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FOREWORD

The Los Angeles County Department of Health Services is committed to working with communities to improve the health of every resident. This report, The Health of Angelenos, provides an assessment of the health of the County's population and information on the many factors that influence health. This important tool and the availability of improved health data will:

- ➜ Help public and private organizations to define health-related priorities.
- ➜ Support planning activities for improving health.
- ➜ Evaluate the impact of actions to reduce the burden of specific diseases and types of injuries, and underlying health risk factors.
- ➜ Monitor progress in meeting national, state and county health objectives.
- ➜ Formulate recommendations for new or revised policies and programs.

To make lasting health improvements we need to strengthen our collective efforts to prevent illness and injuries. These efforts should promote healthier behaviors, such as getting children immunized, avoiding illicit drugs and tobacco products, not abusing alcohol, eating wisely and in moderation, wearing seatbelts and participating in regular physical activity. These prevention efforts go hand-in-hand with assuring access to health related services, including those that either prevent disease before it starts or early in its course, such as age- and gender-appropriate cancer screening and the early detection and effective management of chronic diseases. To achieve success in these efforts we must not ignore the social and environmental factors that can adversely affect health, such as poverty and income disparities, social status and social support, and conditions in the physical environment, air and water quality, housing conditions, and the presence of environmental toxins.

The data in this report describes health status, health risks, medical care access and the broader health determinants. Many of the findings illustrate the significant health disparities between racial and ethnic groups in our county, and mirror racial/ethnic trends seen throughout the nation. Reducing and eliminating these disparities is among the Department of Health Services' highest priorities.

We provide this data, and continue work to deliver additional useful data, for our partners in the private sector, government agencies and communities. Together, we can improve the quality of life for all Angelenos.

Finally, we are pleased to provide health data to you on our website.
Visit us at lapublichealth.org.

Mark Finucane
Director

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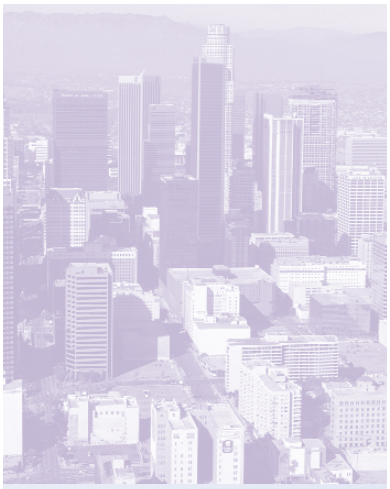

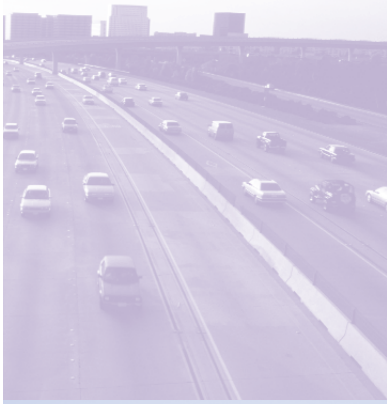

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Introduction

In the rapidly changing health care environment of the 21st century, information is more critical than ever before. Critical to the process of community health improvement is the availability of high-quality and comprehensive health data on the population. This report, *The Health of Angelenos*, is designed to provide such data at the county level, focusing not only on specific health conditions, but also on health behaviors, access to and utilization of health care services, and attributes of the social and physical environment that influence health.

In communities across the country, local citizens are developing partnerships with government agencies, health care providers, nonprofit community-based organizations, the business sector, and others to create a vision of health for their communities, set goals for improving community health and quality of life, and design programs to meet those goals. Local health departments play an active role in many of these efforts, providing leadership, information, and resources. These are natural partnerships. Given the growing recognition of the broad range of factors that directly influence health, many of which fall outside the traditional notions of health (e.g., poverty, education, and community safety), it is increasingly clear that to address our most challenging community health issues, public health professionals and institutions must work collaboratively with their communities to explore solutions.

