Diabetes Listening Sessions in Los Angeles County

PARTNER REPORT

Prepared for the

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH, DIVISION OF CHRONIC DISEASE AND INJURY PREVENTION

March 25, 2025

Prepared by:

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Executive Summary

Background

The Solutions for Equitable Diabetes Prevention and Management (SEDPM) program started in June 2023. It is a five-year project funded by the Centers for Disease Control and Prevention and led by the Los Angeles County Department of Public Health (LACDPH).[1] The goal of SEDPM is to reduce differences in diabetes and prediabetes rates among adults in Los Angeles County. To do this, the program works with local organizations and community groups to improve diabetes prevention, care, and support.

Findings

Listening sessions gave important insight into the experiences, struggles, and needs of people living with diabetes or prediabetes. The findings focus on four main topics:

- Living with Prediabetes or Diabetes – People shared their personal experiences managing their condition.
- Understanding Diabetes and Prediabetes – Some people had limited knowledge about diabetes, its risks, and how to manage it.
- Life Challenges and Barriers – Many faced difficulties like money problems, limited access to healthy food, and lack of support.
- Support Systems and Coping Strategies – Family, friends, and community programs helped people manage their condition.

The listening sessions showed that people with diabetes or prediabetes face many challenges, both personal and social. While different communities had unique cultural views, some struggles—like financial difficulties, unhealthy food options, and the need for better education—were common for everyone.

Recommendations

To be effective, solutions must be flexible, community-focused, and offered in different languages. These solutions should not only help with medical care but also support people in their daily lives, emotions, and environment.

1 Zavala C. Authorization to Accept and Implement Grant Award Number 1 NU58DP007384- 01-00 and Future Grant Awards and/or Amendments from the Centers for Disease Control and Prevention for Solutions for Equitable Diabetes Prevention and Management (All Supervisorial Districts) (3 Votes).

Some examples of recommendations that surfaced from the listening sessions are:

- Culturally tailored education and support: provide culturally relevant nutrition guidance and offer classes in multiple languages.
- Accessibility of prediabetes and diabetes programs: offer classes at convenient times and have virtual, in-person, or hybrid (virtual and in-person) class options.
- Partnerships with organizations to promote affordable and healthy food access: support community gardens or vouchers for healthy foods.
- Community engagement and trust building: collaborate with local organizations, health centers, and/or churches on programs and services.
- Holistic and individualized approaches: offer tailored guidance that aligns with patients' current and unique circumstances.

The full set of recommendations is provided in greater detail in this report, further emphasizing that solutions and approaches should prioritize educational initiatives that empower individuals with knowledge about prevention, management, and the adoption of healthier lifestyle choices.

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List of Acronyms

DSMES	Diabetes Self-Management Education and Support
IIA	Innovation & Intersection Associates LLC
IRB	Institutional Review Board
LACDPH	Los Angeles County Department of Public Health
MOU	Memorandum of Understanding
National DPP	National Diabetes Prevention Program
SEDPM	Solutions for Equitable Diabetes Prevention and Management

Purpose

Solutions for Equitable Diabetes Prevention and Management (SEDPM) works to improve and expand existing programs that help people prevent and manage diabetes. Specifically, SEDPM aims to:

Increase access to the National Diabetes Prevention Program (National DPP) and Diabetes Self-Management Education and Support (DSMES) for people at the highest risk of diabetes in Los Angeles County.

Involve more healthcare workers, like pharmacists and community health workers, to provide culturally appropriate diabetes support.

Train healthcare providers to recognize and address social factors (such as income, housing, and access to healthy food) that impact diabetes.

Recruitment and Participation

LACDPH and IIA worked together to develop questions for the listening sessions. The project was approved by an independent Institutional Review Board (IRB), Beyond Bound, under IRB number BB2410LL-038.

WHO COULD PARTICIPATE

- Be 18 years or older
- Have diabetes, prediabetes, or gestational diabetes
- Belong to a priority population*
- Live in Los Angeles County

*** Priority populations:**

- ***Black/African American,***
- ***Hispanic/Latino, OR***
- ***Asian/Pacific Islander***

Consent:

Participants were given a consent form explaining the listening session process. All participants provided their consent.

Participant Incentives:

Participants received light refreshments and a small gift bag with healthy snacks, tea, an exercise band, and a stress ball. They also received a copy of the consent form.

Outreach Materials:

IIA created two flyers to help with outreach:

1. Partner Outreach Flyer – Shared with community groups to explain the project.

2. Participant Recruitment Flyer – Encouraged individuals to join and share their experiences. This flyer was translated into Spanish, Chinese, and Khmer.

Community partners from a provided list and the team's existing connections were contacted by IIA to help with participant outreach and recruitment (Table 1).

Table 1. *Listening Sessions Outreach Summary: Site Participation Status*

Name of Site	Accepted Invitation	Declined Invitation
African American Advisory Alliance	✓	
African American Infant Maternal Mortality Initiative		X
Antelope Valley Christian Center	✓	
Antelope Valley Partners For Health	✓	
Asian Pacific Islander Forward Movement		X
Better Days Integrated Programs		X
Herald Christian Health Center	✓	
Latino/a Roundtable of San Gabriel Valley	✓	
Search to Involve Pilipino Americans		X
South Asian Network		X
The Children's Clinic (TCC) Family Health	✓	
To Help Everyone Health and Wellness Centers		X

Community Partner Support:

All community partners received an outreach flyer and an invitation to a meeting about the project. After agreeing to join, these partners helped recruit, screen, and register participants.

