



**THE HEALTH OF THE RESIDENTS  
IN THE WEST SERVICE PLANNING AREA  
OF LOS ANGELES COUNTY**

**April 2007**

**COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY HEALTH SERVICES  
WEST SERVICE PLANNING AREA**

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## EXECUTIVE SUMMARY

*The Health of the Residents in the West Service Planning Area* is our Third health assessment report, providing a snapshot of the health status in the communities of SPA 5. The report presents population-based data that describe health outcomes as well as demographic characteristics of the population. The report focuses on a select group of health indicators addressing demographic characteristics of the population, maternal and infant health, communicable diseases, hospitalizations, mortality, alcohol and drug problems, and mental health.

The data included in the report were collected from various County, State, and community agencies. The data cover different years, as the data were available. At all times, the most recent year's data were used for the report. Information included in this report is intended to enable public and private organizations to define health-related priorities and formulate new or revised policies and programs. Additionally, it may assist program directors in targeting their programs to the appropriate population sub-groups. Highlights of the data included in the report are presented below.

### Population

- ? According to 2005 population estimates, 649,712 persons resided in SPA 5, representing approximately 6.4% of the Los Angeles County's estimated population.
- ? The racial make up of the SPA 5 population in 2005 included 63% white, 18% Latino, 12% Asians/Pacific Islander, 7% African American, and less than 1% Native American or other.
- ? Older adults constituted over 13% while children 0-17 made up almost 18% of the SPA 5 population. Sixty-nine percent of the residents were between the ages of 18-64.

### Persons Living Below the Federal Poverty Level

- ? In 2004, the 100% FPL for a family of two adults and two children was determined to be \$19,157. During 2004, there were an estimated 71,039 persons living below the federal poverty level (100% FPL) in SPA 5, 11% of the total SPA population.
- ? The racial/ethnic composition of the poverty population was 42% white, 9% African American, 30% Latino, 19% Asian/Pacific Islander, and less than 1% Native American and persons from other racial/ethnic groups.
- ? Comparing poverty population with the SPA population, these percentages change drastically (see table 2). The largest impact is among the whites (7.4% of SPA 5 white population) and Native Americans (13.8% of SPA 5 Native American population).
- ? Of the 71,039 SPA 5 residents living below the federal poverty level, 22% were children and

youth 0 to 17 years of age, 66% were 18 to 64 years old, and less than 11.2% were adults 65 years and older.

### **Persons Receiving Public Assistance**

- ? As of September 2006, there were 30,275 persons receiving Medi-Cal assistance in SPA 5. Overall, there were 11,204 food stamp recipients, 4,787 CalWORKS recipients, and about 3,887 individual received assistance in the form of General relief. In-home support services were available to 5,996 individuals in SPA 5 in 2006.
- ? Children 0-17 constituted 76.4% of CalWORKS, 43.2% of Medi-Cal and 1.9% of in home support services. Overall, 39.3% of food stamp recipients were under 18 years of age.
- ? Older adults (60 years and over) were the recipients of 80% of in home supportive services and 4.9% of food stamps. Older adults were 19% of Medi-Cal recipients in SPA 5 in 2006.

### **The Homeless Population**

- ? Los Angeles County is home to over 82,000 homeless persons on a given day. SPA 5 hosts 6,860 (8%) per night. An estimated 88% of the homeless population were unsheltered. Thirty-six percent of our homeless population is mentally ill and about 24% are families.
- ? Fifty-three percent of the area's homeless population are substance abusers, about 9% are elderly and less than 4% are HIV/AIDS patients.
- ? An estimated 12% were victims of domestic violence; unaccompanied minors made up 2% of the SPA 5 homeless population.

### **Maternal and Infant Health**

- ? During 2004, there were 6,894 total live births in SPA 5. The racial/ethnic composition of live births was approximately 56% white, 22% Latino, 14% Asian/Pacific Islander, 6.4% African American, and over 1% Native American or other racial/ethnic groups.
- ? There were 479 low birth-weight babies (6.9% of total live births), 159 births to adolescents (9% of total live births), and 391 mothers receiving prenatal care after the first trimester or not receiving prenatal care at all (5.7% of all delivering mothers).
- ? Overall, low birth weight babies were slightly higher among all racial groups. African American mothers had the highest percentage of low birth-weight babies (10.6%), followed by Asians/Pacific Islanders with 7.4%, Whites with 6.5%, and Latina's with 6.4 percent. There were no low birth weight babies among our Native Americans.

- ? The highest proportion of births to adolescent mothers was among our Latina teens (64.7% of all teen births), followed by African American teen mothers (17.6%), and white teens (11.9%). The highest rates of teen pregnancy however was among the Native American teens (10 births per 1000 teen girls), followed by Latina's (6.9) and African Americans (6.3).
- ? The majority of mothers who received late or no prenatal care were white (141 or 36%), followed by Latina's (139 or 35.5%). The highest rates of late or no prenatal care were seen among Native Americans with 30 cases out of each 1000 teen births.
- ? There were 29 infant deaths (less than one year old) in SPA 5 during 2004. The infant mortality rate in SPA 5 during 2004 was 4.2 per 1,000 live births.