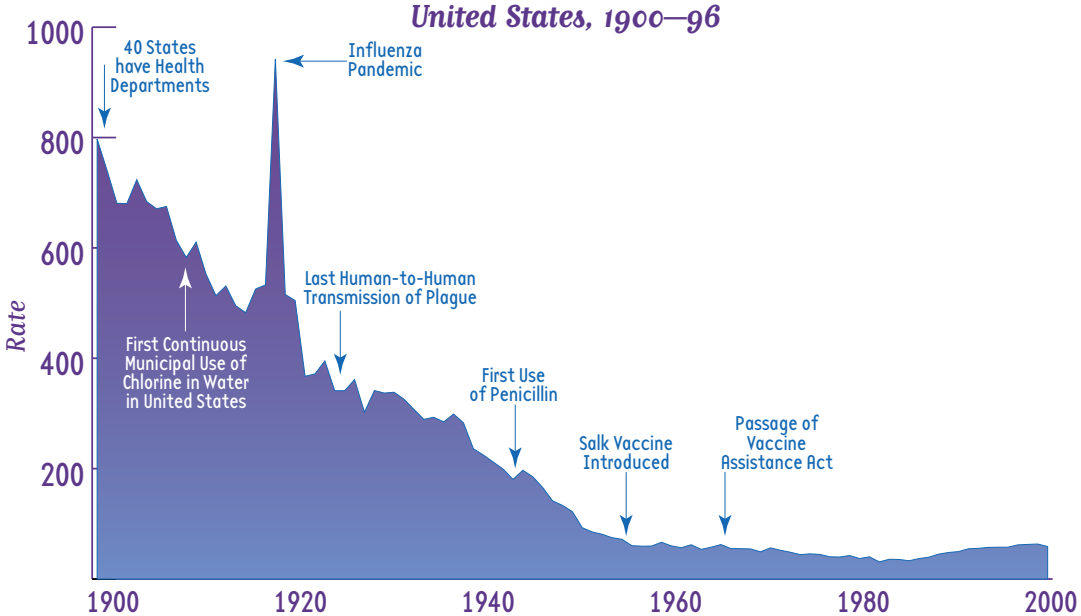
This report is not intended to provide a comprehensive compilation of all available health data on the county population but to provide information on key health indicators. Where available, statistics for Los Angeles County are compared with those for the state of California and with the national *Healthy People 2000* health promotion and disease prevention objectives. In addition, it is designed to highlight the importance of applying a broad view of health and its determinants when assessing population health and identifying opportunities for intervention. It is also hoped that this report will set the stage for continuing health improvement work in the Service Planning Areas (SPAs), cities, neighborhoods, and other communities. In extending this work to the community level, it is critical that the assessment process and the interventions that follow include the active participation of community members. The Los Angeles County Department of Health Services will prepare health profiles at the SPA level to support this work. During the production of this report, every effort was made to use the most recent data available. Data sources are included in each chapter and in the Appendix to assist the reader with finding the most up-to-date information.

The Role of Health Assessment

The 1988 landmark report by the Institute of Medicine, *The Future of Public Health*[1] highlighted the importance of health assessment for driving public health action. In that report, ongoing assessment of the health of the population is identified as one of the three core functions of local health departments; the other two are policy development and assuring the availability of necessary personal and public health services.

The report recommends that "every public health agency regularly and systematically collect, assemble, analyze, and make available information on the health of the community, including statistics on health status, community health needs, and epidemiologic and other studies of health problems."

