443.9**

Source: CA Department of Justice, Office of the Attorney General, 2017. https://oag.ca.gov/crime
Source for 2014 city data (number and rate): US Bureau of Justice Statistics https://www.bjs.gov/ucrdata/Search/Crime/Crime.cfm
**State rates were provided by the CA DOJ; 2014 rates for the county were calculated based on population totals provided by CA DOJ and all 2016 rates for cities and county were calculated based on 2014 populations extrapolated from bjs.gov data and are, therefore, only estimates.*

A subsample of adults, 18 years of age and older, was asked by the Los Angeles County Health Survey whether they perceived their neighborhood to be safe from crime. In SPA 6, 40.3% of the queried adults felt safe from crime, compared to 84.0% of respondents countywide. 97.4% of adults living in SPA 5 felt safe from crime and 74.3% of SPA 4 respondents perceived their neighborhoods to be safe.

Perceived Neighborhood Safe from Crime

	SPA 4	SPA 5	SPA 6	Los Angeles County
Adults, 18+	74.3%	97.4%	40.3%	84.0%

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

Intimate Partner Violence

Women in SPA 5 were least likely to have experienced physical violence by an intimate partner (13.9%), compared with SPA 4 women (15.3%) and SPA 6 women (16.4%). Women in SPA 4 and SPA 6, and men in SPAs 4, 5 and 6, have experienced physical violence at higher rates than the county average.

Intimate Partner Violence

	SPA 4	SPA 5	SPA 6	Los Angeles County
Women have experienced physical violence	15.3%	13.9%	16.4%	14.8%
Women have experienced sexual violence	5.5%	8.9%	7.6%	7.0%
Men have experienced physical violence	9.2%	12.8%	10.3%	9.1%
Men have experienced sexual violence	2.3%*	2.7%*	1.5%*	2.0%

*Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2015; http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm *Statistically unstable due to sample size.*

Domestic violence calls 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 'with weapon' domestic violence call rate in the Community Benefit Service Area (76.3%) was higher than county and state rates. Huntington Park, Inglewood, and UCLA have a lower percent of domestic violence calls with a weapon.

Domestic Violence Calls

	Total	Without Weapon	With Weapon	Percent Using Weapon
Beverly Hills	57	11	46	80.7%
Culver City	56	8	48	85.7%
Huntington Park	209	191	18	8.6%
Inglewood	325	259	66	20.3%
Los Angeles	22,223	5,267	16,956	76.3%
LA County Sheriff's Dept.	3,664	573	3,091	84.4%
Los Angeles Transit Service	78	5	73	93.6%
UCLA	62	41	21	33.9%
West Hollywood	222	21	201	90.5%
Cedars-Sinai Service Area	**26,896**	**6,376**	**20,520**	**76.3%**
Los Angeles County	**42,148**	**14,193**	**27,955**	**66.3%**
California	**164,569**	**93,783**	**70,786**	**43.0%**

Source: California Department of Justice, Office of the Attorney General, 2017. https://oag.ca.gov/crime
**Data available by city, therefore, ZIP Code-only areas in the service area are not listed.*

Community Input – Community Safety

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

- We see high rates of domestic violence and sexual assault with Korean intimate partner violence. They are embarrassed to ask for help, there are language barriers and people do not know where to go. Koreans have high rates of alcohol abuse and there is a high correlation with domestic violence. We have a long history of accepting violence, letting it be tolerated for the sake of the family. But we have begun to report sexual assault. Part of this is due to the #MeToo movement, but also there has been a huge change in Korea and more women are now aware of sexual assault. They are breaking the stigma and silence to report it.
- The county completed a report that assessed trauma, and SPA 6 had the highest rates of penetrating and sharp trauma. SPA 6 also had high rates of blunt trauma which is a result of falls and car accidents and maybe beatings.
- West Hollywood is very impacted by traffic. We have safety concerns related to accidents, vehicle to vehicle, and vehicle to pedestrian. Also, West Hollywood is home to many restaurants, night clubs and bars and folks are driving under the influence.
- If the community doesn't feel safe and secure, people may feel trapped in their houses. This is an obstacle to their safety and wellbeing, especially for those who do not have the resources to relocate.
- Within the immigrant community, we've seen a significant decrease in reporting domestic violence.
- Communities are experiencing an increase in crime. This may be due to prison reform legislation, reduction of felonies to misdemeanors and a prosecutor's willingness to not prosecute lower level crimes. As a result, people feel less safe than they have in the past.
- Not feeling safe in the community is a barrier to healthy behaviors and preventive practices like talking walks, getting together and socializing.
- Community safety is extremely relevant for the LGBTQ population, especially for trans patients and homeless patients who also worry about safety.
- People feel unsafe in the community and that adds to the level of chronic stress in their daily lives.
- Those who live in unsafe areas, where people witness so many kinds of violence, experience the psychological impact of trauma.
- Gun violence, domestic violence, other violent situations in the community have long-lasting impacts on children that stays with them into adulthood.

Health Care Access

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. The Healthy People 2020 objective is for 100% insurance coverage for all population groups. The Community Benefit Service Area has 79.0% insurance coverage across all ages, which is lower than county (84.1%) and state (87.4%) rates. University 90089 (almost entirely university students) has 98.4% health insurance coverage, Ladera Heights has 95.7% coverage. Wilshire 90057 has 61.2% of the population with insurance coverage and Central LA 90017 has 63.1% insurance coverage.

Health care coverage is higher among children, ages 0 to 17. 92.8% of children in the Community Benefit Service Area are insured. 71.7% of adults, ages 18-64, in the area have insurance coverage.

Health Insurance Coverage

	ZIP Code	All Ages	0 to 17	18 to 64
Baldwin Hills	90008	84.4%	95.2%	77.6%
Beverly Hills	90210	94.3%	96.2%	91.5%
Beverly Hills	90211	90.7%	92.6%	87.9%
Beverly Hills	90212	90.8%	88.2%	89.3%
Central LA	90013	83.8%	93.5%	81.3%
Central LA	90014	82.5%	100.0%	77.9%
Central LA	90015	76.9%	96.3%	69.0%
Central LA	90017	63.1%	81.8%	53.5%
Century City	90067	95.5%	100.0%	88.1%
Crenshaw	90016	78.7%	92.3%	71.3%
Crenshaw	90018	77.7%	91.6%	69.3%
Culver City	90230	88.5%	96.4%	84.0%
Culver City	90232	90.9%	98.2%	87.5%
Downtown LA	90010	75.7%	94.1%	70.3%
Downtown LA	90021	69.5%	94.7%	64.2%
Fairfax/Mid-City	90019	77.4%	93.3%	69.9%
Fairfax/Mid-City	90036	90.6%	95.7%	88.7%
Hollywood	90028	74.1%	91.1%	69.4%
Hollywood	90038	74.5%	93.0%	67.7%
Hyde Park	90043	83.9%	92.9%	77.7%
Inglewood	90301	80.6%	93.9%	73.0%
Inglewood	90302	79.5%	89.2%	73.2%
Inglewood	90303	77.9%	89.0%	69.9%
Inglewood	90305	89.5%	96.3%	85.4%
LA/Coliseum & MLK Blvd.	90011	69.7%	92.4%	55.9%
LA/MLK & Hobart	90062	76.8%	90.8%	68.6%
Ladera Heights	90056	95.7%	97.7%	93.2%

	ZIP Code	All Ages	0 to 17	18 to 64
Lennox	90304	72.8%	89.7%	62.5%
South Central LA	90001	76.3%	92.6%	65.9%
South Central LA	90002	75.6%	92.6%	64.9%
South Central LA	90003	74.4%	91.4%	63.0%
South Central LA	90044	76.8%	91.9%	67.0%
South Central LA	90047	86.0%	95.6%	79.4%
South Los Angeles	90059	78.6%	92.3%	68.5%
University	90037	71.7%	92.8%	59.0%
University	90089	98.4%	100.0%	98.3%
USC	90007	84.4%	93.7%	81.5%
West Hollywood	90046	87.3%	98.3%	84.2%
West Hollywood	90048	93.2%	100.0%	91.0%
West Hollywood	90069	91.9%	98.7%	90.4%
West LA/Palms	90034	84.7%	95.6%	80.9%
West LA/Rancho	90025	89.4%	98.8%	86.5%
West LA/Rancho	90035	90.7%	96.7%	87.4%
West LA/Rancho	90064	92.6%	97.7%	89.4%
Westwood	90024	94.9%	96.8%	94.0%
Wilshire	90006	64.7%	92.0%	51.3%
Wilshire	90057	61.2%	90.1%	46.6%
Wilshire/Koreatown	90004	75.0%	93.2%	66.8%
Wilshire/Koreatown	90005	66.3%	93.2%	54.7%
Wilshire/Koreatown	90020	68.5%	89.2%	60.5%
Cedars-Sinai Service Area		**79.0%**	**92.8%**	**71.7%**
Los Angeles County		**84.1%**	**93.8%**	**78.2%**
California		**87.4%**	**94.6%**	**82.4%**

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S2701. http://factfinder.census.gov

When insurance coverage is examined by SPA, 92.2% of SPA 5 residents have health insurance, compared to 86.7% in SPA 6 and 82.6% in SPA 4.

Insurance Coverage, All Ages, 2014 – 2016 Combined

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Insured	82.6%	92.2%	86.7%	89.0%	90.7%
Uninsured	17.4%	7.8%	13.3%	11.0%	9.3%

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

When the type of insurance coverage was examined at the Service Planning Area level, 32.7% of the population in SPA 4, 10.4% in SPA 5, and 48.7% in SPA 6 had Medi-Cal coverage. In SPA 4, 30.3% had employment-based insurance, while over half the population in SPA 5 (51.4%) had employment-based insurance. In SPA 6, 22.7% of the population had employment-based insurance.

Insurance Coverage by Type

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Medi-Cal	32.7%	10.4%	48.7%	28.6%	26.1%
Medicare only	1.6%*	0.6%*	0.8%*	1.2%	1.3%
Medi-Cal/Medicare	6.0%	2.7%*	6.4%	4.5%	3.8%
Medicare and others	4.9%	13.9%	3.6%	7.5%	8.8%
Other public	1.2%*	1.2%*	1.0%*	1.1%	1.3%
Employment based	30.3%	51.4%	22.7%	39.8%	43.3%
Private purchase	5.8%	12.0%	3.5%*	6.4%	6.2%
No insurance	17.4%	7.8%	13.3%	11.0%	9.3%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Sources of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. Across all age groups, residents of SPA 4 were the least likely to have a usual source of care. Among children, 74.9% in SPA 4, 83.6% in SPA 5, and 84.2% in SPA 6 had a usual source of care. Among adults, 71.8% in SPA 4, and 81.1% in SPAs 5 and 6 had a usual source of care. 91.9% of SPA 4 seniors, 98.5% of SPA 5 seniors, and 92.1% of seniors in SPA 6 had a usual source of care.

Usual Source of Care

	Ages 0-17			Ages 18-64			Ages 65+		
	SPA 4	SPA 5	SPA 6	SPA 4	SPA 5	SPA 6	SPA 4	SPA 5	SPA 6
Has source of care	74.9%	83.6%	84.2%	71.8%	81.1%	81.1%	91.9%*	98.5%*	92.1%*

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

When access to care through a usual source of care is examined by race/ethnicity, Latinos were the least likely to have a usual source of care in SPA 5 (72.5%). In SPA 4 (70.7%) and SPA 6 (68.9%) Asians were the least likely to have a usual source of care.

Usual Source of Care by Race/Ethnicity

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
African American	83.6%*	88.9%*	91.2%	87.9%	88.6%
Asian	70.7%	85.3%*	68.9%*	81.4%	83.1%
Latino	75.4%	72.5%	82.7%	80.3%	80.9%
White	86.5%	89.2%	83.4%	91.3%	90.8%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

In SPA 4, 43% of adults accessed care at a doctor's office, HMO or Kaiser and 30.5% accessed care at a clinic or community hospital. 69.8% of adults in SPA 5 accessed

care at a doctor's office, HMO or Kaiser and 12.1% accessed care at a clinic or community hospital. 39.2% of adults in SPA 6 accessed care at a doctor's office, HMO or Kaiser and 41.5% accessed care at a clinic or community hospital.

Sources of Care

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Dr. office/HMO/Kaiser	43.0%	69.8%	39.2%	56.8%	59.4%
Community clinic/government clinic/ community hospital	30.5%	12.1%	41.5%	24.3%	23.7%
ER/Urgent Care	2.5%*	1.5%*	3.7%*	2.1%	1.7%
Other	1.0%*	2.8%*	0.5%*	1.0%	0.9%
No source of care	23.0%	13.8%	15.0%	15.8%	14.3%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

24.3% of the population in SPA 6 visited an ER in the past 12 months; this was higher than in SPA 4 (19.7%) and SPA 5 (18.5%). SPA 4 (21.6%) and SPA 5 (23.1%) seniors visited the ER at the highest rates. SPA 6 adults, 18-64 years old, visited the ER at the highest rates (28%). Low-income and poverty level residents tended to visit the ER at higher rates than the total population.

Use of the Emergency Room

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Visited ER in last 12 months	19.7%	18.5%	24.3%	20.8%	20.6%
0-17 years old	19.2%*	20.7%*	15.4%	18.6%	19.4%
18-64 years old	19.5%	16.8%	28.0%	21.1%	20.5%
65 and older	21.6%	23.1%	27.1%	23.0%	23.2%
<100% of poverty level	25.6%	16.2%*	25.1%	22.5%	25.1%
<200% of poverty level	21.6%	20.3%	23.3%	21.8%	23.5%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Difficulty Accessing Care

15% of SPA 6 children had difficulty accessing medical care in the previous 12 months. The rate for SPA 4 children was 14.5% and for SPA 5 children it was 4.3%. For adults, the rates were higher: 32.5% of SPA 6 adults reported difficulty, 28.6% of SPA 4 adults and 13.1% of SPA 5 adults had difficulty accessing medical care.

Difficulty Accessing Care in the Past Year, 2015

	SPA 4	SPA 5	SPA 6	Los Angeles County
Child reported to have difficulty accessing medical care	14.5%	4.3%	15.0%	11.0%
Adults who reported difficulty accessing medical care	28.6%	13.1%	32.5%	23.6%

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

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the Cedars-Sinai Community Benefit Service Area and information from the Uniform Data System (UDS)[1], 51.8% of the population in the Community Benefit Service Area is categorized as low-income (≤200% of Federal Poverty Level) and 26.3% of the population are living in poverty.

There are 30 Section 330 funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) serving the Community Benefit Service Area, including: Venice Family Clinic, Saban Community Clinic, Los Angeles Christian Health Centers, JWCH Institute, and AltaMed Health Services Corp.[2]

Even with Community Health Centers serving the area, there are a large number of low-income residents who are not served by one of these clinic providers. The FQHCs and Look-Alikes serve a total of 307,779 patients in the Community Benefit Service Area, which equates to 33.3% coverage among low-income patients and 17% coverage among the total population. From 2014-2016, the clinic providers added 27,075 patients for a 9.7% increase in patients served by Community Health Centers. However, there remain 615,383 low-income residents, approximately 66.7% of the population, at or below 200% FPL, that are not served by a Community Health Center.

Low-Income Patients Served and Not Served by FQHCs and Look-Alikes

Low-Income Population	Patients Served by Section 330 Grantees In Service Area	Coverage Among Low-Income Patients	Coverage of Total Population	Low-Income Not Served	
				Number	Percent
923,162	307,779	33.3%	17.0%	615,383	66.7%

Source: UDS Mapper, 2016. http://www.udsmapper.org

[1] The UDS is an annual reporting requirement for grantees of HRSA primary care programs:
- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

[2] The Community Health Centers serving the Cedars-Sinai Community Benefit Service Area also include: All for Health/Health for All, All-Inclusive Community Health Center, APLA Health and Wellness, Arroyo Vista Family Health Foundation, Asian Pacific Health Care Venture, Benevolence Industries Incorporated, Central City Community Health Center, Inc., Central Neighborhood Health Foundation, Clinica Msr. Oscar A. Romero, Eisner Pediatric and Family Medical Center, Korean Health, Education, Information and Research Center, Mission City Community Network, Inc., Northeast Community Clinic, Inc., Northeast Valley Health Corporation, QueensCare Health Centers, South Bay Family Healthcare Center, South Central Family Health Center, St. Anthony Medical Centers, St. John's Well Child & Family Center, T.H.E. Clinic, Inc., The Achievable Foundation, The Los Angeles Gay and Lesbian Community Services Center, Universal Community Health Center, University Muslim Medical Association, Inc. (UMMA), Watts Healthcare Corporation, and Westside Family Health Center, and Yehowa Medical Services.

Delayed or Forgone Care

Residents of SPA 5 delayed or did not get medical care (14.6%) when needed at higher rates than in SPA 4 (13.4%) or SPA 6 (9.8%). 8.2% of SPA 4 residents, 8.1% of SPA 5 residents and 5.4% of residents in SPA 6 ultimately went without needed medical care. These rates are higher than the Healthy People 2020 objective of 4.2% of the population who forgo care.

Reasons for a delay in care or going without care included the cost of care/insurance issues, personal reasons, or system/provider issues. 60.4% of SPA 4 residents, 44.8% of SPA 5 residents and 54.1% of SPA 6 residents who delayed or went without care listed 'cost/insurance issues' as a barrier. Residents in SPAs 4, 5 and 6 showed similar rates of delayed and unfilled prescriptions (8.4%-8.7%).

Delayed Care in Past 12 Months, All Ages

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Delayed or did not get medical care	13.4%	14.6%	9.8%	11.7%	10.9%
Had to forgo needed medical care	8.2%	8.1%	5.4%	6.7%	4.7%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	60.4%	44.8%	54.1%	46.8%	49.4%
Delayed or did not get prescription meds	8.7%	8.4%	8.6%	8.5%	9.1%

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

Lack of Care Due to Cost

11.1% of children in SPA 4, 9.7% in SPA 5, and 7.9% in SPA 6 were unable to afford a checkup or physical exam within the prior 12 months. 4.9% of children in SPA 4, 4.7% in SPA 5, and 5.8% in SPA 6 were unable to afford prescription medications in the past 12 months.

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

	SPA 4	SPA 5	SPA 6	Los Angeles County
Child unable to afford medical checkup or physical exam	11.1%	9.7%*	7.9%	8.3%
Child unable to afford to see doctor for illness or other health problem	8.0%	6.3%*	7.4%	6.4%
Child unable to afford prescription medication	4.9%*	4.7%*	5.8%	6.3%

*Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm *Statistically unstable due to sample size.*

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:

- 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. We've noticed the number one reason people tend to miss appointments is they lack transportation.
- For the undocumented, access continues to be a big issue. There are some programs for them to have access to primary care providers, but it is not good access to services. With the current political climate, they need to feel safe accessing services.
- Behavioral health care services are really fractured. They are not frequently delivered through the same mechanism of care. There are many barriers to access and when care is accepted, it is unlikely to be integrated with social services or health care services. We would end up with better outcomes and less cost if systems could also deliver integrated and effective behavioral health and social services.
- 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.
- Koreans, if they are undocumented, don't have Medi-Cal. Many Koreans are still underinsured. They work in a small business or they are small business owners and they choose not to get insurance and pay the penalty.
- Access to health care continues to be an issue in SPA 4. We don't need more providers; we need more accessible hours, transportation and child care. The care needs to be culturally and linguistically appropriate.
- There is a huge lack of empathy and compassion when caring for minorities. A lot of doctors are just clueless about how to be respectful and communicate on a realistic level.
- Health care is extremely bureaucratic. Transportation is difficult. People need help with access to care.
- With primary care, the biggest challenge is the political climate around immigration. There is an uptick in people not going to their medical appointments based on their immigration status, which has an impact on access to care.
- As a result of the Affordable Care Act, the homeless may be enrolled with a primary care provider but they have no idea they have a provider. And they may be enrolled with a provider who is nowhere near where they are. It is not helpful if you are on the Westside and your provider is in the San Fernando Valley.
- For new mothers, barriers to accessing health care are a lack of transportation and child care.
- There is a great need for health care providers (hospitals, medical groups and health

insurance plans) to work more closely with community-based social work services to provide a seamless transition from acute care to social services and community resources.

- In South Central LA, there continues to be an overt lack of access to health care.
- For low-income populations, when they go to the hospital and return to their primary care clinic, we cannot assume information about the hospital visit and discharge is shared with the primary care medical home. No one has transmitted the information from the hospital to the clinic, so then we have to start the process again. This is an ongoing challenge that hasn't been resolved even with our own county system.
- There are not enough resources available. Optometry and ophthalmology are especially difficult to access.

Dental Care

14.5% of children in SPA 4, 24.5% in SPA 5 and 13.3% of children in SPA 6 have never been to a dentist. Teens obtained dental care at a higher rate than children. 95.2% of teens in SPA 4, 100% of teens in SPA 5 and 91.1% of teens in SPA 6 have been to the dentist in the past two years.

Delay of Dental Care among Children and Teens

	SPA 4	SPA 5	SPA 6	Los Angeles County
Children never been to the dentist	14.5%*	24.5%*	13.3%*	14.8%
Children been to dentist less than 6 months to 2 years	85.3%*	75.3%*	85.9%*	84.0%
Children 3 to 17 unable to afford dental care and checkups in the past year**	15.5%	13.3%	10.4%	11.5%
Teens never been to the dentist	3.1%*	0%*	4.4%*	1.8%*
Teens been to dentist less than 6 months to 2 years	95.2%	100%*	91.1%*	95.0%

*Source: California Health Interview Survey, Children 2014-2016, Teens 2012-2014. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size. **Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm*

40.3% of adults in SPA 4, 28.9% of adults in SPA 5 and 56.9% of adults in SPA 6 have not obtained dental care in the past year.

Adult Dental Care

	SPA 4	SPA 5	SPA 6	Los Angeles County
Adults who did not see a dentist or visit a dental clinic for any reason in past year	40.3%	28.9%	56.9%	40.7%

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

Community Input – Dental Care

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

dental care. Following are their comments, quotes and opinions edited for clarity:

- Dental care has never been funded properly through Medicaid. It was never considered a part of benefits.
- There aren't enough accessible dental services. Dental care is not just geographically unavailable, but also economically unavailable.
- There are not a lot of providers on the Westside who take Medi-Cal and My Health LA, so having enough providers is the biggest issue.
- Although Medi-Cal now offers dental care, for adults the scope is very limited and the rates are not great. Many dentists don't accept Denti-Cal so there is not enough access for our adult patients. Children have more options. The other issue we have is we need to have anesthesia for some procedures and that complicates things because not a lot of providers can provide this service. For a patient who has an intellectual or mental disability who cannot handle the procedure, it can trigger behavioral issues.
- Many older adults don't understand that by not taking care of their dental work, it will have an impact on their entire body. We need education how good dental care will impact one's overall health.
- There are issues in the geriatric population that can become severe if they do not have access to dental care. If dentures don't fit anymore that impacts nutrition, and emotional and social wellbeing.
- Denti-Cal is not reimbursing enough, so the limited reimbursement stream is a challenge and leads to more access to care issues. More FQHCs offer dental care, but not all do. Getting in early for prevention and developing good habits is a major problem.
- In the homeless population, dental care is an enormous need. If they neglect their health they also neglect their dental needs. After people get stabilized and housed, dental is often the number one thing people request. They want to get their teeth fixed because of years and years of neglect.
- There is a kindergarten mandate where all kindergarteners, before they start school, have to visit a dentist. Their dental screening gets put in the system when they enroll in school.
- Koreans do not have health insurance, let alone dental insurance. There are issues with not getting enough dental care.

Birth Indicators

Births

From 2013 to 2015 there were, on average, 23,887 births in the Community Benefit Service Area.

Teen Birth Rate

Teen births occurred at a rate of 7.4% of total births. This rate is higher than the teen birth rate in the county (5.6%) and state (5.5%).

Births to Teenage Mothers (Under Age 20), 3-Year Average, 2013-2015

	Births to Teen Mothers	Percent of Live Births
Cedars-Sinai Service Area	1,764	7.4%
Los Angeles County		**5.6%**
California		**5.5%**

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001.