Some partners shared recruitment flyers with contact details for an IIA team member. Interested participants could contact IIA directly, where they were screened, informed about the listening sessions, and encouraged to join. Those who agreed were then registered for a session.

Many partners went beyond their original commitments because they were eager to receive this summary report, which would provide valuable insights into the experiences of people with prediabetes and diabetes in their communities.

Flexibility and Adaptation:

Since IIA worked with a variety of community partners, the team was flexible, adjusting their approach based on each partner's needs. For example:

- One organization asked for a Memorandum of Understanding (MOU) to clearly define the partnership. After this request, IIA offered MOUs to other partners as well.
- Two organizations asked for pre-meetings with their staff and patients to explain the project and gain support.
- Building partnerships took time due to different schedules and processes at each site.

Some partners actively helped with the project by recruiting participants, assisting with consent forms, and even providing translation services.

Language Assistance:

The IIA team had Spanish speakers who led the Spanish-language listening sessions. However, for other languages, partners helped by:

- Making sure consent forms and questions were clear and culturally appropriate for Cantonese, Mandarin, and Khmer speakers.
- Providing real-time translation during the sessions.
- Taking notes to ensure accurate data collection.

Without this community support, IIA would have needed to hire outside translators, which might not have built the same level of trust with participants. Since many participants already had relationships with the organizations, they felt more comfortable sharing their experiences.

Virtual and In-Person Listening Sessions:

Some community partners preferred online sessions. One site, which already held virtual health education classes, requested a virtual listening session. In other cases, participants who had transportation issues or were sick with COVID-19 joined online instead of in person.

Offering both in-person and virtual sessions allowed IIA to reach more people, including groups that are rarely studied, like Cambodian Americans.

Additional Recruitment Strategies:

Some participants recommended friends or family members to join the sessions. While this approach was helpful, it was sometimes difficult due to scheduling conflicts and limited space.

Listening Sessions Implementation

The listening sessions took place from **October 2024 to early December 2024**.

01

IN-PERSON SESSIONS

- IIA set up the space ahead of time with refreshments and materials.
- Participants completed consent and eligibility forms before the session started.
- Each participant received an ID number to protect their privacy.

02

ONLINE SESSIONS

- Partner sites provided a list of participants in advance.
- IIA assigned each participant an ID number and returned the list to the site.
- Staff site changed participant's names on Zoom to their assigned ID number for privacy during the session

Each session was attended by two IIA team members—one led the discussion, and the other took notes, including non-verbal cues like body language. This ensured the sessions were well-documented while maintaining confidentiality.

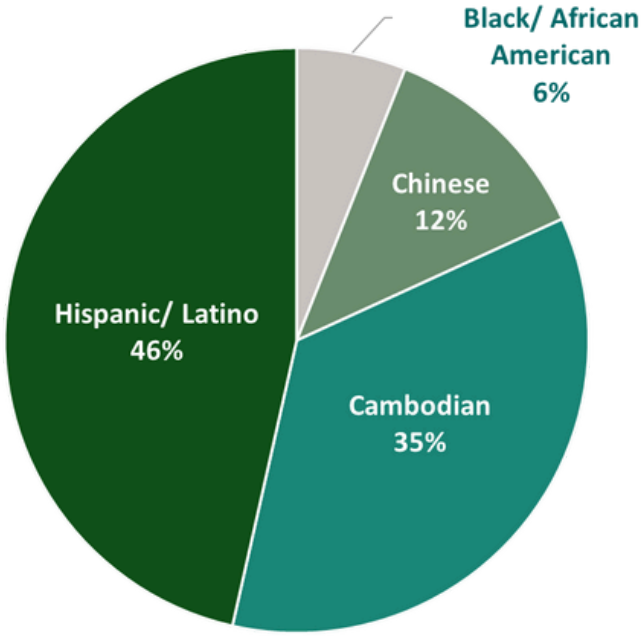
Participant Demographics

The project aimed to recruit at least 80 participants and successfully completed:

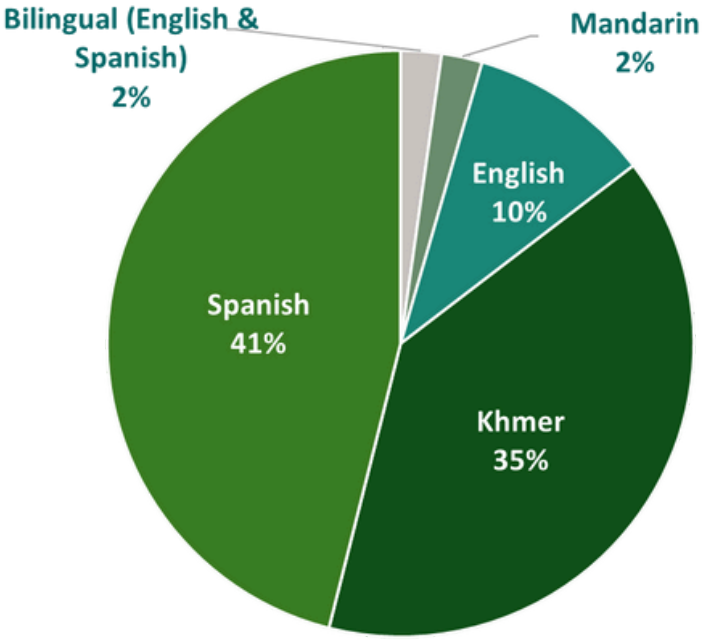
11 Listening Sessions

82 Partcipants (in-person and online)

The racial/ethnic breakdown of participants was as follows:



The preferred spoken languages were as follows:



Female participants outnumbered males by a ratio of

3 to 1

A detailed demographics table is in Appendix A.