### **Acquired Immune Deficiency Syndrome (AIDS)**

- ? As of June 31, 2006, the cumulative number of persons diagnosed with AIDS in the entire SPA 5 was 2,884, a rate of 444 cases per 100,000 persons (increased from 427 in 2003). This cumulative number includes all persons who were diagnosed with AIDS since 1982 when Los Angeles County started counting AIDS cases, whether these persons have died of AIDS or are still living with AIDS.
- ? Of the total AIDS cases in SPA 5, 2,710 (94%) were males and 174 (6%) were females. Sixty-seven percent of AIDS cases were white, 17% were Latino, 13% were African-American, and 2% were Asian.
- ? Male-to-male sexual contact (MSM) was the likely mode of transmission for 82% of the residents diagnosed with AIDS. Injection drug use (IDU) was the likely mode of transmission for 5% of all people diagnosed with AIDS. About 4% of all AIDS cases were attributed to heterosexual contact. In about 7% of cases, we were not able to determine the cause via direct interview with the patient or other documents.
- ? The majority of women (44%) of women diagnosed with AIDS acquired the disease through heterosexual contact, 20% were injection drug users, 13% were blood transfusion recipients, and 23% acquired the disease through other methods of exposure.

### **Sexually Transmitted Diseases (STDs)**

- ? During 2005, there were 1,804 SPA 5 residents diagnosed with sexually transmitted diseases (STDs), representing a case rate of 277 per 100,000 population, an increase from 246 in 2002. Of these 1,804 cases, 1023 (57%) were females and 780 (43%) were males.
- ? Over seventy-four percent of the persons diagnosed with a sexually transmitted disease suffered from Chlamydia, about 22.3% had Gonorrhea, and 3.3% had Syphilis. In addition,

Chlamydia cases accounted for over 85% of sexually transmitted diseases among women and 46% of STD cases among men.

- ? During 2005, whites represented 24% of Chlamydia cases, 34% of Gonorrhea cases, and 63% of Syphilis cases in SPA 5. African Americans constituted 20% of Chlamydia cases, 21% of Gonorrhea cases, and 8% of Syphilis cases. Latinos made up 21% of Chlamydia cases, 14% of Gonorrhea cases, and 22% of Syphilis cases.
- ? There were 402 cases of Gonorrhea diagnosed in SPA 5 during 2005, representing a case rate of 62 per 100,000 population. There was a slight increase from 53 to 62 cases of Gonorrhea per 100,000 persons in SPA 5.
- ? There were 60 cases of Syphilis infections in SPA 5 during 2005, representing a case rate of 3 cases per 100,000 persons. `

### **Tuberculosis (TB)**

- ? During 2005, there were 29 Tuberculosis (TB) cases in SPA 5. TB cases in SPA 5 were more prevalent among men (65.5%) than women (34.5%). Fortunately, there were no cases of TB among children less than 15 years of age during 2005. Fifty-two percent of TB cases were between the ages of 15 to 44, and about 21% were between 45 to 64 years of age. An estimated 28% of the TB cases were among seniors, 65 years or older.
- ? The racial/ethnic distribution of TB cases was 17% white, 35% Asian/Pacific Islander, 28% Latino, and 21% African American. Forty-two percent of the TB cases diagnosed among residents of SPA 5 occurred among persons who were foreign-born. Twenty-four percent of the foreign-born cases were from Mexico, 17% from Philippines, and 3.4% were from El Salvador, Ethiopia, and Iran. The remaining 10% were born in other countries. Tuberculosis case rate for in SPA 5 during 2005 was about 4.5 cases per 100,000 persons.

### **Burden of Disease and Injury**

- ? Combining premature mortality and morbidity into a single measure of disease burden known as Disability Adjusted Life Years (DALYs), indicated that for SPA 5 residents, Coronary Heart Disease was the leading cause of disease burden (4,738 years lost to premature death and disability), followed by alcohol dependence (3,808 years), Alzheimer's/other dementia (2,888 years), Depression (2,755 years), Osteoarthritis (2,699 years), Diabetes Mellitus (2,551 years), drug overdose/other intoxication (2,446 years), Stroke (2,283 years), Cancer of Trachea/Bronchus/Lungs (1,988), and Emphysema (1,890 years lost to premature death and disability).
- ? Rates of DALYs ranged from 8.2 to 3.3 per 1,000 population for the top ten causes of

DALYs in SPA 5. The rate for Coronary Heart Disease was much higher than the rates for the next leading causes of DALYs.

- ? Coronary Heart Disease was the leading cause of premature death and disability for both men and women in SPA 5, with 2,752 years lost for men and 1,986 years lost for women. However, drug overdose/other intoxication was the second leading cause of DALYs for men with 2,109 years lost, while Alzheimer's/other dementia was the second leading cause of DALYs for women with 1,956 years lost. Alcohol dependence was the third leading cause of DALYs for both men and women, with 1,948 and 1,860 years lost, respectively. Depression was the fifth leading cause of DALYs for men with 1,366 years lost and the fourth leading cause of DALYs for women with 1,389 years lost.

### **Hospitalization**

- ? During 2005, the number of SPA 5 residents who were hospitalized was 65,975. The top five illness-related causes of hospitalization for area residents were psychosis (5.2%), joint/limb replacement (2.3%), Heart Failure (2%), and Pneumonia/pleurisy (2%).
- ? Asthma was the primary cause of hospitalization in 445 cases during 2005. The majority of these cases (32%) were under the age of 18 and 34% were over 65 years of age.
- ? Medicare was the source of payment for 42% of all hospital admissions, followed by private insurance with 40%, and Medi-Cal with 12%. An estimated 5% of the patients admitted during 2002 in SPA 5 were indigent.

### **Mortality**

- ? During 2004, there were 4,098 deaths among residents of SPA 5. Heart Disease was the leading cause of death, with 1,036 deaths, at the rate of 160.2 deaths per 100,000 persons. Cancer and Stroke followed heart disease with 640 and 321 deaths respectively.
- ? During 2004, there were 223 unintentional injury deaths in SPA 5, including 19 suicides, and 17 homicides.
- ? Years of potential life lost (YPLL) before age 65 was highest for breast Cancers among women (994) and heart disease among men (2087). Heart disease was the 2<sup>nd</sup> highest cause of premature death among women.