Prenatal Care

Pregnant women entered prenatal care after the first trimester at a rate of 21.9%. This rate of late entry into prenatal care equates to 78.1% of pregnant women entering prenatal care in the first trimester. This exceeds the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester.

Late Entry into Prenatal Care (After First Trimester)

	Late Prenatal Care	Percent of Live Births
Cedars-Sinai Service Area	5,248	21.9%
Los Angeles County		**17.3%**
California		**17.9%**

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001.

Low Birth Weight

Babies born at a low birth weight are at higher risk for disease, disability and possibly death. The rate of low birth weight babies is 7.8% (77.8 per 1,000 live births). This is higher than county (7.1%) and state (6.8%) rates. The Community Benefit Service Area rate meets the Healthy People 2020 objective of 7.8% of births being low birth weight.

Low Birth Weight (Under 2,500 g)

	Low Birth Weight	Percent of Live Births
Cedars-Sinai Service Area	1,859	7.8%
Los Angeles County		**7.1%**
California		**6.8%**

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence,

2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001.

Health Status

91.8% of women in LA County were in good to excellent health before pregnancy. 20.7% of pregnant women in LA County had inadequate weight gain while 37.6% had excessive weight gain during pregnancy. 16.2% of LA County women experienced food insecurity during pregnancy, which was higher than in the state (15.6%).

Health Status Before and During Pregnancy

	Los Angeles County	California
Good to excellent health before pregnancy	91.8%	92.0%
Inadequate weight gain during pregnancy	20.7%	18.2%
Excessive weight gain during pregnancy	37.6%	41.2%
Food insecurity during pregnancy	16.2%	15.6%

Source: California Department of Public Health, Maternal Infant Health Assessment, 2013-2015.
https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-and-Reports.aspx?Name=SnapshotBy

Infant Mortality

Infant mortality reflects deaths of children under one year of age. The infant death rate in the county is 4.3 deaths per 1,000 live births. This rate is lower than the California rate of 4.5 deaths per 1,000 live births. LA County fares better than the Healthy People 2020 objective of 6.0 deaths per 1,000 live births.

Infant Mortality Rate

	Rate
Los Angeles County	4.3
California	4.5

Source: California Department of Public Health, 2013-2015 https://letsgethealthy.ca.gov/goals/healthy-beginnings/reducing-infant-mortality/

Breastfeeding

Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at Cedars-Sinai Medical Center indicated 95.8% of new mothers breastfeed and 74.9% breastfeed exclusively. These rates of breastfeeding exceeded the average rates among hospitals in the county and state.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Cedars-Sinai Medical Center	5,685	95.8%	4,444	74.9%
Los Angeles County	**107,128**	**93.9%**	**70,159**	**61.5%**
California	**397,434**	**94.0%**	**293,701**	**69.4%**

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2016
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

There are ethnic/racial differences noted in breastfeeding rates of mothers who deliver at Cedars-Sinai Medical Center. Among African American mothers, 88.9% initiated breastfeeding and 56.7% breastfed exclusively. Among Latina mothers, 95.5% initiated breastfeeding and 62.9% breastfed exclusively. 98.1% of Asian mothers chose to breastfeed and 73.8% breastfed exclusively. Among White mothers, 96.2% initiated breastfeeding and 81.5% breastfed exclusively.

In-Hospital Breastfeeding, Cedars-Sinai Medical Center, by Race/Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	**Percent**	**Number**	**Percent**
African American	367	88.9%	234	56.7%
Latino/Hispanic	1,055	95.5%	695	62.9%
Asian	681	98.1%	512	73.8%
White	3,033	96.2%	2,571	81.5%
Cedars-Sinai Medical Center	**5,685**	**95.8%**	**4,444**	**74.9%**

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2016
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

Leading Causes of Death

Life Expectancy at Birth

Life expectancy in the Cedars-Sinai Community Benefit Service Area ranged from 86.4 years in Beverly Hills to 76.9 years LA City Council District 8, a difference of 9.5 years in life expectancy.

Life Expectancy at Birth

	Years of Life Expected
Beverly Hills	86.4
Culver City	82.4
Inglewood	81.0
Los Angeles City Council District 1	84.5
Los Angeles City Council District 4	84.5
Los Angeles City Council District 5	84.9
Los Angeles City Council District 8	76.9
Los Angeles City Council District 9	80.6
Los Angeles City Council District 10	82.6
Los Angeles City Council District 13	83.8
Los Angeles City Council District 14	82.7
Los Angeles City Council District 15	81.2
West Hollywood	85.1
Los Angeles County	**82.3**

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2016.
http://publichealth.lacounty.gov/ohae/cchp/index.htm

Leading Causes of Death

Heart disease, cancer, and stroke are the top three causes of death in the Community Benefit Service Area. Diabetes is the fourth leading cause of death and Alzheimer's disease is the fifth leading cause of death. The leading causes of death are presented as age-adjusted death rates. Age adjusting eliminates the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates.

Leading Causes of Death, Age-Adjusted Rates, per 100,000 Persons, 2013-2015

	Cedars-Sinai Service Area		Los Angeles County	California	Healthy People 2020 Objective
	Avg. Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	8,473	186.3	166.9	161.5	No Objective
Ischemic heart disease	6,050	134.1	120.4	103.8	103.4

	Cedars-Sinai Service Area		Los Angeles County	California	Healthy People 2020 Objective
	Avg. Annual Deaths	Rate	Rate	Rate	Rate
Cancer	6,968	154.5	150.6	158.4	161.4
Stroke	1,668	36.6	35.6	38.2	34.8
Diabetes	1,282	28.4	23.9	22.6	Not Comparable
Alzheimer's disease	1,256	27.3	32.2	35.5	No Objective
Chronic Lower Respiratory Disease	1,193	26.5	30.9	36.0	Not Comparable
Pneumonia and influenza	1,144	25.1	22.7	16.8	No Objective
Unintentional injuries	1,233	23.6	21.5	31.8	36.4
Liver disease	715	15.1	14.4	13.8	8.2
Kidney disease	601	13.2	11.1	8.5	Not Comparable
Homicide	566	9.2	5.4	4.9	5.5
Suicide	369	6.8	7.8	11.0	10.2
HIV	263	5.2	2.4	1.9	3.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016,Table B01001,and using the 2010 U.S. standard million.

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease is higher in the Community Service Benefit Area (134.1 deaths per 100,000 persons) than in the county (120.4 deaths per 100,000 persons) or state (103.8 deaths per 100,000 persons). These rates of ischemic heart disease death exceed the Healthy People 2020 objective of 103.4 per 100,000 persons.

The age-adjusted rate of death from stroke is also higher in the Community Service Benefit Area (36.6 deaths per 100,000 persons) than in the county (35.6 deaths per 100,000 persons) and the state (38.2 deaths per 100,000 persons). These rates of stroke death exceed the Healthy People 2020 objective of 34.8 per 100,000 persons.

Heart Disease and Stroke Mortality Rates, Age-Adjusted, per 100,000 Persons

	Cedars-Sinai Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	6,050	134.1	120.4	103.8
Stroke death rate	1,668	36.6	35.6	38.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

The age-adjusted cardiovascular disease death rate among the Community Benefit Service Area cities and LA City Council Districts (where data were available) ranged

from a low of 138.6 deaths per 100,000 persons in Beverly Hills, to a high of 303.8 deaths per 100,000 persons in District 8.

Cardiovascular Disease Mortality Rates, Age-Adjusted, per 100,000 Persons

	Rate
Beverly Hills	138.6
Culver City	199.2
Inglewood	260.5
Los Angeles City Council District 1	178.4
Los Angeles City Council District 4	173.8
Los Angeles City Council District 5	166.9
Los Angeles City Council District 8	303.8
Los Angeles City Council District 9	232.6
Los Angeles City Council District 10	227.3
Los Angeles City Council District 13	204.5
Los Angeles City Council District 14	206.1
Los Angeles City Council District 15	215.9
West Hollywood	176.9
Los Angeles County	**204.8**

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2012-2016.
http://publichealth.lacounty.gov/ohae/cchp/index.htm

Cancer

In the Community Benefit Service Area the age-adjusted cancer mortality rate is154.5 per 100,000 persons. This is higher than the county rate of 150.6 per 100,000 persons. The cancer death rate in the Community Benefit Service Area meets the Healthy People 2020 objective of 161.4 per 100,000 persons.

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

	Cedars-Sinai Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	6,968	154.5	150.6	158.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Mortality rates for specific types of cancer are available at the county level from the National Cancer Institute. For Los Angeles County, cancer mortality rates are slightly lower, overall, than state rates. In Los Angeles County the rates of death from female breast cancer (20.5 per 100,000 women), colorectal cancer (13.8 per 100,000 persons), pancreatic cancer (10.4 per 100,000 persons), liver and bile duct cancers (8.2 per 100,000 persons), Non-Hodgkin Lymphoma (5.5 per 100,000 persons), stomach cancer (5.2 per 100,000 persons), and uterine cancers (4.8 per 100,000 women), exceed the

state rates of death for these types of cancer.

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

	Los Angeles County	California
Cancer all sites	**142.1**	**146.6**
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
Liver and intrahepatic bile duct	8.2	7.6
Ovary (females)	7.0	7.1
Leukemia*	6.1	6.3
Non-Hodgkin lymphoma	5.5	5.4
Stomach	5.2	4.0
Uterine** (females)	4.8	4.5
Urinary bladder	3.5	3.9
Kidney and renal pelvis	3.2	3.5

*Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015 http://www.cancer-rates.info/ca/ *Myeloid and Monocytic + Lymphocytic + "Other" Leukemias **Uterus, NOS + Corpus Uteri*

The age-adjusted lung cancer death rate among the Community Benefit Service Area cities and LA City Council Districts (where data were available) ranged from a low of 20.4 deaths per 100,000 persons in District 14, to a high of 36.3 deaths per 100,000 persons in District 8.

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

	Rate
Beverly Hills	22.7
Culver City	27.5
Inglewood	29.9
Los Angeles City Council District 1	21.2
Los Angeles City Council District 4	25.9
Los Angeles City Council District 5	24.2
Los Angeles City Council District 8	36.3
Los Angeles City Council District 9	26.8
Los Angeles City Council District 10	25.0
Los Angeles City Council District 13	22.6
Los Angeles City Council District 14	20.4
Los Angeles City Council District 15	28.6
West Hollywood	30.6
Los Angeles County	**27.1**

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2012-2016. http://publichealth.lacounty.gov/ohae/cchp/index.htm

Diabetes

The age-adjusted mortality rate from diabetes is higher in the Cedars-Sinai Community Benefit Service Area (28.4 deaths per 100,000 persons) than in the county (23.9 deaths per 100,000 persons) and the state (22.6 deaths per 100,000 persons).

Diabetes Mortality Rate, Age-Adjusted, per 100,000 Persons

	Cedars-Sinai Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	1,282	28.4	23.9	22.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016,Table B01001 and using the 2010 U.S. standard million.

Alzheimer's Disease

The mortality rate from Alzheimer's disease in the Community Benefit Service Area (27.3 per 100,000 persons, age-adjusted) is lower than the LA County rate (32.2 per 100,000 persons, age-adjusted) and the state rate (35.5 per 100,000 persons).

Alzheimer's Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Cedars-Sinai Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	1,256	27.3	32.2	35.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the Community Benefit Service Area is 26.5 per 100,000 persons, which is lower than county (30.9 per 100,000 persons) and state rates (36.0 per 100,000 persons).

Chronic Lower Respiratory Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Cedars-Sinai Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	1,193	26.5	30.9	36.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

The age-adjusted death rate from Chronic Obstructive Pulmonary Disease (COPD) among the Community Benefit Service Area cities and LA City Council Districts (where

data were available) ranged from a low of 13.6 deaths per 100,000 persons in Beverly Hills, to a high of 30.8 deaths per 100,000 persons in District 8.

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

	Rate
Beverly Hills	13.6
Culver City	24.8
Inglewood	26.2
Los Angeles City Council District 1	19.9
Los Angeles City Council District 4	17.5
Los Angeles City Council District 5	19.2
Los Angeles City Council District 8	30.8
Los Angeles City Council District 9	24.0
Los Angeles City Council District 10	22.8
Los Angeles City Council District 13	23.4
Los Angeles City Council District 14	20.9
Los Angeles City Council District 15	26.4
West Hollywood	21.3
Los Angeles County	**27.9**

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2012-2016.
http://publichealth.lacounty.gov/ohae/cchp/index.htm

Unintentional Injury

The age-adjusted death rate from unintentional injuries in the Community Benefit Service Area is 23.6 per 100,000 persons. This rate is higher than for LA County (21.5 deaths per 100,000 persons). The death rate from unintentional injuries is lower than the Healthy People 2020 objective of 36.4 deaths per 100,000 persons.

Unintentional Injury Mortality Rate, Age-Adjusted, per 100,000 Persons

	Cedars-Sinai Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Unintentional injury death rate	1,233	23.6	21.5	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Homicides

The age-adjusted death rate from homicides among the Community Benefit Service Area cities and LA City Council Districts (where data were available) ranged from a low of 1.6 homicides per 100,000 persons in District 4, to a high of 21.2 homicides per 100,000 persons in District 8. The Healthy People 2020 objective for homicides is 5.5 per 100,000 persons. For the reported areas, only District 4 and District 13 have lower

homicide rates than the Healthy People 2020 objective. All other reported areas exceed the objective.

Homicide Rates, Age-Adjusted, per 100,000 Persons

	Rate
Beverly Hills	N/A*
Culver City	N/A*
Inglewood	14.9
Los Angeles City Council District 1	6.0
Los Angeles City Council District 4	1.6
Los Angeles City Council District 5	N/A*
Los Angeles City Council District 8	21.2
Los Angeles City Council District 9	12.1
Los Angeles City Council District 10	9.2
Los Angeles City Council District 13	3.6
Los Angeles City Council District 14	6.3
Los Angeles City Council District 15	10.7
West Hollywood	N/A*
Los Angeles County	**5.7**

*Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2012-2016. *N/A = too few cases were reported to protect confidentiality and/or to reach a statistically reliable result. http://publichealth.lacounty.gov/ohae/cchp/index.htm*

Suicides

The age-adjusted death rate from suicides among the Community Benefit Service Area cities and LA City Council Districts (where data were available) ranged from a low of 3.6 suicides per 100,000 persons in District 9, to a high of 11.2 suicides per 100,000 persons in West Hollywood. The Healthy People 2020 objective for suicides is 10.2 per 100,000 persons. District 4 and West Hollywood exceed this death rate objective.

Suicide Rates, Age-Adjusted, per 100,000 Persons

	Rate
Beverly Hills	8.4
Culver City	5.8
Inglewood	4.1
Los Angeles City Council District 1	5.6
Los Angeles City Council District 4	10.6
Los Angeles City Council District 5	8.1

	Rate
Los Angeles City Council District 8	4.6
Los Angeles City Council District 9	3.6
Los Angeles City Council District 10	8.3
Los Angeles City Council District 13	6.2
Los Angeles City Council District 14	7.8
Los Angeles City Council District 15	8.7
West Hollywood	11.2
Los Angeles County	**7.6**

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2012-2016.
http://publichealth.lacounty.gov/ohae/cchp/index.htm

Liver Disease

Mortality from liver disease is higher in the Community Benefit Service Area (15.1 deaths per 100,000 persons) than for the county (14.4 deaths per 100,000) and the state (13.8 deaths per 100,000 persons). The area exceeds the Healthy People 2020 objective for liver disease death of 8.2 per 100,000 persons.

Liver Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Cedars-Sinai Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	715	15.1	14.4	13.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016,Table B01001 and using the 2010 U.S. standard million.

Drug Overdose

The age-adjusted death rate from unintentional drug overdoses among the Community Benefit Service Area cities and LA City Council Districts (where data were available) ranged from a low of 6.5 deaths per 100,000 persons in Districts 5 and 9, to a high of 12 deaths per 100,000 persons in District 14.

Unintentional Drug Overdose Mortality Rates, Age-Adjusted, per 100,000 Persons

	Rate
Beverly Hills	N/A*
Culver City	N/A*
Inglewood	4.8
Los Angeles City Council District 1	7.1
Los Angeles City Council District 4	7.3
Los Angeles City Council District 5	6.5
Los Angeles City Council District 8	8.9
Los Angeles City Council District 9	6.5
Los Angeles City Council District 10	7.4
Los Angeles City Council District 13	7.9
Los Angeles City Council District 14	12.0
Los Angeles City Council District 15	9.3
West Hollywood	7.3
Los Angeles County	**6.6**

*Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2012-2016. *N/A = too few cases were reported to protect confidentiality and/or to reach a statistically reliable result.* http://publichealth.lacounty.gov/ohae/cchp/index.htm

Acute and Chronic Disease

Ambulatory Care Sensitive Conditions

Ambulatory care sensitive (ACS) conditions are defined as "those conditions resulting in hospital admissions that with improved high quality outpatient care could otherwise have been avoided, resulting in lower cost to the hospital and better quality of life for the patient" (AHRQ, 2004). In the Community Benefit Service Area, the top four ACS conditions resulting in hospitalization were congestive heart failure, diabetes, COPD, and urinary tract infections. When compared to hospitalization rates in LA County, all area rates for hospitalizations exceeded the county rates for the ACS conditions with the exception of bacterial pneumonia.

Hospitalization Rates for Ambulatory Care Sensitive Conditions, per 10,000 Persons

	Cedars-Sinai Service Area	Los Angeles County
Congestive heart failure	43.8	31.8
Diabetes	24.5	19.3
COPD	18.5	13.8
Urinary tract infection	18.4	15.6
Bacterial pneumonia	15.7	16.4
Long-term complications of diabetes	15.1	12.3
Adult asthma	12.4	8.4
Dehydration	12.0	10.2
Immunization-preventable pneumonia and influenza, 65+	7.8	6.5
Short-term complications of diabetes	7.0	5.5
Uncontrolled diabetes	2.1	1.4
Immunization-preventable pneumonia and influenza (age-adjusted)	2.0	1.6

Source: Conduent Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2013-2015.
http://admin.cedars-sinai.thehcn.net/

Urinary tract infections (UTI), adult asthma and diabetes were the top three ACS conditions presenting at the ER. Except for urinary tract infections and bacterial pneumonia, all other ACS conditions see higher ER usage in the Community Benefit Service Area compared to LA County.

Emergency Room Rates for Ambulatory Care Sensitive Conditions, per 10,000 Persons

	Cedars-Sinai Service Area	Los Angeles County
Urinary tract infections	84.4	84.9
Adult asthma	37.2	32.6
Diabetes	30.1	25.5
COPD	13.8	11.0
Dehydration	13.3	12.5

	Cedars-Sinai Service Area	Los Angeles County
Long-term complications of diabetes	13.0	12.1
Bacterial pneumonia	13.0	13.6
Congestive heart failure	9.9	7.5
Uncontrolled diabetes	2.8	2.3
Short-term complications of diabetes	1.7	1.4

Source: Conduent Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2013-2015.

Diabetes

The percent of adults diagnosed with diabetes in Community Benefit Service Area cities and LA City Council Districts (where data were available) ranged from a low of 5% in District 5 to a high of 15% in District 8.

Adult Diabetes

	Percent
Beverly Hills	N/A*
Culver City	7%
Inglewood	12%
Los Angeles City Council District 1	13%
Los Angeles City Council District 4	6%
Los Angeles City Council District 5	5%
Los Angeles City Council District 8	15%
Los Angeles City Council District 9	13%
Los Angeles City Council District 10	13%
Los Angeles City Council District 13	11%
Los Angeles City Council District 14	13%
Los Angeles City Council District 15	13%
West Hollywood	8%
Los Angeles County	**10%**

Source: Los Angeles Department of Public Health, City and Community Health Profiles, data from L.A. County Health Survey, 2015.
**N/A = too few cases were reported to protect confidentiality and/or to reach a statistically reliable result.*
http://publichealth.lacounty.gov/ohae/cchp/index.htm

Among adults in SPA 4, 10.1% have been diagnosed with diabetes, 6.3% in adults in SPA 5, and 12.7% of adults in SPA 6 reported they have been diagnosed with diabetes. For adults with diabetes, 74.7% in SPA 5 felt very confident they could control their diabetes, 57.4% of adults with diabetes in SPA 6 and 41.4% of adults with diabetes in SPA 4 felt very confident they could control their diabetes.

Adult Pre-Diabetic and Diabetic

	SPA 4	SPA 5	SPA 6	Los Angeles County
Diagnosed pre-diabetic	11.6%	6.9%	13.0%	12.4%
Diagnosed diabetic	10.1%	6.3%	12.7%	9.7%

	SPA 4	SPA 5	SPA 6	Los Angeles County
Very confident to control diabetes	41.4%	74.7%*	57.4%	56.5%
Somewhat confident	36.7%	18.1%*	37.1%	32.8%
Not confident	21.8%*	7.2%*	5.5%*	10.7%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Among African American adults, 15.8% have been diagnosed with diabetes, 10.2% of Asian residents of SPAs 4, 5 and 6 have been diagnosed with diabetes. 10.9% of Latino adults and 6% of White adults have been diagnosed with diabetes.

Adult Diabetes by Race/Ethnicity

	SPA 4, SPA 5, SPA 6	Los Angeles County	California
African American	15.8%	13.7%	11.6%
Latino	10.9%	11.7%	11.3%
Asian	10.2%*	7.8%	8.8%
White	6.0%	6.9%	7.6%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Diabetes is an Ambulatory Care Sensitive (ACS) condition. Hospitalizations for diabetes in the Community Benefit Service Area occur at a rate of 24.5 per 10,000 persons and the ER visits for diabetes occur at a rate of 30.1 per 10,000 persons. These rates are higher than the diabetes hospitalization and ER rates in LA County.

Hospitalization Rates for Diabetes, per 10,000 Persons

	Cedars-Sinai Service Area	Los Angeles County
Hospitalization rate for diabetes	24.5	19.3
ER rate for diabetes	30.1	25.5

Source: Conduent Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2013-2015.

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In SPA 4, 27.7% of adults are diagnosed with high blood pressure. 24.3% of adults in SPA 5 and 32.7% of adults in SPA 6 have been diagnosed with high blood pressure. Of those diagnosed with high blood pressure, 60.6% in SPA 4, 69.9% in SPA 5, and 63.9% in SPA 6 reported taking medication to manage their high blood pressure.

High Blood Pressure

	SPA 4	SPA 5	SPA 6	Los Angeles County
Diagnosed with high blood pressure	27.7%	24.3%	32.7%	28.2%
Takes medication for high blood pressure	60.6%	69.9%	63.9%	66.9%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

In SPAs 4, 5 and 6, 47% of African Americans adults indicated they have high blood pressure; this is higher than the rates of high blood pressure reported among African Americans in LA County and California. 27.9% of Whites, 24.9% of Latinos, and 23.4% of Asians reported high blood pressure.

Adult High Blood Pressure by Race/Ethnicity

	SPA 4, SPA 5, SPA 6	Los Angeles County	California
African American	47.0%	42.6%	39.8%
White	27.9%	29.3%	31.1%
Latino	24.9%	25.6%	25.3%
Asian	23.4%	25.5%	23.7%

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

The hospitalization rate for hypertension among adults in the Community Benefit Service Area is 7.7 per 10,000 persons and the ER rate for hypertension is 30.5 per 10,000 persons. These rates are higher than found in the county.

Adult Hospitalization and ER Hypertension Rates, Age-Adjusted, per 10,000 Persons

	Cedars-Sinai Service Area	Los Angeles County
Hospitalization rate due to hypertension	7.7	4.7
ER rate due to hypertension	30.5	26.2

Source: Conduent Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2013-2015.

Heart Disease

For adults in SPA 4, 3.8% reported they have been diagnosed with heart disease. 5.3% of adults in SPA 5, and 5.4% of SPA 6 adults reported they have been diagnosed with heart disease. Among adults diagnosed with heart disease, 88.7% in SPA 5 were given a management care plan by a health care provider, 66% in SPA 6 were given a management care plan by a health care provider, and 66.5% in SPA 4 were given a management care plan by a health care provider.