Findings

FINDINGS BY THEME

The listening sessions revealed important insights about the experiences of how participants were managing diabetes or prediabetes. These findings were grouped into four main themes, showing both personal challenges and larger social issues that affect diabetes care.

THEME 1: Patient Journey with Prediabetes or Diabetes

The most common challenges participants discussed were:

- Making diet changes
- Emotional impact of being diagnosed
- Sticking with long-term lifestyle changes

Many participants found out they had prediabetes or diabetes through routine check-ups, pregnancy, or after experiencing symptoms like fatigue, extreme thirst, or weight loss.

Detailed insights about the patient journey can be found in Figure 1 below.

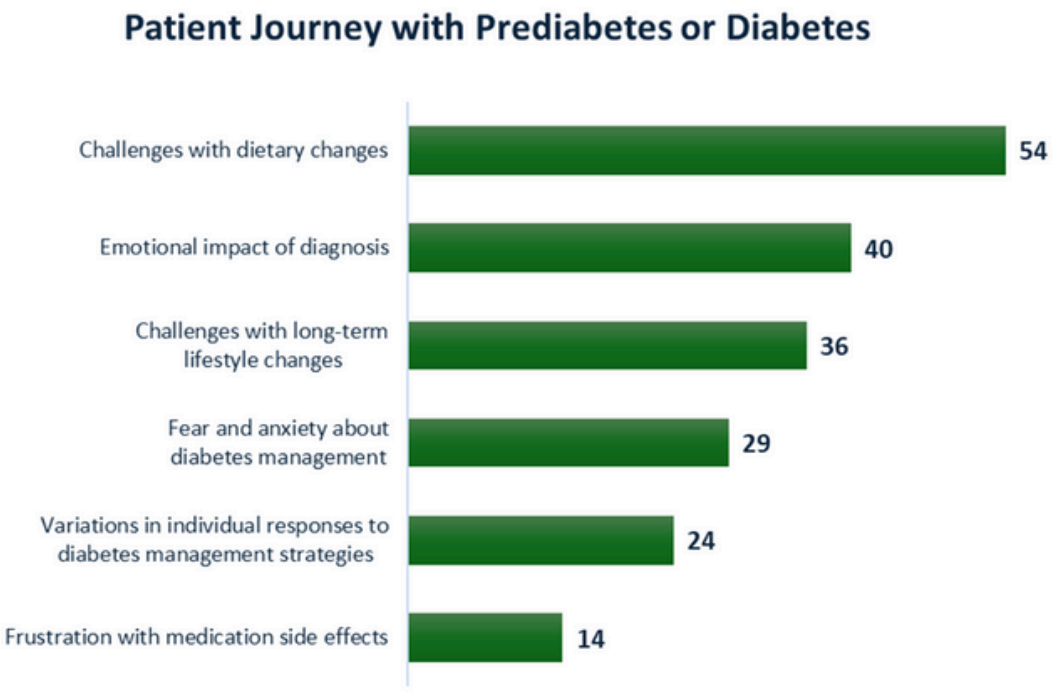


Figure 1. *Patient journey with diabetes or prediabetes and number of times participants discussed each subtopic.*

Participants had strong emotional reactions when they were diagnosed, including shock, fear, denial, and anxiety. Many felt overwhelmed by the idea of having a lifelong condition and the risk of serious health problems. A lack of information about prediabetes made it harder for some people to take it seriously. Many did not fully understand what it meant, which shows how important clear and early healthcare communication is. Below are some related quotes from participants:

Below are some related quotes from participants:

"... I also knew I needed to control my diet. I tried to eat brown rice but I really don't like it so I had to throw it away. My doctor warned me sternly to change my diet ... So I bought four different types of grains to cook to eat. I don't like it, it always looks dark colored. I never feel full..."

- Mandarin-speaking Chinese, Male participant

"I would say [I was] a bit surprised because the time I found out was the very time I found out I was pregnant. So, it was two information in one: 'Congratulations. But we also see this.' So maybe I was at first, I think I was a little bit in a shock or surprise because I'm the very first in my family to have such a situation."

- English-speaking Black/African American, Female participant

"...there [hospital], they [doctors] detected that I was diabetic and was barely going to turn 20. So, I was very worried and scared."

- Spanish-speaking Mexican/Mexican American/Chicano, Female participant

"... my doctor just kind of said I had prediabetes but they didn't like elaborate. They didn't say much after that ...and so after year I'd have my blood taken and you know ... I guess it was increasing until I got a new doctor and then the new doctor was like hey, do you know you have diabetes and I was like no, and she said well you do and I was like well, I wasn't told that, I was just said it was pre and it was you know don't worry about it..."

- English-speaking Black/African American, Female participant

THEME 2: Knowledge of Prediabetes, Diabetes, Prediabetes Programs, or Diabetes Programs

Participants shared that they wanted more clear and complete information about diabetes. The most common concerns were:

- Needing better education about diabetes and how to prevent it.
- Wanting more choices in scheduling their diabetes education classes, such as Saturday classes, bi-weekly sessions, and options for both remote and in-person attendance.
- Lack of follow-up and clear information after initial diagnoses, which led to confusion about what causes diabetes.

Participants wanted fully bilingual instructors and culturally tailored programs. For example, a participant indicated that speaking Spanish was not enough and that instructors teaching the classes should also understand the context of different words and phrases used in various Spanish-speaking countries and even regions.