### **Alcohol- and Drug-Related Services**

- ? During Fiscal Year 2005-2006, the number of SPA 5 residents receiving alcohol and drug services was 2,839. Seventy-three percent of the residents needing such services received

out patient care. Racial breakdown of alcohol-drug related recipients in SPA 5 was 43% white, 25% African American, 20% Latino, 2% Asian, and less than 1% Native American.

## **Mental Health**

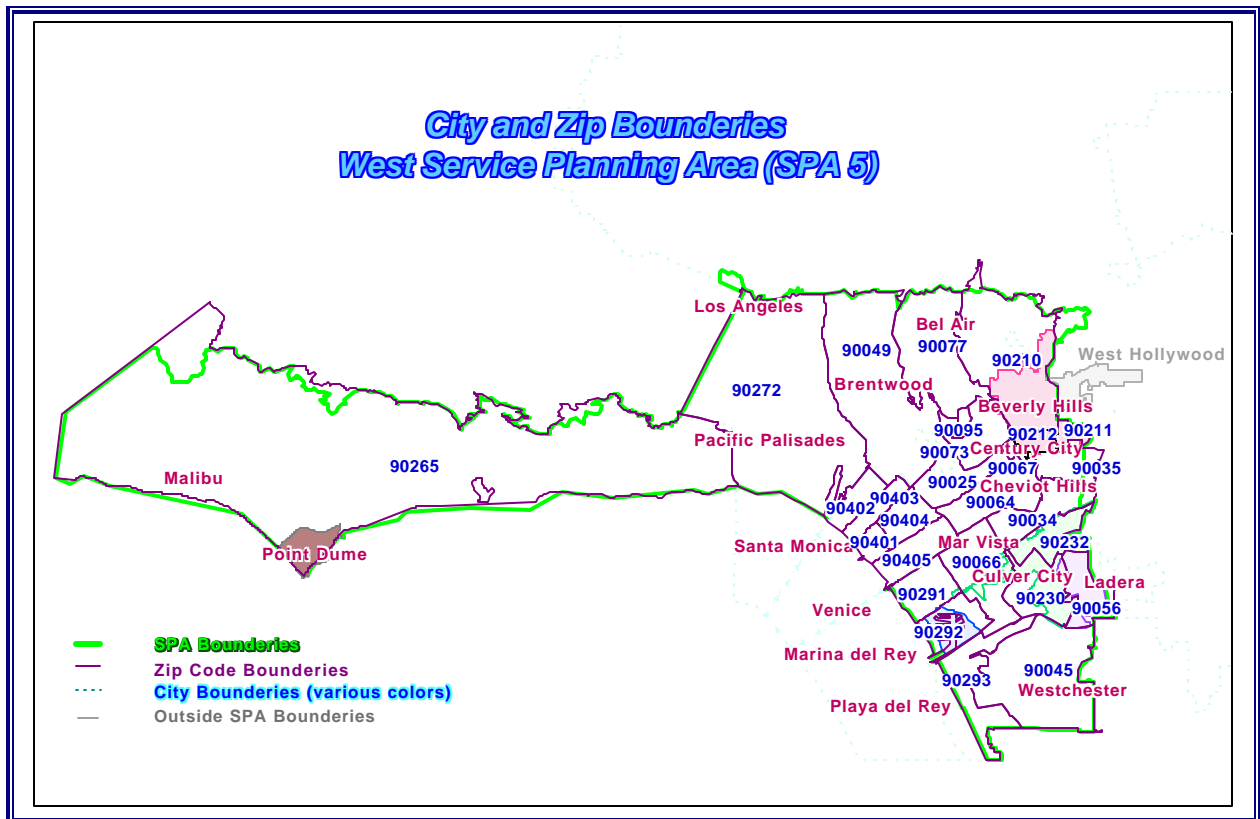
- ? Depression among the adult residents of SPA 5 accounts for about 12% of all cases of Depression in the greater Los Angeles Area. Top 3 diagnoses among the SPA 5 residents included depression, Bipolar Disorders, and Schizophrenia, based on 2002-3 assessment.

## I. Introduction

The West Service Planning Area (SPA 5) includes an array of coastlines, beaches, marinas, as well as State owned land, portions of the Santa Monica Mountains National Recreation Area, and the Los Angeles International Airport. SPA 5 borders the Ventura County line on its west. The eastbound landmarks include Laurel Canyon Boulevard, Doheny Drive, the eastern border of Culver City, La Cienega Boulevard through the western side of Baldwin Hills and Ladera Heights to Imperial Highway. Though its northern border follows a number of mountain roads such as Mulholland Highway, it runs through State parklands, connecting Carrillo State Beach to El Segundo to its south.<sup>1</sup>

The SPA 5 communities include Malibu (90265), Pacific Palisades (90272), Westwood (90024), Brentwood (90049), Bel Air (90077), Century City (90067), Beverly Hills (90210, 90211, 90212), Santa Monica (90401, 90402, 90403, 90404, 90405), West LA (90025), Cheviot Hills/Rancho Park (90064), Mar Vista (90066), Palms (90034), Beverlywood (90035), Venice (90291), Culver City (90230, 90232), Marina del Rey-Playa del Rey (90292, 90293), Westchester (90045), and Ladera Heights (90056).