Figure I.1: Crude Death Rate For Infectious Diseases, United States, 1900–96



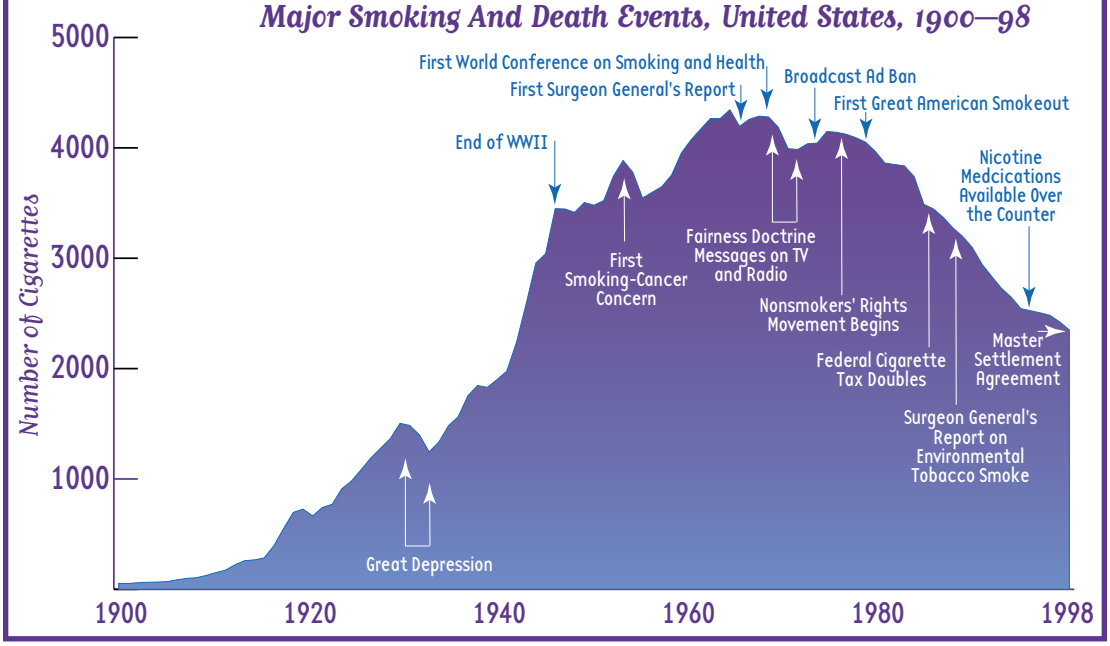
Source: CDC, MMWR, 1999

Systematic assessment of the population's health provides the cornerstone for identifying public health problems within the population, describing their impact across sub-populations, and monitoring trends over time. In addition, population health data are critically important to establish public health priorities, allocate resources, and evaluate the impact of programs and interventions to improve health.

Consider how dramatically the population's health has changed in the recent past. During the twentieth century, life expectancy increased by nearly thirty years among persons living in the United States.[2] Deaths from infectious diseases declined by more than 85% (see Figure I.1).

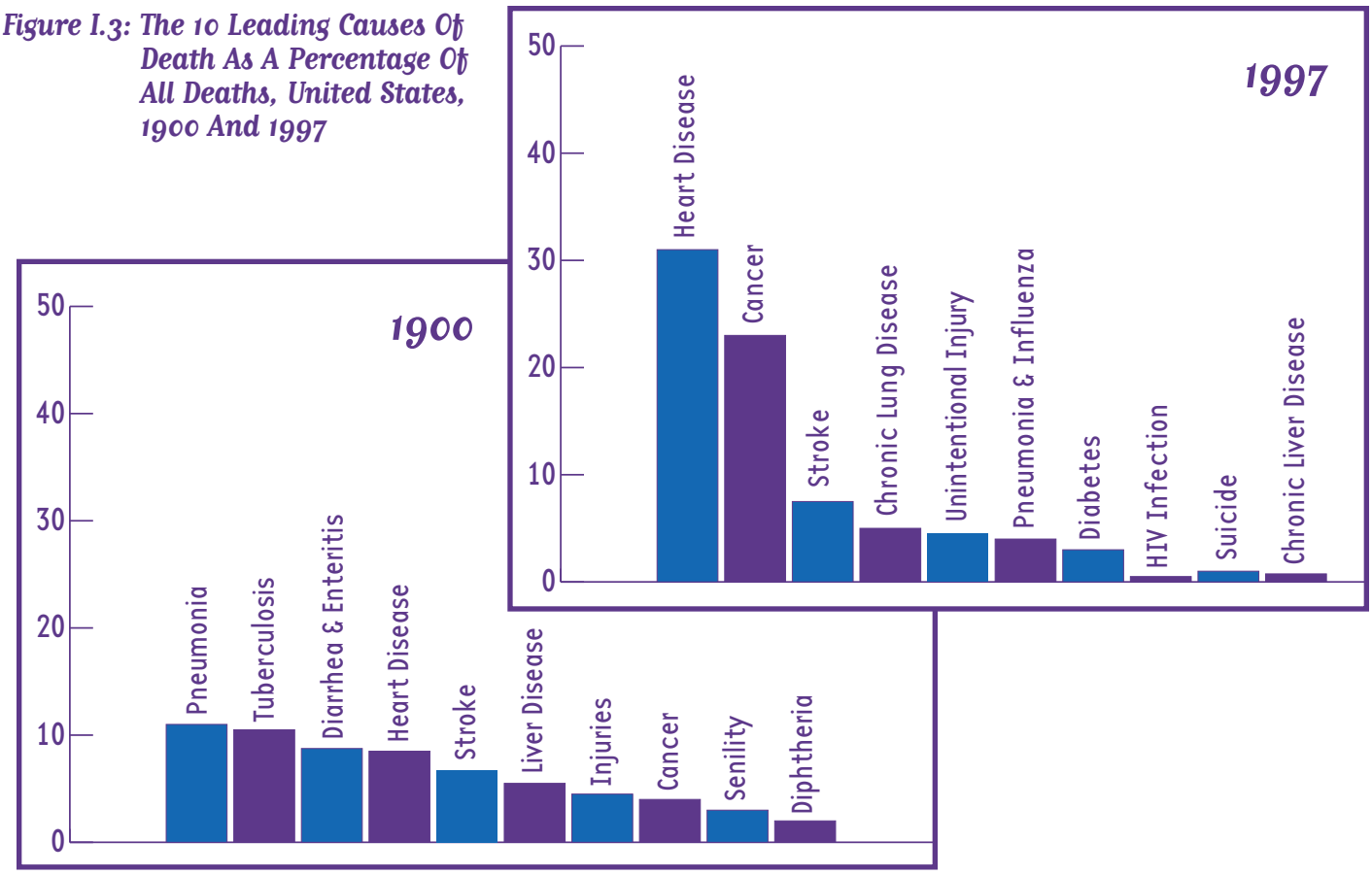
Behaviors that affect health have also changed dramatically during the past century. For example, the epidemic of cigarette smoking reached peak levels during the 1950s-1960s and, although per capita cigarette consumption has declined since the mid-1970s (see Figure I.2),[3] smoking remains the single leading preventable cause of death in the United States.[4]