Adult Heart Disease

	SPA 4	SPA 5	SPA 6	Los Angeles County
Diagnosed with heart disease	3.8%	5.3%	5.4%	5.6%
Has a Management Care Plan	66.5%	88.7%*	66.0%	66.5%
Very Confident to Control Condition**	55.9%			57.7%
Somewhat Confident to Control Condition**	37.2%			35.7%
Not Confident to Control Condition**	6.9%*			6.6%*

*Source: California Health Interview Survey, 2014-2016. **2015-2016 http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

SPAs 4, 5 and 6 have higher rates of heart disease among African Americans (6.9%) than were reported in the county (6.2%) or state (5.6%).

Adult Heart Disease by Race/Ethnicity

	SPA 4, SPA 5, SPA 6	Los Angeles County	California
African American	6.9%*	6.2%	5.6%
Asian	3.7%*	4.9%	5.0%
Latino	3.0%	4.2%	4.2%
White	7.2%	7.8%	8.6%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Asthma

In SPA 4, 10.9% of the population has been diagnosed with asthma. In SPA 5, 13.1% of the population has asthma, and in SPA 6, 9.2% of the population has asthma. Among those with asthma, 55.4% in SPA 4, 38.8% in SPA 5 and 49.9% in SPA 6 take daily medication to control their symptoms. Among youth in SPA 4, 5.9% have been diagnosed with and currently have asthma, 6.7% of youth in SPA 5 have asthma, and 7.8% of youth in SPA 6 have asthma.

Asthma

	SPA 4	SPA 5	SPA 6	Los Angeles County
Ever diagnosed with asthma, total population	10.9%	13.1%	9.2%	12.4%
ER or urgent care visit in past year due to asthma, total asthmatic population	12.0%*	6.1%*	14.2%*	11.2%
Takes daily medication to control asthma, total asthmatic population	55.4%*	38.8%	49.9%	43.8%
Diagnosed with and currently has asthma and/or had an attack in past year, 0-17 years old**	5.9%	6.7%	7.8%	7.4%
ER or Urgent Care visit in past year due to asthma, 0-17 years old**	49.0%*	23.4%*	48.5%	38.7%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*
***Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm*

Asthma-related hospitalizations among children in the Community Benefit Service Area are higher (12.7 admissions per 10,000 children) than LA County rates (10.9 admissions per 10,000 children).

Pediatric Asthma-Related Hospital Admissions, per 10,000 Children

	Cedars-Sinai Service Area	Los Angeles County
Pediatric asthma hospitalization rate	12.7	10.9

Source: Conduent Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2013-2015.

Cancer

Cancer incidence rates are available at the county level. In Los Angeles County, cancer rates are lower overall than at the state level; however, the rates of colorectal cancer (36.3 per 100,000 persons), uterine cancers, (25.9 per 100,000), thyroid cancer (13.6 per 100,000 persons), and ovarian cancer (12.0 per 100,000) exceed the state rates.

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
Thyroid	13.6	12.8
Melanoma of the skin	13.3	21.6
Kidney and renal pelvis	13.2	13.9
Ovary (females)	12.0	11.6
Leukemia*	11.6	12.3

*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*

Rates of newly diagnosed breast cancer per 100,000 females, ranged from a low of 79.3 per 100,000 women in City Council District 15 to a high of 193.5 in Beverly Hills.

Newly Diagnosed Breast Cancer Cases, per 100,000 Females

	Rate
Beverly Hills	193.5
Culver City	159.6
Inglewood	129.8
Los Angeles City Council District 1	84.4
Los Angeles City Council District 4	163.1
Los Angeles City Council District 5	110.3
Los Angeles City Council District 8	144.2
Los Angeles City Council District 9	159.7
Los Angeles City Council District 10	152.4
Los Angeles City Council District 13	115.9
Los Angeles City Council District 14	127.3
Los Angeles City Council District 15	79.3
West Hollywood	157.6
Los Angeles County	**140.5**

Source: Los Angeles Department of Public Health, City and Community Health Profiles, data from University of Southern California's Cancer Surveillance Program, 2011-2015. http://publichealth.lacounty.gov/ohae/cchp/index.htm

Rates of newly diagnosed colon cancer per 100,000 persons, ranged from a low of 31.5 per 100,000 persons in LA City Council District 15 to a high of 48.6 per 100,000 persons in West Hollywood.

Newly Diagnosed Colon Cancer Cases, per 100,000 Persons

	Rate
Beverly Hills	33.0
Culver City	46.1
Inglewood	36.3
Los Angeles City Council District 1	32.8
Los Angeles City Council District 4	39.2
Los Angeles City Council District 5	38.6
Los Angeles City Council District 8	39.6
Los Angeles City Council District 9	38.1
Los Angeles City Council District 10	35.6
Los Angeles City Council District 13	38.9
Los Angeles City Council District 14	43.4
Los Angeles City Council District 15	31.5
West Hollywood	48.6
Los Angeles County	**37.9**

Source: Los Angeles Department of Public Health, City and Community Health Profiles, data from University of Southern California's Cancer Surveillance Program, 2011-2015. http://publichealth.lacounty.gov/ohae/cchp/index.htm

The Research Center for Health Equity at Cedars-Sinai created Community Profiles for Filipinos, Latinos and Korean Americans in Los Angeles County. These Profiles

describe the most common types of cancer and cancer trends for these populations (see Attachment 5).

HIV

The HIV rate in LA County has decreased since 2007. In 2015, 626 cases of HIV were diagnosed in SPA 4 (54 per 100,000 persons), 90 cases were diagnosed in SPA 5 (14 per 100,000 persons), and 291 cases of HIV were diagnosed in SPA 6 (28 per 100,000 persons). The rate of HIV diagnosed in 2015 has decreased from 2014 for SPAs 4, 5 and the county, while rising slightly for SPA 6. Rates of new HIV diagnoses are highest among males, young adults 20-29, and Blacks/African Americans.

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

	2014		2015	
	Number	Rate	Number	Rate
SPA 4	704	61	626	54
SPA 5	101	15	90	14
SPA 6	264	26	291	28
Los Angeles County	**2,057**	**20**	**1,952**	**19**

Source: County of Los Angeles, Public Health, Division of HIV and STD Programs, Annual HIV Surveillance Report 2016, June 2018. http://publichealth.lacounty.gov/dhsp/Reports.htm

Among the Community Benefit Service Area SPAs, SPA 4 has the highest rate of persons living with HIV (1,531 per 100,000 persons). In SPA 6 the rate is 565 per 100,000 persons, and in SPA 5 the rate is 378 per 100,000 persons living with HIV.

Persons Living With HIV, Number and Rate per 100,000 Persons, 2016

	Number	Rate
SPA 4	18,106	1,531
SPA 5	2,510	378
SPA 6	6,036	565
Los Angeles County	**50,289**	**492**

Source: County of Los Angeles, Public Health, Division of HIV and STD Programs, Annual HIV Surveillance Report 2016, June 2018. http://publichealth.lacounty.gov/dhsp/Reports.htm

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:

- Prevention is key. People need education about available chronic disease resources.
- Chronic diseases are more prevalent with health disparities among low -income and homeless patients. It is difficult to manage chronic illnesses without access to medications or appropriate food.
- Koreans have disproportionately high rates of chronic diseases like Hepatitis B, Hepatitis C and stomach cancer. Since these conditions are not generally as

prevalent in larger communities, early screening doesn't happen. People are not diagnosed until the disease is pretty far along. Koreans may not have health insurance, so they are not getting regular checkups and screenings. As a result, detection for chronic disease is delayed.

- The HIV epidemic is alive and bringing new diagnoses on a daily basis. Transmission of heterosexual sex is very prevalent. There are men with men who do not identify as gay or bisexual, and transmission is very prevalent. Young men may be kicked out of the house based on their newly discovered sexual identity and they have to survive on the streets. It is an active health issue.
- There is a great benefit to provide access to mental health and social service assessments for anyone who is managing a chronic disease. We know that decreasing depression symptoms improves disease self-management. To increase outcomes and reduce costs, invest in behavioral health.
- Diabetes, if it is diagnosed, is not always appropriately treated. There is limited access to specialists.
- A poor diet is the cause of many chronic diseases.
- There are limited resources available to manage chronic diseases when a person has limited access to healthy foods and safe neighborhoods.
- Homeless individuals with chronic conditions get worse because they are not treated with preventive care. They haven't had access to care or haven't been treated for an illness or disease that could have been prevented or slowed down over a period of time. And they decline if they are not on medications and have no access to follow-up care. We see this repeatedly when someone does not have access to care.
- For HIV, as a result of the intervention of PrEP and having more access to early intervention and testing, we have not seen HIV rates in our population go up significantly. In fact, HIV rates have probably decreased slightly.
- A major barrier to getting care for chronic diseases is access to specialty care.
- Liver disease is often associated with alcohol use.
- Stroke, diabetes, and high blood pressure are common problems and are the causes of early deaths in our clients.
- There is a need to improve health literacy in general for our community. Health literacy is how people can absorb health education. When they become more health literate they focus on prevention. Promotoras, home visitors, teachers and student peers can play an important role in educating the community.
- We've come a long way since the Affordable Care Act was instituted and more people now have health insurance. But we know insurance doesn't equal care. If you have insurance that doesn't mean timely access to care. There are social factors and risk factors that influence a person's ability to stay healthy. Example, when I worked in a clinic, we had a diabetic clinic and we did home visits for those who

were struggling. The housing conditions, the poverty they were experiencing, the lack of employment and the lack of fresh fruits and vegetables were barriers. People are working three jobs and what they can afford are tortillas, but they are diabetic. We aren't making any meaningful changes with health and wellness.

- People may be able to see a primary care provider because they now have Medi-Cal or My Health LA, but the wait for specialists can be extensive. Clinics may have to wait six months or more for their clients to get access to a specialist.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings measures 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 20% 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

Health Status

Among the residents in SPA 6, 30.6% rate themselves as being in fair or poor health and 24.6% of SPA 4 residents indicate they are in fair or poor health. This is higher than the county rate of 21.5%. In SPA 5, 10%, of residents indicate they have fair or poor health status.

Health Status, Fair or Poor Health, Adults

	SPA 4	SPA 5	SPA 6	Los Angeles County
Fair or poor health, adults 18+	24.6%	10.0%	30.6%	21.5%

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

Limited Activity Due to Poor Health

In LA County, adults limited their activities due to poor mental or physical health on an average of 2.3 days in the previous month. This rate is higher for SPA 4 adults (2.7 poor health days) and SPA 6 adults (2.6 poor health days), and lower for SPA 5 adults (1.8 poor health days).

Activities Limited from Poor Mental/Physical Health, Average Days in Past Month

	SPA 4	SPA 5	SPA 6	Los Angeles County
Days of limited activities, adults	2.7	1.8	2.6	2.3

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

Disability

In the Community Benefit Service Area, 26.3% of adults in SPA 6, 24.1% in SPA 4 and 21.5% of adults in SPA 5 reported they had a physical, mental or emotional disability. The rate of disability in the county was 22.6%.

In LA County, 14.5% of children were reported by their caretakers to meet the criteria of having a Special Health Care Need. This negative metric was reported to be higher in SPA 5 (20.2%), than in SPA 4 (12.3%) and SPA 6 (12.5%). It is suggested that children living in higher socioeconomic areas are evaluated for special needs at higher rates.

Population with a Disability

	SPA 4	SPA 5	SPA 6	Los Angeles County
Adults with a disability	24.1%	21.5%	26.3%	22.6%
Children, 0-17, with special health care needs	12.3%	20.2%	12.5%	14.5%

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

Sexually Transmitted Infections

Rates of STIs continue to rise. In the Community Benefit Service Area, SPA 6 has the highest area rate of Chlamydia (941 per 100,000 persons). SPA 4 has the highest area rates of Gonorrhea (400 per 100,000 persons), and early syphilis, which includes primary and secondary syphilis, and early latent syphilis (103 per 100,000 persons).

Sexually Transmitted Infections, Rate per 100,000 Persons

	SPA 4	SPA 5	SPA 6	Los Angeles County
Chlamydia	797	387	941	555
Gonorrhea	400	124	319	171
'Early' (primary/secondary + early latent) syphilis	103	23	37	33

Source: County of Los Angeles, Public Health, Division of HIV and STD Programs, 2015 Annual HIV/STD Surveillance Report, May 2018. http://publichealth.lacounty.gov/dhsp/Reports.htm

Teen Sexual History

In SPAs 4, 5 and 6, 84.4% of teens, ages of 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex. This was a lower rate of abstinence than seen at the county level (88.9%).

Teen Sexual History, 14 to 17 Years Old

	SPA 4, SPA 5, SPA 6	Los Angeles County	California
Never had sex	84.4%*	88.9%*	81.2%

*Source: California Health Interview Survey, 2015-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

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:

- 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.
- School funding for sex education has dried up. Over the last few years, it has become even more evident as an issue.
- Sometimes people are sexually active but they are not screened because we assume they are not active. For some patients there is a lot of sexual abuse that takes place. For the caregiver it can be difficult to acknowledge this is going on and it is a missed opportunity to treat and talk about how to prevent it.
- The LGBTQ community is stigmatized in the Korean community, so there is a lack of awareness and education to address the needs of LGBTQ Koreans. This includes STI education. Koreans have problems with sex trafficking and Korean immigrants have problems with STIs.
- Huge strides have been made in the treatment of HIV/AIDS. There are now a significant number of people who are aging with HIV and AIDS. They are dealing with health issues of being on medications for years and years of mental health issues as a result of living with HIV. They may be isolated, experience depression and loneliness.
- We've seen a rise in the rates of STI transmission in the past couple of years. There is a lack or gap in funding for STI tests and treatment.
- With the new medications for HIV pre-exposure (PrEP) sexual behavior has changed. This has increased other STIs while preventing the spread of HIV.
- Kids in early middle school are becoming active and they need information around safe sex practices.
- One recent breakthrough is HIV and the advent of PrEP. It is changing lives in fantastic ways, but there are disparities in access. We see a lot of transmission in men of color and trans women of color and we are seeing record high rates of syphilis. Condom use may have gone down because people feel safer on PrEP and are not using condoms.
- LGBT kids have a higher risk for STIs than the average teenager.
- We have tools and effective interventions for STI prevention and treatment, but we do not have the necessary resources on the ground to make a dent in the problem.

Overweight and Obesity

In the area SPAs, 33.7% of SPA 4 adults, 34.4% of SPA 5 adults and 36.3% of adults in SPA 6 are overweight. In SPAs 4, 5 and 6 combined, 21.6% of teens are overweight and 13.2% of children are overweight.

Overweight

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Adult (18+ years)	33.7%	34.4%	36.3%	34.8%	35.0%
Teen (ages 12-17)	21.6% *			19.4%	17.3%
Child (under 12)	13.2%			14.3%	15.1%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

In the area SPAs, 29.2% of SPA 4 adults, 13.8% of SPA 5 adults and 39.5% of adults in SPA 6 are obese. In SPAs 4, 5 and 6 combined, 18.4% of teens are obese. The Healthy People 2020 objectives for obesity are 30.5% of adults aged 20 and over, and 16.1% of teens. Adults in SPA 6 and teens in the area SPAs exceed these objectives.

Obesity

	SPA 4	SPA 5	SPA 6	Los Angeles County	California
Adult (20+ Years)	29.2%	13.8%	39.5%	28.9%	28.1%
Teen (Ages 12-17)	18.4%*			14.3%	18.1%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Adult overweight and obesity by race and ethnicity indicate over three-quarters of the adult population among African Americans in SPA 4 (79.4%) and SPA 6 (78.1%) are overweight or obese. Area Latinos also have high rates of overweight and obesity. Approximately half of Whites in SPAs 4, 5 and 6 are overweight or obese. Asians have lower rates of overweight and obesity. SPA 6 shows the highest rates of overweight and obesity among Latinos and Whites, while SPA 4 shows the highest rate of overweight and obesity among African Americans and Asians.

Adults, 20+ Years of Age, Overweight and Obesity by Race/Ethnicity

	SPA 4	SPA 5	SPA 6	Los Angeles County
African American	79.4%	59.6%*	78.1%	76.1%
Latino	71.3%	67.1%*	78.1%	74.2%
White	51.9%	46.5%	54.3%*	57.4%
Asian	47.2%*	37.2%*	46.5%*	41.4%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

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 (overweight) or at health risk (obese). In area school districts, over a quarter of 5th and 7th grade students tested as body composition needing improvement or at health risk. By 9th grade there was some improvement in the percentage of students at health risk. Beverly Hills Unified and Culver City Unified were below state and county averages.

5th, 7th and 9th Graders; Body Composition, 'Needs Improvement' and 'Health Risk'

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Beverly Hills Unified School District	15.7%	9.8%	18.3%	7.0%	12.7%	7.0%
Culver City Unified School District	16.8%	13.0%	19.5%	14.8%	12.0%	9.2%
Inglewood Unified School District	21.3%	28.5%	26.8%	24.8%	21.3%	28.3%
Lennox Math, Science & Tech Academy	N/A	N/A	N/A	N/A	21.8%	30.6%
Lennox School District	25.0%	40.1%	17.8%	34.0%	N/A	N/A
Los Angeles Unified School District	20.4%	30.1%	21.2%	25.9%	22.1%	24.3%
Los Angeles County	**19.9%**	**25.3%**	**19.9%**	**21.9%**	**20.4%**	**20.1%**
California	**19.2%**	**21.5%**	**19.1%**	**19.6%**	**19.2%**	**18.0%**

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

Fast Food

Adults, ages 18-64, consume fast food at higher rates than children, teens or seniors. In SPA 4, 23.8% of adults, 15.5% of children and 10.3% of seniors consume fast food three or more times per week. In SPA 5, 20.8% of adults, 17.6% of children and 8.1% of seniors consume fast food three or more times per week. 32.4% of adults, 21% of children and 16.1% of seniors in SPA 6 consume fast food three or more times per week. SPA 6 fast food consumption exceeds the LA County rate.

Fast Food Consumption, Three or More Times a Week

	SPA 4	SPA 5	SPA 6	Los Angeles County
Adult, aged 18-64	23.8%	20.8%	32.4%	29.6%
Children and youth, 0-17 years of age	15.5%*	17.6%*	21.0%*	20.7%
Seniors, 65+	10.3%*	8.1%*	16.1%*	13.4%

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

Soda/Sugar-Sweetened Beverage (SSB) Consumption

In SPA 4, 35% of children and 29.9% of adults drink one or more SSB a day. In SPA 5, 14.3% of children and 21.7% of adults drink one or more SSB a day. SPA 6 has the highest percentage of SSB consumption among the area SPAs as 51.6% of children and 41.9% of adults drink one or more SSB a day.

Soda or Sugar-Sweetened Beverage Consumption

	SPA 4	SPA 5	SPA 6	Los Angeles County
Children, 0-17, 1 or more per day	35.0%	14.3%	51.6%	39.2%
Adults, 18+, 1 or more per day	29.9%	21.7%	41.9%	31.4%

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

Adequate Fruit and Vegetable Consumption

Teens are less likely than children to eat five or more servings of fruits and vegetables a day. In SPA 4, 30.2% of children and 28% of teens eat five or more servings of fruit and vegetables daily (excluding juice and potatoes). In SPA 5, 62.4% of children and 30.1% of teens eat five or more servings of fruit and vegetables a day, and 34.2% of children and 19.5% of teens in SPA 6 eat five or more servings of fruit and vegetables daily.

Adults are the least likely to eat adequate fruits and vegetables. 16% of adults in SPA 4, 20.9% of adults in SPA 5, and 9.6% of SPA 6 adults ate five or more servings of fruits and vegetables the previous day.

Five or More Servings of Fruits and Vegetables Daily

	SPA 4	SPA 5	SPA 6	Los Angeles County
Children	30.2%	62.4%	34.2%	31.4%
Teens	28.0%*	30.1%*	19.6%*	19.5%
Adults**	16.0%	20.9%	9.6%	14.7%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*
***Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2015; http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm*

Access to Fresh Produce

Parents/guardians of children were asked to rate their community's access to fresh fruits and vegetables. 69.8% of families with children in SPA 4 indicated their community had good or excellent access to fresh produce. 92.7% of families in SPA 5 and 54.8% of families in SPA 6 had access to fresh produce. Families in SPAs 4 and 6 had poorer access to fresh produce when compared to the county (75%).

Children Living in Communities with Good or Excellent Access to Fresh Produce

	SPA 4	SPA 5	SPA 6	Los Angeles County
Good or excellent access to fresh produce	69.8%	92.7%	54.8%	75.0%

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

Physical Activity

Current recommendations for physical activity for adults include both aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least two days per week). For children, the guidelines are at least an hour of aerobic exercise daily and at least two days per week of muscle-strengthening exercises. 33.4% of SPA 4 adults, 42% of SPA 5 adults and 30.3% of SPA 6 adults meet the physical activity guidelines. 12.1% of SPA 4 adults, 8.3% of adults in SPA 5 and 10% of SPA 6 adults do not engage in any aerobic exercise. The Healthy People 2020 objective is for 32.6% of adults to engage in no leisure-time activity. 16.3% of children in SPA 4, 17.6% of SPA 5 children and 17.1% of SPA 6 children meet the physical activity guidelines.

Physical Activity Guidelines Met

	SPA 4	SPA 5	SPA 6	Los Angeles County
Adults 18+ meeting both aerobic and strengthening guidelines	33.6%	42.0%	30.3%	34.1%
Adults meeting aerobic guideline	66.5%	73.4%	63.8%	65.1%
Adults meeting strengthening guideline	41.2%	48.5%	38.8%	41.3%
Adults, no aerobic activity	12.1%	8.3%	10.0%	10.9%
Children 6-17 meeting aerobic and strengthening guidelines	16.3%	17.6%	17.1%	17.7%
Children meeting aerobic guideline	27.0%	22.7%	28.1%	28.5%
Children meeting strengthening guideline	55.1%	56.9%	63.2%	59.7%

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

10.4% of area children and teens spent over five hours in sedentary activities after school on a typical weekday, and 7.6% spent over 8 hours a day on sedentary activities on weekend days. Among SPA 4, 5, and 6 teens, 14.6% did not engage in any physical activity for at least one hour a day.

Sedentary Children

	SPA 4, SPA 5, SPA 6	Los Angeles County	California
5+ hours spent on sedentary activities after school on a typical weekday - children and teens	10.4%*	12.7%	12.8%

	SPA 4, SPA 5, SPA 6	Los Angeles County	California
8+ hours spent on sedentary activities on a typical weekend day - children and teens	7.6%*	8.7%	8.3%
Teens no physical activity in a typical week	14.6%*	11.6%	10.8%

*Source: California Health Interview Survey, 2014-2016; http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

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:

- There is not enough park space for people to exercise and people do not have access to healthy foods.
- Koreans have traditionally not had a problem with obesity and overeating, but it is rapidly becoming a problem. Among kids, there is a higher rate of being sedentary. Koreatown is one of the most park-poor neighborhoods in LA. There are few green spaces for kids to run around in and be physically active, so a lot of kids are stuck at home in apartments and not getting much activity at all.
- A poor diet will lead to a weight problem. If you can only afford to buy beans and rice and ramen you will end up with a weight problem. It is hard to afford the foods that are highest in nutritional value.
- Inexpensive food is usually unhealthy food. There are communities that are food deserts and lack green spaces for people to gather and be active.
- People who do not feel safe to go outside in their neighborhoods reduce their physical activity.
- Active lifestyles, especially those which include active modes of transportation, can significantly lighten the disease burden in our communities.
- Lack of access to healthy food is a challenge with vulnerable, low-income populations. More classes and group walks for pregnant women would be helpful.
- There is a lack of affordable, organized physical activity programs.
- Food insecurity, safety and obesity are linked. Greater food insecurity is associated with obesity because people eat cheaper, high density calories that aren't healthy. It may not be safe for some in communities or they are not able to access parks.
- How do we have a conversation with parents to provide healthier options for their children and be role models to their children? The food on the hot menu in schools is incredibly unhealthy.
- There are tremendous disparities in healthy food options and the availability of farmers markets. You can't walk a quarter mile in Santa Monica without running into some fancy grocery store that sells organic food but in East LA the options for lunch are McDonald's and Wendy's.

