



Health in All Policies: Lessons Learned by LA County DPH

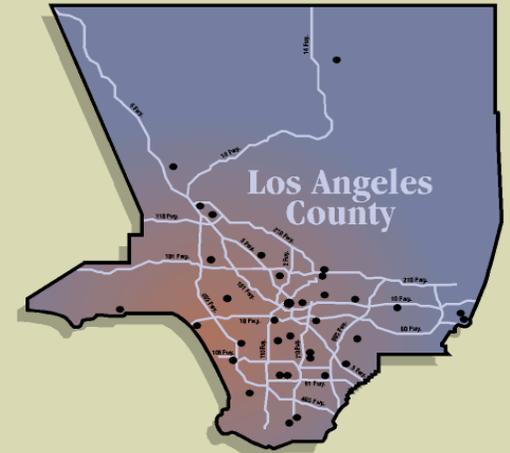
CDC Leaders to Leaders Conference
July 8, 2008

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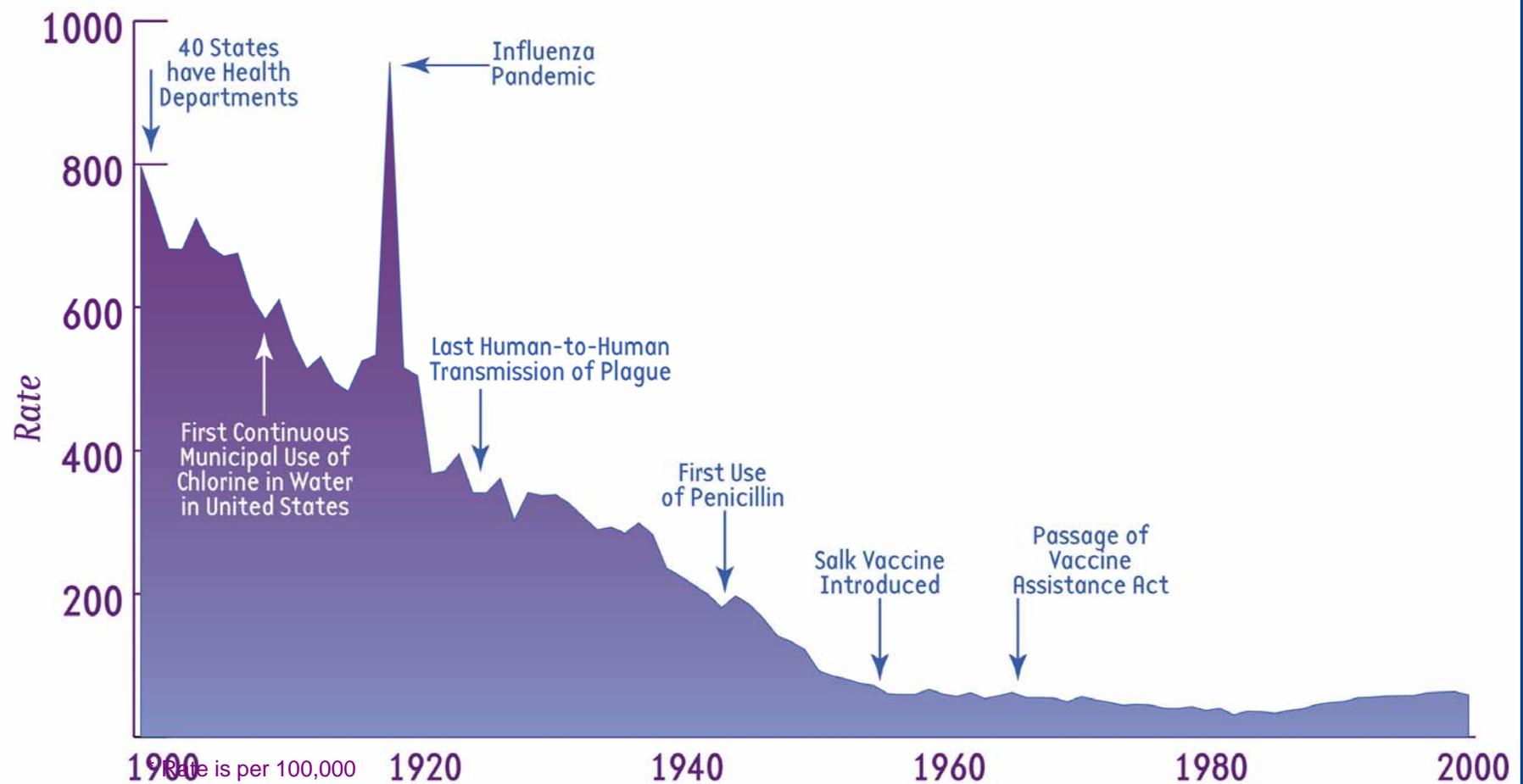


Los Angeles County – Background



- 4,300 square miles
- 88 incorporated cities and 2 islands
- 10.3 million residents (more than 42 States)
- 46% Latino, 32% White, 13% Asian/Pacific Islander, 10% African American, 0.3% American Indian
- Over 100 different languages spoken by significant size populations
- 15% living in poverty (14% of families & 24% <18)
- 22% of adults and 8% of children have no health insurance

Crude Death Rate for Infectious Diseases, U.S., 1900 - 2000





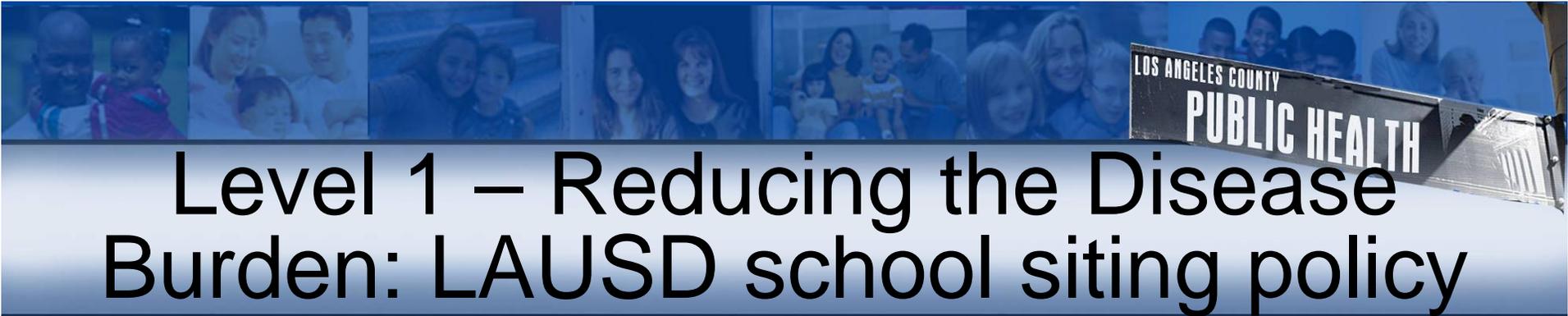
Policy and Public Health

- Historically, policy changes have yielded some of the biggest improvements in public health
 - Tobacco: smoking bans
 - Injury prevention: helmet laws
 - Disease prevention: immunization requirements, sanitation improvements
- The biggest levers we can move are often policy levers