Detailed insights can be found in Figure 2 below.

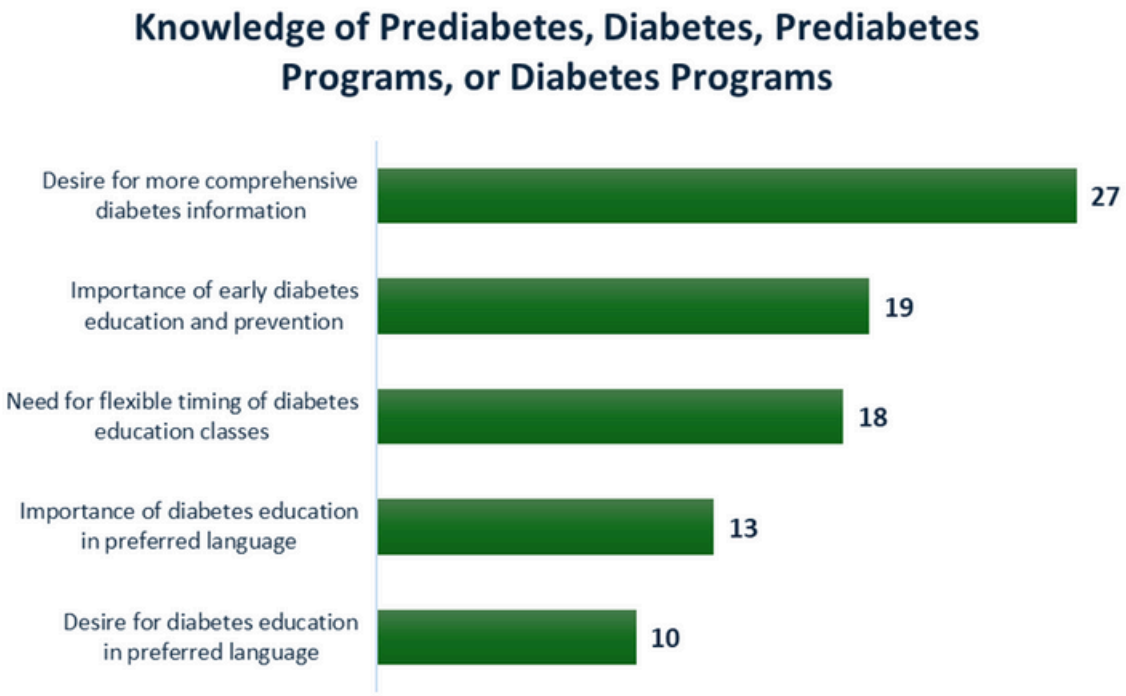


Figure 2. *Knowledge of prediabetes, diabetes, prediabetes programs, or diabetes programs and number of times participants discussed each subtopic.*

Participants also stressed the importance of trust in learning about diabetes. They felt that community-based organizations played a key role in reaching and supporting people in their neighborhoods. Building trust through these organizations made it easier for people to feel comfortable, ask questions, and get the help they needed.

Below are some related quotes from participants:

"Because I don't understand about the diabetes and why I have to do this and that. I don't understand... I don't understand how it works. I want to know what contributed to me being a diabetic..."

- English-speaking Black/African American, Female participant

"... I want to learn more about prevention, symptoms of diabetes and how they occur, and how to prepare for visit with doctor, and difference between prediabetes and diabetes, and how to keep body healthy, and how to eat healthy, and for those who take medication, but for class, we should learn how to prevent so we don't have to take medication for life.And the key is to how we can teach people prevention."

- Khmer-speaking Cambodian, Female participant

"Something that would be really important for me, tailoring to a way where the participant or the community...feel they have buy-in in the program. Otherwise, people don't feel that, that they are part of this, they are just a student, I'm just there to get a grade and out, it's not the same that when you feel like hey you know what as I'm going into this program I'm able to share my point of view, give my feedback and people actually take this into account...so buy-in is very important too so that you can maintain people interested in what they're doing."

- English-speaking Mexican/Mexican American/Chicano, Female participant

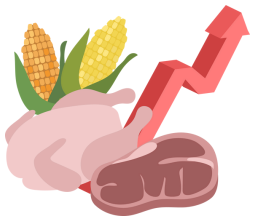
"I would like to see the language, the language is an issue. If it's English, it's hard to understand. Most of us only know a few words in English. If they teach in Khmer, then we can understand."

- Khmer-speaking Cambodian, Female participant

"I think it would be better for the weekend, because some people can work around, and maybe they can't come one weekend, and next weekend they can come. So, I think it would be better. And the classes force the time. I don't think it should be no more than an hour, because people they have things to do."

- English-speaking Black/African American, Female participant

THEME 3:
Social Determinants of Health, Daily Life Needs, and Barriers



Participants shared many challenges that made it hard to manage their health. The most common struggles were:

- **Lack of affordable, healthy food –** Some participants referred to their communities as "food deserts" because healthy options were expensive and hard to find, while unhealthy foods were more available.
- **Financial struggles –** Many could not afford the care or food needed to control their diabetes.
- **Cultural food preferences –** Some traditional foods did not match doctors' recommendations, making it difficult to change eating habits.

These challenges made it harder for participants to follow their treatment plans and stay healthy.

Detailed insights can be found in Figure 3 below.