*Figure 1. West SPA map*



1 Profiles of Los Angeles County: Service Planning Area Resources for Children, Youth, and Families; Los Angeles County Children's Planning Council, Los Angeles, California, May 1996.

The Area Health Office of SPA 5 provides public health leadership in the SPA through connecting various public and private entities partnering in improving the health and wellbeing of the community. As part of a continuing effort to improve the quality of life for all residents, the staff of the Area Health Office prepares health assessment reports to provide comprehensive assessments of the health of the SPA residents and to assess any areas of need for additional concentration of efforts to enhance the residents' health outcomes.



SPA 5 Area Health Office Staff



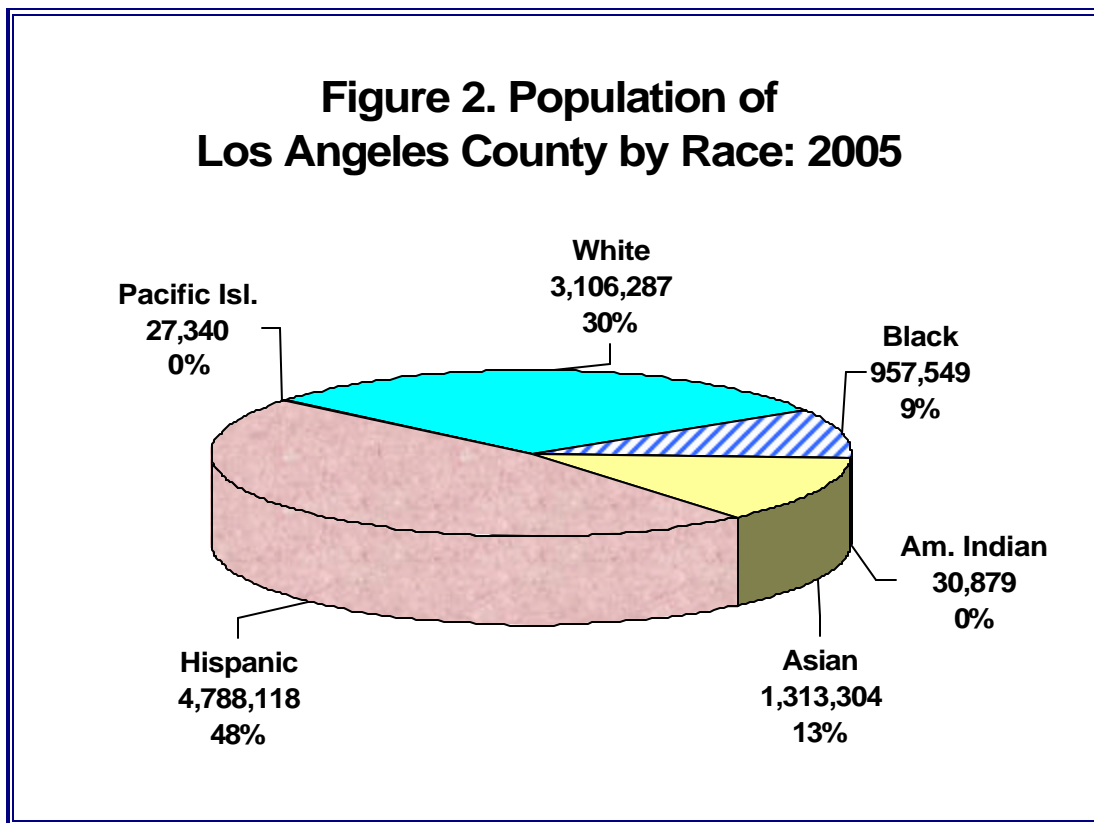
This report is the third health assessment report for SPA 5, developed from population-based data describing health outcomes and demographics. It is our hope that the information included in this report assist program directors in targeting their programs to the appropriate population sub-groups, defining health-related priorities, and formulating new or revised policies and programs to improve the health and quality of life for community residents. Data included in the report were obtained from many County agencies covering different years, as data were available.

## II. Population

### Racial/Ethnic Distribution of the Population

SPA 5 is the second least populous SPA in Los Angeles County and was home to 649,712 people, according to the 2005 population estimates. SPA 5 population made up 6% of the Los Angeles County population in 2005.

Table 1 presents the racial/ethnic distribution of SPA 5 population as estimated for 2002. The largest racial subgroup in SPA 5 is the white population at 63%, followed by Latinos at 18%, Asians at 12% and African Americans at 7%. An estimated 0.2% of the SPA residents are American Indians and persons from other racial/ethnic groups. To compare SPA 5 demographics with that of Los Angeles County, please refer to figure 2.