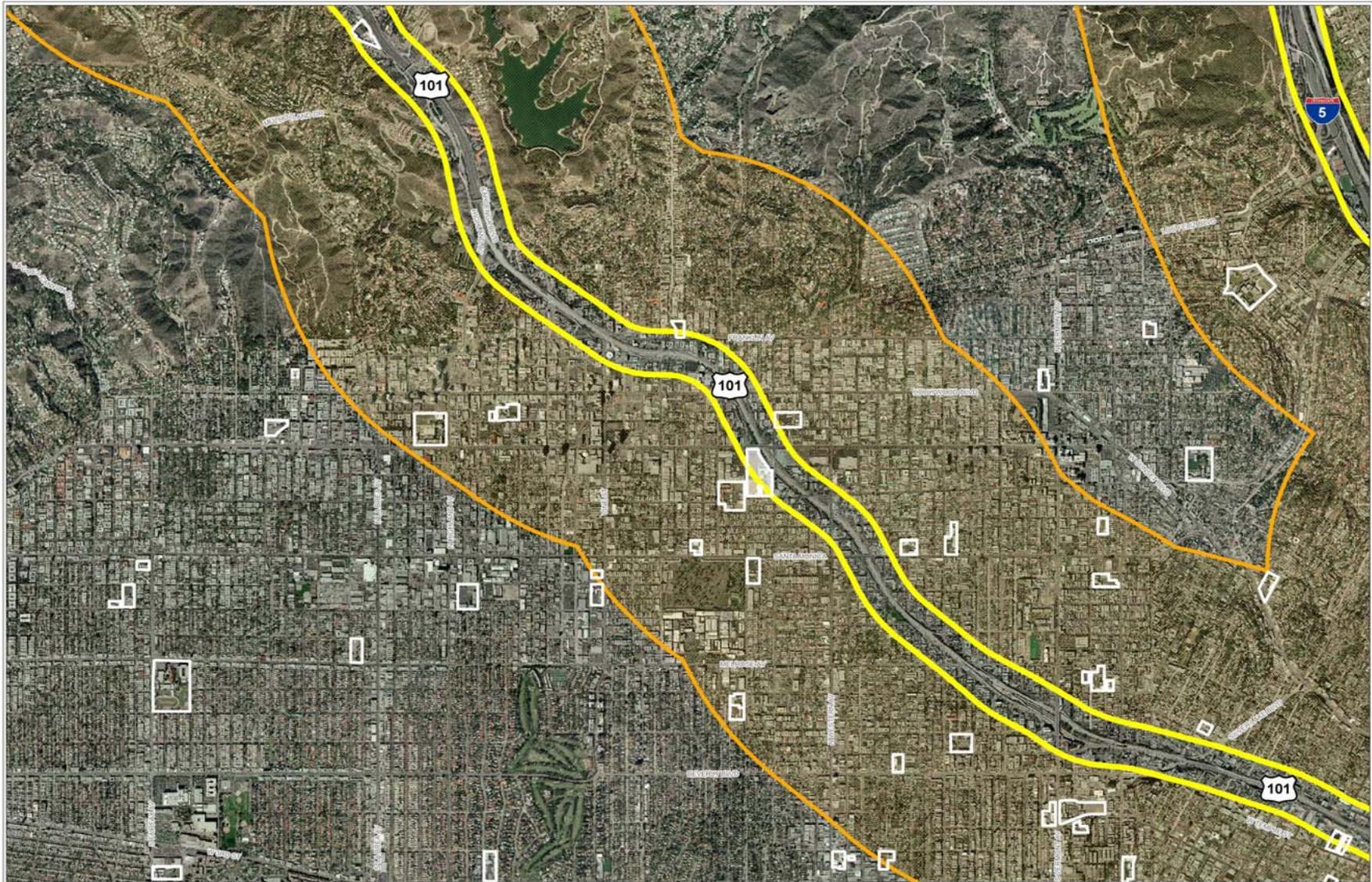
Policies Can Work on Multiple Levels

- Level 1 – Reducing burden of disease
 - e.g. Siting schools away from freeways to reduce asthma burden
- Level 2 – Reducing risk factors for disease
 - e.g. Smoking bans and tobacco retail licensing to reduce smoking opportunities
- Level 3 – Focus on underlying determinants of disease
 - e.g. Create a healthier built environment by incorporating health into land use decisions



Level 1 – Reducing the Disease Burden: LAUSD school siting policy

- Pollutant levels are correlated with distance from freeway
 - High concentrations of regulated air pollutants such as PM10, NOx, and VOC's are found in close proximity to freeways.
 - Concentrations of ultrafine particles are found at levels significantly above background within **500 feet** of freeways.
 - Potentially adverse health impacts have been identified up to **1500 meters** away from freeways.
- Health effects associated with traffic related pollutants include:
 - Decreased lung function and lung development in children
 - Increased rates of respiratory disease, e.g., asthma, bronchitis
 - Increased rates of premature births, low birth weight, and cardiac birth defects
 - Increased rates of heart attack and other heart disease



Potential Air Pollution Impact of Freeways on Adjoining Communities
 LAUSD - Proximity of District Sites to 101 Freeway Zoom Level: 1x

- Freeway Buffer - 500 Feet
- LAUSD Schools and Offices
- Freeway Buffer - 1500 Meters
- Extent of Potential Health Effects from Freeway Beyond 500 Feet



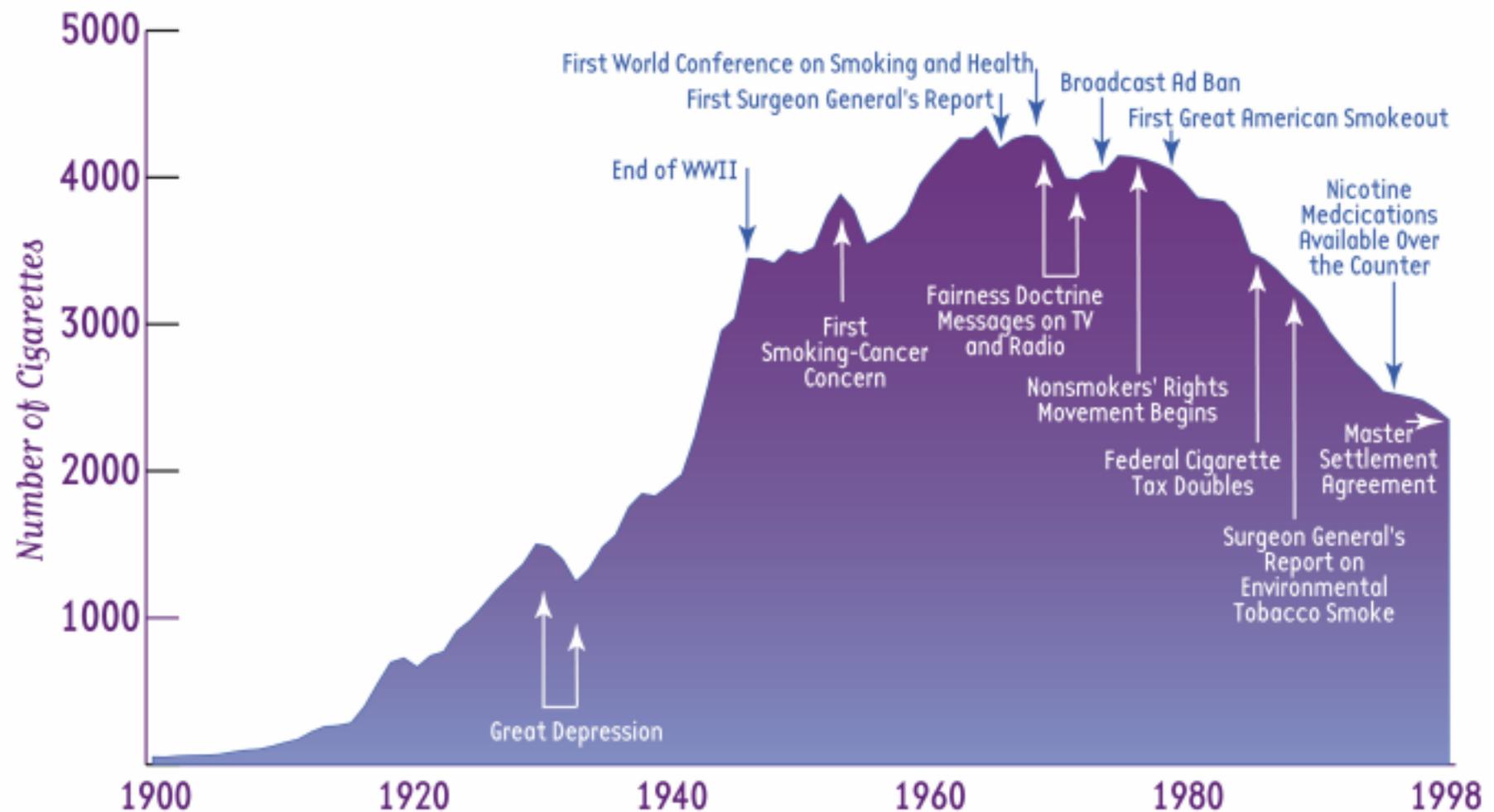
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LAUSD School Siting Policy

- LAC DPH's Involvement:
 - Provided technical assistance to determine risks associated with siting schools close to freeways
 - Collaborated with LAUSD to develop the policy
 - Educated LAUSD Board Members about importance of the measure
- Resulting policy prohibited siting of schools within 500 feet of freeways

Annual Adult per Capita Cigarette Consumption, United States, 1900 - 1998





Level 2 – Reducing Risk Factors: Tobacco Control

- Current Tobacco Control and Prevention Priorities in Los Angeles County:
 - Countywide tobacco cessation initiative
 - Tobacco retail licensing (TRL)
 - Reduce tobacco availability to youth in the retail environment through local licensure
 - Smoke-free outdoor areas
 - Reduce exposure to secondhand smoke (SHS) through the adoption of smoking bans in parks and beaches
 - Smoke-free multi-unit housing
 - Reduce exposure to SHS through the adoption of policies that restrict smoking in apartments and common areas





Measuring Progress on Policy Change

- Tobacco retail licensing
 - implemented in 17 jurisdictions, including the cities of Los Angeles, Glendale, Compton, Long Beach and the County of Los Angeles
- Smoke-free parks and beaches
 - implemented in 36 jurisdictions, including the cities of Santa Monica, Los Angeles, Malibu, and Long Beach, and the County of Los Angeles
- Smoke-free multi-unit housing
 - implemented in one city (Calabasas) and being considered in three others (S. Pasadena, Glendale, and Santa Monica)



