

Item #1

Good morning. **My name is Robin Wilson and I am here on behalf of SEIU United Service Workers West today.** I work for G2 Secure Staff as a security officer. I have worked at LAX for 10 years. **SEIU-USWW urges you to recommend that the City Council vote "No" on LAX expansion.**

- We are not against modernizing LAX, but we believe that the City of Los Angeles and LAWA have a responsibility to the public and to workers at the airport.
- BOAC and LAWA leadership have shown that they are not interested in that responsibility. The City Council needs to delay this decision until that situation is fixed.
- As airport workers, we agree with the community and the environmental groups when they say that expansion will be bad for the environment, because we experience this every day.
 - We work outside, breathing in the polluted air, and many of us workers have asthma.
 - We have asthmatic children born to our members at an alarming rate.
- But LAWA and BOAC are not worried about that at all.
 - This is the same BOAC that passed a new set of standards for airline contractors, and then said that they will not enforce worker safety until irresponsible contractors have lost every single appeal, including going to the Supreme Court.
 - This is the same BOAC with one commissioner who said he did not believe us when we told him that an airplane nearly crashed into one of our members on the tarmac.
 - This is the same LAWA that made almost no effort to spread out air traffic across Southern California, even though LAWA signed an agreement that legally required them to do so.
 - This is the same LAWA that dragged its feet on a mandatory study of the effect LAX has on air quality, and now plans to expand the airport before releasing that information to the public and allowing the public to review and comment on it.
- We are standing with the community in opposing LAX expansion. We believe that expansion will harm the community, and that it will harm us as workers at LAX. The current airport leadership has shown that they do not care about the harm they are doing.

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Workers West**



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SOULA 2006

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Item #1

My name is David Huerta. I am Secretary Treasurer of SEIU-United Service Workers West and I am here today on behalf of thousands of LAX service workers.

Although we have many serious objections to the proposed airport expansion currently under consideration, we want to make clear that we share the goal of modernizing LAX – to the benefit not only of airlines and business interests – but also workers and the communities impacted by airport operations.

We are for modernization but *NOT* at the cost of workers and surrounding neighborhoods:

We believe modernization must include good, middle class jobs for those who build AND those who provide services at the airport.

Long after construction jobs created by the expansion are gone, thousands of workers will still be pushing wheelchairs, loading bags and unloading cargo at LAX.

These are the jobs that can not only lift up the regional economy – they will keep our economy moving forward.

We believe the City elected leaders also must correct the failures of the current leadership that has broken so many of its promises. These include:

- A failure to adequately address the many environmental hazards raised in comments on the expansion made by the County Board of Supervisors' staff as well as the regional smog control agency.
- A failure to deliver on promised community benefits from the last expansion round...including a timely air quality study and improved medical care for LAX's neighbors most at risk of illness resulting from airport pollution.
- A failure to not only enact but also ENFORCE worker retention, living wage and contractor responsibility standards.
- And a failure to pursue meaningful regionalization despite legal obligations imposed in a court settlement.

We see a lack of leadership by the current Mayor, Airport Commission and Airport Director in their failure to hear and address these concerns. Instead, we see a cynical attempt to rush this approval process through on the eve of City elections.

The Council has some serious decisions to make about the largest development project the region has ever seen and one that will impact all Angelenos for decades to come.

With weeks to go before the elections, this Council should NOT be the body that decides while so much remains unresolved. The RIGHT thing to do is to allow the next Administration, which will have to carry out the expansion plan, to make a careful, fully informed decision that protects the shared interest that we all have in the future of LAX.



CALIFORNIA BREATHING

Initiatives and Information for Asthma Advocates in California

Los Angeles County Asthma Profile

May 2011

In Los Angeles County, approximately 1,250,000 children and adults have been diagnosed with asthma.