Mental Health

In Los Angeles County, 11.8% of adults were at risk for major depression, with an additional 8.6% diagnosed as suffering from depression and currently experiencing symptoms or undergoing treatment, for 20.4% of adults either at-risk or diagnosed. In SPA 4, 26.5% of adults are at-risk or diagnosed with depression. In SPA 5, 17.7% of adults are at-risk or diagnosed with depression, and in SPA 6, 25.2% of adults are at-risk or diagnosed with depression.

Among adults, 9.4% in SPA 4 were determined to have likely experienced serious psychological distress in the past year, while 11.3% said they had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year. 7.2% of the adults in SPA 5 had likely experienced serious psychological distress, while 10.1% of them had taken prescription medication for emotional/mental health. 8.7% of adults in SPA 6 likely experienced serious psychological distress in the past year, while 8.6% of them had taken prescription medication for emotional/mental health in the past year.

Serious psychological distress was experienced in the past year by 6.3% of area teens, which was lower than the county level (10.4%).

Mental Health Indicators

	SPA 4	SPA 5	SPA 6	Los Angeles County
Adults at risk for major depression	15.7%	6.8%	16.8%	11.8%
Adults with depression	10.8%	11.1%	8.4%	8.6%
Adults who had serious psychological distress during past year**	9.4%	7.2%	8.7%	9.1%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year**	11.3%	10.1%	8.6%	9.6%
Teens who had serious psychological distress during past year***	6.3%*			10.4%*

*Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm **Source: California Health Interview Survey, 2014-2016, or ***2015-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Mental Health Care Access

Mental health care access was attempted for 8% of children in SPA 4, 7.9% of SPA 5 children and 5.6% of SPA 6 children. Among adults, 12.3% in SPA 4, 14.2% in SPA 5, and 8.1% in SPA 6 tried to access mental health care.

Adults in SPA 4 and 5 needed help for emotional-mental and/or alcohol-drug related

issues in the past year at a higher rate (21.2% and 21.3%) than SPA 6 (15.1%) adults. Among those who sought help, SPA 5 residents (65%) were more likely to receive help than those in SPA 4 (54.4%) and SPA 6 (54.7%). The Healthy People 2020 objective is for 72.3% of adults with a mental disorder to receive treatment (27.7% who do not receive treatment).

Tried to Access Mental Health Care in the Past Year

	SPA 4	SPA 5	SPA 6	Los Angeles County
Children, 3 to 17, who tried to access mental health care	8.0%	7.9%	5.6%*	7.4%
Adults who tried to access mental health care	12.3%	14.2%	8.1%	8.5%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year**	21.2%	21.3%	15.1%	17.1%
Adults, sought/needed help and received treatment**	54.4%	65.0%	54.7%	57.4%
Adults, sought/needed help but did not receive**	45.6%	35.0%	45.3%	42.6%

*Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm **Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

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:

- There is a lack of access to mental health for seniors and our homeless community members.
- There is no true coordination and continuity of care. Currently, if a person with a mild or moderate mental health issue progresses to a severe issue, they have to go to another provider. There needs to be better coordination so one provider can offer all types of services because once you refer someone elsewhere, a high percentage won't get the care they need.
- It is a challenge finding Spanish speaking mental health providers.
- Contracting with the county for mental health services is not an easy process. Referring is not an easy process. If you contract with a health plan and mental health is a "carve out," you have to go through a different contracting process to offer it directly. This complexity adds to not having appropriate resources for mental health.
- People lack an understanding of where they can go to access mental health care. There is a lack of culturally sensitive care and linguistically competent providers in the system.
- The stigma associated with mental health is huge. We don't want to air our dirty laundry to outsiders for fear of being called crazy.
- Often times we refer people to mental health services and they do not access care because of the stigma attached to services.
- When someone has a mental health crisis, their loved ones have to make very

considered decision. Do I call 911? Because we know a 911 call for someone who is psychotic may have a negative outcome for that individual.

- There is a lot of stigma around mental health care. If we can normalize mental health care as a wraparound service with primary care support, then it will reduce that barrier to care.
- There is a huge correlation between mental illness and substance abuse.
- We are seeing the same people, at different locations, cycling through, so there really is value in coordination.
- I met with a NAMI group and families with severe mental illness. Families are at a crisis level and we need to do a better job with families that are so distraught.
- The populations we work with have very serious and untreated mental health issues that create barriers in their lives. They have difficulty accessing treatment. This creates challenges for people to stabilize their lives and move forward.
- A barrier to mental health care is a lack of housing.
- A huge barrier is finding qualified mental health and substance use practitioners.
- In LA County, we have a large Latino population and a huge lack of Latino bilingual mental health professionals who are able to speak the language and understand the cultural norms and beliefs. We see an increase in people experiencing mental health issues and crises. Partner abuse, sexual abuse, harassment, and poverty all influence and contribute to depression, anxiety and substance use; it is all connected.
- There is a shortage of providers to serve low-income individuals. We are not able to find enough licensed mental health professionals to work in clinics. This legislative session we have the ability to have MFT and other mental health professionals bill for services under state Medicaid rates. This will help patients with mild to moderate mental health needs. But for higher level needs, it is unclear how we are going to meet those needs.
- For mental health we would like to see more prevention campaigns around holistic wellness and wellbeing to include all aspects of stress management, mental health, and healthy relationships. It would be exciting if it could catch on with the general population to measure and monitor their levels of wellbeing.

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2020 objective for cigarette smoking among adults is 12%. In SPA 4, 13.9% of adults smoke cigarettes. 9.9% of SPA 5 adults smoke and 13.6% of adults in SPA 6 smoke cigarettes. SPA 4 and SPA 6 rates of smoking do not achieve the Healthy People 2020 objective. E-cigarettes are a relatively new public health issue. SPA 5 had a higher rate of E-cigarette use (3.7%) than the county rate (3.5%).

Smoking, Adults

	SPA 4	SPA 5	SPA 6	Los Angeles County
Current smoker	13.9%	9.9%	13.6%	11.4%
Former smoker	21.4%	22.7%	16.9%	21.2%
Never smoked	64.7%	67.4%	69.6%	67.4%
Smoked e-cigarette in past month**	2.3%*	3.7%*	1.7%*	3.5%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu **Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2015; http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm*

While it appears teens in SPAs 4, 5 and 6 may be more likely to smoke cigarettes (4%) than teens in the county (1.6%) and state (1.9%) , the statistical instability of the data (due to the small number of teens interviewed annually in each SPA) renders conclusions inexact. Teens in SPAs 4, 5, and 6 are less likely to have tried an e-cigarette (8.8%) than teens in the county (9.5%) and the state (9.0%). However, once area teens smoked an e-cigarette, they were more than twice as likely as county teens to have smoked one in the past 30 days (35.3% versus 15.2%).

Smoking, Teens

	SPA 4, SPA 5, SPA 6	Los Angeles County	California
Current cigarette smoker**	4.0%*	1.6%*	1.9%*
Ever smoked an e-cigarette	8.8%*	9.5%	9.0%
Smoked one in the past 30 days	35.3%*	15.2%*	27.3%*

*Source: California Health Interview Survey, 2014-2016; **2012-2016. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Alcohol

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, 45.1% in SPA 4 had engaged in binge drinking in the past year, and 17.6% in the past month; 3.3% of SPA 4 teens binge drank in the past month. 34.5% of adults in SPA 5 had engaged in binge drinking in the past year, and 18.2% in the past month; 17.4% of SPA 5 teens drank in the past month.

In SPA 6, 30.1% of adults engaged in binge drinking in the past year, and 13.8% of adults in the past month. 1.8% of SPA 6 teens binge drank in the past month.

Adult and Teen Binge Drinking, and Teen Alcohol Experience

	SPA 4	SPA 5	SPA 6	Los Angeles County
Adult binge drinking, past month**	17.6%	18.2%	13.8%	15.9%
Adult binge drinking, past year	45.1%	34.5%	30.1%	37.5%
Teen binge drinking, past month	3.3%*	17.4%*	1.8%*	4.4%*
Teen ever had an alcoholic drink	16.8%*	42.9%	18.9%*	23.5%

*Source: California Health Interview Survey, 2015 adults, 2012-2016 pooled, for teens. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size. **Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2015; http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm*

Marijuana

Marijuana use was reported by 49% of residents in SPA 4, 70% of SPA 5 residents and 47% of residents in SPA 6. In SPA 4, 15% of the population used marijuana on an average of 14.9 days in the past 30 days. In SPA 5, 16% of the population used marijuana on an average of 11.6 days in the past 30 days. In SPA 6, 17% of the population used marijuana on an average of 14.4 days in the past 30 days.

The average age to initiate marijuana use was 18 years old among the population in SPA 4, 18.7 years old in SPA 5 and 17 years old in SPA 6.

Marijuana Use

	SPA 4	SPA 5	SPA 6	Los Angeles County
Ever tried marijuana, total population	49%	70%	47%	48%
Ever tried marijuana, 12-17 years old	22%	36%	26%	
Ever tried marijuana, 18-24 years old	53%	69%	65%	
Ever tried marijuana, 25+	47%	72%	49%	
Used marijuana past 30 days, total population	15%	16%	17%	14%
Used marijuana past 30 days, 12-17	9%	20%	11%	
Used marijuana past 30 days, 18-24	27%	39%	33%	
Used marijuana past 30 days, 25+	15%	13%	17%	
Avg. days used, past 30, total population	14.9	11.6	14.4	14.0
Avg. days used, past 30, users 12-17	10.7	13.0	11.5	
Avg. days used, past 30, users 18-24	15.2	11.1	14.8	
Avg. days used, past 30, users 25+	15.5	10.4	16.8	
Avg. age at initiation of use, total population	18.0	18.7	17.0	17.3
Avg. age at initiation of use, users 12-17	13.0	13.3	12.3	
Avg. age at initiation of use, users 18-24	15.7	16.2	15.5	
Avg. age at initiation of use, users 25+	17.7	18.9	17.7	

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

Prescription Drug Misuse

In SPA 4, 20% of the population has misused prescription drugs. 21% of SPA 5 residents and 18% of SPA 6 residents have misused prescription drugs. In SPA 4, 3% of the population misused prescription drugs on an average of 9.1 days in the past 30 days. In SPA 5, 3% of the population misused prescription drugs on an average of 10.8 days in the past 30 days. In SPA 6, 6% of the population misused prescription drugs on an average of 9.1 days in the past 30 days. The average age to initiate prescription drug misuse was 22.8 years old among the population in SPA 4, 22.5 years old in SPA 5 and 17.5 years old in SPA 6.

Prescription Drug Misuse

	SPA 4	SPA 5	SPA 6	Los Angeles County
Ever misused Rx meds, total population	20%	21%	18%	19%
Ever misused Rx meds, 12-17 years old	14%	16%	11%	
Ever misused Rx meds, 18-24 years old	22%	24%	21%	
Ever misused Rx meds, 25+	21%	21%	16%	
Misused Rx meds past 30 days, total population	3%	3%	6%	3%
Misused Rx meds past 30 days, 12-17	4%	7%	5%	
Misused Rx meds past 30 days, 18-24	3%*	14%	4%	
Misused Rx meds past 30 days, 25+	4%	3%*	4%	
Avg. days misused, past 30, total population	9.1	10.8	9.1	9.1
Avg. days misused, past 30, users 12-17	7.7	4.9	8.8	
Avg. days misused, past 30, users 18-24	3.5*	6.8*	3.3*	
Avg. days misused, past 30, users 25+	9.9	10.0*	10.6	
Avg. age at initiation of misuse, total population	22.8	22.5	17.5	21.4
Avg. age at initiation of misuse, users 12-17	11.1	11.8	11.8	
Avg. age at initiation of misuse, users 18-24	15.9	17.4	17.4	
Avg. age at initiation of misuse, users 25+	22.4	23.0	18.5	

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

For those who misused prescription drugs, 57% of users in SPA 4, 65% in SPA 5, and 33% in SPA 6 misused sedatives. Sedatives were the most likely to be misused in SPAs 4 and 5, and Vicodin was the most likely to be misused in SPA 6.

Type of Prescription Drug Misuse

	SPA 4	SPA 5	SPA 6	Los Angeles County
Sedatives/sleeping pills	57%	65%	33%	52%
Vicodin/vikings	40%	51%	44%	49%
OxyContin/percs	29%	45%	39%	33%
Adderall/skippy	24%	42%	13%	25%
Don't know	9%	0%	6%	9%

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

In Los Angeles County, the rate of hospitalizations due to opioid 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. https://discovery.cdph.ca.gov/CDIC/ODdash/

Community Input – Substance Use and Misuse

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

- We are fortunate to have the drug Medi-Cal waiver. This gives adults access to substance use treatment services. Even though this is available, it's not being used at the level of need. Maybe people are not aware it's available, there continues to be a stigma associated with substance misuse, and individuals don't want to get care.
- Alcohol is the number one substance being misused, even among the homeless. There are always trends with different drugs and when something new comes along, it is always something stronger than the time before.
- We need substance use treatment to be integrated into all health care. Because substance use is so widespread, we can no longer have only substance abuse agencies address it.
- Substance abuse services are hard to access because there are not strong culturally-specific services for the community.
- Substance abuse has a profound impact in people's lives and it has not historically been given the financing and clinical attention it deserves.
- Access to affordable medications that can support treatment are not covered by Medi-Cal. As a result, we have to pay out-of-pocket or get support from private funders.
- With older adults, there is a fair amount of alcohol and prescription medication abuse. If seniors are abusing alcohol or drugs they may not be taking their regularly prescribed medications.
- Substance abuse is a common way to self-medicate among pregnant and

postpartum women. Many women think it's safe to smoke or ingest pot.

- Meth use is huge, and very concerning because there are not a lot of treatment options. Alcohol and pot use are prevalent. One of the things we need is early prevention and education around substance use. It stays hidden.
- There is a lack of availability of treatment beds.
- The characterization of certain groups being more at risk for substance abuse creates a false idea that substance abuse does not reach those who don't struggle with poverty. It varies by groups and drugs of choices vary by groups but all have their own struggles with addiction and substance abuse. The queer community is an example. It is very centered on the gay bar, so that creates an issue and facilitates unhealthy substance use. The bar is a place to seek connectedness and have special support, it is very beneficial but it is also associated with unhealthy substance abuse as a complicating factor.
- There isn't a LGBTQ-specific recovery center, sober living or treatment facility. This is a barrier for our particular population. One program we have had success with is harm reduction. So, if someone is not ready to stop using, we educate them on how to be safe, with needle exchanges and other harm reduction strategies.
- There is so much media coverage about opioid use but there are many other issues that need attention too. Opioids are eclipsing other issues like meth and alcohol use.
- There is a lack of culturally responsive substance abuse providers in the Korean-American community. Most agencies do not have bilingual or bicultural staff and they do not have cultural competency for Korean Americans. Koreans do not know where to go to get these services.
- We are seeing an uptick in vaping and pot is also a huge issue. Many parents may indulge as well and that makes it more challenging to prevent students from participating in those activities.

Preventive Practices

Immunization of Children

Rates of complete vaccinations for Kindergarten students in the 2016-2017 school year reached their highest levels since 2001. However, among area schools, rates of compliance with childhood immunizations upon entry into Kindergarten are still below the state average (95.3%) for two of the five area school districts: Los Angeles Unified (94.3%) and Inglewood Unified (90.8%). In a positive direction, progress toward higher rates of childhood immunizations was made in just two years. In the 2014-2015 school year, 77.4% of Kindergartners in Beverly Hills Unified and 78.9% in Los Angeles Unified had the required immunizations. In comparison, in the 2016-2017 school year, 96% of Beverly Hills Unified Kindergarten children and 94.3% Los Angeles Unified Kindergarten children obtained the required immunizations.

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

	Immunization Rate
Beverly Hills Unified School District	96.0%
Culver City Unified School District	97.4%
Inglewood Unified School District	90.8%
Lennox School District	97.5%
Los Angeles Unified School District	94.3%
Los Angeles County*	**94.7%**
California*	**95.3%**

*Source: California Department of Public Health, Immunization Branch, 2016-2017. *For those schools where data were not suppressed due privacy concerns over small numbers.*
https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year

Flu and Pneumonia Vaccines

The Healthy People 2020 objective is 70% of the population to receive a flu shot. 38.4% of SPA 4 adults, 45.8% of SPA 5 adults and 30.3% of SPA 6 adults received a flu shot. Among area seniors, 64.1% in SPA 4, 71.9% in SPA 5, and 62.1% in SPA 6, had received a flu shot. SPA 5 seniors were the only group to meet the Healthy People 2020 objective. Among children, 6 months to 17 years of age, 46.5% of children in SPA 4, 67.7% in SPA 5, and 53.6% in SPA 6 received a flu shot.

Flu Vaccine

	SPA 4	SPA 5	SPA 6	Los Angeles County
Received flu vaccine, 65+ years old	64.1%	71.9%	62.1%	69.0%
Received flu vaccine, 18+ (includes 65+)	38.4%	45.8%	30.3%	40.1%
Received flu vaccine, 6 months-17 years old	46.5%	67.7%	53.6%	55.2%

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

The Healthy People 2020 objective is for 90% of seniors to obtain a pneumonia vaccine. The seniors in SPA 4 (65.8%), SPA 5 (61.2%) and SPA 6 (51.1%) pneumonia vaccine rates do not meet the Healthy People 2020 objective.

Pneumonia Vaccine, Adults 65+

	SPA 4	SPA 5	SPA 6	Los Angeles County
Adults 65+, had a pneumonia vaccine	65.8%	61.2%	51.1%	62.0%

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

Senior Falls and Injuries from Falls

Among seniors, falls and injuries from falls were most likely to be reported by residents of SPA 6. Over a quarter of seniors in SPA 4 (29.9%), SPA 5 (27.8%) and SPA 6 (31.7%) experienced a fall in the previous year. Among those who fell, 9.9% in SPA 4, 10.2% in SPA 5, and 16.4% in SPA 6 were injured due to the fall.

Falls and Injuries from Falls, Previous Year, Seniors 65+

	SPA 4	SPA 5	SPA 6	Los Angeles County
Experienced a fall	29.9%	27.8%	31.7%	27.1%
Injured due to a fall	9.9%	10.2%	16.4%	11.3%

*Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2015; http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm *Statistically unstable due to sample size.*

Mammograms

The Healthy People 2020 objective for mammograms is for 81.1% of women, 50-74 years old, to have a mammogram in the past two years. In SPA 4, 78.5% of women in the target demographic have had a mammogram in the past two years. 82% of SPA 5 women had the required mammogram, and 77.6% of women in SPA 6 had a mammogram. SPA 5 women met the Healthy People 2020 objective for mammograms.

Pap Smears

The Healthy People 2020 objective for Pap smears is 93% of women, 21-65 years old, to be screened in the past three years. None of the area SPAs met this goal. Among SPA 4 women, 78.4% of women had the required Pap smear. In SPA 5, 88.7% of women in the target age group had a Pap smear in the prior three years. In SPA 6, 84.2% of women, ages 21-65, had a Pap smear in the prior three years.

Mammograms and Pap Smears

	SPA 4	SPA 5	SPA 6	Los Angeles County
50-74 years, had a mammogram in past 2 years	78.5%	82.0%	77.6%	77.3%

	SPA 4	SPA 5	SPA 6	Los Angeles County
21-65 years, had a Pap smear in past 3 years	78.4%	88.7%	84.2%	84.4%

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

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:

- Screening guidelines have been changing and people are confused by the new guidelines.
- A major barrier to preventive care is a lack of access to health care services. Families cannot just call a doctor and get an appointment and a checkup.
- With all the issues going on in life, preventive care is not a priority.
- We need more preventive care. There are health fairs and general public events but they are not very impactful or comprehensive.
- With many insurance programs you can get most preventive measures for free. CVS and Walgreens provide flu shots.
- Mammography for 'trans' populations is hard to access. There are not enough mobile mammograms and those that exist have really long wait times.
- As a clinic, our challenge is to have patients show up to their appointments and make sure they are going through their health care maintenance plan to obtain age-appropriate cancer screening, vaccinations, and STI screenings. The challenge is for clients to make it to the clinic. Once patients are there, everything is done on a timely basis.
- Cancer screenings are often delayed because there is a lack of access or convenient access. People who are working can't get to appointments during the day. Screenings for cancer can get neglected at times.
- In LA County, there are over 30 Asian Pacific Islander languages. It has been challenging to create a whole strategy and awareness on how to provide preventive care campaigns to address one specific ethnic population.

Attachment 1. Benchmark Comparisons

Where data were available, health and social indicators in the Community Benefit Service Area were compared to the Healthy People 2020 objectives. The **bolded items** are indicators that did not meet established benchmarks; non-bolded items met or exceeded benchmarks.

Service Area Data	Healthy People 2020 Objectives
High school graduation rate **77.3%** - 98.5%	High school graduation rate 87%
Child health insurance rate **92.8%**	Child health insurance rate 100%
Adult health insurance rate **71.7%**	Adult health insurance rate 100%
Persons unable to obtain medical care **8.2% SPA 4; 8.1% SPA 5; 5.4% SPA 6**	Persons unable to obtain medical care 4.2%
Heart disease deaths **134.1 per 100,000**	Heart disease deaths 103.4 per 100,000
Cancer deaths 154.5 per 100,000	Cancer deaths 161.4 per 100,000
Stroke deaths **36.6 per 100,000**	Stroke deaths 34.8 per 100,000
Unintentional injury deaths 23.6 per 100,000	Unintentional injury deaths 36.4 per 100,000
Liver disease deaths **15.1 per 100,000**	Liver disease deaths 8.2 per 100,000
Homicides **9.2 per 100,000**	Homicides 5.5 per 100,000
Suicides 6.8 per 100,000	Suicides 10.2 per 100,000
HIV deaths **5.2 per 100,000 persons**	HIV deaths 3.3 per 100,000 persons
On-time (1st Trimester) prenatal care 78.1% of women	On-time (1st Trimester) prenatal care 78% of women
Low birth weight infants 7.8% of live births	Low birth weight infants 7.8% of live births
Adult obese 29.2% SPA 4; 13.8% SPA 5; **39.5% SPA 6**	Adult obese 30.5%
Teens obese **18.4%**	Teens obese 16.1%
Adults who are sedentary 12.1% SPA 4; 8.3% SPA 5;10.0% SPA 6	Adults who are sedentary 32.6%
Did receive needed mental health care **54.4% SPA 4; 65% SPA 5; 54.7% SPA 6**	Did receive needed mental health care 72.3%
Annual adult influenza vaccination, 18+ **38.4% SPA 4; 45.8% SPA 5; 30.3% SPA 6**	Annual adult influenza vaccination, 18+ 70%
Adults engaging in binge drinking 17.6% SPA 4; 18.2% SPA 5; 13.8% SPA 6	Adults engaging in binge drinking 24.2%
Cigarette smoking by adults **13.9% SPA 4**; 9.9% SPA 5; **13.6% SPA 6**	Cigarette smoking by adults 12%
Pap smears **78.4% SPA 4; 88.7% SPA 5; 84.2% SPA 6**	Pap smears 93%, ages 21-65-, screened in the past 3 years
Mammograms	Mammograms

78.5% SPA 4; 82% SPA 5**; 77.6% SPA 6**	81.1%, ages 50-74, screened in the past 2 years

Attachment 2. Stakeholder Interviewees

Name	Title	Organization
Alison Klurfeld	Director, Safety Net Programs and Partnerships	L.A. Care Health Plan
Alison Hurst	Executive Director	Safe Place for Youth
Angelica Ayala	Associate Health Deputy	Office of LA County Supervisor, District 3, Sheila Kuehl
Anita Zamora	Chief Operating Officer	Venice Family Clinic
Armen Arshakyan	Physician	Saban Community Clinic
Ashley Metoyer	Director	Boys & Girls Club of Santa Monica
Ben Perkins	Program Director	Safe Place for Youth
Carmen Ibarra	CEO	The Achievable Foundation
Connie Chung Joe	Executive Director	Korean American Family Services
Cristin Mondy	Area Health Officer, SPA 4	Los Angeles County, Department of Public Health
Cynthia Banks	Director	Los Angeles County, Workforce Development, Aging and Community Services
David M. Carlisle	President and CEO	Charles R. Drew University of Medicine and Science
David Giugni	Manager, Social Services	City of West Hollywood
Eli Veitzer	President and CEO	Jewish Family Service of Los Angeles
Emily Waldie	Champions for Change Program Coordinator	The Children's Collective, Inc.
Fernando Reyes	Community Programs Manager	The Children's Collective, Inc.
Fred Summers	Director	SOVA Food Pantry
Grace Cheng Braun	President and CEO	WISE & Healthy Aging
Jackie Wilcoxen	District Chief	Los Angeles County, Department of Mental Health
James Jones	Chairperson	Watts Gang Taskforce
Jan King	Area Health Officer, SPA 5 and SPA 6	Los Angeles County, Department of Public Health
Jennifer Vanore	President and COO	UniHealth Foundation
John Connolly	Interim Division Director	Los Angeles County, Substance Abuse Prevention and Control
John Maceri	Executive Director	The People Concern
Jorge Reyno	Vice President of Population Health	Martin Luther King, Jr. Community Hospital
Kari Pacheco	Co-Director of Health Services	Los Angeles LGBT Center
Kelly O'Connor Kay	Executive Director	Maternal Mental Health NOW
Kita S. Curry	Executive Director	Didi Hirsch Mental Health Services
Lori Perreault	Regional Director	Catholic Charities of Los Angeles
Maryjane Puffer	Executive Director	The L.A. Trust for Children's Health