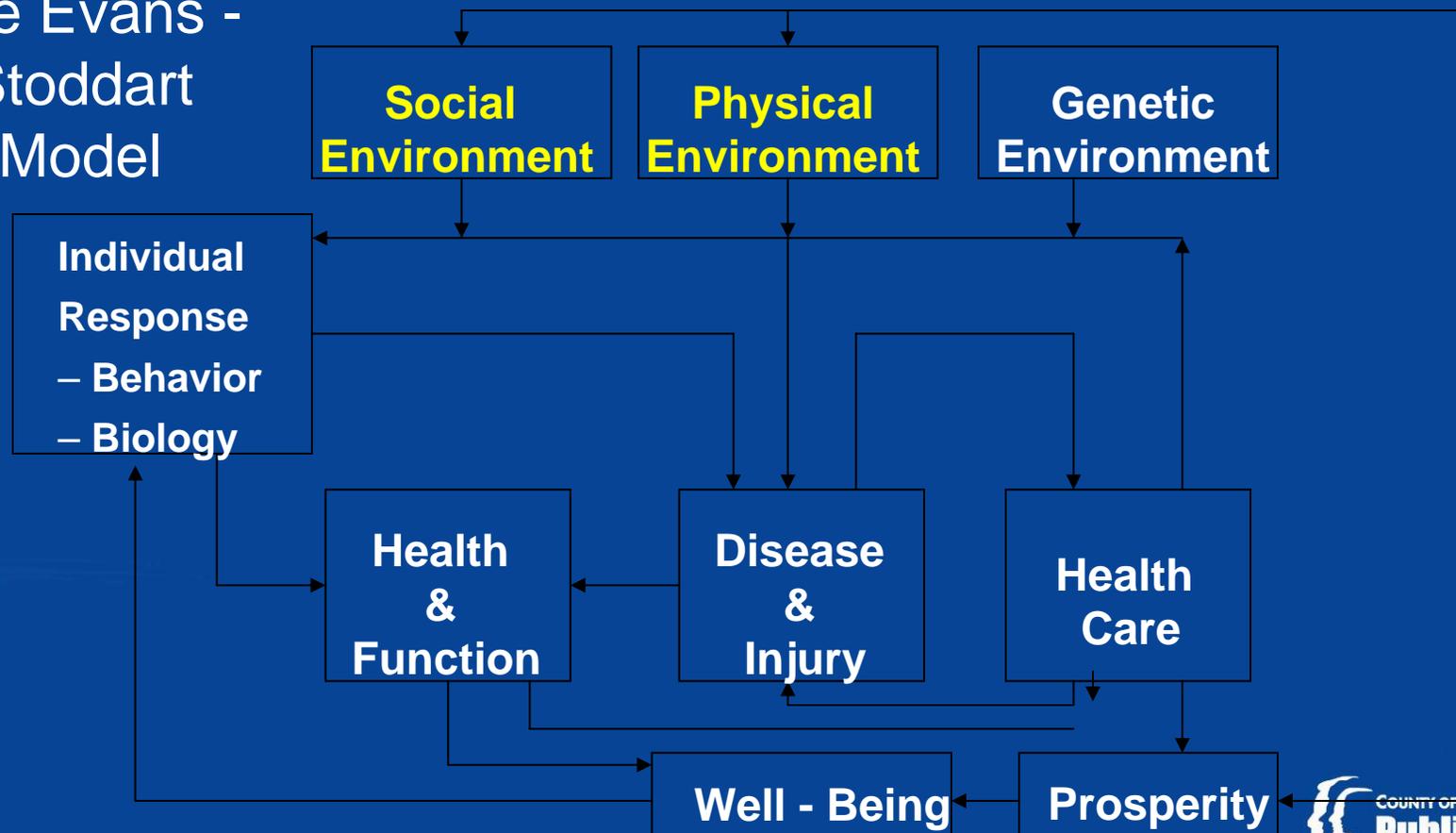
Lessons Learned from Tobacco Control Efforts

- Public education important but not sufficient; need to focus as much or more on the environment than the individual
- Tobacco control laws are critically important
 - Cities are a key leverage point for continued policy and environmental change
 - Community organizations and their constituents can be extremely effective policy change agents
 - Requires long term commitment of support to CBO's to build capacity needed to organize and facilitate policy campaigns
 - Community-based policy campaigns require a sequence of steps or "phases"
- Success ultimately attributable to a comprehensive multi-pronged approach



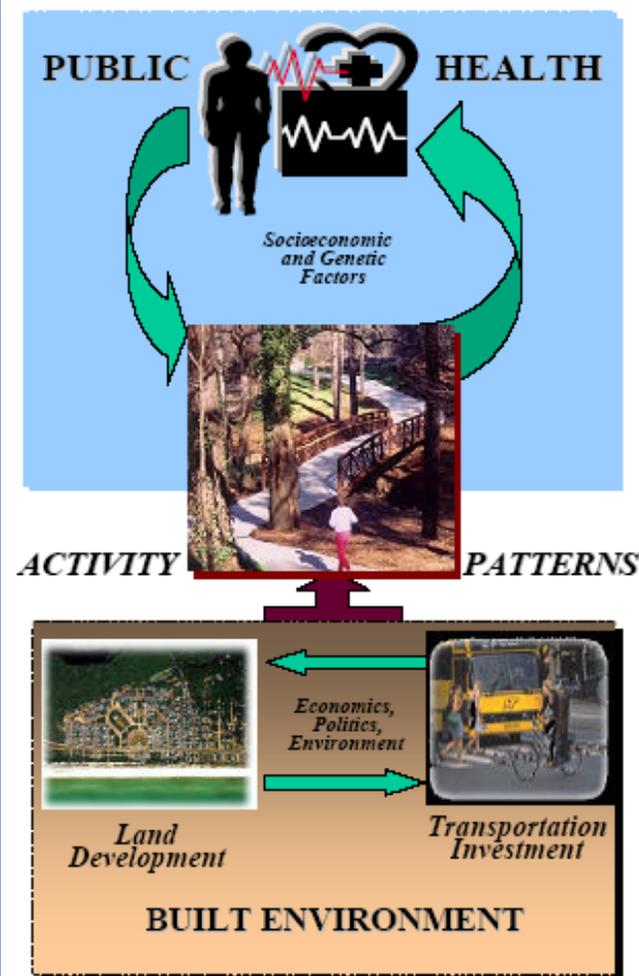
Level 3: Addressing the Underlying Determinants of Health

The Evans -
Stoddart
Model



Level 3 – The Underlying Determinants of Health: the Physical Environment

- Definition of the built environment:
 - The built environment encompasses all buildings, spaces, and products that are created, or modified, by people. It includes homes, schools, workplaces, parks/recreation areas, greenways, business areas, and transportation systems.
- The importance of regional planning:
 - Decisions made by cities and counties about zoning, development, and transportation have tremendous influence on the health of the local population





Multiple Possible Adverse Health Impacts From Poor Community Design

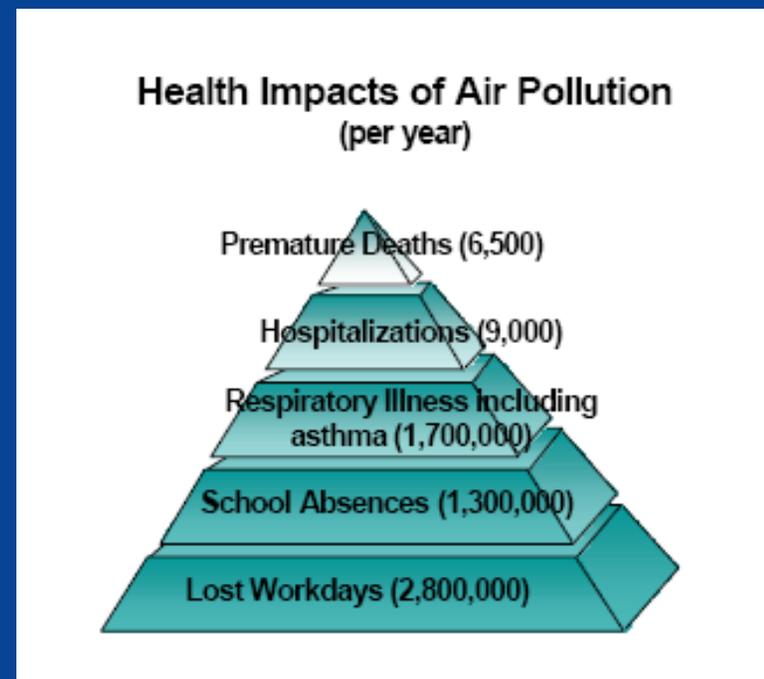


- ↓ traffic safety
- ↑ air pollution
- ↓ water quality & quantity
- ↑ obesity & chronic disease
- ↓ physical activity
- ↑ crime & violence
- ↓ social capital
- ↓ elder health & mobility
- ↓ mental health
- ↑ health disparities