Lifetime Asthma Prevalence,² 2009

People who have ever been diagnosed with asthma by a health provider

Percent with Lifetime Asthma (95% Confidence Interval)			
	Age	Los Angeles County	California
Children	0-4	7.8 (5.2-10.4)	7.7 (6.2-9.2)
	5-17	15.5 (12.6-18.5)	16.2 (14.9-17.6)
Adults	18-64	12.2 (10.4-14.0)	13.8 (12.9-14.7)
	65+	11.2 (9.3-13.0)	11.8 (11.0-12.7)
	0-17	13.8 (11.4-16.1)	14.2 (13.1-15.3)
Totals:	18+	12.0 (10.5-13.6)	13.5 (12.8-14.3)
	All Ages	12.5 (11.2-13.8)	13.7 (13.1-14.3)

Data Source: California Health Interview Survey (CHIS), 2009

Active Asthma Prevalence,⁴ 2007

People who have been diagnosed with asthma and still have asthma

Percent with Active Asthma (95% Confidence Interval)			
	Age	Los Angeles County	California
Children	0-4	6.4 (4.0-8.8)	6.3 (5.1-7.4)
	5-17	9.9 (8.1-11.7)	10.2 (9.3-11.1)
Adults	18-64	6.4 (5.6-7.2)	7.8 (7.3-8.2)
	65+	6.9 (5.7-8.1)	7.4 (6.8-8.1)
	0-17	9.0 (7.5-10.5)	9.1 (8.4-9.9)
Totals:	18+	6.5 (5.8-7.2)	7.7 (7.3-8.1)
	All Ages	7.2 (6.5-7.8)	8.1 (7.7-8.4)

Data Source: California Health Interview Survey (CHIS), 2007

Work-Related Asthma⁵

Studies show that asthma is commonly caused or triggered by workplace exposures, but work-related asthma is under-recognized and under-diagnosed. Research confirms that 15-30% of current adult asthma was initiated by work exposures, meaning that an estimated 71,400-142,800 adults in Los Angeles County have asthma caused by work.⁶

Data Source: CHIS, 2007

Asthma Management Plans

National guidelines recommend that health care providers give all patients with asthma a written self-management plan. In Los Angeles County, 24.1% (95% CI 22.0-26.1) of people with asthma have NOT received an asthma management plan from a health care provider.

Data Source: CHIS, 2009

Asthma Risk Factors, 2009

Los Angeles County Risk Factors	
Risk Factor	Percent (95% Confidence Interval)
Percent of adults who are current smokers	13.2 (11.5-14.9)
Percent of adults and children exposed to second-hand smoke in the home	6.8 (5.7-7.8)
Percent of adults who are obese ⁷ (BMI >= 30)	24.1 (22.0-26.1)
Percent of people below the Federal Poverty Level	15.4 (NA)
Unemployment Rate	11.6 (NA)

Data Source: CHIS, 2009⁸

Asthma Deaths,⁹ 2008-2010

Number of Deaths Due to Asthma (N) and Age-Adjusted Rate (per 1,000,000 residents)					
	Age	Los Angeles County		California	
		N	Rate	N	Rate
Children	0-17	14	1.7	57	1.9
Adults	18+	318	14.3	1,198	14.3
Totals	All Ages	332	11.0	1,255	11.1

Data Source: California Death Statistical Master Files, 2008-2010

Asthma Emergency Department Visits,¹⁰ 2010

Number of ED Visits Due to Asthma (N) and Age-Adjusted Rate (per 10,000 residents)					
	Age	Los Angeles County		California	
		N	Rate	N	Rate
Children	0-4	8,104	113.7	30,344	109.7
	5-17	11,873	60.7	42,112	59.0
Adults	18-64	22,551	33.9	90,989	36.8
	65+	4,419	38.1	16,527	37.6
Totals:	0-17	19,977	74.9	72,456	72.6
	18+	26,970	34.6	107,516	36.9
	All Ages	46,947	45.0	179,972	46.1

Data Source: Office of Statewide Health Planning and Development (OSHPD), 2010

Expected Source of Payment for Asthma ED Visits

Payment Source	Los Angeles County	California
Medicare	11.3%	12.6%
Medi-Cal	37.9%	37.1%
Private	31.9%	31.1%
Other	18.9%	19.3%

Data Source: Office of Statewide Health Planning and Development (OSHPD), 2010

Asthma Hospitalizations,¹² 2010

Number of Hospitalizations Due to Asthma (N) and Age-Adjusted Rate (per 10,000 residents)					
	Age	Los Angeles County		California	
		N	Rate	N	Rate
Children	0-4	1,565	22.1	6,187	22.3
	5-17	1,421	7.3	4,884	6.9
Adults	18-64	4,757	6.9	14,671	5.7
	65+	3,088	26.6	9,054	20.7
Totals:	0-17	3,006	11.3	11,071	11.0
	18+	7,845	10.2	23,725	8.3
	All Ages	10,851	10.5	34,796	9.0