Figure I.2: Annual Adult Per Capita Cigarette Consumption And Major Smoking And Death Events, United States, 1900–98



Source: CDC, MMWR, 1999

Figure I.3: The 10 Leading Causes Of Death As A Percentage Of All Deaths, United States, 1900 And 1997



Source: CDC, MMWR, 1999

While pneumonia, tuberculosis, and intestinal infections were the leading causes of death in 1900, heart disease, cancer, and stroke are now the leading killers (see Figure I.3).

In addition, many chronic health conditions that do not routinely cause death, such as depression and arthritis, have become the major sources of disability and reduced quality of life in the Los Angeles County population (see Chapter Four).

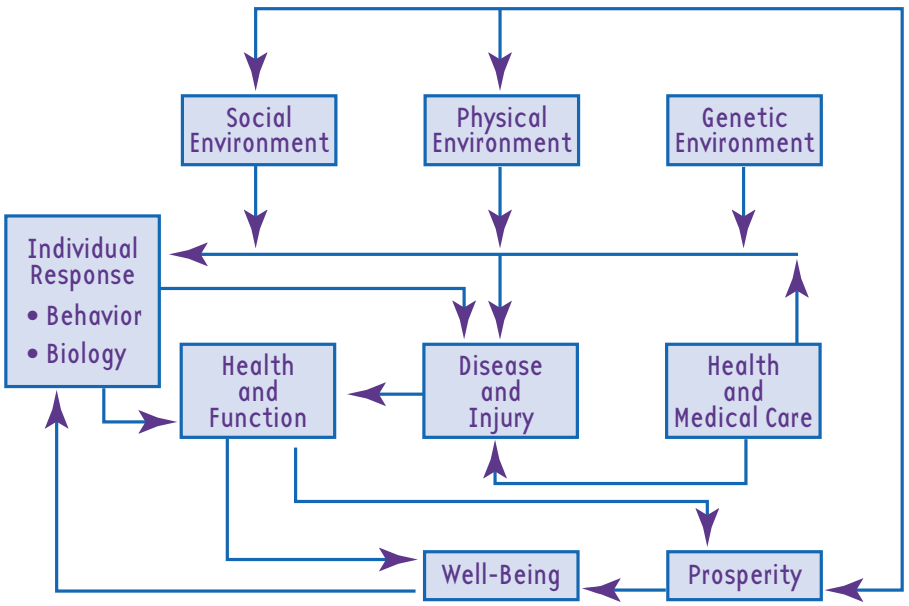
What Is *Health*?