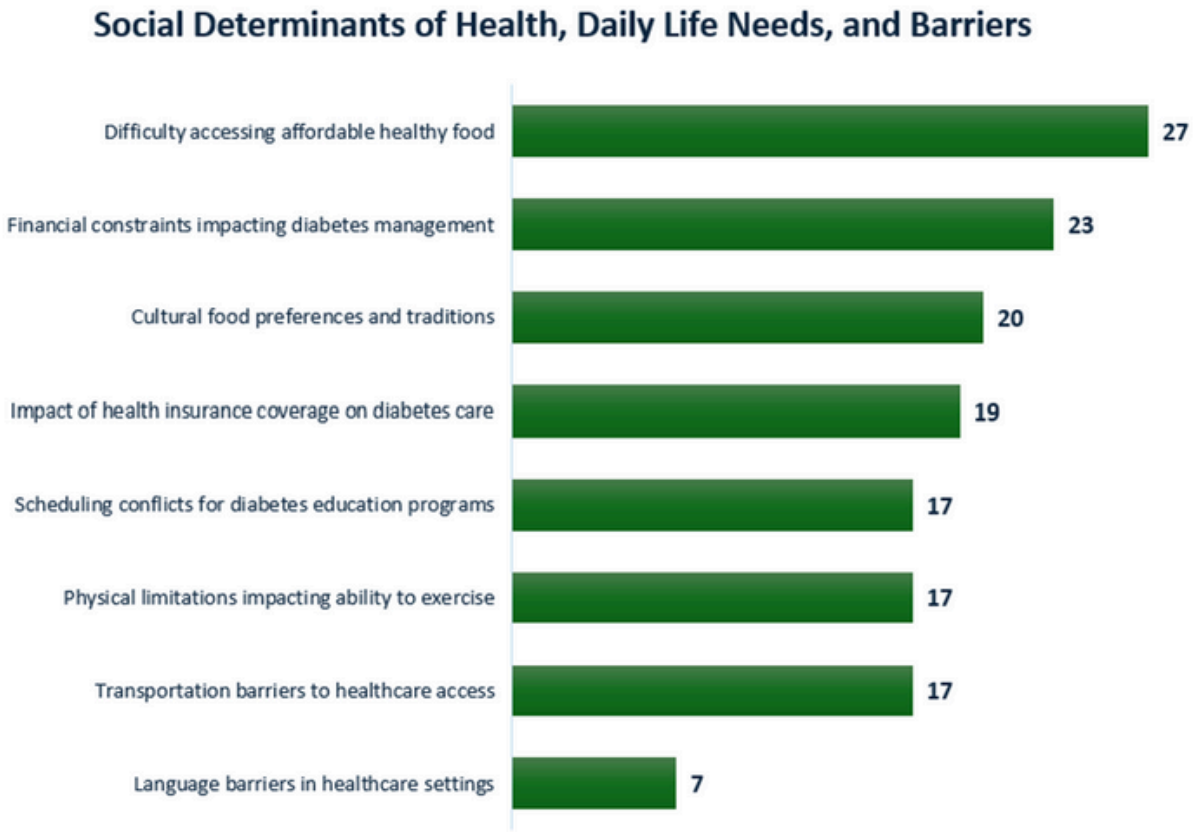


Figure 3. *Social determinants of health, daily life needs, and barriers and number of times participants discussed each subtopic.*

Below are some related quotes from participants:

"I say, almost most of us would dare to say that we do not have access to quality products because they are too expensive because the other stores that are close to us are normally not quality products, one thinks, but the reality is that no, they are not quality products then, it is the distance and the cost and we do not have enough income."

- Spanish-speaking Mexican/Mexican American/Chicano, Female participant

"To find healthy foods and if you find it is very expensive and so your thoughts become, I could spend less over here than getting this and more times not we're gonna go with the less unhealthy choice, so I mean what do you do in that instance you know, so that makes it hard to stay on track."

- English-speaking Black/African American, Female participant

"Cost of food is so high, especially quality and healthy food... My husband has diabetes [for] 30 years and I can't afford to buy fish for him. I have prediabetes..."

- Khmer-speaking Cambodian, Female participant

"I remember one time I went to the park and I was walking in the evening. And the police officer said, ma'am, what are you doing?I said, I'm walking. And he's like, please go home. He said, it's not safe at this time."

- English-speaking Mexican/Mexican American/Chicano, Female participant

"I can drive right now, but I do worry about ten years from now, except that my diabetes is slowly increasing and then I won't be able to drive after that, which is very difficult. Senior homes don't help with transportation either. There are no safe and reliable means of transportation that allow you to go to the doctor and buy the daily necessities you need."

- Mandarin-speaking Chinese, Male participant

"I didn't have the resources, my condition was undocumented and to a certain extent the fear was true, one I remember that they only had that emergency medical time and that was not considered an emergency."

- Spanish-speaking Mexican/Mexican American/Chicano, Female participant

"I am concerned about medication and checking the prices. Something to help me check if my medication is covered and affordable prices for medicine."

- Cantonese-speaking Chinese, Male participant

Theme 4:
Support Systems and Coping Strategies

Participants shared support systems and strategies that could assist them in managing their health. The most common strategies were:

- **Importance of family support** – Most participants agreed that family support is important for managing diabetes. Having loved ones to encourage them helped during tough times.
- **Distrust or dissatisfaction with conventional medical advice** – Many also felt frustrated with the healthcare system and distrusted doctors' advice. One participant shared that when she told her doctor about advice she had received, the doctor dismissed it as unimportant, making her feel unheard.
- **Peer support and information sharing among people with diabetes** – Participants said they needed peer support groups where they could share information, recipes, and encouragement. These groups would help them feel less alone and provide a sense of community.