Data Source: Office of Statewide Health Planning and Development (OSHPD), 2010

Average Charges - Per Asthma Hospitalization

	Age	Los Angeles County	California
Children	0-17	\$19,195	\$19,508
Adults	18+	\$40,374	\$40,853
Total	All Ages	\$34,499	\$33,749

Data Source: Office of Statewide Health Planning and Development (OSHPD), 2010

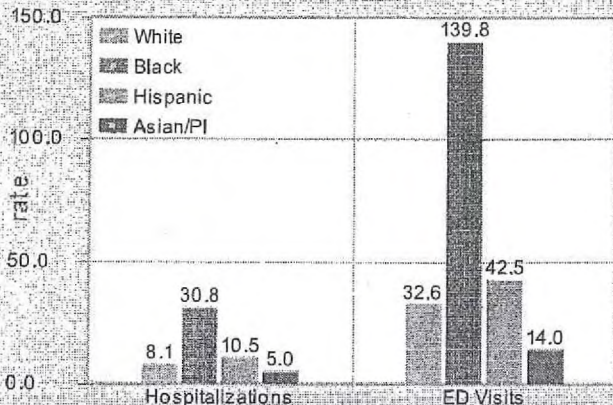
Expected Source of Payment for Asthma Hospitalizations

Payment Source	Los Angeles County	California
Medicare	30.6%	29.4%
Medi-Cal	38.9%	35.7%
Private	21.6%	24.9%
Other	8.9%	10.0%

Data Source: Office of Statewide Health Planning and Development (OSHPD), 2010

Asthma Disparities

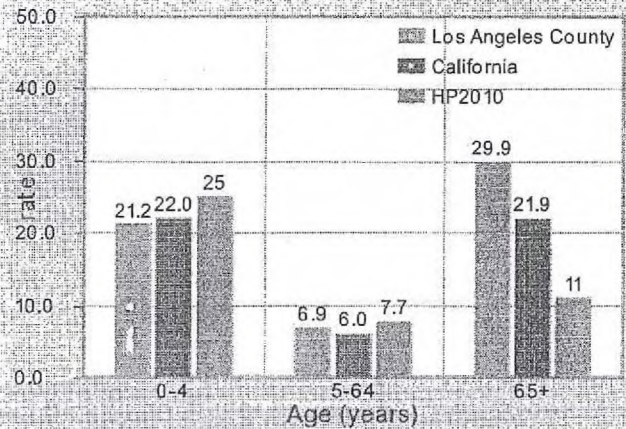
Age-Adjusted Asthma Hospitalizations and ED Visits per 10,000 Los Angeles County Residents by Race/Ethnicity, 2010



Data Source: Office of Statewide Health Planning and Development (OSHPD), 2010

Healthy People 2011¹⁴

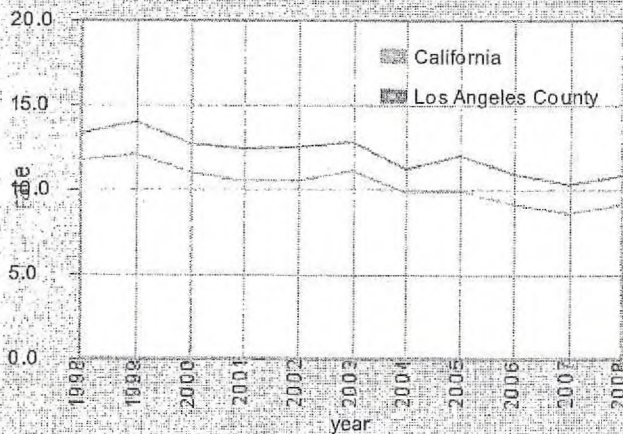
Asthma Hospitalizations per 10,000 Residents by Age, Compared to HP2010 Targets, California and Los Angeles County, 2008