Summary of Health Effects of Air Pollution

- Amount of goods transported through California projected to nearly quadruple between 2000 and 2020¹
- Will have significant impact on air quality and health²
- Diesel particulate matter (PM)
 - concentrated around ports, railyards, and heavily trafficked roads³
 - premature deaths
 - cancer
 - respiratory disease
 - lost workdays
 - global warming (2nd to CO₂)

Annual Health Impacts in CA from PM and Ozone⁴



1 (Cal EPA, 2005); 2 (Pacific Institute, 2006)

3 (CA/EPA Air Resources Board); 4 (CA/EPA Air Resources Board, 2004)



Achievements to Date in LA County

- LAC Public Health and Regional Planning Directors have agreed to have their staff work collaboratively on General Plan update
- Public Health has met with Regional Planning and provided feedback/suggestions on “Shaping the Future 2025” in support of healthy, livable communities
- Policies supporting healthy, livable communities have been incorporated into the Draft Preliminary General Plan

Los Angeles County
General Plan Update Program
December 2002

Shaping the Future 2025
Prepared by the Department of Regional Planning

The first comprehensive General Plan for Los Angeles County was adopted in 1965—today the language of today, our plans, our values opens the window of our future services to our population. That document has served well as a framework for the expansion of public services and the decision of private investment—providing for the needs of current and future generations of residents. But, existing regulations are faced with the need to increase development, innovation, and urban development continue to compete with the need to manage open space and natural resources for generations to follow.

Now it is time to acknowledge the changes of more than thirty years and to update the General Plan to reflect current conditions and projected needs. We are asking the County residents to help with this task by sharing about what features of life in Los Angeles County are of importance and concern, and to share concerns whether or not the following draft goals and policies will provide the desired regulatory direction to meet these needs. Feedback and constructive recommendations will be very welcome—either through community workshops or through letters/electronic mail on our web page, by e-mail or mail service. Please read more about the review process and schedule at the end of this document.

This document—the Draft General Plan—is the first comprehensive product of the General Plan Update Program to be submitted to the public for review and comment. Community meetings are scheduled throughout the County to establish a dialogue between the public and County staff. The focus of these meetings will be a discussion of the draft goals and policies in this publication; public input will be incorporated into a subsequent Preliminary General Plan which will be subject to further community meetings and a public hearing by the Regional Planning Commission. To complete the evolution of the comprehensive plan for the Los Angeles County General Plan, a public hearing will be held by the Board of Supervisors.

General Plan Public Outreach Program
The Department of Regional Planning has held several public meetings and workshops throughout the county, seeking public input in the update of the General Plan. Key events have included:

- Summer 1999: Regional Corridor Area (RCA) Initiative
- Fall 2000: Draft Housing Element Assessment
- Summer 2001: "Shaping the Future" Working Workshops
- Fall 2001: Additional Hearing Element
- Winter 2001: Release of GSA Update Study
- Winter 2002: Release of Environmental Impact Report/Initial Study

The Purpose of the Los Angeles County General Plan
California state law requires all local governments to adopt a general plan for the physical development of the county or city. The Los Angeles County General Plan is a comprehensive planning document designed to guide the long-term future and overall development of land within the County's unincorporated areas, which is all of the land not within any of the County's 90 cities. The unincorporated areas—25% of the County's 4,000 square miles—includes much of the eastern half of the county, the Santa Monica Mountains, Puente Hills and other communities ranging from small islands surrounded by water to large communities such as East Los Angeles.

The General Plan is a unified statement of public policy concerning the long-term development of the County
While the County's General Plan provides policy guidelines for unincorporated areas only, the Plan has been developed with the coordination of the general plans for the 90 cities within the county. Just as it is important for there to be smooth transitions between jurisdictions for facilities such as roads and utility lines, land use planning issues should also be considered across these invisible lines.

The General Plan serves to:

- Express the community's vision, values and development goals.
- Identify the land use, circulation, environmental, economic, and social goals and policies as they relate to land use and development.
- Provide a basis for making rational decisions on development applications such as zoning changes, land divisions, use permits, and public works projects.
- Inform citizens, developers, elected officials, and other cities and counties of the policy direction to be used in guiding future development within the unincorporated area.
- Provide citizens with opportunities to participate in the planning and decision-making process.

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The General Plan is a public tool for inviting and responding to change. Many factors and events contribute to change the effectiveness of planning. The public's expectations and aspirations change over time, as do factors such as the economy, demography and the environment. For these reasons, the

General Plan is not a static document. The Plan requires periodic review, with appropriate amendments to its goals and policies to ensure that it remains relevant to public needs and continues to serve as a vision of the future. While there have been focused amendments to the General Plan since its 1965 adoption, until now there has not been a comprehensive update.

Plan Implementation
Implementation of the General Plan involves focusing the powers of government on carrying out Plan policies to realize Plan goals. While Plan implementation is primarily the responsibility of the planning agency, Plan implementation is the responsibility of all other governmental organizations. The Department of Regional Planning administers the County's Zoning Ordinance (Title 22 of the County Code) and Subdivision Ordinance (Title 21), while other departments—Public Works, Finance/Finance, Health Services, and other—enforce county regulations relating to health, safety, construction standards and environmental protection.

A key objective of Plan implementation is to encourage all public agencies, local, regional, state and federal, active in the County to cooperate in carrying out the Plan. All levels of government have the opportunity to participate in the Plan's implementation. In addition to all County agencies, regional agencies may assist by making regional policies, regulatory actions and service delivery programs to County Plan policy. State and federal agencies may participate by making similar decisions in Plan areas and by providing financial support through grant or other assistance programs.

Plan Consistency Determination
The overall intent of the General Plan is the critical factor in determining the consistency of specific development proposals. The intent is established by examining all relevant expressions of goals and policies in the Plan, starting with basic statewide policy statements and progressing to more specific plan components, including area-wide, community and specific plans. The more comprehensive land use and other policy maps is identified to determine consistency; all policies must be considered.

Los Angeles County Unincorporated Areas

The General Plan is a unified statement of public policy concerning the long-term development of the county. The horizon year for the edition of the General Plan is 2025. The horizon year does not mark an end point, but provides a general context in which to make decisions and coordinate land use and development activities with other public agencies.

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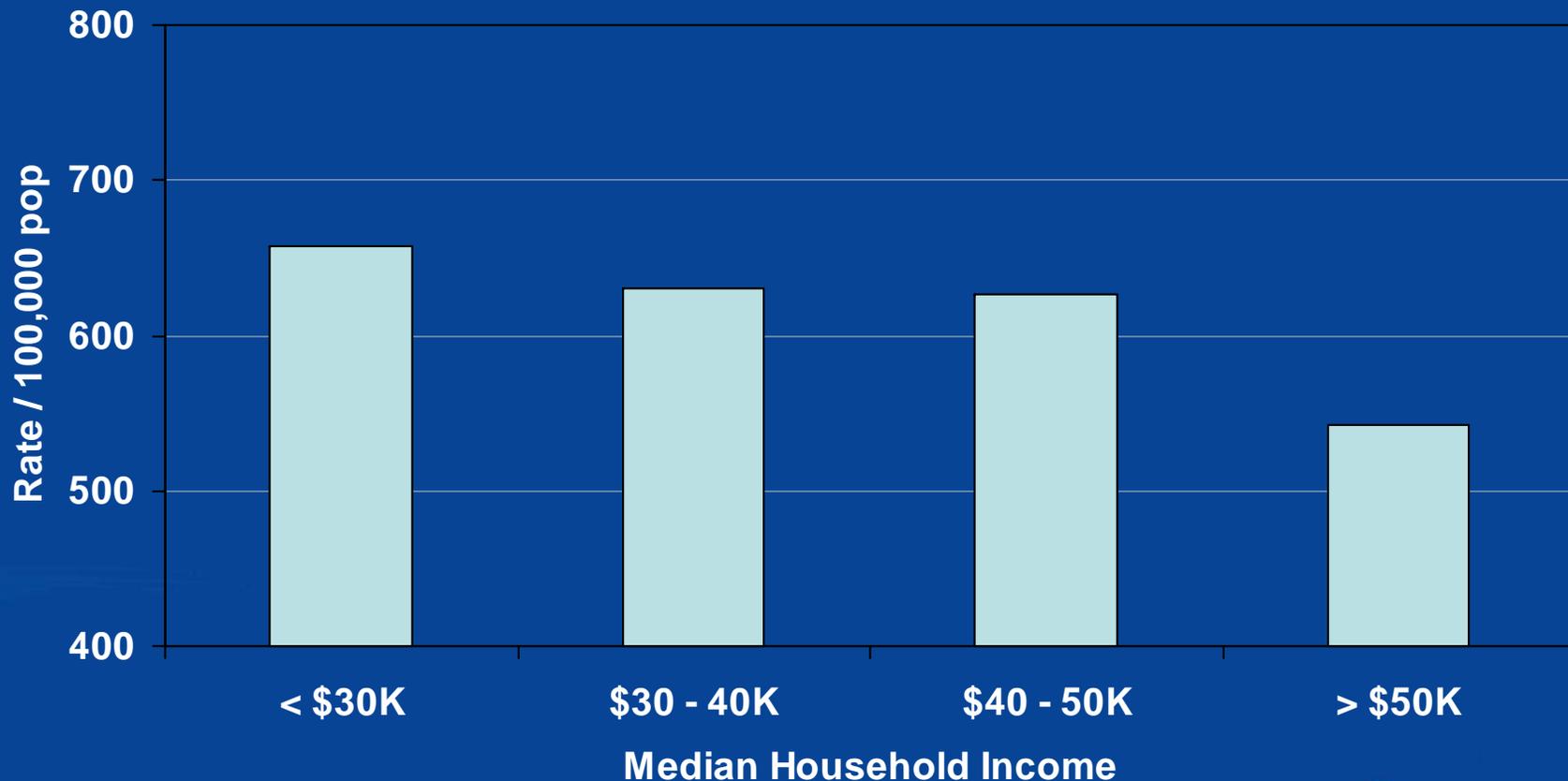