As public health functions have evolved, so have the definitions of health. In the traditional biomedical model, health is defined rather narrowly as the absence of disease or illness. This definition is limited. It does not account for the ways in which persons perceive their own health and how they respond to illness. Some persons may feel healthy and lead productive lives despite having a chronic medical condition, while others may consider themselves in poor health and have limited function even in the absence of a defined illness.

The World Health Organization (WHO) proposed that health transcends the mere absence of disease and should be viewed more broadly as a state of complete physical, mental, and social well-being.[5] This definition provides an optimistic view of health and takes into account the fact that health is influenced by a wide range of psychological and social forces in addition to the physical and biological processes that have been the focus of modern medicine. In addition, this definition explicitly links health with quality of life and suggests that health provides the avenue through which persons lead productive and fulfilling lives. From the community perspective, the health of the population has a powerful influence on the degree to which a society prospers. For exam-

ple, healthy populations are more likely to have high levels of employment and productive work forces. This positive effect is reciprocal and amplified by the fact that a strong economy and improved socioeconomic conditions most often lead to improved health among community members.

Figure I.4: Evans-Stoddart Model: A Comprehensive Model Of The Determinants Of Health



In 1997, the Institute of Medicine's Committee on Using Performance Monitoring to Improve Community Health expanded the WHO definition of health as follows: "Health is a state of well-being and the capability to function in the face of changing circumstances. Health is, therefore, a positive concept emphasizing social and personal resources as well as physical capabilities. Improving health is a shared responsibility of health care providers, public health officials, and a variety of other actors in the community who can contribute to the well-being of individuals and populations."[6] By including a functional component, this definition accounts for variation in how individuals cope with illness. In addition, it suggests that health is influenced by a wide range of forces at the individual and population levels, that these forces may change over time, and that the effective promotion of health within communities requires collaboration between professionals from a variety of disciplines and the active participation of those who live in the communities.

What Determines Health?

A vast amount of research has been done to identify the factors that influence health in populations. Epidemiology, the population-based study of disease and an important part of the scientific foundation of public health, acquired greater quantitative capacity during the 20th century.[7] Much of this work has been integrated into a comprehensive model of the determinants of health, referred to as the Evans-Stoddart Model (see Figure I.4).[8] In this model, the determinants of health are organized into the following six categories: social environment (e.g., family structure, education, and employment), physical environment (e.g., the workplace, air quality, and water quality), genetic environment, individual response (i.e., behavior and biology), health care, and prosperity. Health outcomes are distinguished as three related but separate categories: disease and injury, health and function, and well-being.

Understanding the broad determinants of health provides decision makers with information for resource allocation. For example, smoking is recognized as the major cause of lung cancer and emphysema as well as a major contributor to other serious health problems such as cardiovascular disease. Health care services can help reduce smoking by providing drug treatment to smokers for nicotine addiction as well as counseling and education to nonsmokers to prevent smoking. However, application of a broader

health determinants perspective highlights the fact that the initiation of smoking is very powerfully influenced by one's social environment, including the influence of peers, tobacco advertising, and the price and availability of cigarettes. These social determinants have been very aggressively targeted in California over the past decade through public education campaigns, anti-tobacco advertising, legislation to restrict youth access to tobacco products, and increased cigarette prices through taxation. The cumulative effect of these policies and interventions has been a more rapid decline in the prevalence of smoking in California than in the rest of the country.[9]

Vision for the Future

The Health of Angelenos is the first edition of work that is continuously in progress. Future presentations of information will reflect community concerns, varied geographies, and the availability of new and more complete data. We hope this work contributes to the vital process of community health improvement and supports the continued use of data in education, program planning, policy development, and evaluation in Los Angeles County.

The availability and use of health data to identify health priorities is only the first in a series of steps along the road to improving the health of communities. Given scarce resources, we need to identify the most cost-effective interventions for improving health and evaluate these interventions once implemented. Recognizing the multiple determinants of health will broaden the discussion on the use of interventions. Informed decision-making throughout the process requires effective linkages between a multidisciplinary mix of partners representing local government, other public institutions, private health care, community health agencies, other community groups, and a well-informed public.

Endnotes

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Demographic & Social Health Indicators

Research has shown that socioeconomic status, education, employment and social networks are important indicators of a community's health. Research has documented the powerful effect of social environment on health.[1] With rare exception, lower socioeconomic status is associated with a greater burden of disease and shorter life expectancy. Education and employment are often correlated with improved health status. In addition, persons with strong social support networks are, on average, more likely to be healthy than those living in more isolated circumstances.