Name	Title	Organization
Michael Hochman	Senior Deputy for Health Services and Advocacy	Office of Supervisor Mark Ridley-Thomas
Michael Larson	President and CEO	The Los Angeles Urban League
Morgan Taylor	Black Infant Health Program Supervisor	The Children's Collective, Inc.
Nina Vaccaro	Chief Operating Officer	Community Clinic Association of Los Angeles County
Patrick T. Dowling	Chairperson, Department of Family Medicine	UCLA Health
Rosemary Veniegas	Program Officer	California Community Foundation
Tess Banko	Executive Director	UCLA/VA Veterans Family Wellness Center
Va Lecia Adams-Kellum	CEO	St. Joseph Center
William Celestine	Director of Wellness Programs	Los Angeles Unified School District

Attachment 3. Resources to Address Needs

Community stakeholders and residents identified community resources potentially available to address the identified health needs. 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 care	AIDS Project LA Arthritis Foundation Asian Americans Advancing Justice Asian Pacific Policy and Planning Council Bet Tzedek Black Women for Wellness California Pan-Ethnic Health Network Care Harbor Los Angeles Children's Institute, Inc. Community Clinic Association of Los Angeles Eisner Health First 5 LA Health Access California Coalition Healthy Start Hope Street Family Center Irma Colen Health Center Kedren Community Health Center LA Best Babies Network LA Care Family Resource Centers Latino Coalition for a Healthy California Legal Aid Foundation LGBT Center Maternal and Child Health Access Maternal Mental Health NOW North Westwood Neighborhood Council Northeast Valley Health Corporation Partners in Care Foundation Planned Parenthood Prevention Institute Saban Community Clinic Simms/Mann Health and Wellness Center St. John's Well Child and Family Center The Children's Partnership UCLA Healthy Campus Initiative Venice Family Clinic Watts Healthcare Corporation Watts Learning Center Watts Neighborhood Council Westside Collaborative Westside Family Health Center
Chronic diseases	Alzheimer's Association American Cancer Society American Diabetes Association Breath Mobile

Health Need	Community Resources
	Common Ground Eisner Clinic Homeless Access Center LA Care Health Plan Los Angeles County Department of Public Health, AIDS Project Los Angeles Saban Community Clinic The Asthma Coalition of Los Angeles County The City of Los Angeles Department on Disability YMCA Diabetes Prevention Program UCLA Health Venice Family Clinic Veterans Administration Westside Family Health Center WISE & Healthy Aging
Community safety (crime and violence)	API Domestic Violence Task Force API Human Trafficking Task Force Bridge to Home Department of Children and Family Services Parks after Dark Police Departments Safe Place for Youth VA Response Team Watts Gang Taskforce
Dental care	Center for Oral Health Community clinics Dentex Dental Mobile Dentist Los Angeles Chargers TeamSmile Mobile dental programs UCLA Health Dental clinic
Economic insecurity	Bet Tzedeck Legal Services Brotherhood Crusade Catholic Charities Chrysalis Homeboy Industries Hope for LA Public Council Safe Place for Youth St. Joseph Center Unite LA Woman Warrior Project
Food insecurity	CalFresh Jewish Family Service LA Regional Food Bank Los Angeles Coalition to End Hunger and Homelessness Los Angeles Food Policy Council Meals on Wheels Oriental Mission Church Project Angel Food St. Margaret's Center Westside Food Bank

Health Need	Community Resources
Housing and homelessness	Community Corporation of Santa Monica Housing Authority of the City of Los Angeles Housing Works PATH Catholic Charities Safe Place for Youth Eisner Clinic Esperanza Community Housing Corporation People Assisting the Homeless Step Up on Second St. Joseph Center Harvest Home Upward Bound House Community Corporation of Santa Monica The People Concern Venice Community Housing Venice Forward Westside Shelter
Mental health	Active Minds UCLA Didi Hirsch Mental Health Services Edelman Center Exceptional Children's Foundation Exodus Headspace Los Angeles Department of Mental Health NAMI National Child Traumatic Stress Network Pacific Clinics Special Services for Groups St. Joseph Center Suicide Prevention Lifeline Teen Line, Teens Helping Teens The Soldier's Project Veterans Crisis Line West Valley Mental Health Center
Overweight and obesity	Boys & Girls Clubs CicLAvia Community clinics GoNoodle Kaiser Permanente Los Angeles Bike Coalition' Los Angeles County Department of Public Health Parks and Recreation Departments St. John's Health Center Summer Night Lights UCLA Bike Academy Venice Family Clinic YMCA
Preventive practices	Boys & Girls Clubs Health Care Partners Los Angeles County Department of Public Health Cedars-Sinai's COACH for Kids mobile units Los Angeles LGBT Center

Health Need	Community Resources
	Magnolia Place Family Center Children's Bureau The LA Trust My Friend's Place Saban Community Clinic Safe Place for Youth St. John's Health Center St. Joseph Center Team HEAL Vaccines for Children (VFC) Venice Family Clinic Watts Health Foundation Whole Health Program (VA)
Sexually transmitted infections	AIDS Healthcare Foundation AIDS Project Los Angeles Community clinics Los Angeles County Department of Public Health Planned Parenthood Safe Place for Youth
Substance use and misuse	Alliance for Housing and Healing Asian American Drug Abuse Program Asian Pacific Counseling and Treatment Center CLARE/Matrix McIntyre House Phoenix House Safe Refuge SHARE! St. Joseph Center Tarzana Treatment Centers Veterans Administration

Attachment 4: Review of Progress

In 2016, Cedars-Sinai conducted its previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. In developing the hospital's Implementation Strategy, associated with the 2016 CHNA, Cedars-Sinai chose to address access to care and chronic diseases through a commitment of community benefit programs and resources.

Access to Care: Selected community benefit efforts focused on increasing and supporting access to essential health care services for the underserved through direct programs and partnerships with local community-based organizations. Programs, partnerships and strategies addressed the following access-to-care priority health needs:

- Primary care
- Specialty care
- Mental health
- Preventive care

Chronic Disease: Community benefit efforts also focused on the prevention of key chronic health conditions and their underlying risk factors. Programs, partnerships and strategies addressed the following priority health needs related to chronic disease:

- Cardiovascular disease
- Diabetes
- Cancer
- Overweight and obesity: healthy food choices and physical activity
- Preventive care

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

measures tracked. The following sections outline the impact made on the selected significant health needs for FY17 (July 1, 2016 – June 30, 2017) and FY18 (July 1, 2017 – June 30, 2018). At the time of this report, impact data for FY19 were not fully available and are not included.

Access to Care
Primary Care, Specialty Care, Mental Health Care, Preventive Care

<table>
<tr><th>Health Focus Area</th><th>Programs and Strategies</th><th>Impact</th></tr>
<tr><td>Primary Care
Specialty Care
Preventive Care</td><td>Access to Health Care
Cedars-Sinai is one of the largest providers of Medi-Cal services among non-government hospitals in California. The hospital provided available financial assistance to qualified patients.</td><td>In FY17 and FY18, Cedars-Sinai provided over $145 million to pay for the unfunded cost of caring for Medi-Cal patients, as well as over $59 million in traditional charity care for indigent patients who did not have health care coverage.</td></tr>
<tr><td>Primary Care
Preventive Care</td><td>COACH for Kids and Their Families® (Community Outreach Assistance for Children's Health)
Cedars-Sinai operates two state-of-the-art mobile medical clinics staffed by an expert team of bilingual English/Spanish nurse practitioners, registered nurses, social workers, dental hygienist, and other healthcare professionals from Cedars-Sinai Medical Center. COACH preventive services include well-child and immunization clinics for children, dental screenings and fluoride varnish services for children and adults, BMI/BP screening clinics for adults, nutrition and fitness education, and linkages to health homes.</td><td>In FY17 and FY18, COACH provided more than 47,886 encounters. The following services were provided:
<table>
<tr><th>Coach Services</th><th>FY17 Encounters</th><th>FY18 Encounters</th></tr>
<tr><td>Medical Visits</td><td>4,229</td><td>3,284</td></tr>
<tr><td>Case Management Visits</td><td>981</td><td>900</td></tr>
<tr><td>Dental Visits</td><td>660</td><td>2,912</td></tr>
<tr><td>Mental Health Visits</td><td>1,511</td><td>1,006</td></tr>
<tr><td>Health Education Visits</td><td>13,133</td><td>14,516</td></tr>
<tr><td>Nutrition Visits</td><td>4,616</td><td>139</td></tr>
<tr><td>Total</td><td>25,130</td><td>22,756</td></tr>
</table>
</td></tr>
</table>

Health Focus Area	Programs and Strategies	Impact
	COACH serves communities in Downtown/Skid Row, Pico-Union/Central Los Angeles, South Los Angeles, Watts, Compton, Inglewood, Crenshaw/Mid-City, and Hollywood/West Hollywood. Health care services are provided at Head-Start Centers, elementary, middle, and high schools, community-based agencies, family homeless shelters and public housing developments. COACH collaborates with more than 200 public and private community organizations, including the Los Angeles Unified School District, Children's Institute Inc., Inglewood Unified School District, the Housing Authority of the City of Los Angeles (HACLA), South Los Angeles Health Projects WIC, Public Health Foundation Enterprises WIC, and Upward Bound House Shelters. Current supporters of COACH include the Children's Health Fund.	• Expanded the Neighborhood Health Project. Provided monthly BMI/BP screenings for parents, grandparents and caretakers at Jordan Downs Housing Development, and collaborated with other community partners, including Watts Healthcare Foundation, to provide adult immunizations services and dental screenings. • Provided health screenings and education at housing developments in the Watts and South Los Angeles neighborhoods: Imperial Courts, Gonzaque, Avalon Gardens, Nickerson Gardens, and Pueblo del Rio. • Awarded a grant from the Samuel Oschin Comprehensive Cancer Institute (SOCCI) 2018 Prevention and Genetics Program Discovery Fund to expand HPV education and immunization programs in underserved communities. • Awarded a grant from UCLA Center for Health Policy Research for Healthy Aging Partnerships in Prevention Initiative (HAPPI) to implement education and screening services for six Clinical Preventive Services (CPS) for low-income African American and Latino adults age 50 plus. The target six CPS were: o Colorectal cancer screening o Breast cancer screening o Cervical cancer screening o Cholesterol screening o Influenza immunization o Pneumococcal immunization • Provided medical supplies, consultation and technical support for 32 churches participating in the First Ladies Health Initiative. • Coordinated Cedars-Sinai's registered nurses to provide health screenings in underserved communities for children and their parents.

Health Focus Area	Programs and Strategies	Impact
		• Continued to provide comprehensive nutrition assessments, counseling and monitoring for overweight and obese children on the mobile medical units. • Continued the COACH Safe Summer Campaign, which included education for children and families regarding sun protection, water/pool safety, and swimming for health. • Expanded HPV Vaccine education intervention and follow-up processes to improve vaccine uptake for 1st and 2nd doses in pre-adolescent/adolescent children. • Established new partnerships and strengthened existing partnerships with Federally Qualified Health Centers: Eisner Health, Saban Community Clinic, T.H.E. Clinic, Watts Healthcare Foundation, Central City Clinic, South-Central Family Health Center, R.O.A.D.S. Clinic, UMMA Clinic, and South-Central Regional Center. Partnered to establish a rotation of promotoras and clinic outreach coordinators to improve COACH patients' connections to primary care medical homes within their communities.
Primary Care ***Specialty Care*** ***Preventive Care***	**Ambulatory Care Clinic** The general internal medicine clinic in the Cedars-Sinai Ambulatory Care Center provided outpatient services to the adult population.	Services included screening, preventive health measures, and management of diabetes and cardiovascular disease. Attending physicians and medical residents cared for patients in a primary care setting, using the resources of the Medical Center, including imaging, pharmacy and laboratory services.
Primary Care ***Specialty Care*** ***Preventive Care***	**Training and Direct Medical Care at Saban Community Clinic and other FQHCs** Cedars-Sinai physicians provided adolescent and adult patients access to primary care at the Saban Community Clinic for pregnancy and other medical conditions and ancillary services, i.e., lab and x-ray. Cedars-Sinai provided supervisorial clinical staff and medical and specialty residents for six primary and specialty clinics every week, financially supported Saban	In FY17 and FY18, Cedars-Sinai support of community clinics provided over 19,970 patient encounters for primary care and specialty care services.

Health Focus Area	Programs and Strategies	Impact
	Community Clinic's Medical Director in the provision of primary care to Saban Community Clinic patients, and providing funding for infrastructure needs. Additionally, Cedars-Sinai partnered with Federally Qualified Health Centers located in Los Angeles to train medical and dental residents. These partnerships gave physicians in-training exposure to cultural and psychosocial aspects of patient care and experience treating a wide range of medical conditions. These clinics included the Venice Family Clinic, Planned Parenthood Los Angeles, Los Angeles Christian Health Center, Eisner Pediatric & Family Medical Center, APLA Health and Kheir Center.	
Primary Care ***Preventive Care*** ***Mental Health***	**Cedars-Sinai Community Clinic Initiative: Strengthening L.A.'s Safety Net** Cedars-Sinai recognizes the critical role of partnerships in promoting access to high-quality care for underserved populations. The Medical Center is building multi-dimensional partnerships that include significant investments to strengthen the safety clinic network across Los Angeles, as well as individual capacity-building grants to clinics. Reaching the majority of clinics in Cedars-Sinai's Community Benefit Service Area, Cedars-Sinai funded yearlong capacity-building programs focusing on quality, leadership, and financial sustainability. Clinics in the Community Benefit Service Area serve over	In FY17, Cedars-Sinai added funding for clinics to participate in a program on safety net analytics led by the Center for Care Innovations. Thirty-one clinics (over 89% of those eligible) participated in one or more capacity-building programs. Additional Cedars-Sinai Community Clinic Initiative grants included: • Grants to renew and grow programming in quality improvement, financial acumen, and data quality • Clinical quality improvement grants totaling $628,000 to 13 clinics for projects targeting chronic disease prevention or management, including: improving diabetes management, increasing controlled blood pressure, and increasing screening rates for colorectal cancer In FY18, Cedars-Sinai added funding for two behavioral health

Health Focus Area	Programs and Strategies	Impact
	900,000 low-income individuals each year.	integration programs: 1) a primary care psychiatry fellowship led by faculty at UC Irvine and UC Davis, and 2) a technical assistance program for clinics implementing Medication-Assisted Treatment services for patients with opioid addiction led by the Center for Care Innovations. Thirty-three clinics (over 90% of those eligible) have participated in one or more capacity-building programs over the past three years. Additional Cedars-Sinai Community Clinic Initiative grants included: • Grants to renew and grow programming in quality improvement, financial acumen, and data quality • Development of a field-enhancing fund to continue support for graduates of Cedars-Sinai-supported programs, with a focus on mentorship, career coaching opportunities, and networking events for cross-program alumni
Mental Health	**Psychological Trauma Center (PTC) – Share and Care** Since 1981, Cedars-Sinai's school-based mental health programs have helped victims of trauma, filling crucial needs for prevention, intervention crisis intervention, and training that would otherwise be unmet. Programs and trainings - for children, teachers, parents and school principals - run by licensed mental health practitioners, enhance an at-risk child's ability to learn in the classroom, change destructive behaviors and envision a brighter and happier future. Share and Care counselors facilitated 12-week group art-therapy curricula that provided a therapeutic environment to improve students' ability to concentrate on their	• Share and Care programs provided 60,016 total encounters with children, teachers and parents. • 99 interventions were provided in classrooms totaling 1,904 encounters (20 Elementary Schools, 6 Middle Schools and 2 High Schools) and partial services at 4 schools. • 1,907 students were seen in the 28 schools in 7,426 children's group therapy sessions were provided, with a total of 31,480 encounters. • 159 parent workshops were conducted with a total of 7,241 encounters. • Provided 31 teacher trainings with 688 teacher encounters. • Conducted presentations for LAUSD District West's Parent Engagement Day, and the L.A. Expressive Therapies Summit. • Held three Share and Care Principals' Meetings focused on

<table>
<tr><th>Health Focus Area</th><th>Programs and Strategies</th><th>Impact</th></tr>
<tr><td></td><td>lessons. Therapy groups focused on trauma, loss and grief, self-esteem, bullying, socialization, anger management, divorce, shyness, students with an incarcerated parent, and substance abuse.</td><td>caring, compassion and empathy for the classroom and staff, plus social emotional learning tools to address trauma. Conducted four Share and Care Principals' Meetings focused on building administrative staff capacity to cope with student behaviors related to trauma.
• Hosted a full day conference and three workshops for LAUSD teachers on Building Character; Empathy, Compassion and Kindness.
• Created resource guides for teachers on the following topics: Creating a Welcoming Classroom Environment, Mindfulness, Random Acts of Kindness, Bullying, Tips for Teachers following a Traumatic Event. For parents developed: How to help Your Child Succeed in School, Importance of Parent Involvement, Tips for Parents following a Trauma. All parent forms are in English and Spanish.
• Developed a bullying education program for elementary schools grades 3 through 6, resulting in teachers' ownership of an anti-bullying friendship program.
• Provided a series of Parent Education workshops in Watts, and West Los Angeles.
• Presented Share and Care Programs Tools at the Expressive Therapies L.A. Summit, the Los Angeles Unified School District/District West Pupil Services Support Staff Professional Development Meeting and at the Violence Prevention Conference.

As a result of Share and Care
<table>
<tr><th>Outcome Measures</th><th>FY17</th><th>FY18</th></tr>
<tr><td>Parents saw improvement in their child's self-esteem</td><td>72%</td><td>71%</td></tr>
<tr><td>Students showed improved self-esteem</td><td>71%</td><td>74%</td></tr>
</table>
</td></tr>
</table>

Health Focus Area	Programs and Strategies	Impact
		Students showed improved behavior: 88% → 89%
Mental Health	**Community Mental Health Grants** The Community Mental Health Grant program focused grants on direct mental health services. Since its inception in 2012, the program has increased access to behavioral health care by supporting programs that treat uninsured and underinsured adults, children and families with mental health and substance use needs.	In FY17, the Community Mental Health Grant program awarded $672,000 to 13 organizations located in underserved areas of Los Angeles. In FY18, the Behavioral Health Initiative was launched with a goal of increasing access to high-quality behavioral health services through support for capacity-building programs and direct service continuity grants. The Behavioral Health Initiative aims to promote effective linkages to care. The Behavioral Health Initiative awarded $850,000 to 13 organizations located in underserved areas of Los Angeles. The Behavioral Health Initiative focused on increasing access to needed behavioral health services with an emphasis on primary care integration and supportive patient navigation.
Mental Health	**TeenLine – Suicide Prevention Hotline** TeenLine, a Cedars-Sinai supported organization that is housed on the Medical Center's premises, provided crisis intervention and prevention, peer counseling and referrals for adolescents, ages 12 to 19. The teen-to-teen program helped young people cope in times of trauma and stress by offering advice and referrals. TeenLine's outreach services provided education to schools and adolescent-serving agencies. The Teen Line hotline, answered by intensively trained high school students, was open daily and received calls from teens across the nation.	In FY 17 and FY18, TeenLine responded to 47,103 calls to the suicide hotline.

Chronic Disease
Cardiovascular Disease, Cancer, Diabetes, Overweight/Obesity, Preventive Care

Health Focus Area	Programs and Strategies	Impact
Overweight/Obesity Preventive Care	**Healthy Habits** Cedars-Sinai's Healthy Habits programs provided nutrition education and obesity prevention by helping children and families learn about healthy eating and physical activity. Healthy Habits offered a wide range of education, capacity building and technical assistance programs run by trained health educators, reaching elementary and middle school students, parents of preschool children, and families in underserved communities.	• Taught 2,690 lessons/workshops for a total 57,395 participant encounters in 20 schools. • Reached 6,766 elementary students through Healthy Habits programs in schools. • Reached over 732 parents from schools, preschools and the through Healthy Habits parent workshops and "Exercise in the Park" programs.
		• Coordinated whole-school events with a health focus: ○ Fit Heart Events at Shenandoah, Virginia Road, and 6th Avenue ○ After school health involvement events with the L.A. Rams at Cienega and with the L.A. Clippers at Carson-Gore and Mid-City ○ Science Fairs at Carson-Gore Academy, Mid-City's Prescott School, Arlington Heights and Mid-City ○ CPR training for Parent Champions ○ Fit Heart with LA Clippers at Alta Loma Elementary ○ Heart Health Art Poster Contest at Queen Anne Elementary Basketball court and athletic fields refurbishment with LA Clippers at 24th Street Elementary ○ Healthy Habits Month and Assembly at Saturn

<table>
<tr><th>Health Focus Area</th><th>Programs and Strategies</th><th>Impact</th></tr>
<tr><td></td><td></td><td>
Healthy Habits Fair at Wilshire Crest and Arlington Heights
As a result of Healthy Habits
<table>
<tr><th>Outcome Measures</th><th>FY17</th></tr>
<tr><td>Elementary students ate more fruits</td><td>84%</td></tr>
<tr><td>Elementary students ate more vegetables</td><td>75%</td></tr>
<tr><td>Elementary students ate less junk food</td><td>78%</td></tr>
<tr><td>Elementary students drank fewer sugary drinks</td><td>77%</td></tr>
<tr><td>Parents reported their child made a healthy snack at home</td><td>85%</td></tr>
<tr><td>Third grade students engaged daily in at least 60 minutes of physical activity</td><td>50%</td></tr>
<tr><td>Teachers incorporated physical activity during school day</td><td>75%</td></tr>
<tr><td>Families engaged in regular physical activity together</td><td>88%</td></tr>
</table>
</td></tr>
</table>

Health Focus Area	Programs and Strategies	Impact
Cardiovascular Disease ***Cancer*** ***Diabetes*** ***Preventive Care***	**Support Groups** Cedars-Sinai provided comprehensive support groups that focused on assisting with life's changes and adjustments. These support groups were offered: • Aphasia support group • Big Voices Group • Good Beginnings Parent NICU support group • Heart care support group • Kidney cancer support group • Mechanical circulatory device support group • Multi-organ transplant support group • Neuroendocrine support group • Rehabilitation support group • Sarcoma cancer support group • Type II diabetes support group • Weight loss surgery support group • Yes I Can stroke support group	In FY17 and FY18, Cedars-Sinai provided more than 3,579 participant encounters in support groups.