DPH's Focus on Health Equity & the Social Environment

- Department-wide workgroup on reducing health inequities
- Focus on the root causes of inequities, particularly underlying social conditions
- Five domains
 1. Neighborhood conditions
 2. Education across the life course
 3. Income and employment
 4. Social connectedness
 5. Health care and health promotion
- Action plan is currently under development – policy work will be large component



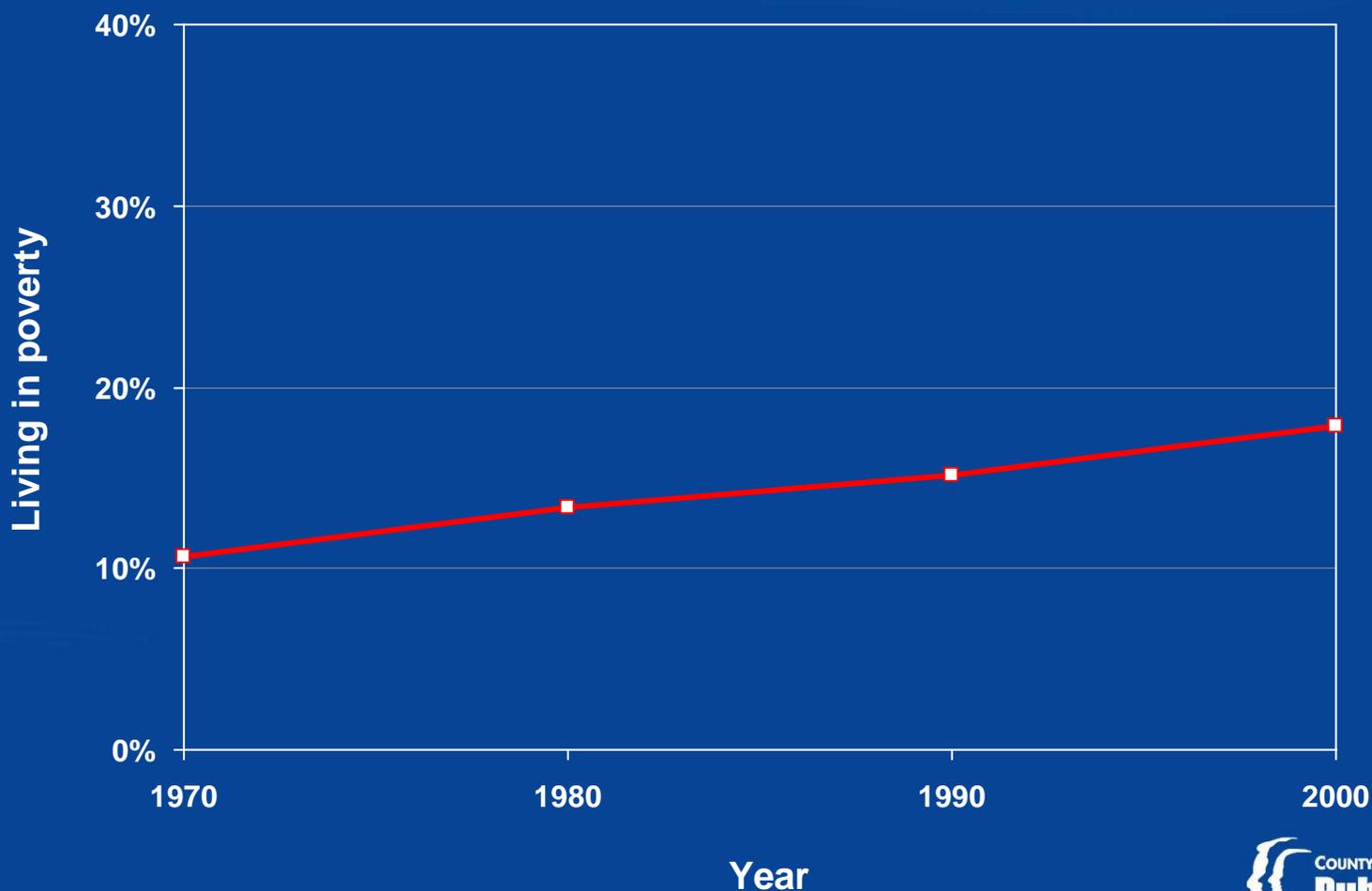
Annual Age-adjusted Mortality Rate by Median Household Income - LA County, 2003-2005*