Table 1.1: Select Demographic Characteristics, Los Angeles County, 1997

Population Trends[1]	Number	Change
1970	7,041,982	
1980	7,477,239	6%
1990	8,901,987	19%
2000	9,838,861	11%
2010	10,604,452	8%
2020	11,575,693	9%
Persons by Gender[2]	**Number**	**Percentage**
Male	4,797,597	49.8%
Female	4,837,166	50.2%
Total	9,634,763	
Age Distribution[2]	**Number**	**Percentage**
<5 years	759,722	8%
5-14 years	1,402,834	15%
15-44 years	4,595,580	48%
45-64 years	1,867,372	19%
65-74 years	551,988	6%
75+ years	457,261	5%
Race/Ethnicity[2]	**Number**	**Percentage**
White	3,235,051	34%
Latino	4,220,832	44%
African-American	901,785	9%
Asian/Pacific Islander	1,230,207	13%
American Indian	46,888	<1%

1. California State Department of Finance Demographic Research Unit.
2. Los Angeles County Chief Administrative Office, Urban Research Division, P.E.P.S.

Demographics:
Distribution of the Population by Age and Race or Ethnicity

The population of Los Angeles County was nearly 9.6 million in 1997 representing 30% of the California population. The growth in total population has slowed during the 1990s compared to the rapid growth seen during the 1960s through the 1980s (see Table 1.1). Changing migration patterns indicate that more people have moved out of Los Angeles County than into the county in recent years. However, the increasing birth rate has fueled a population growth rate of 0.5% annually.

Most communities in Los Angeles County are multiethnic. Approximately one-third of all zip codes in the county do not have an ethnic group that constitutes a majority (>50%). According to 1997 estimates, 44% of the county's population are Latino, 34% are white, 13% are Asian/Pacific Islander, and 9% are African American (see Table 1.1). In addition, almost one-third of county residents were born outside the United States. Most Latinos (76%) in Los Angeles County are of Mexican origin, and approximately 15% of the Latino population are from Central and South America. Most Asians are from China, the Philippines, Korea, and Japan, with increased immigration from Southeast Asian countries such as Vietnam and Cambodia.

Sixty-eight percent of households in Los Angeles County are made up of families, and 33% are nonfamily households—people who live alone or with unrelated persons. The proportion of children living in married couple families is 64%, down from 78% in 1970. Twenty-one percent of children live with one parent and the remaining 15% live with grandparents, other relatives, or other caretakers.

Linguistic Characteristics of the Population

Studies have shown a direct link between the poor health status of some ethnic populations and barriers that are related to language use and culture[3]. Immigrants and other non-English speaking groups may experience significant problems obtaining health-related information and services[2]. Limited English-speaking ability can be a significant barrier to accessing health care, public assistance programs, community services, and other resources.

Table 1.2: Language Use By The Foreign-Born Population, 1990

	United States	L.A. County
Population	249,000,000	8,900,000
Foreign-born population	8%	33%
Foreign-born arrived 1980-90	44%	53%
Speak language other than English at home	14%	45%
Do not speak English very well	6%	25%

Note: Language data refer to the population aged five years and older.

Source: Russell Safe Foundation, New York, Ethnic Los Angeles, 1996. U.S. Department of Commerce, 1990 U.S. Census of Population, Social and Economic Characteristics (Washington, D.C.: GPO, 1990), 266.

Due in large part to the ethnic diversity and size of the population, both California and Los Angeles have a high proportion of non-English speaking residents, and a substantial portion of all the non-English speakers in the nation[4] (see Table 1.2). Nearly one-half (45%) of the population of Los Angeles County reports speaking a language

other than English at home. Los Angeles County's cultural and linguistic diversity requires culturally-sensitive community programs and interventions to promote the health of all residents.

Table 1.3: Language Spoken At Home In The Los Angeles Region And Los Angeles County, 1990

	Los Angeles Region	% Increase Since 1980	Los Angeles County	% Increase Since 1980
English only	8,209,000	+0.05	4,436,000	-7
Spanish	3,520,000	+74	2,555,000	+69
Chinese	257,000	+179	210,000	+173
Tagalog	202,000	+149	158,000	+136
Vietnamese	122,000	+223	50,000	+162
Korean	165,000	+163	124,000	+133
Japanese	83,000	+17	63,000	+10
All others	736,000	+41	528,000	+38

Note: Language data refer to the population aged five years and older.