Health Focus Area	Programs and Strategies	Impact
Cardiovascular Disease ***Cancer*** ***Diabetes*** ***Overweight/Obesity*** ***Preventive Care***	**Community Health and Education** Cedars-Sinai is committed to improving the number of quality life years for adults and seniors in our community. The hospital provided adult-focused community programs, screenings, educational and self-help programs, health fairs, immunization clinics and exercise programs. These programs occur in underserved communities, churches, synagogues, neighborhood community centers, as well as at the Medical Center. • Cardiovascular disease, diabetes, hypertension and related preventive programs and services • Influenza and pneumococcal immunization programs • Health promotion and prevention programs for adults and seniors • Health information handouts for adults and seniors • Physical exercise programs for adults and seniors • Cancer education and screening programs • Influenza immunization programs • Health education lectures • Outreach and networking with community partners	In FY17 and FY18, Cedars-Sinai provided more than 31,000 participant encounters. 1,676 seasonal flu immunizations were provided. 2,831 screenings were provided: • Prostate • Podiatry • Diabetes • Cholesterol • Blood pressure • Skin cancer • Colorectal cancer • Body Mass Index (BMI) • Waist measurement • Breast exams

Attachment 5. Community Profiles

- Filipinos in Los Angeles County
- Latinos in Los Angeles County
- Koreans in Los Angeles County

Community Profile: Filipinos in Los Angeles County

PUBLISHED BY THE RESEARCH CENTER FOR HEALTH EQUITY AT CEDARS-SINAI

Community Overview

Population

Los Angeles County is considered the capital of Asia America, with the largest number of Asian immigrants of any county in the nation. There are a total of 1.4 million Asian Americans in Los Angeles County, which equates to about 14.5% of the county's population. Filipinos are the second largest Asian American group in Los Angeles. There are approximately 395,580 Filipino individuals living in the County—60% of whom are foreign-born[3, 4].

Income

Per capita income among Filipino individuals is $31.273, this is higher than the Los Angeles County average of $28,340. Median household income for Filipinos in Los Angeles County is $85.289, compared to the Los Angeles County median of $59,135[4] .

Health Insurance Coverage

In 2016, 88.4% of Filipinos in Los Angeles had health insurance coverage while 11.6% were uninsured. In 2016 the overall County rate of uninsured was 9.6%[4, 6].

Poverty and Unemployment

4.6 % of Filipino families in Los Angeles County are in poverty, compared to the overall Filipino poverty rate of 5.1% in the US, and the County poverty rate for families at 13.9%[4, 6]. The Los Angeles County unemployment rate for Filipinos in the Labor force is 3.7%, compared to the overall LA County rate of 7.5%[4] .

Occupation

Historically, Filipinos have comprised a large proportion of the health workforce and many Filipino immigrants who arrived in the US in the 1970s and 1980s came over with expertise in the health field. Up until the mid-1980s, Filipino nurses represented approximately 75% of all foreign nurses in the US nurse workforce[9].

Education

94.5% of Filipinos ages 25 years and older have at least a high school diploma, compared to 87.7% of all Asian Americans and 78.1% of all other residents in Los Angeles County[4]. In 2016, one study found that Filipino Americans had the second largest proportion of college graduates among Asian Americans in the County, with 76.2% having at least a bachelor's degree[10].

Sex and Age

Of the Filipino population in Los Angeles, roughly 53.7% are women and 46.3% are men, with the median age being 39.5-- compared to the overall County median age of 35.8[4].

Residency

Filipino Americans in Los Angeles have often been referred to as having "residential invisibility'. In 2002, The City of Los Angeles designated a section of Westlake as Historic Filipino-town; however, this area is now largely populated by Latino Americans. Although about 25% of Filipinos still live in Filipino-town, many live in adjacent communities like Westlake, Koreatown, East Hollywood, Silver Lake, and Echo Park. Other large concentrations of Filipinos can be found in suburbs like Carson, West Covina, Hacienda Heights, Rowland Heights, and Walnut[11].

Religion

About eight-in-ten Filipinos (81%) identify as Catholic; while a smaller number of Filipino Americans (65%) identify as Catholic, most Filipinos retain their Catholic spiritual beliefs and practices upon immigration[12]. More research shows that Filipino Americans' high level of religiosity impacts how they view health and illness and that Catholic churches are a trusted, and often preferred, source for support and health information[13].

FAST FACTS

60%

Of Filipino Americans living in Los Angeles County are foreign born.

Most Common Cancers

Breast

Breast cancer is generally the most commonly diagnosed cancer among Asian American women, with some of the highest rates among Filipinas[1]. Rates have increased for distant-stage disease among Filipinas in the US (2.2% per year), for Filipina women under the age of 50, and compared to Non-Hispanic Whites, Filipinas have higher incidence rates of some HER2+ subtypes[1, 2].

Prostate

Prostate cancer is the most common cancer experienced by Filipino American men, accounting for 29.4% of all cancers cases[3]. Filipino men also saw a significant annual increase in prostate cancer between 1990-1993 (19%) but the risk for prostate cancer has now stabilized, likely due to the wide adoption of the PSA screening test, which is detecting cancer earlier and decreasing mortality[1, 3].

Lung and Bronchus

Lung cancer remains the leading cause of cancer death in the US, and Lung and Bronchus cancer are the second most common cancer among Filipino men and third among Filipina women[1, 3].Filipina Americans experienced statistically significant increases in lung cancer (2.1% per year) from 1990-2008[1]. Rates are decreasing for lung cancers of squamous cell and increasing for adenocarcinoma, which is now the most common histologic type of tumor in both women and men[3].

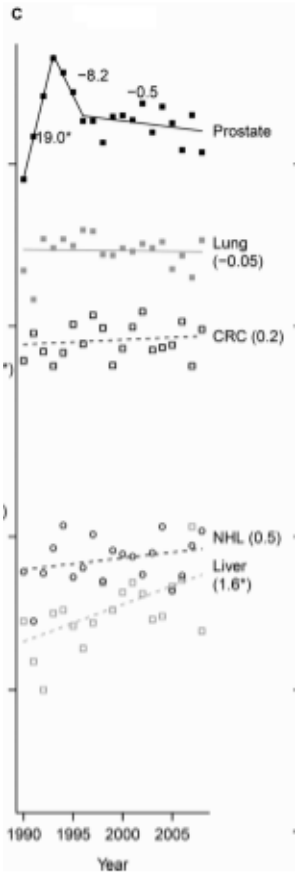
Colon and Rectum (CRC)

CRC is the second most common cancer among Filipino women and third among Filipino men[1, 3]. Rates have not significantly varied among Filipinos in past decades and nationally, however late stage diagnosis and poor survival prognosis is more common among Filipinos compared to other racial/ethnic groups[5]. Filipino Americans screening rates are still below the Healthy People 2020 target of 70.5% and the National Colorectal Cancer Roundtable's goal of 80% by 2018[7].

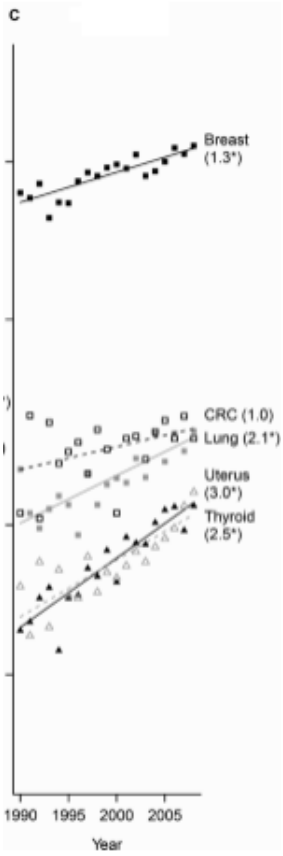
Uterus

Uterine cancer, often referred to as endometrial cancer, is predominantly found among non-Latina whites; however, there has been a substantial increase in rates among Filipinas, which is now approaching that of non-Latina whites[1, 3]. Migrant studies showed that US-born Asians (including Filipinas) had higher endometrial cancer incidence than their Asian-born counterparts, suggesting that environmental exposures in Asian Americans may be a contributing factor[8].

Figures 1 & 2



US trends of incidence rates and annual percentage change for the top five cancer sites among **Filipino men**, 1990-2008.



US trends of incidence rates and annual percentage change for the top five cancer sites among **Filipino women**, 1990-2008.

Figures 1&2 Reprinted from "Cancer Incidence Trends Among Asian American Populations in the United States, 1990-2008". Gomez, S.L., et al., Jnci-Journal of the National Cancer Institute, 2013. 105(15): p. 1096-1110.

Trends in Cancer Type in Filipinos

Several cancer incidence trends are on the rise in the Los Angeles Filipino community (see Figures 4 & 5). Below are standout trends from 1976 to 2012 by cancer type.

BREAST CANCER

Among Filipina women in the US and in the Philippines, rates of breast cancer have been steadily increasing over the past three decades[1, 3]. Rates among Filipina Americans under age 50 are now comparable to those in NHW women. Filipina women also experience proportionally more breast cancers expressing HER2 relative to HR+/HER2−, which tends to grow more quickly, spread more aggressively, and present more often as high-grade disease[2]. Trends in incidence of invasive breast cancer among Filipinas, who have adopted more of a U.S. lifestyle, are parallel to those among non-Latina whites. These trends suggest a need for higher rates of mammography screening in these populations--mammography utilization rates in California are slightly lower in Asian American women than in other racial/ethnic groups (eg. 62%-68% in Filipinas receiving a mammogram within the past 2 years, relative to 72.4% in the overall US population) and still well below the Healthy People 2020 target[1, 2].

UTERINE CANCER

Incidence rates of uterine cancer among Filipina American women has risen 3% per year from 1990-2008[1]. In the Philippines, rates were lower but still increased over the same time-period. In the 1990s, Los Angeles County began to see a substantial increase in rate of uterine cancer among Filipinas, which is now approaching that of non-Latina whites[3]. Uterine cancer is believed to be caused by fluctuation in the balance of hormones in women (estrogen and progesterone). Pregnancy, increasing number of births, and oral contraceptives (birth control pills) that contain estrogen and progesterone are believed to be protective factors against uterine cancer[3]. Obesity is also a major risk factor in uterine cancer as fat cells are a major source of estrogen[3, 14].

THYROID CANCER

Filipinos in the US have seen a significant increase in thyroid cancer, with an average increase of 2.5% from 1990-2005; in Los Angeles County, Filipinos have the highest incidence rates among all racial/ethnic groups[1, 3]. Filipinos also have a higher rate of thyroid cancer recurrence and mortality. In one study that looked at age adjusted mortality rates due to thyroid cancer in the US, rates were highest in Filipinos (1.72 deaths per 100,000 population) compared with all other Asian Americans (1.03 per 100,000 population) and Non-Hispanic Whites (1.17 per 100,000 population). Being highly educated was also associated with particularly high proportionate mortality compared with all other groups[9]. The reasons behind this increase in thyroid incidence and mortality among Filipinos is still unclear, however theories around cultural factors, such as diet, or environmental exposures, exposure to ionizing radiation, or genetic predispositions remain of interest[9].

KIDNEY CANCER

In Los Angeles County, incidence of kidney cancer has been increasing in Filipino men. Cigarette smoking is an important cause of kidney cancers, and smokers who quit tobacco see a significant decrease in risk[3]. Other risk factors are obesity, hypertension, and having certain inherited conditions, including von Hippel-Lindau disease, BirtHogg-Dube syndrome, tuberous sclerosis, and familial papillary renal cell carcinoma. However, the increase in cancer risk has been argued to at least partially be attributable to improved diagnosis, as incidence rates of late stage kidney cancers in Los Angeles, like the rest of the U.S., have been fairly stable [3].

LIVER CANCER

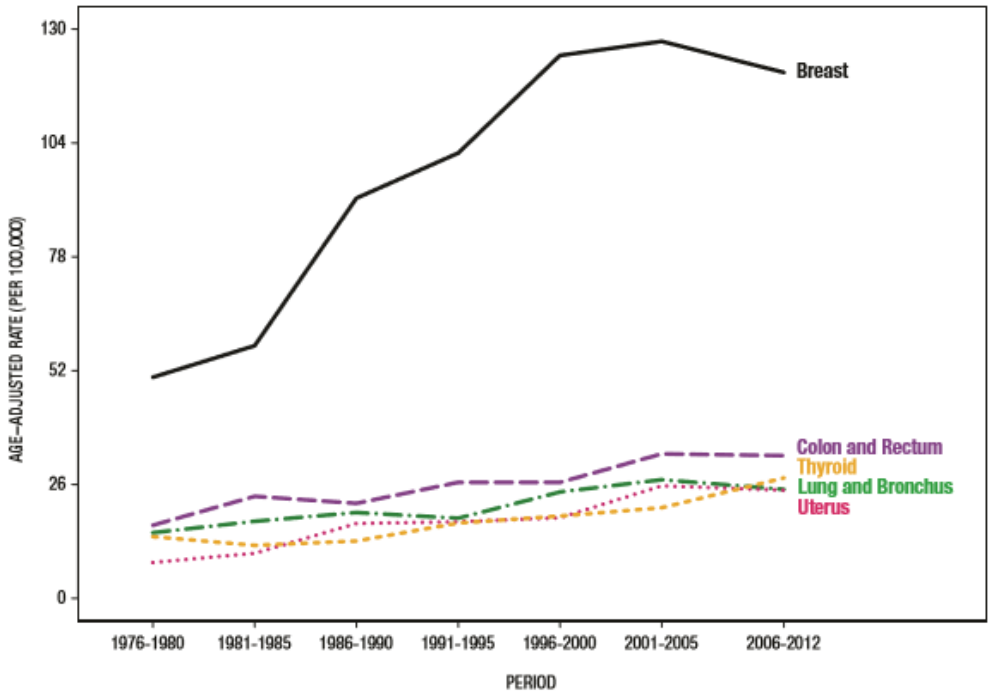
Filipino men experienced a statistically significant increase in liver cancer in the US from 1990-2008, at a rate of 1.6% each year[1]. When looking at Los Angeles County, Asian Americans tend to have the highest age-adjusted incidence rates, and men in particular, including Filipino men[3]. The increasing prevalence of obesity and diabetes in Los Angeles County, and Hepatitis B and Hepatitis C are the strongest risk factors for liver cancer. Some have estimated that nearly 36% of liver cancer in the US is attributed to obesity and diabetes[15, 16].

Thyroid Cancer

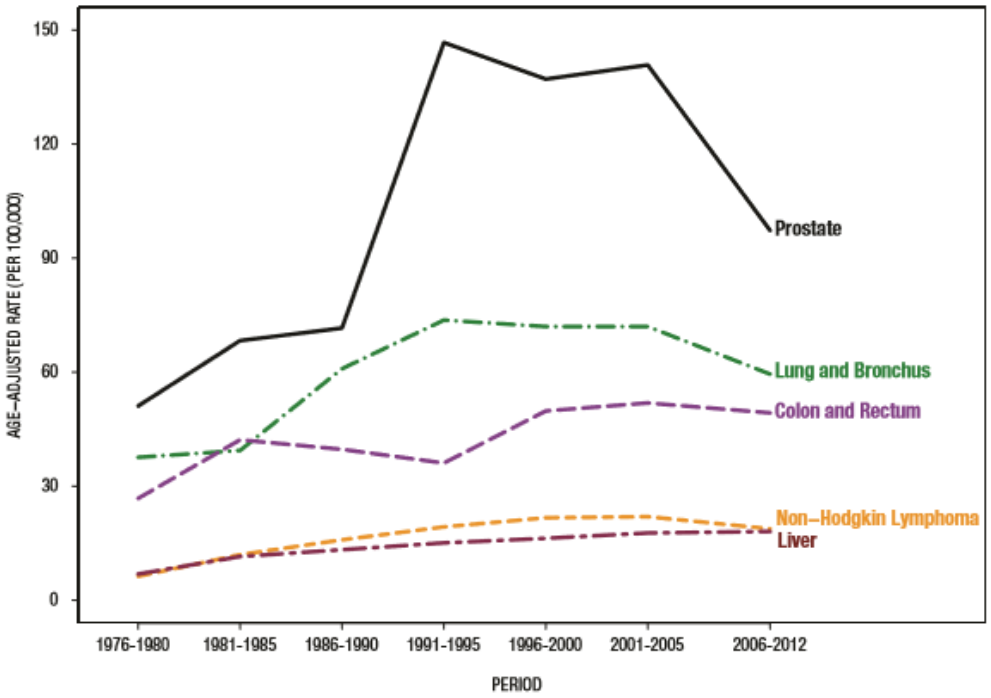
Filipinos have the highest incidence rate of thyroid cancer in Los Angeles County[3].

Figures 4 & 5

TRENDS IN AGE-ADJUSTED INCIDENCE RATES OF THE 5 MOST COMMON CANCERS AMONG FILIPINO FEMALES IN LOS ANGELES COUNTY, 1976-2012



TRENDS IN AGE-ADJUSTED INCIDENCE RATES OF THE 5 MOST COMMON CANCERS AMONG FILIPINO MALES IN LOS ANGELES COUNTY, 1976-2012



Note. Trends in Incidence Rates Among Korean Males and Females. Reprinted from "Cancer in Los Angeles County: Trends by Race/Ethnicity, 1976-2012," by Liu L, W.Y., Sherman RL, Cockburn M, Deapen D. in *Los Angeles Cancer Surveillance Program*. 2016, University of Southern California. Reprinted with permission.

Risk Behaviors

Disparities among Asian Americans have become more pronounced. There are opportunities for life-saving prevention and early detection measures that are key to reducing the cancer burden in the Filipino community. Organized efforts to reduce tobacco use, improve diet, maintain healthy weight, and increase the use of established screening tests can save lives. It is estimated that 20% of all cancers diagnosed in the US are caused by a combination of excess body weight, physical inactivity, excess alcohol consumption, and poor nutrition.

Nutrition and Obesity

Filipina Americans have **the highest body mass index** (BMI) of all Asian American ethnicities, with a sharp increase in the prevalence of obesity in the past 20 years[14]. Filipino immigrants have also seen the most dramatic increase in rates of obesity due to adoption of the westernized diet, consisting of high proportions of meat and processed meat, meat by-products, fast foods, and sweets. In 2016, 72.1% of Filipinos in California self-reported a BMI that put them at either increased risk or higher high risk[1] of obesity[17]. There is sufficient evidence to conclude that being overweight or obese increases the risk of developing 13 different cancers: **uterine**, esophagus (adenocarcinoma), **liver,** stomach (gastric cardia), **kidney** (renal cell), brain (meningioma), multiple myeloma, pancreas**, colorectum**, gallbladder, ovary, **breast (postmenopausal**), and **thyroid**[15, 18, 19]. There is also mounting evidence suggesting that obesity increases the risk of cancer recurrence and second primary tumors, and decreases survival for several cancers[15]. A diet high in calories, fat, and red meat may also increase risk for **prostate cancer**, as can too little intake of calcium and plant foods rich in vitamin B and fiber[1]. There is increasing information on the benefit of vegetable and fruit consumption on cancer risk, with a diet of low meat/starches and a high intake of vegetables and legumes associated with a reduced risk of **breast cancer** in Asian Americans[15, 19].

Cancer Screening

Life-saving screening tests for **colorectal cancer** have not been well utilized among Filipino Americans**,** resulting in late stage of diagnosis and poor survival relative to other racial/ethnic groups[5]. Community surveys have found that Filipino Americans are significantly less likely than other racial/ethnic groups to receive a diagnosis of localized or Stage I disease and that Filipino American males have poorer 5-year survival after colorectal cancer than the other racial/ethnic groups (56% versus 63% among Whites)[5]. Screening among Filipinos remains below the Healthy People 2020 target of 70.5% and the National Colorectal Cancer Roundtable's goal of 80% by 2018. Colorectal cancer is often characterized as the most preventable, but least prevented cancer. When colorectal cancer is diagnosed at the localized stage, five-year survival is 90%; still only 39% of cases in the US are diagnosed at this stage[15, 20].

Increasing rates of **breast cancer** among young Filipina women and the increasing trends of late-stage disease suggests the need for better mammography screening in these populations. In California, mammography rates have been historically lower in Asian American women, including Filipinas, than in NHW, Blacks, and Hispanics[2].

Smoking

Although Filipino men have a consistent pattern of lung cancer with rates of smoking, Filipina women have a higher prevalence of smoking among those who are U.S.-born with 24% having reported ever smoking[2], compared to 15 % of foreign-born women, which is counter to their incidence patterns[21]. In addition to lung cancer, **smoking likely increases the risk of colorectal, breast, advanced stage prostate, and liver cancer**, among several others. Three in ten cancer deaths in

[1] Body Mass Index: WHO Definition - 4 level (adult only) cutoffs: 18.5 - 22.99 (Increasing but acceptable risk), 23.0 - 27.49 (Increased risk), 27.5 or higher (Higher high risk)

[2] Ever smoker defined as having smoked at least 100 cigarettes over lifetime

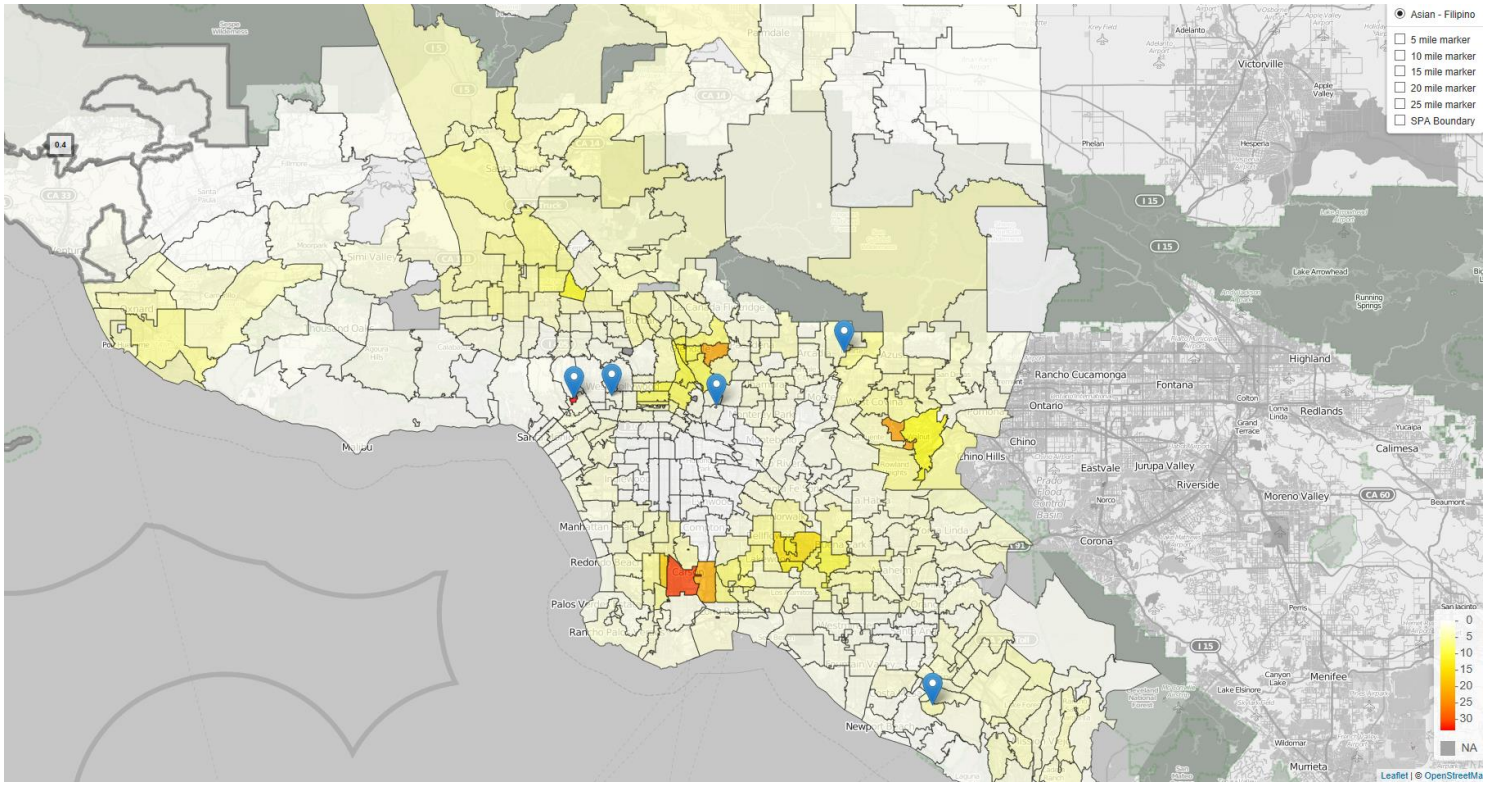
the US are associated with smoking, and although that number is decreasing, smoking prevalence among Asian Americans is not. Smokers who quit can expect to gain as many as 10 years of life expectancy. Further, smokers who are diagnosed with cancer are more likely to quit than those not diagnosed and they have better health outcomes than cancer cases who continue to smoke.