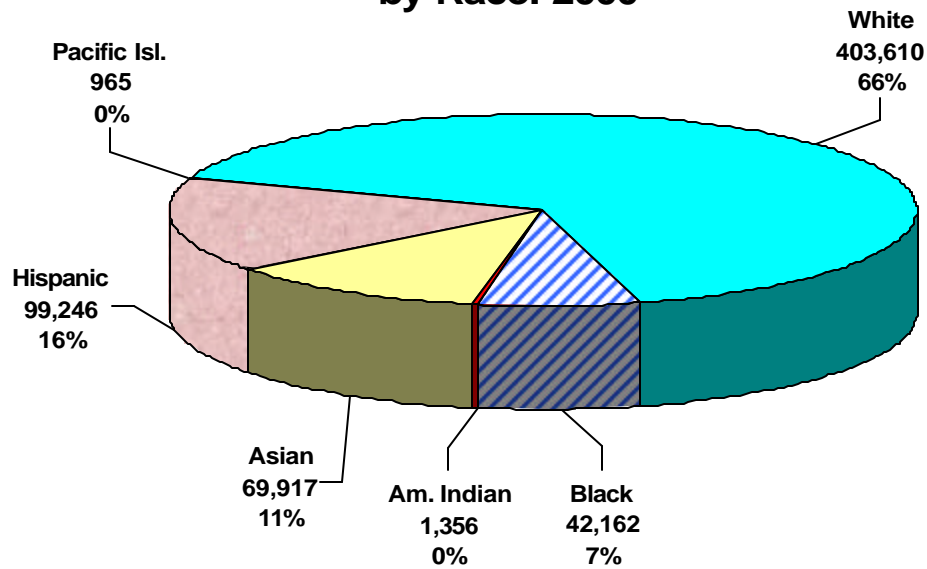
Figures 3 and 4 indicate a population ethno-racial make up according to 2000 and 2005 estimates. The largest population shift was seen among the Hispanics, with a 15% increase in 2005. Similar increases were seen among Native Americans by 12%, Asian/Pacific Islanders by about 10% and African Americans by about 4%. The SPA white residents grew by 1%. Los Angeles County's largest growth was among the Latino residents by 11%, followed by Asian/Pacific Islanders and Native Americans by about 9% each. The county's white resident proportion did not experience any noticeable change.

**Table 1. Racial/Ethnic Distribution of Estimated Population in SPA 5 in 2005 (by Age Group)**

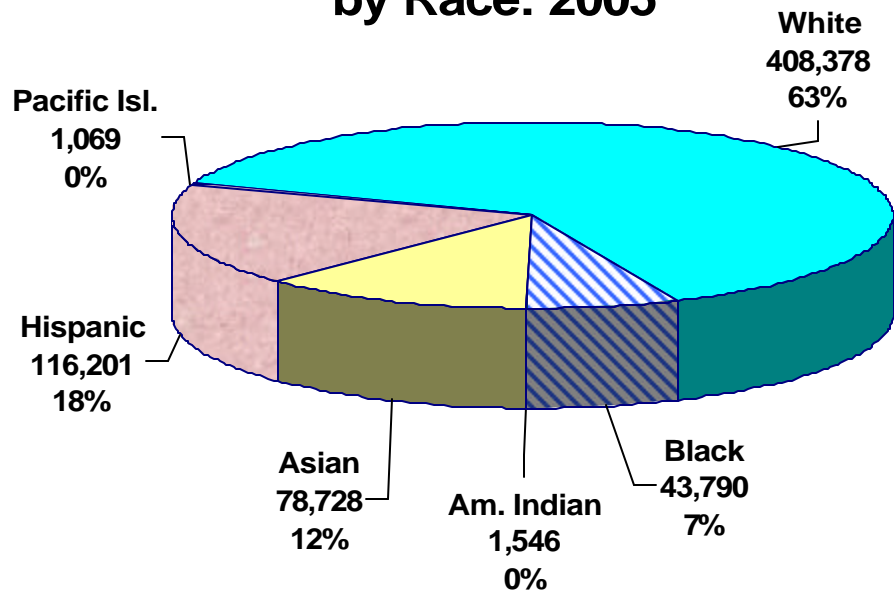
Race	Birth to 17 Years		18 to 64 Years		65 Years and Over		Total Population	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
White	62,539	15.3	278,088	68.1	67,751	16.6	408,378	62.9
Black	9,151	20.9	31,022	70.8	3,617	8.3	43,790	6.7
Am. Indian	237	15.3	1,165	75.4	144	9.3	1,546	0.2
Asian	10,974	13.9	60,384	76.7	7,370	9.4	78,728	12.1
Hispanic	31,752	27.3	76,912	66.2	7,537	6.5	116,201	17.9
Pacific Isl.	163	15.2	841	78.7	65	6.1	1,069	0.2
TOTAL AGE	114,816	17.7	448,412	69.0	86,484	13.3	649,712	100.0

July 1, 2005 Population Estimates, prepared by Walter R. McDonald & Associates, Inc. (WRMA)  
for Urban Research, LA County CAO, released 6/15/2006.

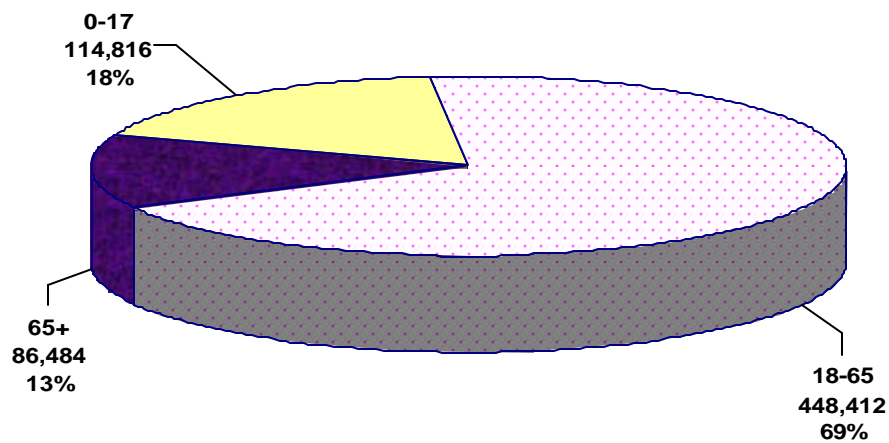
**Figure 3. Population of SPA 5  
by Race: 2000**



**Figure 4. Population of SPA 5  
by Race: 2005**



**Figure 5. Population of SPA 5  
by Age Group: 2005**



## Age Distribution of the Population

The estimated number of children and youth 0 to 17 years old in the entire SPA was 114,816 representing 18% of the total population. Adults 18 to 64 years old (448,412 persons) constituted 69% of the population. Older adults, 65 years and over, were 86,484 representing 13% of the total population in SPA 5 (Table 1; figure 5).