Source: Russell Safe Foundation, New York, Ethnic Los Angeles, 1996. U.S. Department of Commerce, 1990 U.S. Census of Population, Social and Economic Characteristics (Washington, D.C.: GPO, 1990), 266.

Educational Attainment

The public education system is a crucial component of community health and individual opportunity. Illiteracy is linked to low-paying jobs that do not provide health insurance, lack of health information, and poor living conditions.[5] Furthermore, children living with parents who have little education experience more health problems than other children, even after adjusting for socio-economic factors.[6] Data on high school dropouts also provides valuable information on health problems associated with teenagers. There is evidence that teenagers who drop out of high school may be at increased risk of unwanted pregnancy, sexually transmitted diseases, substance abuse, and violence.[7]

Table 1.4: Limited English-Speaking Students In Los Angeles County, 1997-98

	Total	% of Total
English only or fluent bilingual	1,020,934	65%
Limited English proficient		
Spanish	491,037	31%
Armenian	12,721	0.8%
Korean	8,739	0.6%
Cantonese	8,114	0.5%
Vietnamese	6,207	0.4%
Cambodian	6,213	0.4%
Tagalog	5,028	0.4%
Mandarin	5,454	0.3%
All other limited English proficient	17,717	1%
Total	1,582,164	100%

Source: Los Angeles County Children's Planning Council, United Way of Greater Los Angeles, Los Angeles County Children's Score Card, 1998.

Table 1.5: Education, Los Angeles County And California

	L.A. County	California
Public school enrollment (1997–98)	1,583,283	5,727,303
White	20%	39%
Latino	57%	41%
African-American	12%	9%
Asian	8%	8%
Filipino	2%	2%
Pacific Islander	1%	1%
Public school high school graduation rates (1996–97)[1]	40%	36%
White	43%	40%
Latino	30%	23%
African-American	38%	29%
Asian	67%	60%
Filipino	51%	45%
Pacific Islander	59%	33%
Public school dropout rate[2]	5%	3%
White	2%	2%
Latino	6%	5%
African-American	7%	5%
Asian	2%	2%
Filipino	2%	2%
Pacific Islander	4%	4%
Public school teachers (1996–97)[3]	65,000	249,000
White	64%	79%
Latino	17%	11%
African-American	11%	5%
Asian	6%	4%

1. Percentage of 12th grade graduates in Los Angeles County public schools completing all courses required for U.C. and/or C.S.U entrance for 1996–1997.

*2. Dropouts as a percent of enrollment, 1 Year Rate Formula: (Gr. 9–12 Dropouts/ Gr. 9-12 Enrollment)*100, 1996–1997.*

3. Full-time equivalent public school teachers

Source: CBEDS—California Basic Educational Data System, Educational Demographics Unit, California Department of Education Los Angeles County Office of Education.

Numerous challenges face Los Angeles County public school systems. The proportion of children "at-risk" in the school system has increased dramatically as a result of the high number of children living in poverty and the high number of children with limited English-language abilities.

Table 1.5 highlights a number of key figures on educational attainment rates in Los Angeles County. In addition:

➜ Nearly 30% of Los Angeles County adults ages 25 and over have not completed high school.

- ➜ Latinos make up 62% of those without a high school diploma followed by African-Americans (26%), Asians (20%), and whites (13%).
- ➜ In the decade between 1980 and 1990, the proportion of adults with less than a fifth grade education increased by 70%.

Economic Resources

Poverty and income disparities, employment rates, and housing characteristics are important factors that influence the health of a community. Median household income is a useful indicator to characterize household/family economic resources and the distribution of income in a given community. Income is a predictor of a family's economic well-being, which subsequently determines a family's ability to obtain adequate housing, nutrition, and health insurance, and may be related to health behaviors. Table 1.6 highlights a number of key figures related to income. In addition:

- ➜ The median income in Los Angeles County was $43,942 in 1998.
- ➜ 13% of Los Angeles County households had incomes over $100,000, and 18% had incomes below $15,000 in 1998.