Infectious Diseases

Filipinos living in Los Angeles County have experienced an increase in **liver cancer[1, 3]**. There is an association with Hepatitis C Virus (HCV) and liver cancer, as nearly 80% of people infected with HCV will become chronically infected and about 65% of people with chronic HCV will develop liver disease, which can lead to liver cancer; the risk being highest among heavy alcohol drinkers[22]. There is no vaccine to protect against HCV infection, so prevention efforts must include education for at-risk groups about exposure and information for infected individuals about transmission[15].

Chronic infection of hepatitis B virus (HBV) can also cause **liver cancer**[15]. The Philippines Department of Health and multiple research studies have shown a high rate of chronic hepatitis B infection in the Philippines, not only in high-risk populations but in the general population[23]. With so many foreign-born Filipinos living in the US, effective approaches to vaccination uptake and screening must be established, with special attention to the adult population of health-care workers who are at increased risk of workplace-acquired HBV infection[15].

Filipino Population Density in Los Angeles County



About the Research Center for Health Equity

Cedars-Sinai and Samuel Oschin Comprehensive Cancer Institute recently expanded their research enterprise to include a new center focused on addressing health inequities in the community through research, service, and policy. The Research Center for Health Equity aims to conduct research that is well integrated with community engagement and outreach efforts to reduce cancer incidence/mortality in underserved populations and neighborhoods in Los Angeles County.

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Community Profile: Latinos in Los Angeles

PUBLISHED BY THE RESEARCH CENTER FOR HEALTH EQUITY AT CEDARS-SINAI

Community Overview

Population

There are currently about 4,861,648 Latinos living in Los Angeles County, accounting for 48.4% of the County's total population of 10 million [1]. Among the nearly 4.9 million self-reported Hispanics or Latinos in the County, 76.6% identified as Mexican, 8.7% Salvadoran, 5.2% Guatemalan, 1.1% Honduran, 0.9% Puerto Rican, 0.9% Nicaraguan, 0.8% Cuban, and 2.5% South Americans[1]. 40% of the Latinos living in Los Angeles County are foreign born[3].

Income

The per capita income among Latinos of $16,940 is much lower than the Los Angeles County average of $28,340. Median household income is nearly $13,000 lower among Latinos compared to the County average, $46,850 and $59,135 respectively. This is 5.7% less than the median Latino household income across the state and 4.6% lower than across the nation[5].

Sex and Age

Of the 4,861,648 Latinos living in Los Angeles County, roughly 2,437, 468 are female, with 83% being under the age of 55. Of the 2,424,180 Latino men, 87% are under the age of 55[3].

Education

59.4% of Latinos aged 25 years and older have at least a high school diploma, compared to 77.3% of all other residents in Los Angeles County[5].

Poverty and Unemployment

181, 485 Latino families are in poverty[1], accounting for 18.5% of all Latino families in the County[5]. The unemployment rate of Latinos in Los Angeles County is half of a percentage point higher than all other workers in Los Angeles, 7.4% and 6.9%, respectively[5].

Health Insurance Coverage

17.3% of Latinos in the County are uninsured, while 41.7% have public insurance and 41% have private insurance. The overall rate of uninsured in the County is between 9-11%[3, 6].

Mobile Technology

Overall, 80% of Latino adults say they 'at least occasionally' access the internet via a mobile device such as a cellphone or tablet. While nearly all 18- to 29-year-old Latinos (94%) and 30- to 49-year-old Latinos (89%) use the internet on a mobile device, 58% of Latinos ages 50 to 64 and less than half of those ages 65 and older (35%) do so[7].

Religion

The Pew Research Center's 2013 National Survey of Latinos and Religion finds that a majority (55%) of the US Latino population identify as Catholic. About 22% are Protestant (including 16% who describe themselves as born-again or evangelical) and 18% are religiously unaffiliated[8].

FAST FACTS

48.4%

Latinos represent the largest ethnic/racial group in Los Angeles[9].

Research Center for Health Equity

Cedars-Sinai and Samuel Oschin Comprehensive Cancer Institute recently expanded their research enterprise to include a new center focused on addressing health inequities in the community through research, service, and policy. The Research Center for Health Equity aims to conduct research that is well integrated with community engagement and outreach efforts to reduce cancer incidence/mortality in underserved populations and neighborhoods in Los Angeles County.

[1] Based on U.S. Census 2015 Federal Poverty Level (FPL) thresholds which for a family of four (2 adults, 2 dependents) correspond to annual incomes of $24,036 (100% FPL). https://www.census.gov/quickfacts/fact/table/losangelescountycalifornia/IPE120216#viewtop

Most Common Cancers among Latinos in the US

Breast

Breast cancer is the most commonly diagnosed cancer among Latina women; an estimated 19,800 Latina women in the US were diagnosed in 2015. From 2003 to 2012, breast cancer incidence rates stabilized in Latina women. However, breast cancer is the leading cause of cancer death among Latina women[2].

Colorectal

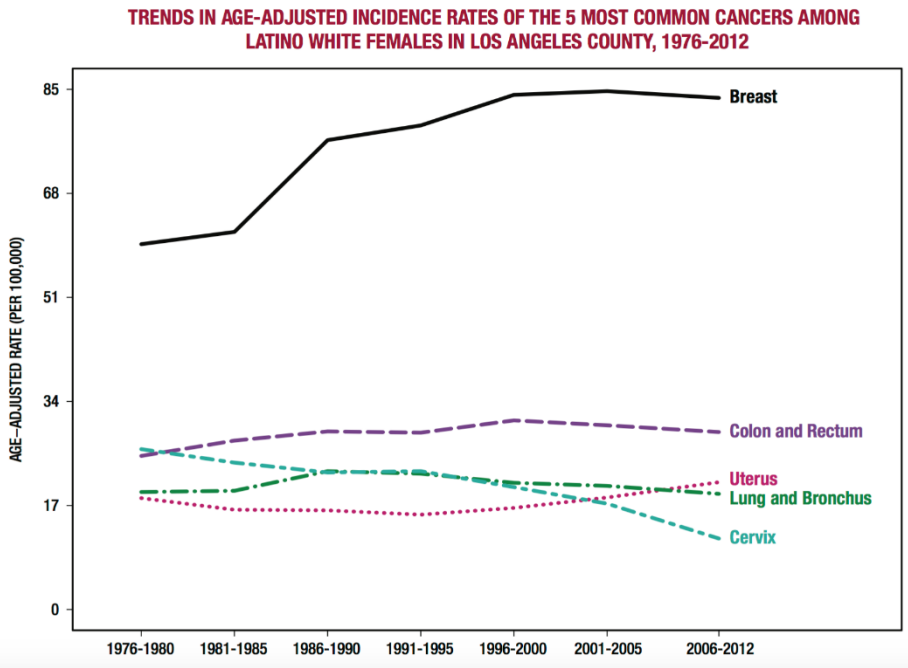
Colorectal cancer is the second-most commonly diagnosed cancer in both Latino men and women, with an estimated 6,400 men and 5,300 women in the US diagnosed with cancer of the colon or rectum in 2015. Between 2003 and 2012, death rates for colorectal cancer decreased by about 1.7% per year among Latinos[2].

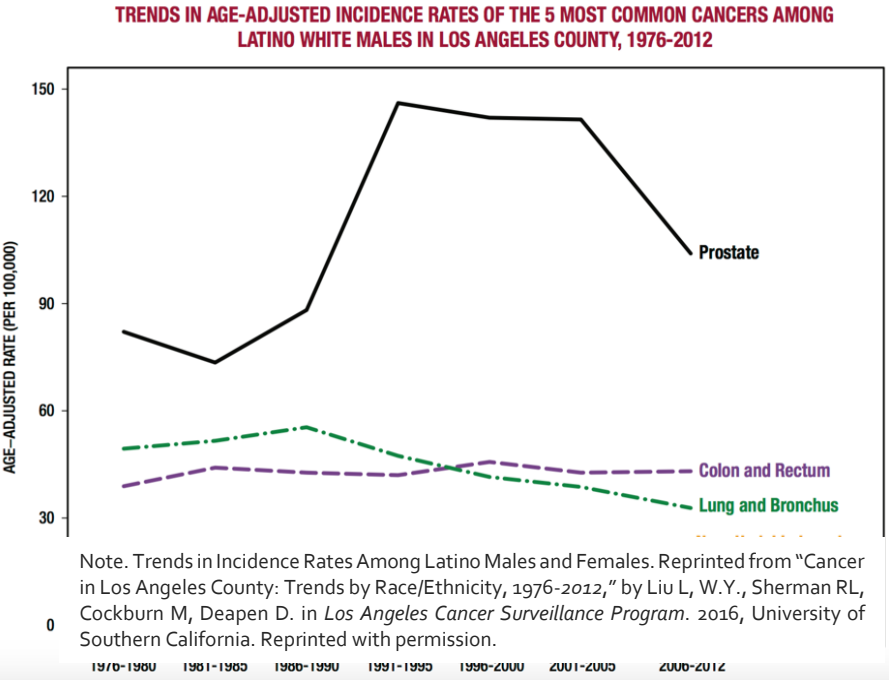
Prostate

Prostate cancer is the most common cancer among Latino men, with about 13,000 new cases in the US in 2015. The incidence rate among Hispanics (112.1 per 100,000) is about 9% lower than that among non-Hispanic whites (123.0) likely due to lower rates of prostate-specific antigen (PSA) testing among Latinos. From 2003-2012, Prostate cancer incidence rates decreased 4.7% per year in Latino men[2].

Latinos in the US have lower incidence rates for the most common cancer sites, namely breast, lung, colorectal, and prostate, and these cancers are mostly on the decline or unchanging [4]. However, for Latinos in Los Angeles County, their risk is steadily increasing for Hodgkin lymphoma and cancers of the kidney, liver, testis and thyroid[1]. See Figures 1 & 2.

Figures 1 & 2





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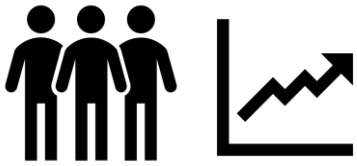
Trends in Cancer Type in Latinos



As the top five cancers in Latino men and women are stabilizing, several other incidence trends are on the rise in the Los Angeles Latino community. Below are standout trends from 1976 to 2012 by cancer type.

LIVER CANCER

Liver cancer death rates are increasing at a faster pace than any other cancer, and liver cancer among Latino men is forecasted to increase faster than any other ethnic/racial group[10, 11]. Hepatitis B and Hepatitis C are the strongest risk factors for liver cancer worldwide, but obesity and related metabolic disorders, including diabetes, remain the most important risk factors in the United States, as 36.6% of liver cancer is attributed to obesity and diabetes. Most liver cancers are potentially preventable, and interventions to address the growing incidence and racial/ethnic disparities should focus on prevention and early detection, including weight management, access to comprehensive diabetes care, alcohol consumption, tobacco control, and improvements in Hep B and C vaccination, screening, and treatment[11].

OBESITY

And related metabolic disorders like diabetes, remain the most important risk factors in liver cancer.

KIDNEY CANCER

Rates of kidney cancers have increased among Latino whites of both sexes in the last 40 years. Trends in kidney cancer incidence are limited by the small numbers of cases for some groups, but this pattern follows that of other racial/ethnic groups with increases for all groups in the last decade. One risk factor that might be driving these higher rates is increasing adult obesity rates in the County. However, incidence rates of late stage kidney cancers in Los Angeles, like the rest of the U.S., are fairly stable suggesting this observed increase is at least partially attributable to improved diagnosis[1].

HODGKIN LYMPHOMA

An increasing incidence of all Hodgkin lymphoma was observed among Latina women between 1976-2012, with a minor decrease in the last period of 2006-2012. At a closer look of subtype, nodular sclerosis incidence rates have more than doubled among Latina women. There has been a gradual increase in incidence rates of the nodular sclerosis subtype (associated with young adult disease) in all men, but especially in Latino men[1]. Epstein-Barr virus (EBV) is seen in tumor cells in about 40% of the cases in the subtype, especially when diagnosed in early childhood and older ages. Populations that are transitioning to higher socioeconomic status are experiencing an increase in this young adult subtype and up to 8% of the risk is explained by genes associated with immune function, including those from the HLA gene family, [1].

TESTIS CANCER

Testis cancer rates among Latinos have risen sharply in recent years. Together with the growing Latino population in Los Angeles County, these increased rates led for the first time in 2006-2012 to more testis cancer diagnoses among Latinos than among non-Latinos. Environmental influences, habits, and acculturation need to be better studied to provide insights on testis cancer risk. Identifying these causes to mitigate and prevent testis cancer should be a continued focus of testis cancer research[1].

THROID CANCER

In the past few decades, thyroid cancer incidence has been increasing worldwide, with a growing incidence of papillary thyroid cancers. There has been a general increase in the Latino community with significant increases in the last decade, particularly among adolescents and young adult females ages 15-39[12]. Unique epidemiologic patterns by cell type, sex, and age suggest the increasing trends may be due to an actual increase in etiologic risk, and like kidney cancer, this observed increase is at least partially attributable to improved diagnosis. Analyses by cell type indicates the increase in incidence is observed for papillary, particularly for women, but not other types of thyroid cancers[1].

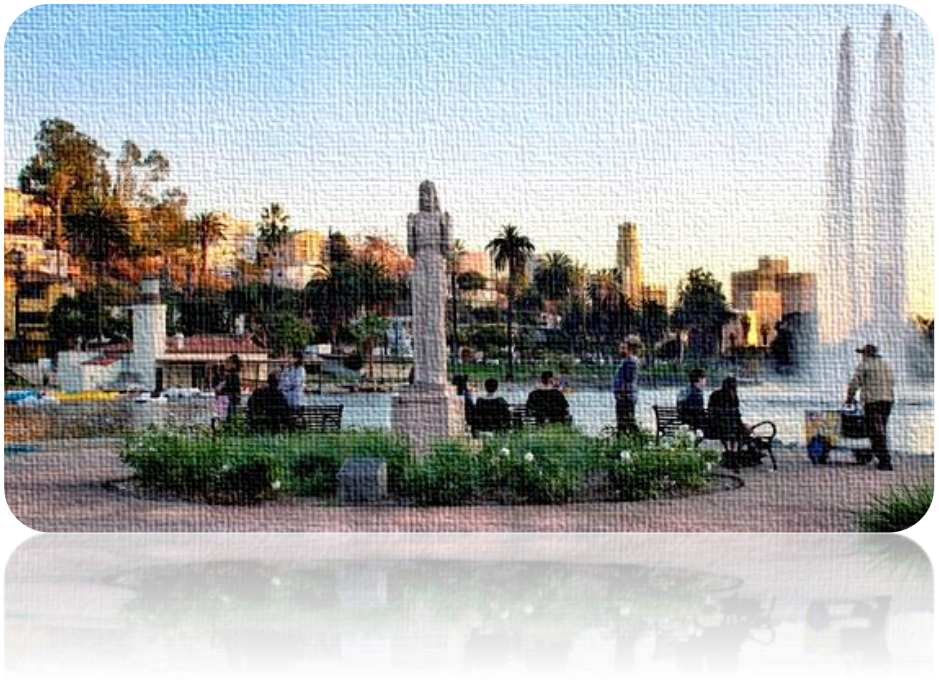
FAST FACTS

Liver Cancer

is highly fatal, and death rates for Latinos in the United States are increasing faster than for any other cancer. Latinos are forecasted to have the highest incidence rates among men and second highest among women by 2030 [10, 11].

Risk Behaviors

For Cancer



Prevention and early detection is key to reducing the cancer burden in the Latino community, and organized efforts to reduce tobacco use and obesity, improve diet, and increase physical activity and use of established screening tests can save lives [13]. It is estimated that 20% of all cancers diagnosed in the US are caused by a combination of excess body weight, physical inactivity, excess alcohol consumption, and poor nutrition[2, 14].

Nutrition

The prevalence of obesity in the US has rapidly increased across all races and among Latinos from 1976 to 2003.The rapid increase in obesity is linked with the consumption, availability and promotion of high-calorie, low-nutrient foods[2]. Further, the local food environment (e.g., fast-food outlet versus supermarket density) influences decision making and the ability to adopt a healthy lifestyle[2]. In 2015, only 12.4% of Latinos in Los Angeles County reported having at least 5 servings of fruits/vegetables in the day, and 39% reported drinking at least one soda or sweetened drink per day[6].

Obesity/Overweight

Being overweight and obese are associated with an increased risk for developing many cancers, including those of the breast, colorectum, endometrium, **kidney**, and pancreas, gallbladder cancer and cancers of the **liver,** cervix, and ovary; multiple myeloma; non-Hodgkin lymphoma**;** and aggressive forms of prostate cancer[2]. Over the last 30 years, the prevalence of obesity in the US has rapidly increased across all races and especially among Latinos, **with an alarming two-threefold increase in Latino children and adolescents**[2]. In Los Angeles, the obesity rate[2] in Latinos is 30.9%, compared to the overall County rate of 25.9%. The rate of overweight Latinos is 39.3%, compared to the County rate of 35.9% [6].

Physical Activity

The rapid increase in obesity is linked with changes in the built environment, including reduced opportunities to be physically active at work or school, while commuting, and during leisure time, resulting in decreased energy expenditure[2]. In Los Angeles, 65.40% of the Latino community meets the Department of Health and Human Services guidelines for physical activity[3], while 34.60% do not. When looking at **foreign born vs US born Latinos, 40.1% and 26% do not meet the guidelines,** respectively [6, 15].

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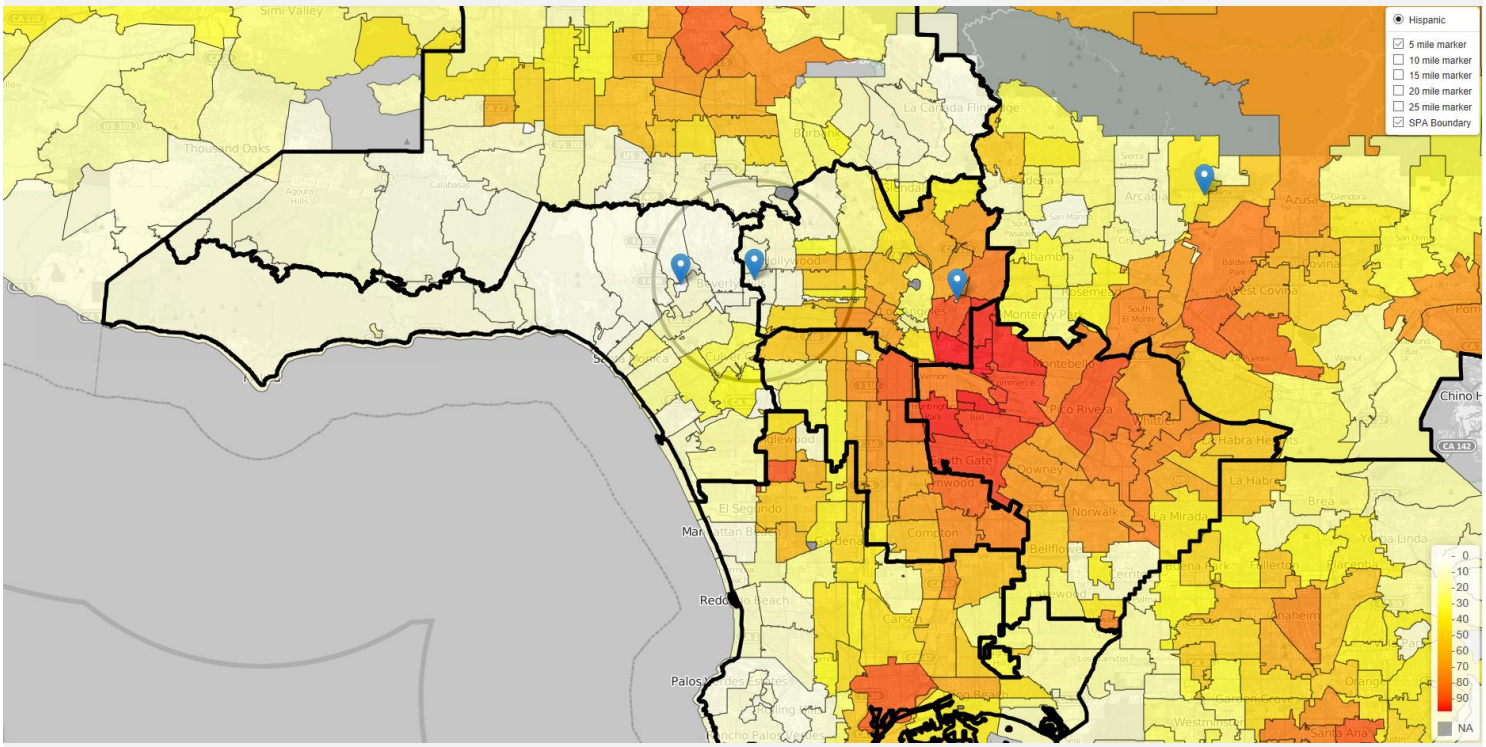
[2] According to NHLBI clinical guidelines, a BMI < 18.5 is underweight, a BMI ≥ 18.5 and < 25 is normal weight, a BMI ≥ 25 and < 30 is overweight, and a BMI ≥ 30 is obese. [REFERENCE: National Heart, Lung, and Blood Institute (NHLBI) http://www.nhlbi.nih.gov/guidelines/obesity/ob_exsum.pdf]

[3]Physical Activity Guidelines for aerobic activity is at least one:1) Vigorous activity for at least 75 minutes/week, 2) Moderate activity for at least 150 minutes/week, or 3) A combination of vigorous and moderate activity for at least 150 minutes/week. http://www.health.gov/paguidelines/pdf/paguide.pdf

Infectious Diseases

Latinos have disproportionately high rates of cancers related to infectious agents, including **liver**, non-Hodgkin lymphoma, and cervical cancer in the US, the **incidence and mortality rates of these cancers are higher among first generation Latino immigrants** compared to non-Latinos[2, 4]. Infection with Hepatitis B Virus (HBV) or Hepatitis C Virus (HCV) is problematic when the virus becomes chronic. Vaccination against HBV is the best protective measure to reduce prevalence of the virus. For HCV**, deaths associated with the virus are higher among Latinos than non-Latinos,** likely due to less access to screening and treatment for the infection. About 80% of people infected with HCV will become chronically infected and about 65% of people with chronic HCV will develop liver disease, which can lead to liver cancer; the risk of liver disease is higher among heavy alcohol drinkers[2]. Virtually all cervical cancers are caused by persistent Human Papillomavirus (HPV) infection. Increasing uptake in HPV vaccination in adolescents and improving screening and early detection in Latino women are the primary prevention strategies for reducing HPV associated cancers[2, 11].

Latino Population Density in Los Angeles County



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Community Profile: Koreans in Los Angeles County

PUBLISHED BY THE RESEARCH CENTER FOR HEALTH EQUITY AT CEDARS-SINAI

Community Overview

Population

Los Angeles County is considered the capital of Asia America, with the largest number of Asian immigrants of any county in the nation. There are a total of 1.4 million Asian Americans in Los Angeles County, which equates to about 14.5% of the county's population[3]. By subgroups, there are approximately 226,000 Korean individuals living in Los Angeles County— making southern California the largest Korean American population in the US. Among Koreans living in the County, 67% are foreign born[4].

Income

Per capita income among Koreans is $29,590, this is higher than the Los Angeles County average of $28,340. Median household income for Koreans in Los Angeles County is $51,222, compared to the Los Angeles County median of $59,135 [5].

Health Insurance Coverage

Compared to the overall Asian population, Koreans in Los Angeles County have historically had a lower percentage of being insured, however over the past five years that has drastically improved largely due to the ACA , from 28% uninsured in 2011 to 10.7% uninsured in 2016[4, 5].The number of Koreans in the County who are utilizing public insurance has increased from 17% to 32.9%, respectively[4, 5]. The overall rate of uninsured in Los Angeles County in 2016 was 9.6%[4].

Sex and Age

Of the Korean population in Los Angeles, roughly 54% are women and 46% are men, with nearly 30% of both genders being over the age of 55. The median age of Korean women and men is 41.9 and 38.3, respectively, compared to the overall County median of 35.8[5].