## Racial/Ethnic Distribution of Persons Living Below the Federal Poverty Level

In 2004, poverty threshold for a family of 4 (with 2 children under 18) was determined to be an income level of \$19,157 annually. Table 2 portrays populations with income levels at or below the Federal Poverty Level (100% FPL). Racial/ethnic distribution and age stratification of persons living below the federal poverty level (FPL) in SPA 5 have been shown as well.<sup>2</sup> In the entire SPA, there were 71,039 persons (% 10) living below the 100% FPL. The racial/ethnic group with the largest number of persons living below the FPL was white (42%), followed by Latinos (30%), Asian/Pacific Islanders (19%) and African Americans (9%).

**Table 2. Racial/Ethnic Distribution of Estimated Population below 100% Federal Poverty Level in SPA 5 in 2004**

Race	SPA Population		Poverty Population	
	Number	Percent	Number	Percent
<i>White</i>	405,835	62.7	30,031.00	7.4
<i>Black</i>	45,521	7.0	6,093.00	13.4
<i>Am. Indian</i>	1,584	0.2	219.00	13.8
<i>Asian</i>	79,588	12.3	13,278.00	16.7
<i>Hispanic</i>	113,180	17.5	21,309.00	18.8
<i>Pacific Isl.</i>	1,062	0.2	109.00	10.3
<i>Total</i>	646,770	100.0	71,039.00	11.0

## Age Distribution of Persons Living Below the Federal Poverty Level

Table 3 presents the age distribution of estimated persons living below the federal poverty level in SPA 5 by race, during 2004. Of the total SPA 5 residents living below 100% FPL, 15,662 (22%) were children 0-17, a rise of over 2% since 2001. Adults 18-64 constituted 67% of residents living below poverty lines. The older adults (65+) represented 11% of the population living below poverty, again showing over 2% increase since 2001.

<sup>2</sup> In 2004, the federal poverty level corresponded to an annual income of \$19,157 for a family of four.

**Table 3. Age Distribution of 2004 Estimated Population  
below 100% Federal Poverty Level (FPL)  
by Race and Age Group: West Service Planning Area**

Race	Birth to 17 Years		18 to 64 Years		65 Years and Over		Total below FPL	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<i>White</i>	3657	12.2	20550	68.4	5824	19.4	30,031	42
<i>Black</i>	2,106	34.6	3,644	59.8	343	5.6	6,093	9
<i>Am. Indian</i>	37	16.9	171	78.1	11	5.0	219	0
<i>Asian</i>	1,057	8.0	11,560	87.1	661	5.0	13,278	19
<i>Hispanic</i>	8,799	41.3	11,404	53.5	1,106	5.2	21,309	30
<i>Pacific Isl.</i>	6	5.5	101	92.7	2	1.8	109	0
<b>TOTAL AGE</b>	15,662	22.0	47,430	66.8	7,947	11.2	71,039	100

Poverty Estimates 2004,  
WRMA

Note: In 2004, the 100% FPL for a family of two adults and two children was \$ 9,157.

### Persons Receiving Public Assistance

Table 4 reports persons receiving public assistance in SPA 5 on September 2006. In the entire SPA, in 2005 an average of 4,742, persons per month were receiving CalWORKs (California Work Opportunity and Responsibility to Kids). Of this total, 3,656 (77%) were children 0-17 years of age.

**Table 4. Age Distribution of Persons Receiving Public Assistance in SPA 5 - September 2006**

Age Group	CalWORKs		General Relief		Medi-Cal		Food Stamps		In-Home Support Services	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>0 - 17 Years</b>	3,656	76.4	0	0.0	13,093	43.2	4,407	39.3	113	1.9
<b>18 - 59 Years</b>	1,108	23.1	3,631	93.4	11,568	38.2	6,243	55.7	1,088	18.1
<b>60 Years and Over</b>	23	0.5	256	6.6	5,614	18.5	554	4.9	4,795	80.0
<b>TOTAL</b>	<b>4,787</b>	<b>100.0</b>	<b>3,887</b>	<b>100.0</b>	<b>30,275</b>	<b>100.0</b>	<b>11,204</b>	<b>100.0</b>	<b>5,996</b>	<b>100.0</b>

During this period, 3,887 persons received General Relief. There were 30,275 persons received Medi-Cal assistance (some of this total may be included in the Cal-Works total recipients). Generally, about 80% of Cal-Works recipients receive Medi-Cal help county-wide. Overall, 11,210 residents received food stamps and 5,996 persons benefited from In-Home Supportive Services.

The largest proportion of the medi-cal recipients were Hispanic (16,152; 53%), followed by white (7,983; 26%), and African American (3,218; 11%). The majority of public assistance recipients were English speaking, followed by Spanish, and Russian, Chinese and other languages.

### **The Homeless Population**

It was estimated that during 2005 there were 6,860 homeless persons in SPA 5. This will project as an annual estimate of 18,453 persons who were homeless at some point during the year. An overall estimate for the greater Los Angeles area is presented in Table 5, below. Over 8% of the homeless population of Los Angeles stay in SPA 5.