*provisional data used for 2005

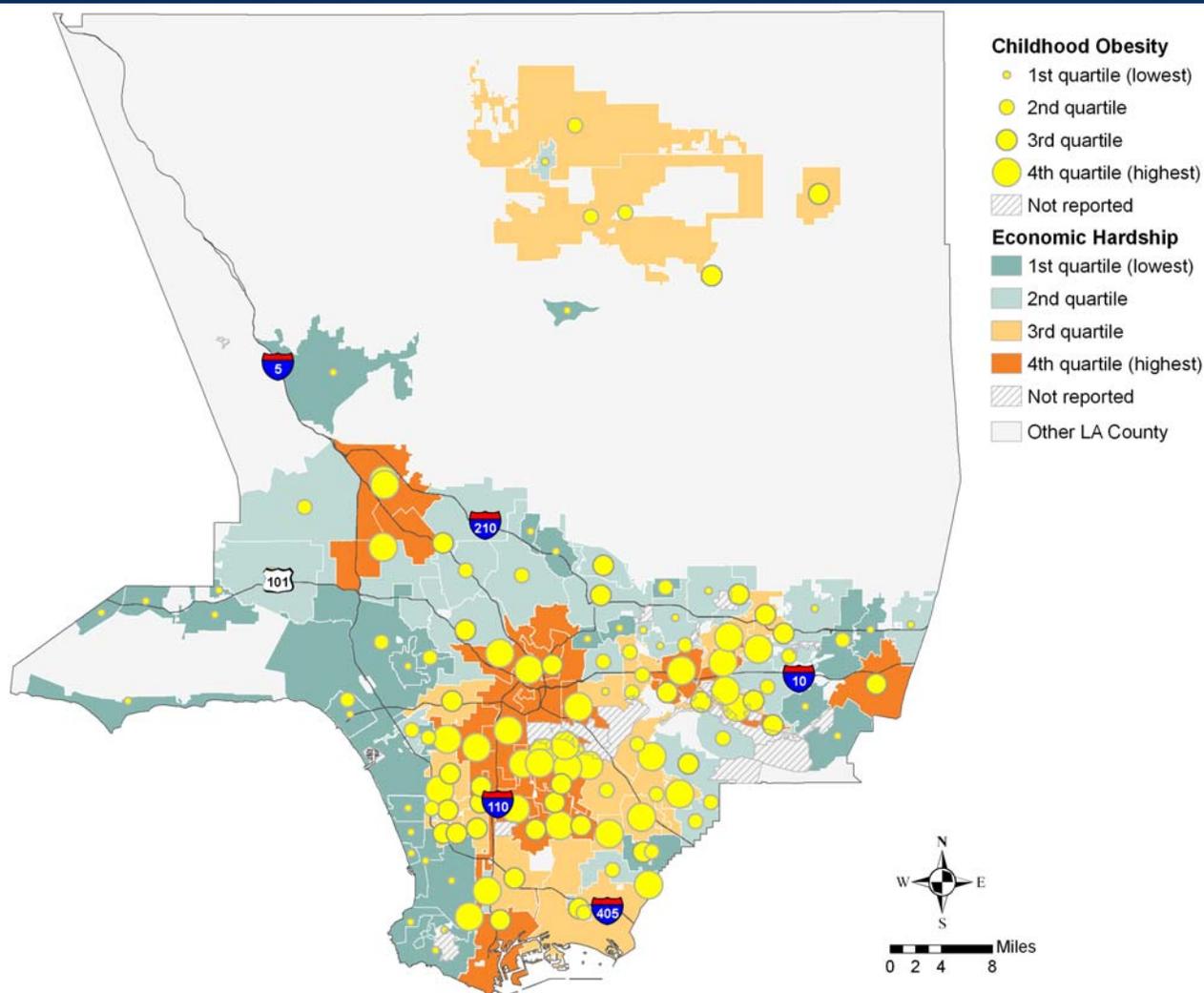


Percentage of the Population Living in Poverty, LA County, 1970-2000





Economic Hardship & Childhood Obesity





Cities/Communities with Lowest and Highest Childhood Obesity Prevalence

Top 10*			Bottom 10*		
City/Community Name	2005 Youth Obesity Prevalence (%)	Rank of Economic Hardship (1 - 128)	City/Community Name	2005 Youth Obesity Prevalence (%)	Rank of Economic Hardship (1 - 128)
Manhattan Beach	4.2	2	Cudahy	29.4	123
Palos Verdes Estates	6.3	5	West Whittier-Los Nietos	29.7	81
Beverly Hills	6.9	19	West Puente Valley	30.0	90
San Marino	7.1	15	Bell	30.2	115
Agoura Hills	7.3	10	Willowbrook	30.5	116
Calabasas	8.0	8	Huntington Park	30.6	122
South Pasadena	9.0	17	East Los Angeles	31.9	117
La Canada Flintridge	11.4	18	Florence-Graham	32.0	128
Rancho Palos Verdes	11.6	13	San Fernando	32.9	103
Arcadia	12.3	35	Maywood	37.4	121
Average 10 lowest	8.0%		Average 10 highest	31.5%	

*Table excludes cities/communities where number of students with BMI data < 500.

Source: California Physical Fitness Testing Program, California Department of Education. Includes 5th, 7th, and 9th graders enrolled in LA County public schools.





What Factors are Contributing to the Obesity Epidemic: a Partial List

Can be addressed by policy work?

- Increased marketing of junk food and sodas to children YES
- Increased portion size of food and beverages YES
- More meals consumed outside the home ?
- Decreased physical education in schools YES
- Fewer safe areas for exercise in communities YES
- Increased TV and computer time ?
- Less access to fresh, nutritious, affordable food in underserved areas YES
- Increased time spent in cars YES



Key New Tool – Health Impact Assessment (HIA)

- HIA is tool for **systematically** evaluating, synthesizing, and communicating information about potential health impacts for more **informed decision-making, especially in other sectors.**
- An HIA might ask:
 - What are the health consequences of high rates of students dropping out from high schools?
 - What elements of school site design are most cost-effective in encouraging physical activity?
- Why use an HIA?
 - It influences decision makers using a broad understanding of health and a wide range of evidence – it places public health on the agenda
 - It highlights potentially significant health impacts that are unknown, under-recognized, or unexpected
 - It facilitates inter-sectoral working and public participation in decision making



Link Between Obesity and Eating Out

- **Americans eating out more than ever before--in LA County, one in four children 2-17 years of age ate fast food in the past day (2005 LA County Health Survey).**
- **Supersizing of restaurant food and beverage portions has become widespread.**
- **Fast food consumption linked with increased caloric intake and excess weight gain.**
- **Studies have shown that most people (even nutritionists) greatly underestimate the caloric content of restaurant menu items.**
- **Calorie and other nutritional information not generally available at the point of purchase in restaurants (in contrast to packaged food products which are required by the FDA to include nutrition information).**

SB 1420 - Menu Labeling

- Require chain restaurants with ≥ 15 outlets in CA to provide nutritional information at point of purchase
 - Menu Boards: calories
 - Menus: calories, fat, sat/trans fat, carbohydrate, sodium
- Applies to standard menu items only

Example of Subway menu board in NYC



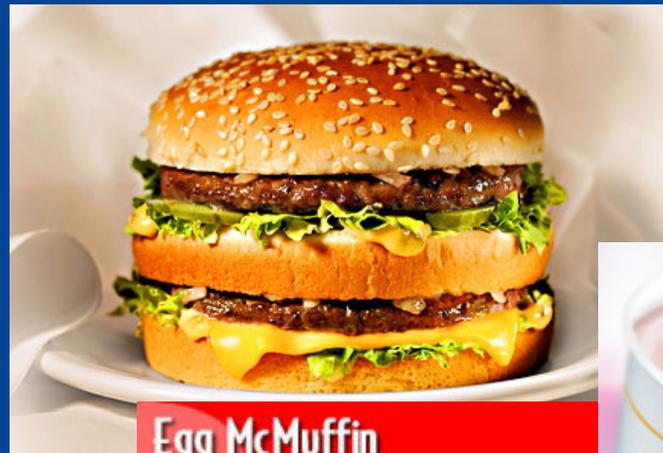
Which McDonald's Menu Option Has the Most Calories?

2 Big Macs

2 Egg McMuffins

1 Large shake

4 Hamburgers



Which McDonald's Menu Option Has the Most Calories?

Survey respondents
who guessed the item
has the most calories

2 Big Macs	1,080 cal	53%
2 Egg McMuffins	600 cal	8%
1 Large shake	1,160 cal	11%
4 Hamburgers	1,000 cal	22%



Conducting HIA to Estimate Impact of Menu Labeling Bill

- HIA found that if menu labeling resulted in just 10% of restaurant patrons ordering reduced calorie meals (with an average reduction of 100 calories per meal), a total of **38.9%** of the 6.75 million pound average **annual weight gain** in the county population (5 yrs and older) **would be averted**.
- Significantly larger impacts could be realized with increased consumer response to the posted calorie information.