These support systems and strategies could help participants stay motivated and manage their condition better. Detailed insights can be found in Figure 4 below.

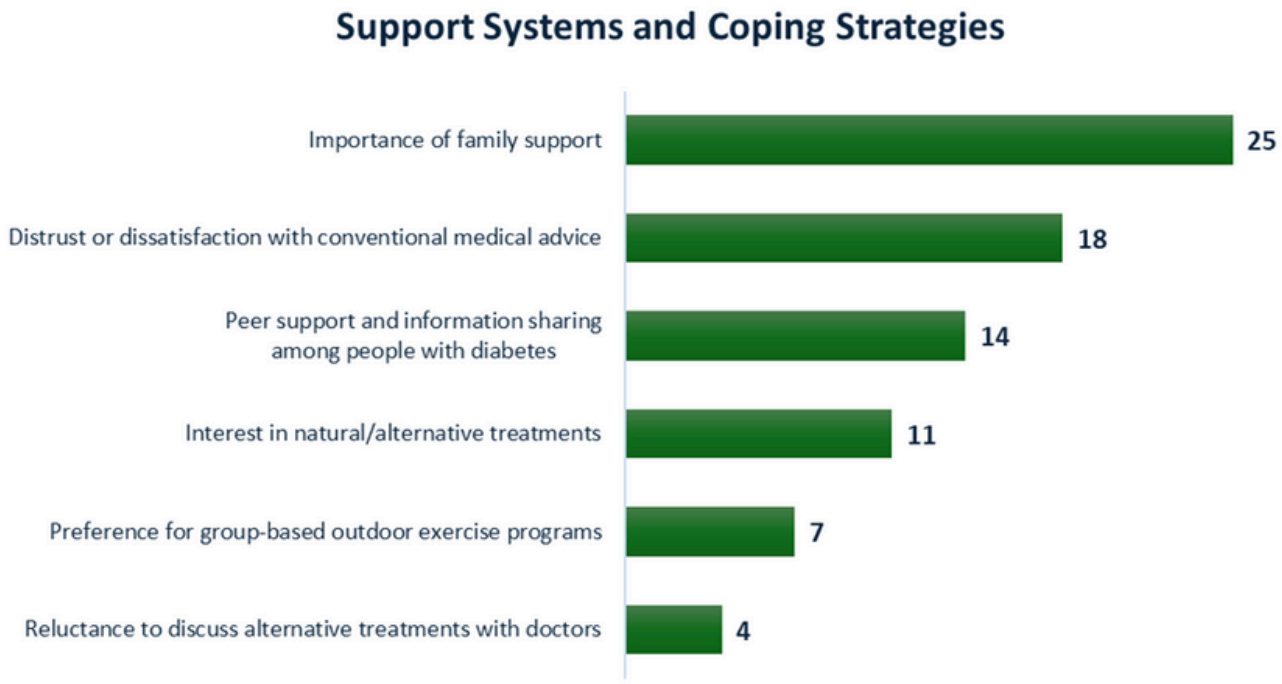


Figure 4. *Support systems and coping strategies and number of times participants discussed each subtopic.*

Below are some related quotes from participants:

"Yes, it is a lot to change...it's an emotional journey...I try to pray a lot, I read the bible, meditation...my brain fast tracks that if I need 40 weeks to be able to deliver this baby and eating this much and all that is too much, I can't do it. That moment where I had those breakdown moments, and then [my husband] keep reminding me moment by moment: 'Let's focus on right now what can we do.' So sometimes, I know what he's saying is helpful...I get stuck with...this mixed roller coaster thing, but I always come back because of the family support is helpful."

- English-speaking Black/African American, Female participant

"...included in the issue of mental health because yes, all this also generates anxiety as I was saying right now."

- Spanish-speaking Mexican/Mexican American/Chicano, Female participant

"... So just getting folks comfortable with, especially people of color, comfortable with not just going to the doctor, but being able to be open and honest with their physicians. And I think that goes both ways, right? Like people of color need to get comfortable with talking about. About the things that are going on with them. But also there's a level of distrust with the healthcare system in general when we're talking about black folks. And so I think that it's also important for healthcare providers to understand that and acknowledge that and make sure that they are making space for that history when they encounter people of color. So that they understand that it's also part of their responsibility as a healthcare provider. To create that space where that person feels comfortable enough to be open and communicative with them."

- English-speaking Black/African American, Female participant

"I think that it would also be valuable to have some sort of a mentor program or program so that you can have a resource or somebody to bounce things...maybe have little groups that they could...communicate with each other...community is real important...like little circles networks helping each other."

- English-speaking Mexican/Mexican American/Chicano, Female participant

THEMES BY RACE/ETHNIC GROUP

Unique perspectives and culturally specific challenges

1. Cultural Diets and Food Preferences: Many participants had trouble following dietary rules because they conflicted with their cultural foods. For example, participants mentioned challenges with substituting or eliminating foods that have high cultural significance, such as rice for the Chinese and Cambodian participants, and tortillas for the Hispanic/Latino participants. This highlighted the need for diabetes education that is sensitive to and incorporates culturally tailored dietary advice.

2. Language and Accessibility: Many people asked for diabetes classes in their native languages, like Spanish, Chinese, and Khmer. Participants also mentioned that educational materials should be easier to understand and reflect their culture.

3. Family Support and Dynamics: Family support is important for managing diabetes. For Hispanic/Latino participants, spouses and children played a big role in helping. Cambodian participants mentioned that family involvement was different for each person, and Chinese participants mostly managed diabetes on their own.