<b>Table 5. Homeless Estimates by Region: Greater Los Angeles, 2005</b>	
City	Homeless Estimate
Los Angeles	48,103.00
Other Incorporated Cities (excludes Glendale, Long Beach, Pasadena)	26,764.00
Unincorporated Areas	7,424.00
Los Angeles County Total	82,291.00

An overwhelming 88% of this population is unsheltered. Substance abusers constituted 53% of homeless persons in this area. About 36% of the area homeless population were mentally ill. Persons with HIV/AIDS constituted 3.5%, and victims of domestic violence constituted about 12% of the homeless population in SPA 5. Adults 56 or older constituted about 9% and unaccompanied minors made up 2% of the area homeless individuals.

<b>Table 6. Homeless Estimates by diagnosis: Greater Los Angeles, 2005</b>		
Homeless Persons	Number	Percent
Total Homeless Persons	6,860	100.0
Substance Abusers	23,278	53
Mentally Ill	10,428	35.6
Sheltered	1,185	12.0
Unsheltered	63,723	88.0
Number of people in Families	4,772	24.2
Adults, 56 or older	608	8.6
HIV/AIDS	101	3.5

### III. Maternal and Infant Health

#### Birth Outcomes and Prenatal Health

During 2003, there were 6,889 live births at a rate of 10.7 births per 1000 females in SPA 5 (Table 7). Live birth rate (per 1000 total live births) was 9.4 among whites, 10.4 among African Americans, 13.8 among Hispanics, and 11.5 among Asians. Overall, 94.7% of mothers received prenatal care in their first trimester of pregnancy. Source of payment for the majority of this care was private insurance (48.6%), prepaid (29%), and medi-Cal 20%; less than 2 percent of the expecting mothers did not have any health insurance coverage.

African American mothers had the highest percent of low birth-weight babies (51,

**Table 7. Total Live Births, Births with Special Conditions, Fetal Deaths, and Infant Deaths in SPA 5 by Race/Ethnicity of Mother - 2004**

Race/Ethnicity of Mother	Total Live Births		Births with Special Conditions						
			Low Birth Weight Babies (<2500 grams or 5.5 pounds)		Births to Adolescent Mothers (Teen Girls, aged 15-19)			Births to Mothers Receiving Late or No Prenatal Care	
	Number	Rate	Number	Row Percent	Number	Rate		Number	Row Percent
African American	442	9.7	47	10.6	28	18.9	6.3	37	8.4
Asian/PI	933	11.6	69	7.4	2	N/A	0.2	45	4.8
Hispanic	1,497	13.2	96	6.4	103	26.4	6.9	139	9.3
Native American	10	6.3	0	0.0	1	N/A	10.0	3	30.0
White	3,866	9.5	252	6.5	19	2.0	0.5	141	3.6
TOTAL	6,894	10.7	479	6.9	159	9.0	2.3	391	5.7

	Infant Deaths <365 days of age		Fetal Deaths >=20 weeks	
	Number	Rate	Number	Rate
<b>Total</b>	29	4.2	19	4.3
<b>Gender</b>				
<b>Male</b>	15	4.3	9	6.3
<b>Female</b>	14	4.1	10	6.1
<b>Race/Ethnicity</b>				
<b>African American</b>	5	11.3	2	N/A
<b>Asian/Pacific Islander</b>	1	N/A	2	N/A
<b>Hispanic</b>	13	8.7	6	4
<b>Native American</b>	0	N/A	0	N/A
<b>White</b>	10	2.6	9	2.3

The percent for low birth weight babies, births to adolescent mothers, and births to mothers receiving late prenatal care are calculated by dividing the number for each category by the number of total live births for each racial/ethnic group and multiplying by 100 percent.

11.6%). The next highest groups were Asians/Pacific Islanders with (66, 7.6%) and whites (281, 7.3%).

The highest proportion of teen births (mothers 15-19 years of age) occurred among Latinas (108, 65%), followed by African Americans (28, 17%), and whites (22, 13%).

There were 31 infant deaths (less than one year old) as well as 30 fetal deaths (equal or older than 20 weeks gestation) in SPA 5 during 2003.

#### IV. Communicable Diseases

Communicable diseases for 2004 and 2005 have been presented in Table 8. During 2005, there were 17 cases of Amebiasis, 107 cases of Campylobacteriosis, 34 cases of Giardiasis, 87 cases of Salmonella and 43 cases of Shigellosis in 2003 in SPA 5. Pertussis cases totaled 31 and viral meningitis cases totaled 11. Forty-five cases of Hepatitis A and 5 cases of Hepatitis B were newly diagnosed as well.

**Table 8. Selected Communicable Diseases  
West SPA (SPA 5): 2004, 2005**

DISEASE	2004		2005	
	Cases	Rates	Cases	Rates
Amebiasis	19	2.9	17	206
Campylobacteriosis	123	19	107	16.5
Encephalitis	2	0.3	1	0.2
Giardiasis	44	6.8	34	5.2
Hepatitis Type A	16	2.5	45	6.9
Hepatitis Type B	7	1.1	5	0.8
Hepatitis Type C	0		2	0.3
Measles	0		0	
Meningitis, viral	28	4.3	11	1.7
Meningococcal Infections	1	0.2	0	
Pertussis	10	1.5	31	4.8
Salmonellosis	96	14.8	87	13.4
Shigellosis	40	6.2	43	6.6

\*Case rate is the number of cases per 100,000 persons.

#### Acquired Immune Deficiency Syndrome (AIDS)

By the end of June 2006, there were 2,884 cumulative cases of AIDS in SPA 5. Of these persons, 38 were diagnosed during 2005. AIDS case rate for 2005 was calculated to be 6 cases per 100,000 persons.