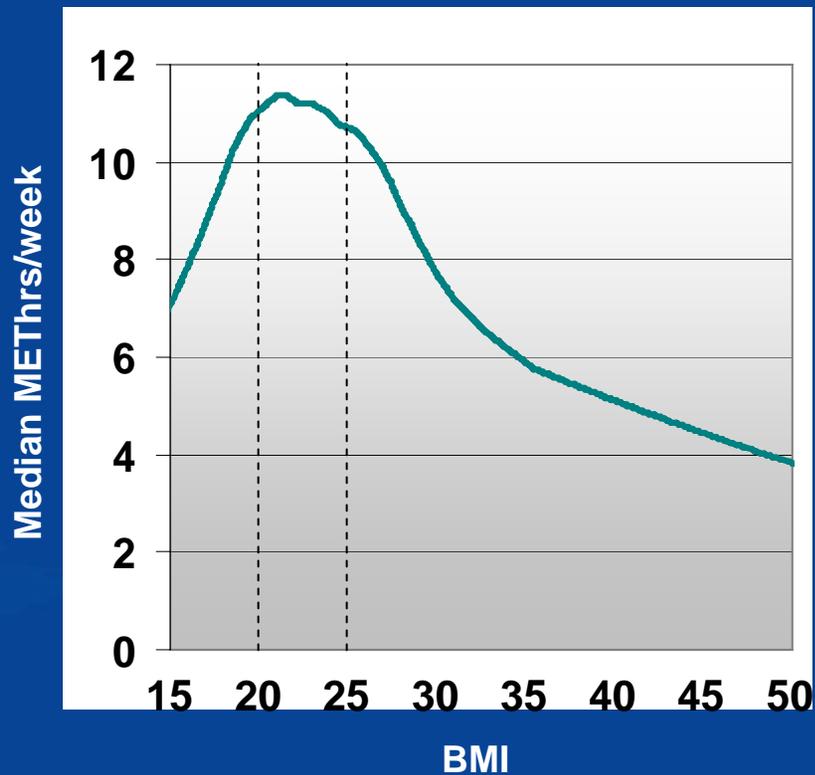


Key New Tool - Health Forecasting

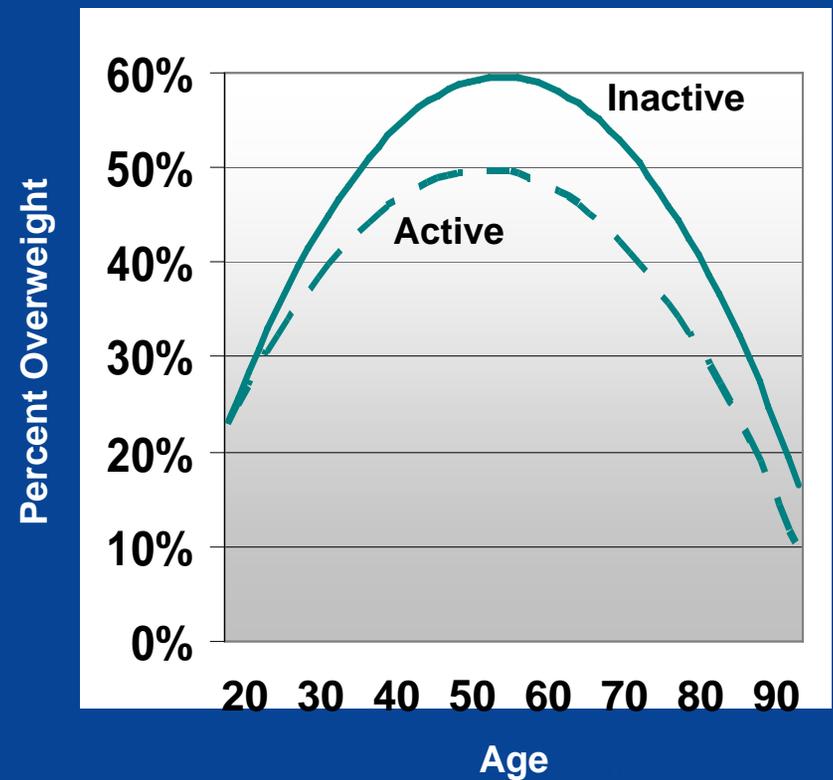
- Currently we spend time examining health status, health risks, and health improvement opportunities for today
 - But optimal planning requires us to understand how our current activities will influence future health status
- Health forecasting = a modeling project that helps us to estimate what health status will be in the future
- HF allows us to:
 - Model future health status based on health behavior patterns, population trends, and other variables
 - Compare policy options to determine which are the most cost-effective for improving health
 - Demonstrate the health impact of non-health oriented policies
 - Model effect of multiple interventions

Physical Activity & Obesity Are Not Independent

People with healthy BMI have higher levels of Physical Activity:



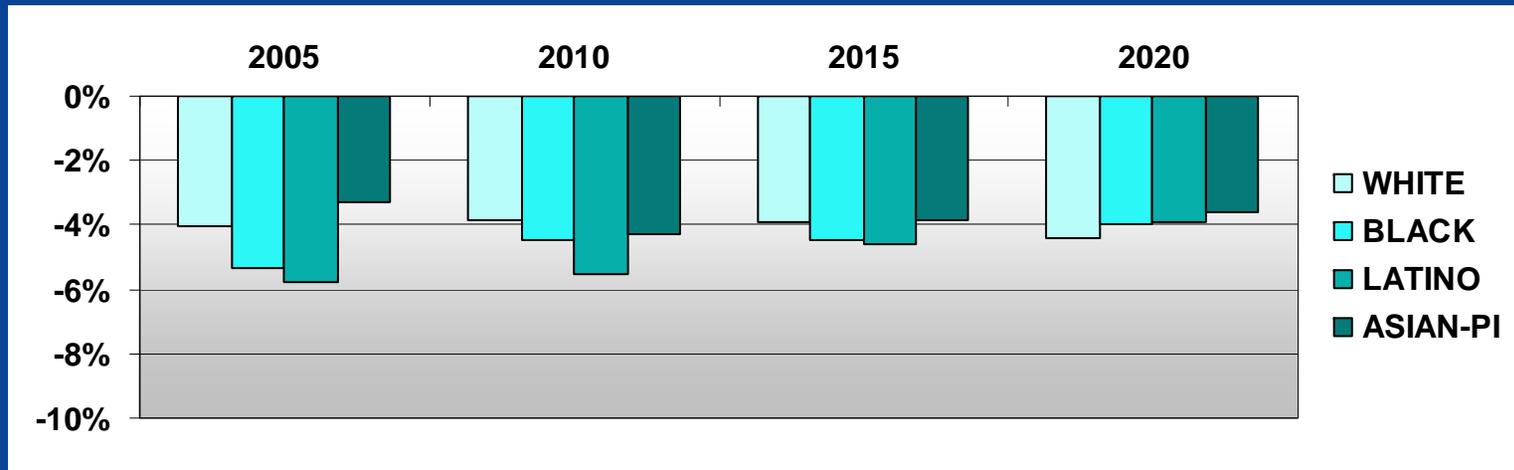
People with low levels of Physical Activity (<8 METhrs/wk) are more likely to be overweight:



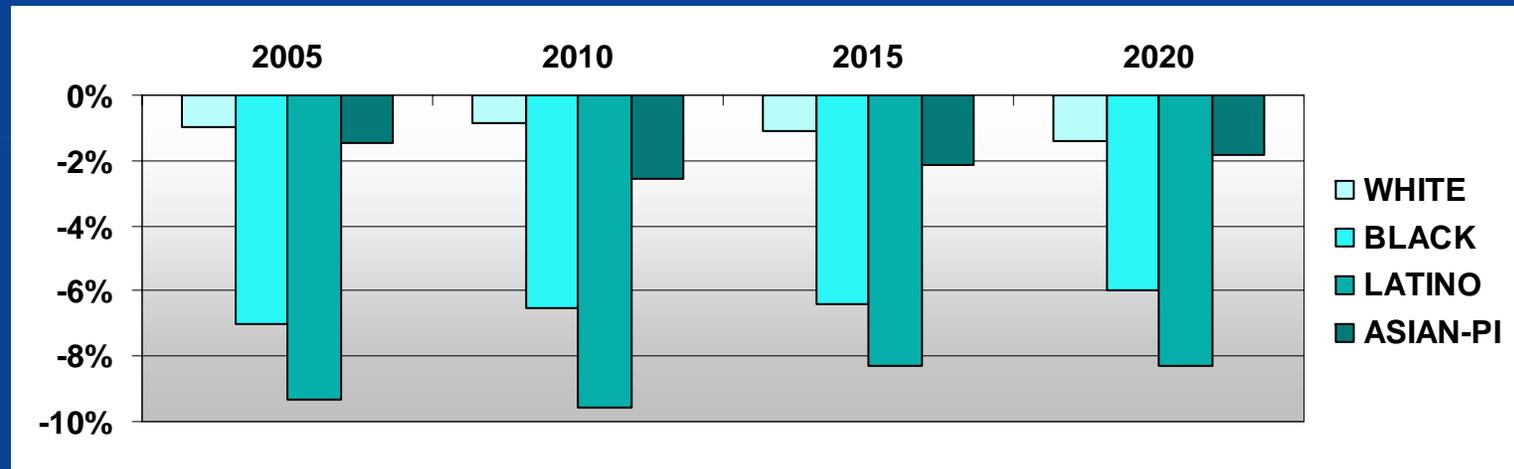
Identifying Strategies to Reduce Disparities

Charts show the forecasted percent change in age-adjusted mortality:

**+2 METs
Hours per
week**

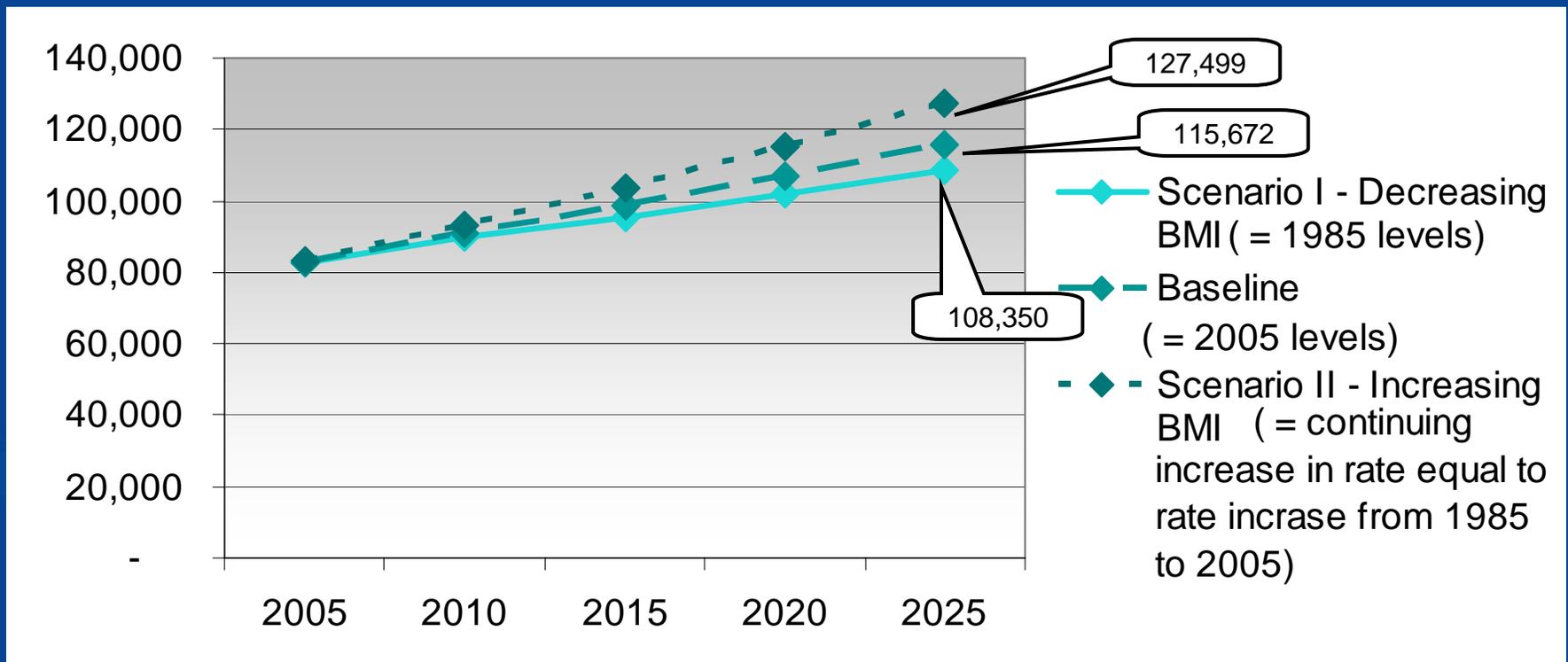


Up to Best



Further Increases in BMI = Additional \$12 B. in Personal Medical Expenditures in CA Annually by 2025

Total direct personal medical expenditures*, age 18+ (2003 \$000,000)
All dollars used below are 2003 actual dollars





What Health Departments Can Do to Promote Healthy Policies

- Develop appropriate skills
 - Hire people with expertise in policy work
 - Learn new tools (e.g., HIA)
- Work with new partners that have overlapping goals and objectives
 - Look for partners in business, academia, other levels of government
- Educate decision makers and public about the underlying determinants
 - Explain why every policy is a health policy
- Use best evidence in choosing policy interventions to support



Guide to Community Preventive Services

- Excellent source for best evidence on interventions to improve health in populations
- 15 member independent expert panel working with CDC staff and other governmental agencies and interested organizations
- Performs systematic reviews and makes related recommendations based on standardized methods
- www.thecommunityguide.org



Promoting Physical Activity

Intervention	Recommendation
Informational Approaches to Increasing Physical Activity (PA)	
Community-wide campaigns	Recommended (strong evidence)
“Point-of-decision” prompts	Recommended (strong evidence)
Classroom-based health education focused on providing info	Insufficient evidence
Mass media campaigns	Insufficient evidence
Behavioral & Social Approaches to Increasing Physical Activity	
School-based physical education	Recommended (strong evidence)
Social support interventions in community settings	Recommended (strong evidence)
Individually-adapted health behavior change	Recommended (strong evidence)
Classroom-based health education focused on reducing TV viewing and video game playing	Insufficient evidence
College-based health education and physical education	Insufficient evidence
Family-based social support	Insufficient evidence
Environmental & Policy Approaches to Increasing Physical Activity	
Creation of or enhanced access to places for PA combined with informational outreach activities	Recommended (strong evidence)
“Point-of-decision” prompts	Recommended (strong evidence)
Street-scale urban design and land use policies and practices	Recommended (strong evidence)
Community-scale urban design and land use policies and practices	Recommended (strong evidence)
Transportation and travel policies and practices	Insufficient evidence



Environmental and Policy Approaches to Increase Physical Activity

- The Task Force recommended: **Creating or improving access to places for physical activity**
- Background on interventions:
 - Involve worksites, coalitions, agencies, communities to change the local environment
 - Examples of changes: creating walking trails, building exercise facilities, providing access to existing facilities nearby
- Findings:
 - In all 10 studies, improving access to places for physical activity was effective in getting people to exercise more
 - Median estimates = 25% increase in percent of people exercising at least 3 times a week
 - These interventions were effective among both men and women and in various settings, including industrial plants, universities, federal agencies, and low-income communities.



Environmental and Policy Approaches to Increase Physical Activity

- The Task Force recommended: **Community-scale urban design and land use policies and practices to promote physical activity**
- Background on interventions:
 - Defined as urban design and land use policies and practices that support physical activity in geographic areas, generally several square kilometers in area or more.
 - Involve urban planners, architects, engineers, developers, and public health professionals
 - Design elements include the proximity of residential areas to stores, jobs, schools and recreation areas; the continuity and connectivity of sidewalks and streets; and the aesthetic quality and safety aspects of the physical environment
- Findings:
 - Studies generally compared behavior of residents in auto-oriented (suburban) communities with those in urban communities
 - **In 12 studies, overall median improvement in some aspect of physical activity (e.g., # of walkers) was 161%**



Environmental and Policy Approaches to Increase Physical Activity

- The Task Force recommended: **Street-scale urban design and land use policies and practices to promote physical activity**
- Background on interventions:
 - Defined as street-scale urban design and land use policies that support physical activity in small geographic areas, generally limited to a few blocks
 - Involve urban planners, architects, engineers, developers, and public health professionals
 - Design components include improved street lighting, infrastructure projects to increase safety of street crossing, use of traffic calming approaches, & enhancing the street landscape
- Findings:
 - Studies assessed effectiveness in providing a more inviting and safer outdoor environment for physical activity
 - **In 6 studies, the overall median improvement in some aspect of physical activity (e.g., # of walkers) was 35%**



Setting Priorities Among High Impact, Low Cost Clinical Preventive Services

- Partnership for Prevention, non-profit organization dedicated to improving use of effective prevention, reviewed 25 preventive services recommended by the USPSTF & the Advisory Committee on Immunization Practices.
- Rankings based on clinically preventable burden, which measures (in QALYs):
 - Health impact of the service on the relevant population
 - Cost effectiveness of the service
 - Cost effectiveness = average net cost per QALY gained
- For full report & more about the National Commission on Prevention Priorities, go to www.prevent.org



Saving Lives – High Impact, Low Cost Clinical Preventive Services

Aspirin Use to Prevent Heart Disease

HEALTH IMPACT			
Population	% Currently Reporting Daily Aspirin Use (2005)	Lives Saved Annually if Daily Use of Aspirin Increased to 90%	Lives Saved Annually Per 100,000 if Daily Use of Aspirin Increased to 90%
Men 40+ Women 50+	40%	45,000	23

Hispanics are **24%** less likely and **Asians** are **40%** less likely to use aspirin daily or every other day compared to non-Hispanic whites.

Source: Dr. Eduardo Sanchez, PFP (2007)



Saving Lives – High Impact, Low Cost Clinical Preventive Services

Smoking Cessation Advice and Help to Quit

HEALTH IMPACT			
Population	% of Smokers Who Were Offered Help to Quit in Past 12 Months (2005)	Lives Saved Annually if % of Smokers Offered Help to Quit Increased to 90%	Lives Saved Annually Per 100,000 Smokers if % Offered Help to Quit Increased to 90%
All Adult Smokers	28%	42,000	43

Hispanics are **55%** less likely to have been offered assistance to quit smoking by a health professional compared to non-Hispanic whites.

Source: Dr. Eduardo Sanchez, PFP (2007)

Saving Lives– High Impact, Low Cost Clinical Preventive Services

Chlamydia Screening

		HEALTH IMPACT	
Population	% Screened in 2005	Cases of PID Prevented Annually If % Screened Increased to 90%	Cases of PID Prevented Annually Per 100,000 If % Screened Increased to 90%
Sexually Active Women 16-25	40%	30,000	13

Chlamydia is the most common bacterial sexually transmitted disease in the U.S. Left untreated, Chlamydia causes **pelvic inflammatory disease** and **infertility** in some women.

Saving Lives– High Impact, Low Cost Clinical Preventive Services

Influenza Immunization in Adults 50+

HEALTH IMPACT			
Population	% Vaccinated Against Influenza in Past 12 Months (2005)	Lives Saved Annually If % Vaccinated Increased to 90%	Lives Saved Annually Per 100,000 If % Vaccinated Increased to 90%
Adults 50+	37%	12,000	14

Hispanic adults are **40%** less likely to have had a flu shot in the previous 12 months compared to non-Hispanic whites; **blacks** are **35%** less likely, and **Asians** are **21%** less likely.

Saving Lives– High Impact, Low Cost Clinical Preventive Services

Colorectal Cancer Screening in Adults 50+

HEALTH IMPACT			
Population	% Up to Date with Any Recommended Screening Method (2005)	Lives Saved Annually if % Up to Date with Screening Increased to 90%	Lives Saved Annually Per 100,000 If % Up to Date with Screening Increased to 90%
White only	51%	11,100	17
Black only	42%	1,800	26
Hispanic	31%	700	15
Asian only	31%	330	15

Source: Dr. Eduardo Sanchez, PFP (2007)



LA County Public Health – Healthy People Build Healthy Communities