4. Trust in Healthcare Providers: Some Black participants shared that they did not trust healthcare providers and wanted more culturally sensitive care.

5. Economic and Social Barriers: All groups talked about the high cost of healthy food and how hard it is to find diabetes-friendly options. Many lived in “food deserts,” where healthy food is hard to get.

6. Community and Environmental Factors: Many participants did not have safe places to exercise. Cambodian participants said they walked in their backyards because it was not safe to walk outside.

7. Stigma and Misconceptions: Many people did not know much about diabetes before being diagnosed. Some Hispanic participants were worried about being judged by doctors for using home remedies.

8. Role of Religion and Mental Well-being: Some Black and Hispanic/Latino participants talked about using prayer and meditation as ways to cope with diabetes. it harder to get healthcare, but things improved once they became citizens.

9. Technology Support Needs: Older Cambodian participants had trouble using technology, like glucose monitors, and joining online classes.

10. Immigration and Citizenship Challenges: Some Hispanic/Latino participants mentioned that their immigration status made it harder to get healthcare, but things improved once they became citizens.

Differences

1. Community Barriers: Hispanic/Latino and Cambodian participants talked about lack of transportation and unsafe places to exercise. Hispanic/Latino participants also asked for outdoor group activities. Black/African American and Chinese participants did not mention transportation issues or unsafe spaces for exercise.

2. Distrust in Healthcare System: Black/African American and Hispanic/Latino participants showed more distrust in the healthcare system compared to Chinese and Cambodian participants.

3. Transportation: Many Hispanic/Latino and Cambodian women said they had trouble getting to places due to lack of transportation, but the men in those groups did not mention it.

Similarities

1. Dietary Challenges: All groups had trouble cutting down on carbs and adjusting their traditional meals to be diabetes-friendly.

2. Economic Constraints: Everyone struggled with the high costs of healthy food and medications.

3. Need for Culturally Sensitive Education: All groups wanted education that was culturally relevant and practical, like meal planning.

4. Emotional Impact of Diagnosis: Across all groups, people felt shocked, scared, and sad when they were diagnosed with diabetes. This shows that emotional support is important.

5. Exercise Barriers: Everyone mentioned how important exercise is but also shared problems like safety, time, and physical limitations.

6. Family and Community Support: Family support was seen as essential, and many participants wanted group-based education programs to feel more supported.

Recommendations

Implications for Prediabetes and Diabetes Programming and Services

1. Culturally Tailored Education and Support: Diabetes programs should offer culturally relevant advice and cooking classes that respect traditional foods. Classes should also be available in different languages (Spanish, Khmer, Mandarin, Cantonese) to meet people's needs.

2. Accessibility of Prediabetes and Diabetes Programs: Offer classes at different times, like evenings and weekends, to accommodate work schedules. Virtual and hybrid classes can make it easier for people who have trouble getting to in-person classes.

3. Affordable and Healthy Food Access: Work with local organizations to make healthy food more affordable, especially in neighborhoods with fewer healthy food options.

4. Community Engagement and Trust Building: Work with trusted community organizations to build long-lasting relationships. Building trust takes time.

5. Holistic and Individualized Approaches: Diabetes care should consider the person's unique situation and needs, including emotional support and mental health services.

6. Physical Activity and Safety: Make exercise spaces available in neighborhoods that have safety issues. For older people with limited mobility, create exercise routines that are easy to follow.

7. Health Literacy and Empowerment: Teach people realistic strategies to manage their health. Use visual tools and interactive methods, like glucometers, to make learning easier.

8. Economic Barriers: Help people with financial struggles by offering free or low-cost supplies and medications.

9. Trust Building and Navigating Healthcare: Help patients talk openly with doctors so they feel heard and understood.

10. Targeted Campaigns: Launch public health campaigns that are culturally relevant to raise awareness of diabetes risks and the importance of check-ups.

Conclusion

To tackle the challenges of prediabetes and diabetes in Los Angeles County, especially in Black/African American, Hispanic/Latino, Chinese, and Cambodian communities, there is a need for a comprehensive approach that is both inclusive and sensitive to each culture's needs. This approach should focus on educating people about preventing and managing diabetes and helping them live healthier lives.

Education and Empowerment

- Provide clear, culturally tailored education about diabetes prevention and management.
- Teach healthier lifestyle choices to help individuals take control of their health.

Improving Accessibility

- Enhance accessibility to healthcare services, especially for medically underserved populations.
- Reduce transportation barriers so people can get to appointments and programs.

Affordability

- Address financial challenges by offering incentives like grocery gift cards or free healthy produce.
- Provide tools like glucometers to help people track their progress.

Building Trust

- Work with local leaders and organizations to build strong, trusting relationships to cultivate genuine relationships.
- Take the time to understand community needs and involve residents in decision-making, by fostering a sense of ownership and commitment.

Addressing Systemic Inequities

- Recognize and work to address historical inequalities that have left some groups at a disadvantage, especially in access to health knowledge and services.
- Create sustainable and equitable solutions that benefit everyone.

By addressing these issues, these strategies can help improve health for everyone in Los Angeles County. In addition, these strategies will also increase access to programs like the National DPP and DSMES.

Acknowledgement

This project and report were funded by the Centers for Disease Control and Prevention under Award No. NU58DP007384 to the Los Angeles County Department of Public Health's Division of Chronic Disease and Injury Prevention.