Poverty and Unemployment

9.3 % of Korean families in Los Angeles County are in poverty, compared to the overall Korean poverty rate of 12.8% in the US[10]. The Los Angeles County unemployment rate for Koreans in the Labor force is 4.4%, compared to the overall LA County rate of 7.5% [5].

Education

92.8% of Koreans ages 25 years and older have at least a high school diploma, compared to 87.7% of Asians and 78.1% of all other residents in Los Angeles County[5].

Mobile Technology

Access to mobile services in South Korea has drastically changed over the past few decades, increasing from 5% in 1990 to 75% in 2001, and as of 2013 over 2/3 of population owned a smartphone[11, 12]. Despite this trend, Korean elderly living in the US have shown to low health literacy and limited credible medical information[13].

FAST FACTS

67%

Of Korean Americans living in Los Angeles County are foreign born[4].

ABOUT THE CENTER

Research Center for Health Equity

Cedars-Sinai and Samuel Oschin Comprehensive Cancer Institute recently expanded their research enterprise to include a new center focused on addressing health inequities in the community through research, service, and policy. The Research Center for Health Equity aims to conduct research that is well integrated with community engagement and outreach efforts to reduce cancer incidence/mortality in underserved populations and neighborhoods in Los Angeles County.

Most Common Cancers

Prostate

Prostate cancer continues to be the most common cancer among Korean men. Between 1996-2005, there was a significant increase in incidence among Koreans in the US, increasing 2.9% per year[1]. The risk for prostate cancer has now stabilized, likely due to the wide adoption of the PSA screening test, which is detecting cancer earlier and decreasing mortality[2].

Breast

Breast cancer is generally the most commonly diagnosed cancer in women, and among Korean women in the US, breast cancer has increased at an alarming rate of 4.7% per year from 1990-2005[1]. The risk for breast cancer among Korean women living in Los Angeles County continues to climb, for both foreign and US born women[2].

Colon and Rectum

There has been a sharp increase in the incidence of colorectal cancer among Koreans in the US, increasing at a rate of 2.2% from 1990-2005[1]. It is the second most commonly diagnosed cancer in both Korean men and women in the US. Nationally, there is a decline in invasive colorectal cancer among Asian Americans largely attributed to higher screening rates, however Korean Americans screening rates are still below the Healthy People 2020 target of 70.5% and the National Colorectal Cancer Roundtable's goal of 80% by 2018[6].

Lung

Lung cancer is the third most common cancer among Koreans in the US. In recent decades, Korean women have experienced an increase in lung cancer[1, 7]. Most cases of lung cancer are caused by smoking cigarettes, for which the prevalence among Asian Americans is not decreasing[1].

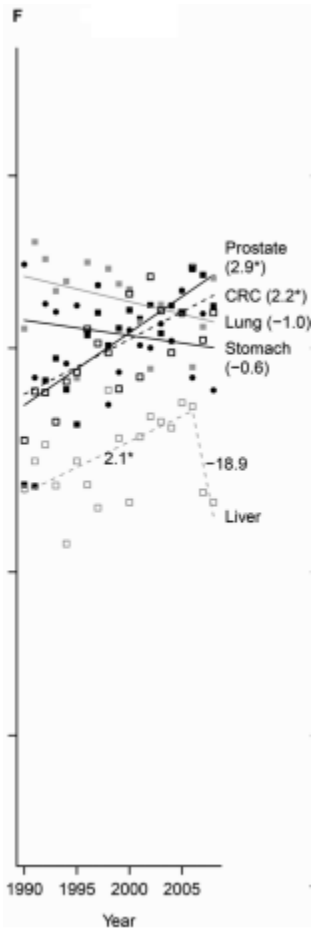
Stomach

In both men and women, Koreans in South Korea have the highest stomach cancer incidence rates. In the U.S., Koreans have the highest rate of stomach cancer compared to any other ethnic group. In Angeles County, rates among Korean men remain particularly high, but have stabilized [1, 2, 8].

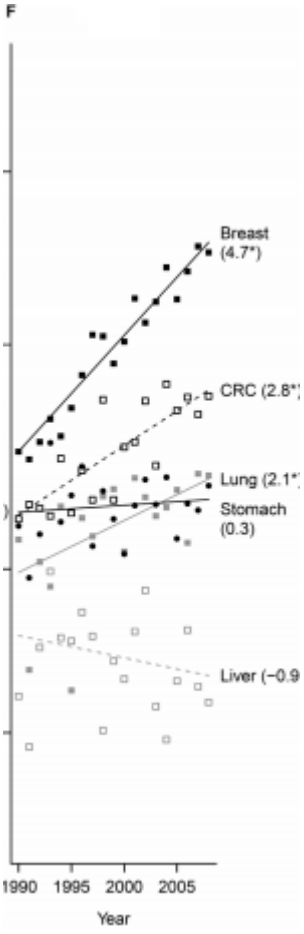
Other Cancers

There is also evidence that Asian Americans have higher rates of liver, cervix, thyroid, and stomach cancers associated with infectious etiologies[1, 9]

Figures 1 & 2



US trends of incidence rates and annual percentage change for the top five cancer sites among **Korean men,** 1990–2008[1].



US trends of incidence rates and annual percentage change for the top five cancer sites among **Korean women,** 1990–2008[1].

Figures 1&2 Reprinted from "Cancer Incidence Trends Among Asian American Populations in the United States, 1990-2008". Gomez, S.L., et al., Jnci-Journal of the National Cancer Institute, 2013. 105(15): p. 1096-1110.

Trends in Cancer Type in Koreans

Several cancer incidence trends are on the rise in the Los Angeles Korean community (see Figures 4 & 5). Below are standout trends from 1976 to 2012 by cancer type.

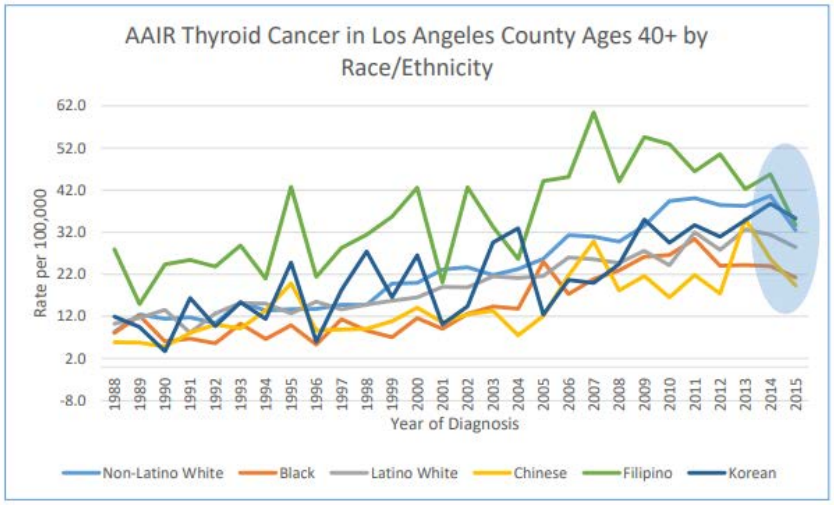
BREAST CANCER

Female breast cancer trends are generally stable among women of almost all races/ethnicities, with exception to Korean women and other Asian American women. In particular, the rates of invasive breast cancer among Korean women in Los Angeles County have increased dramatically from 1976-2012 and are now like rates seen in Chinese and South Asian women[2]. Further, proportionally more breast cancers expressed HER2 relative to HR+/HER2– in Korean women, which tends to grow more quickly, spread more aggressively, and present more often as high-grade disease[14].These trends suggest a need for higher rates of mammography screening in these populations-- mammography utilization rates in California are slightly lower in Asian American women than in other racial/ethnic groups. Among Asian Americans, Korean and South Asian women have the lowest mammography utilization, consistent with their higher rates of later-stage disease[1, 14]. Further research should also consider behavioral risk factors, perhaps early-life exposures, and special attention to possible genetic susceptibility.

Colorectal and Thyroid

Cancers are now higher among Korean men and women, compared to Non-Latino white men and women in Los Angeles County[2, 15].

THYROID CANCER



Thyroid cancer is now the most common type of cancer diagnosed in South Korea, with more than 40,000 people in the country diagnosed with the disease in 2011[16]. In Los Angeles County, there is a sustained increase in thyroid cancer rates among Korean women aged 40 years and above, see Figure 3[15]. There are unique epidemiologic patterns by cell type, sex (female), and age which suggest the increasing trends may be due to a combination of enhanced diagnostic procedures as well as an actual increase in etiologic risk[2].

Note: Figure 3 reprinted from "Latest Trends in Thyroid Cancer Incidence in Females by Race/Ethnicity in the United States and Los Angeles County", Sipin, A., Liu, Lihua., Tsai, Kaiya., Deapen, D.,, L.A.C.S. Program, 2017, University of Southern California Los Angeles, CA.

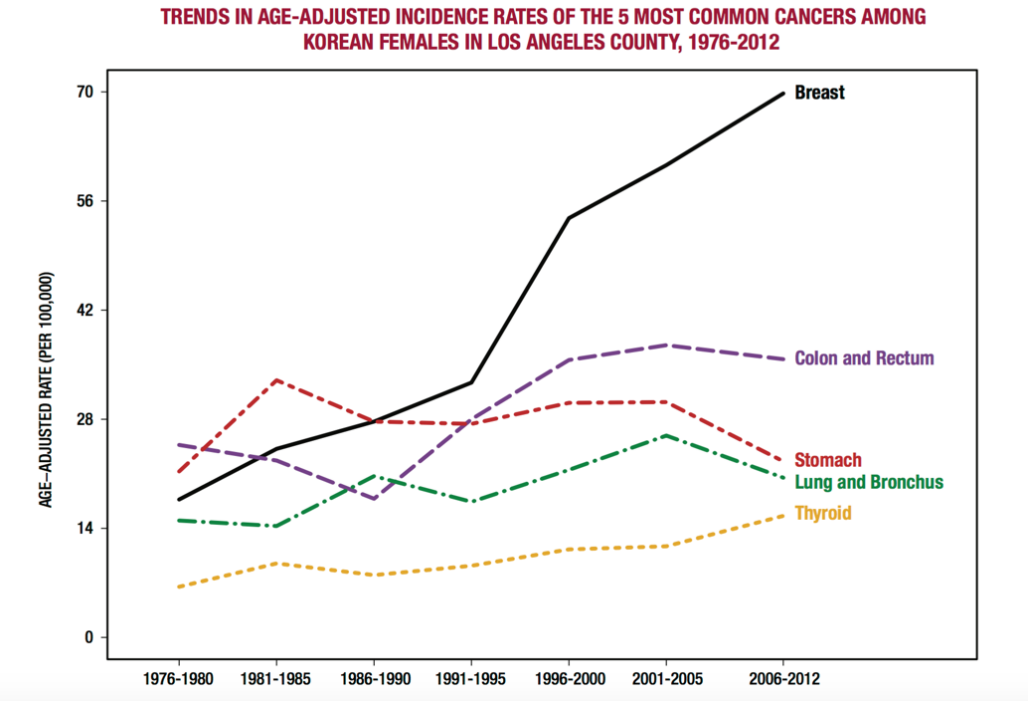
PROSTATE CANCER

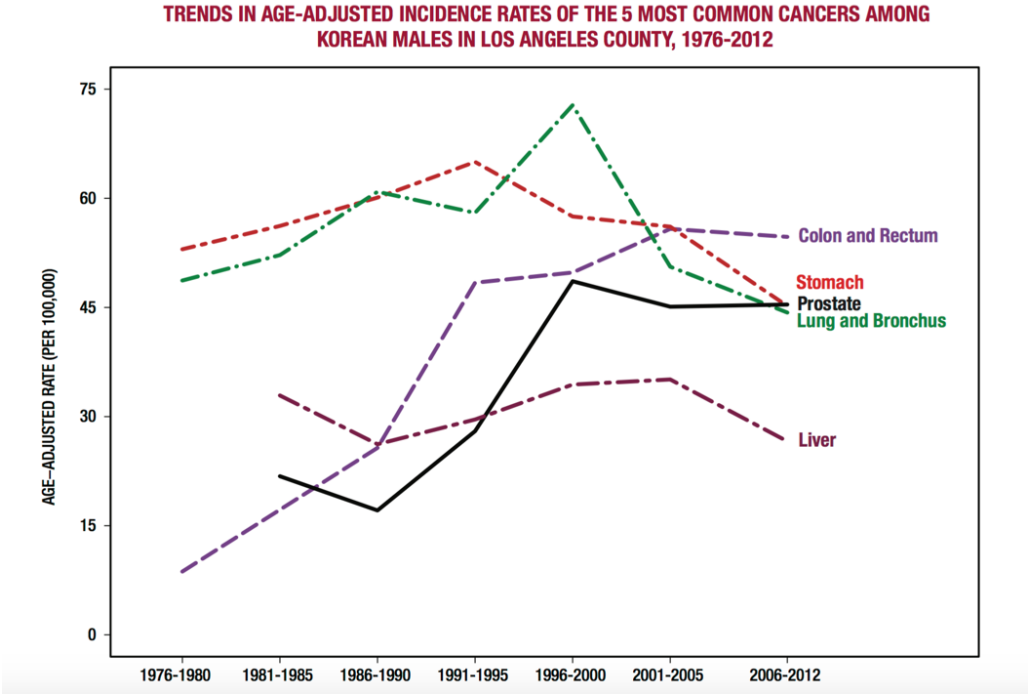
Incidence of prostate cancer has dramatically changed over the course of four decades in Los Angeles County. Prostate cancer has been increasing in Korean men, with a delayed peak after the adoption of the PSA test. There was a small decrease in incidence after the peak; however, the rate is now about the same it was before the PSA test introduction[2]. Although some of the trend may be attributed to improved screening, rising incidence rates have been noted in other Asian countries where the screening is not as common. Associations are being drawn with changing lifestyle factors such as a heavier protein and fat dietary pattern with decreased consumption of phytochemicals common in a traditional Asian diet[1].

COLORECTAL CANCER

Cancers of the colon and rectum combined are the third most commonly diagnosed cancers among both men and women in Los Angeles County, with incidence on the rise among Koreans[2]. Korean men have now surpassed Non- Latino white men in incidence of Colorectal Cancer, 54.7 and 51.0 per 100,000, respectively[2]. Historically, Koreans have shown very low screening utilization, with even lower utilization among uninsured Koreans in Los Angeles County, although this appears to be improving across California in the past decade[6, 17]. In addition, health behaviors such as poor nutrition and a westernized diet consisting of high proportions of meat and processed meat, meat by-products, fast foods, and sweets; lack of physical activity; smoking; and alcohol consumption are linked to higher prevalence of colorectal cancer, [1, 18].

Figures 4 & 5





Note. Trends in Incidence Rates Among Korean Males and Females. Reprinted from "Cancer in Los Angeles County: Trends by Race/Ethnicity, 1976-2012," by Liu L, W.Y., Sherman RL, Cockburn M, Deapen D. in *Los Angeles Cancer Surveillance Program*. 2016, University of Southern California. Reprinted with permission.

Risk Behaviors

Disparities among Koreans have become more pronounced, **with greater incidence among those who are foreign-born, lower socio-economic status, and living in areas with high ethnic concentration**[1]. This finding also provides opportunities for life-saving prevention and early detection measures that are key to reducing the cancer burden in the Korean community. Organized efforts to reduce tobacco use, improve diet, and increase the use of established screening tests can save lives [19]. It is estimated that 20% of all cancers diagnosed in the US are caused by a combination of excess body weight, physical inactivity, excess alcohol consumption, and poor nutrition[20, 21].

Nutrition

Although Koreans in California have a low prevalence of obesity (2.1% in 2012), there is still good evidence to suggest that risk for **colon and rectum cancer, prostate, and breast cancer** is increased with poor nutrition [20-23]. The International Agency for Research on Cancer (IARC) recently classified processed meat (lunch meat, bacon hot dog) as a human carcinogen and red meat (beef, lamb, pork) as a likely carcinogen based on their association with increased **colorectal cancer** risk. A recent study looking at dietary patterns and colorectal cancer in Koreans found that a westernized diet, consisting of high proportions of meat and processed meat, meat by-products, fast foods, and sweets, showed a positive association with **colorectal cancer risk**, especially among women (OR = 2.13)[18]. A diet high in calories, fat, and red meat may also increase risk for **prostate cancer**, as can too little intake of calcium and plant foods rich in vitamin B and fiber[1, 21]. There is strong evidence on the benefit of vegetable and fruit consumption on cancer risk, with a diet of low meat/starches and a high intake of vegetables and legumes associated with a reduced risk of **breast cancer** in Asian Americans [21, 23].

Cancer Screening

Mammography rates among Asian Americans continues to lag behind rates in the general population[1]. With the incidence of **breast cancer** rising in Korean women, earlier detection of breast cancer can lead to increased 5-year survival rates, and a greater range of and less invasive treatment options[14, 21]. Asian Americans are also less likely to be screened for **colorectal cancer** compared with non-Hispanic Whites, with historically wider disparities for Koreans[6]. When looking at underserved Korean Americans in Los Angeles County, screening rates for **colorectal cancer** have been very low, although that appears to be changing[17]. A recent California based study found that between 2003 and 2009, colorectal cancer screening prevalence increased from 43.3% to 64.6% in Asian Americans and from 58.1% to 71.4% in Non-Hispanic Whites; a subgroup analysis of Koreans showed a 94% increase in colorectal screening during this time[6]. Despite these improvements, screening among Koreans remains below the Healthy People 2020 target of 70.5% and the National Colorectal Cancer Roundtable's goal of 80% by 2018. Colorectal cancer is often characterized as the most preventable, but least prevented cancer[17, 24]. When colorectal cancer is diagnosed at the localized stage, five-year survival is 90%;- still only 39% of cases in the US are diagnosed at this stage[21].

Smoking

The incidence pattern of lung cancer by nativity is consistent with the prevalence of smoking among Korean men; however, among women, the prevalence of smoking is higher among U.S.-born with 41% having reported ever smoking[1], compared to 15 % of foreign-born women, which is counter to their incidence patterns[7]. In addition to lung cancer, **smoking increases the risk of colorectal, breast, advanced stage prostate**, and liver cancer, among several others[21]. Three in ten cancer

[1] Ever smoker defined as having smoked at least 100 cigarettes over lifetime

deaths in the US are associated with smoking, and although that number is decreasing, smoking prevalence among Asian Americans is not[1, 21]. Smokers who quit can expect to gain as many as 10 years of life expectancy. Further, smokers who are diagnosed with cancer are more likely to quit than those not diagnosed and they have better health outcomes[21]. Culturally tailored tobacco cessation interventions are still needed among Asian Americans, and Koreans.

Infectious Diseases

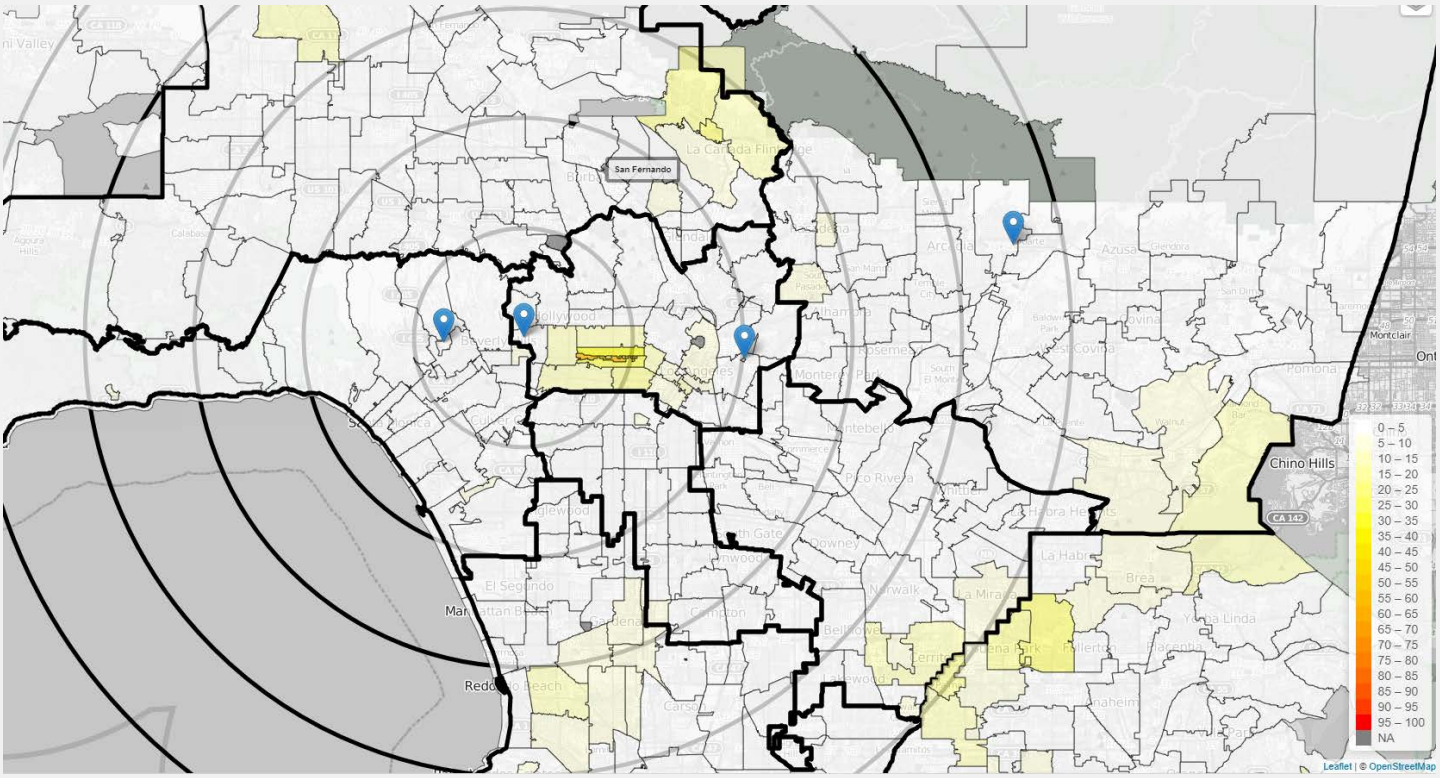
Incidence of liver cancer is increasing for all Asian Americans in Los Angeles County, including Koreans, with greater disparities among first generation Korean immigrants[1, 2]. There is an association with Hepatitis C Virus (HCV) and liver cancer, as nearly 80% of people infected with HCV will become chronically infected and about 65% of people with chronic HCV will develop liver disease, which can lead to liver cancer; the risk being highest among heavy alcohol drinkers[20]. There is no vaccine to protect against HCV infection, so prevention efforts must include education for at-risk groups about exposure and information for infected individuals about transmission[21]. Koreans have historically had very high level of Hepatitis B Virus (HBV) prevalence, which has decreased with changing health behaviors, less transmission and importantly the HBV vaccine[25]. Screening rates for cervical cancer have been increasing among Koreans in California (from 68% in 2003 to 71% in 2007) and infections associated with *Helicobacter pylori (H. pylori)* which is highest among Korean immigrants, is on the decline[2, 21].

Alcohol

In Korea, the proportion of deaths due to alcohol is estimated at 8.9%, far exceeding the global estimate of 3.8%[26]. When looking at ethnic drinking cultures in the U.S., Koreans have higher alcohol consumption rates compared to other Asian American groups[27]. In 2015, 35.9% of Korean adults in Los Angeles County reported binge drinking[2][28]. Alcohol consumption is an established risk factor for cancers of the mouth, pharynx, larynx, esophagus, liver, **colorectum,** and **female breast**, and may increase the risk of pancreatic cancer[21] . Given that Koreans engage in more moderate- and high-risk drinking, campaigns to limit alcohol consumption according to American Cancer Society's nutrition and physical activity guidelines for cancer prevention and risk reduction[3] should be implemented.

[2] Males are considered binge drinkers if they consumed 5 or more alcoholic drinks on at least one occasion in the past year. Females are considered binge drinkers if they consumed 4 or more alcoholic drinks on at least one occasion in the past year.
[3] no more than two drinks per day for men and no more than one drink per day for women

Korean Population Density in Los Angeles County



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