Data Source: Office of Statewide Health Planning and Development (OSHPD), 2008

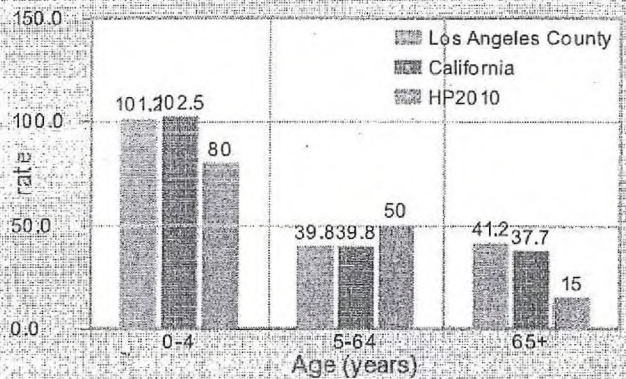
Hospitalization Rates Over Time

Age-Adjusted Asthma Hospitalizations per 10,000 Residents, Los Angeles County and California, 1998-2008



Data Source: Office of Statewide Health Planning and Development (OSHPD), 1998-2008

Asthma ED Visits per 10,000 Residents by Age, Compared to HP2010 Targets, California and Los Angeles County, 2008



Data Source: Office of Statewide Health Planning and Development (OSHPD), 2008

Notes

1. PI = Pacific Islander; Please see technical notes for more information on race/ethnicity categorizations.
2. Lifetime asthma prevalence is the proportion of people in the population who have ever been diagnosed with asthma by a health provider.
3. The 95% confidence interval (CI) is a range that expresses a level of certainty about an estimate based on the margin of error.
The 95% CI means that we are 95 percent confident that this range contains the true population percent. A narrow CI means that there is less variability in the estimate and/or there is a larger sample size. A wide CI indicates more variability and/or a smaller sample size.
4. Active asthma prevalence is the proportion of people in the population who have ever been diagnosed with asthma by a health provider and report that they still have asthma and/or report that they had an episode or attack within the past 12 months.
5. Work-related asthma is asthma that is caused or triggered by conditions or substances in the workplace.
6. Balmes J, Becklake M, Blanc P, et al. Environmental and Occupational Health Assembly, American Thoracic Society. American Thoracic Society Statement: Occupational Contribution to the Burden of Airway Disease. *Am J Respir Crit Care Med.* 2003;167:787-797; Lutzker L, Rafferty A, Brunner W, et al. Prevalence of Work-related Asthma in Michigan, Minnesota, and Oregon. *Journal of Asthma.* 2010;47:156-161.
7. Obesity is defined as a body mass index (BMI) of 30 or greater.
8. Data Sources for Asthma Risk Factors: Smoking — CHIS, 2009; Obesity — CHIS, 2009; Poverty Level — American Community Survey, 2007-2009; Unemployment Rate — State of California Employment Development Department, 2009
9. An asthma death is a death where asthma was indicated as the underlying cause on the death certificate. The rate of asthma deaths is the number of deaths per 1,000,000 residents, age-adjusted to the 2000 U.S. population.
10. An asthma ED visit is an admission to a licensed ED in California with the primary diagnosis of asthma. The rate of asthma ED visits is the number of visits per 10,000 residents, age-adjusted to the 2000 U.S. population.
11. Population denominators for rates are from the California Department of Finance. All rates are age-adjusted to the 2000 U.S. population. Age-adjusted rates are modified to eliminate the effect of different age distributions in different populations. Rates based on numbers <20 are not reported.
12. An asthma hospitalization is a discharge from a licensed acute care hospital in California with the primary diagnosis of asthma. The rate of asthma hospitalizations is the number of hospitalizations per 10,000 residents, age-adjusted to the 2000 U.S. population.
13. Charges for asthma hospitalizations are the only type of data available to assess the costs of asthma in California counties. However, there are many other costs associated with asthma, including other types of health care utilization, medications, and indirect costs due to factors such as school and work missed.
14. Healthy People 2010 (HP2010) is a set of national benchmarks for a wide range of health topics, including asthma. For more information on HP2010, visit www.healthypeople.gov.
15. Outdoor air quality data—including exposures such as PM2.5, PM10, ozone, and traffic pollution—can be found online through the California Environmental Health Tracking Program's Air Quality Data Query or on the California Air Resources Board website.

Further details about the data presented in this report can be found in the accompanying Technical Notes document.

<http://www.californiabreathing.org> -- Los Angeles County Asthma Profile, 2011
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