Table 1.6: Income, Poverty and Unemployment, Los Angeles County, 1998

Household Income	Households	Percentage
Less than $15,000	552,036	18
$15,000–$34,999	806,930	26
$35,000–$49,999	475,317	15
$50,000–$74,999	579,840	19
$75,000–$99,000	295,132	9
$100,000+ and over	397,479	13
Total Households	3,106,734	100
Persons Below Poverty Level	**Number**	**Percentage**
All Persons	2,151,885	22
0–4	257,559	34
5–14	451,424	32
15–24	333,637	27
25–34	386,134	23
35–44	297,622	18
45–54	180,847	16
55–64	103,757	15
65–74	77,215	14
75 and over	63,690	14
Labor Force Status[1]		
Unemployed	326,488	7.0

1. All persons aged 16 and over.

Source: United Way of Greater Los Angeles, 1999. State of the County Report: Los Angeles 1998-99.

- ➜ 22% of Los Angeles County residents lived below the poverty level in 1998.
- ➜ 34% of children ages 0 to 4 lived below the poverty level in 1998.

Like income, unemployment has adverse consequences such as poverty, lack of health insurance, and stress. Several studies have shown unemployment as one of many socioeconomic factors that explain differences in risk factors, morbidity and mortality between population groups.

- ➜ 7% of persons age 16 and over were unemployed in Los Angeles County, compared to 6% in the entire state in 1998.
- ➜ The unemployment rate (7%) did not vary by gender in Los Angeles County in 1998.

Availability and affordability of adequate housing impacts the health and economic well-being of individuals and communities. Los Angeles County has one of the most expensive housing markets in the United States, causing problems for the poor and low-income population. The availability of affordable housing in the county has declined. These factors have forced many low and moderate-income families out of the market.

- ➜ Median rent in 1995 was reported at $654, and median home value was $192,800.[8]
- ➜ 53% of housing units were rented, and 47% were owner occupied in 1995.[9]

Violent Crime

Violence and violent crime impacts the health and safety, quality of life, and economic and social well-being of a community. Indicators of violent crime include rates of homicide, suicide, firearm-related deaths, assault injuries, rape, domestic violence, and child abuse.[10] Crime statistics have significant limitations; it is estimated that 43% of violent crime in the U.S. is not reported.[11] In addition, statistics typically reflect the characteristics of the perpetrator rather than those of the victim, and can reflect law enforcement activities rather than true prevalence of crime. For example, drug arrests are not an accurate measure of drug use but of the activities enlisted to curb use. However, these statistics do reflect an important dimension of social and environmental conditions related to community health.

- ➜ Los Angeles County's homicide arrest rate (11.7 per 100,000) was higher than the state's (7.3 per 100,000) in 1996.
- ➜ In 1996 juvenile felony arrests in Los Angeles County numbered 24,013 (724.3 per 100,000 youth ages 10 to 17) and accounted for just under half of all juvenile arrests.[12]
- ➜ From 1975 to 1997, arrests in Los Angeles County declined by 45% for youth and 28% for adults.[13]
- ➜ Gang-related deaths decreased by 44% from 1995 to 1997 in Los Angeles County.[14]

More specific information on violence and unintentional injury is presented in Chapters Three and Four of this report.

Demographic and Social Indicators—Data Sources

1. California State Department of Finance
   Demographic Research Unit

2. County of Los Angeles, Urban Research Division

3. United Way of Greater Los Angeles

4. Children's Planning Council
   Los Angeles County

5. Los Angeles County Office of Education

6. California Department of Education

See Appendix for complete references on these and other data resources.

Endnotes

1. Institute of Medicine. Durch, JS, Bailey, LA, and Stoto, MA, eds. Improving Health in the Community: A Role for Performance Monitoring. Washington, DC: National Academy Press, 1997.

2. Russell Sage Foundation. Waldinger, R, Bozorgmehr, M, eds. Ethnic Los Angeles. New York: Russell Sage Foundation, 1996.

3. See note 1 above.

4. See note 2 above.

5. See note 1 above.

6. See note 1 above.

7. See note 1 above.

8. United Way of Greater Los Angeles, 1999. State of the County Report: Los Angeles 1998-1999.

9. See note 8 above.

10. See note 1 above.

11. See note 8 above.

12. See note 8 above.

13. See note 8 above.

14. See note 8 above.