The findings from this report come from community members across Los Angeles County and their use of the National Diabetes Prevention Program or Diabetes Self-Management Education and Support services. The views in this report do not represent the official positions of the Los Angeles County Department of Public Health or any other organizations mentioned.

Innovation & Intersection Associates LLC would like to thank the health clinics, community partners, and places of worship that helped with this study. Special thanks go to the community members who shared their experiences. The following groups contributed to this project:

- African American Advisory Alliance
- Antelope Valley Christian Center
- Antelope Valley Partners for Health
- Herald Christian Health Center
- Latino & Latina Roundtable of the San Gabriel and Pomona Valley
- The Children's Clinic Family Health

For more information, visit the Los Angeles County Department of Public Health's Diabetes Prevention & Management website at http://publichealth.lacounty.gov/diabetes/index.htm

Appendix A - Participant Demographics

Demographics	Black/African American		Cambodian		Chinese (MD & CT)		Hispanic/Latino (EN & SP)		Total	
	N	***%***	***N***	***%***	***N***	***%***	***N***	***%***	***N***	***%***
Total	***5***	***-***	***29***	***-***	***10***	***-***	***38***	***-***	***82***	***-***
Gender										
Male	-	-	8	28%	5	50%	7	18%	20	24%
Female	5	100%	21	72%	5	50%	30	79%	61	74%
Unsure/left blank	-	-	-	-	-	-	1	3%	1	1%
Ever Been Diagnosed With...[1]										
Prediabetes Only	-	-	18	62%	1	10%	11	29%	30	37%
Prediabetes & diabetes	2	40%	10	34%	-	-	9	24%	21	26%
Diabetes Only	-	-	-	-	8	80%	5	13%	13	16%
Diabetes & gestational diabetes	1	20%	-	-	-	-	-	-	1	1%
Gestational diabetes Only	-	-	-	-	-	-	1	3%	1	1%
Gestational diabetes & prediabetes	-	-	-	-	-	-	3	8%	3	4%
Prediabetes, diabetes, & gestational diabetes	1	20%	1	3%	-	-	8	21%	10	12%
Unsure/left blank all diagnoses questions	1	20%	-	-	1	10%	1	3%	3	4%
Preferred Language										
English	5	100%	-	-	-	-	2	5%	7	9%
Spanish	-	-	-	-	-	-	34	89%	34	41%
English / Spanish	-	-	-	-	-	-	2	5%	2	2%
Mandarin	-	-	-	-	8	80%	-	-	8	10%
Cantonese	-	-	-	-	2	20%	-	-	2	2%
Khmer	-	-	29	100%	-	-	-	-	29	35%
Unsure/left blank	-	-	-	-	-	-	-	-	-	-
Household size										
1	-	-	1	3%	2	20%	2	5%	5	6%
2	1	20%	18	62%	6	60%	7	18%	32	39%
3	3	60%	2	7%	1	10%	8	21%	14	17%
4	-	-	2	7%	-	-	6	16%	8	10%
5	-	-	3	10%	-	-	11	29%	14	17%
6	1	20%	3	10%	-	-	1	3%	5	6%
7	-	-	-	-	-	-	3	8%	3	4%
Unsure/left blank	-	-	-	-	1	10%	-	-	1	1%
Avg Household Size	3.4	-	2.9	-	1.8	-	3.8	-	3.3	-

Demographics	Black/African American		Cambodian		Chinese (MD & CT)		Hispanic/Latino (EN & SP)		Total	
Age										
25-34	-	-	-	-	-	-	1	3%	1	1%
35-44	2	40%	-	-	-	-	2	5%	4	5%
45-54	-	-	-	-	-	-	12	32%	12	15%
55-64	2	40%	4	14%	6	60%	19	50%	31	38%
65+	1	20%	25	86%	4	40%	4	11%	34	41%
Unsure/left blank	-	-	-	-	-	-	-	-	-	-
City										
Baldwin Park	-	-	-	-	1	10%	-	-	1	1%
Bellflower	-	-	-	-	-	-	1	3%	1	1%
Cerritos	-	-	1	3%	-	-	1	3%	2	2%
Claremont	-	-	-	-	-	-	2	5%	2	2%
Compton	-	-	-	-	-	-	1	3%	1	1%
Lancaster	1	20%	-	-	-	-	-	-	1	1%
Long Beach	1	20%	25	86%	-	-	25	66%	51	62%
Los Angeles	-	-	2	7%	-	-	-	-	2	2%
Monterey Park	-	-	-	-	1	10%	-	-	1	1%
Norwalk	-	-	-	-	-	-	1	3%	1	1%
Palmdale	1	20%	-	-	-	-	4	11%	5	6%
Paramount	-	-	-	-	-	-	2	5%	2	2%
Pomona	2	40%	-	-	-	-	1	3%	3	4%
Rosemead	-	-	-	-	3	30%	-	-	3	4%
San Gabriel	-	-	-	-	1	10%	-	-	1	1%
Signal Hill	-	-	1	3%	-	-	-	-	1	1%
Temple City	-	-	-	-	1	10%	-	-	1	1%
Unknown	-	-	-	-	1	10%	-	-	1	1%
Walnut	-	-	-	-	1	10%	-	-	1	1%
West Covina	-	-	-	-	1	10%	-	-	1	1%
Unsure/left blank	-	-	-	-	-	-	-	-	-	-

Abbreviations: *MD: Mandarin; CT: Cantonese; EN: English; SP: Spanish*
Note*: due to rounding, not all categories will add to 100%*
1 *Diagnosis categories are mutually exclusive.*