Table 9 presents cumulative numbers of persons diagnosed with Acquired Immune

Deficiency Syndrome (AIDS) in SPA 5 as of June 31, 2006. <sup>1</sup> These numbers include persons who were diagnosed with AIDS since 1982 when Los Angeles County started counting AIDS cases, whether these persons have died of AIDS or are still living with AIDS. Of the total AIDS cases, 2,710 (94%) were males and 174 (6%) were females. In addition, 67% of AIDS cases were white, followed by 17% Latinos, and 13% African American. The remaining 3% were Asian and other racial minorities.

**Table 9. Cumulative AIDS Cases in SPA 5 by Gender, Age Group, and Exposure Category Through June 31, 2006**

Gender	AIDS Cases 1982-2006		Race	AIDS Cases 1982-2006	
	Number	Percent		Number	Percent
MALE	2,710	94.0	White	1,926	66.8
FEMALE	174	6.0	African American	383	13.3
Total	2,884	100.0	Latino	484	16.8
			Asian	63	2.2
			Native American	12	0.4
Age Group	Male	Percent			
<13	10	<1			
13-19	5	<1			
20-29	401	14.0			
30-39	1,312	45.0			
40-49	761	26.0			
50-59	274	10.0			
60+	121	4.0			
Exposure Category: Adults					
Male to Male Sex (MSM)	2,214	76.8			
Injection drug user (IDU)	135	4.7			
MSM/IDU	153	5.3			
Hemophilia/Transfusion Recipient	60	2.1			
Heterosexual contact (*)	110	3.8			
Mother w/at HIV risk	7	0.2			
Other/Undetermined.	205	7.1			

Other race/ethnicity includes persons who have multiple, unknown, or missing race/ethnicities.

\* Heterosexual contact with a person who is HIV-infected or at increased risk for HIV infection.

Male-to-male sexual contact (MSM) was the most likely mode of transmission for 82% of the men diagnosed with AIDS. Heterosexual transmission was reported in 4% of cases. Injection drug use (IDU) was the likely mode of transmission for 5% of cases, with the transmission through blood product constituted 2% of all AIDS cases diagnosed in SPA5 during 1982-2006.

<sup>1</sup> When the number of cases is less than five, an asterisk is placed in the table at that location and also at the total of that group, in order to maintain patient confidentiality.

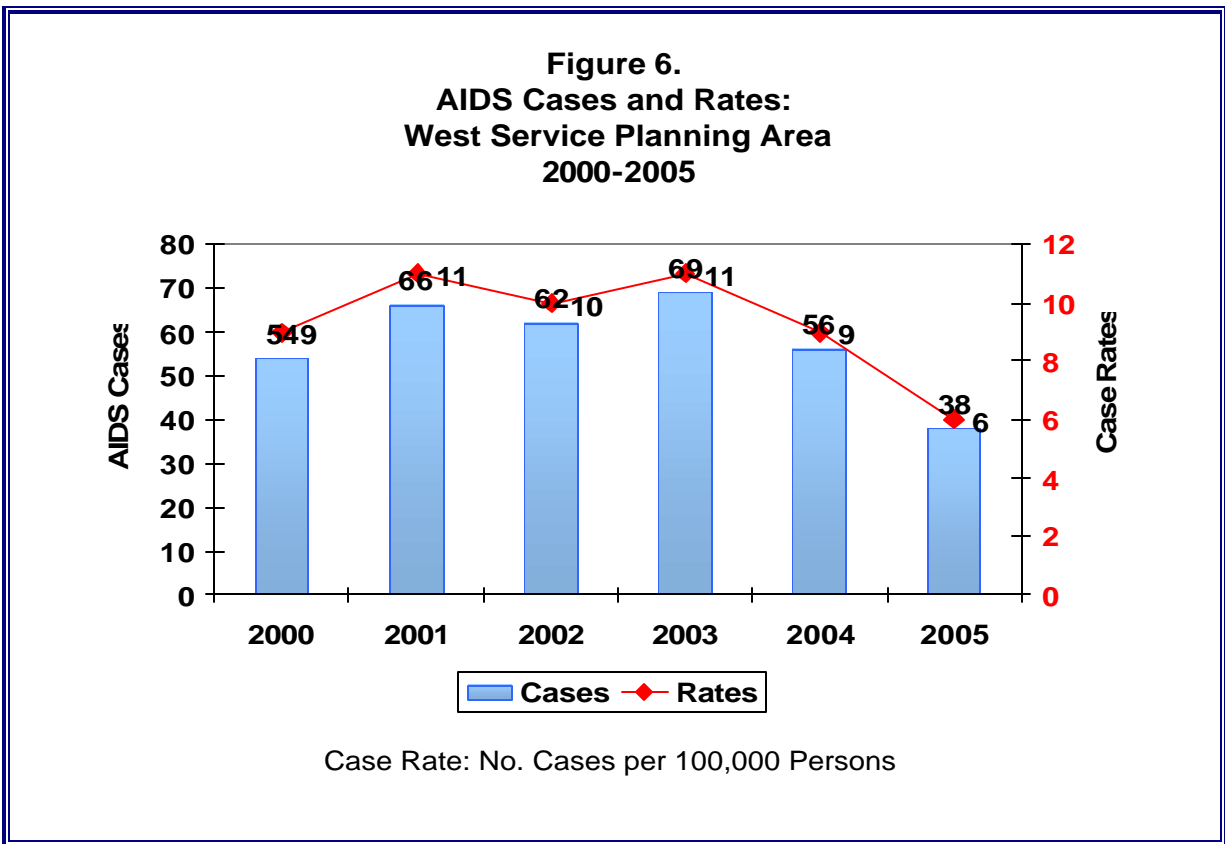
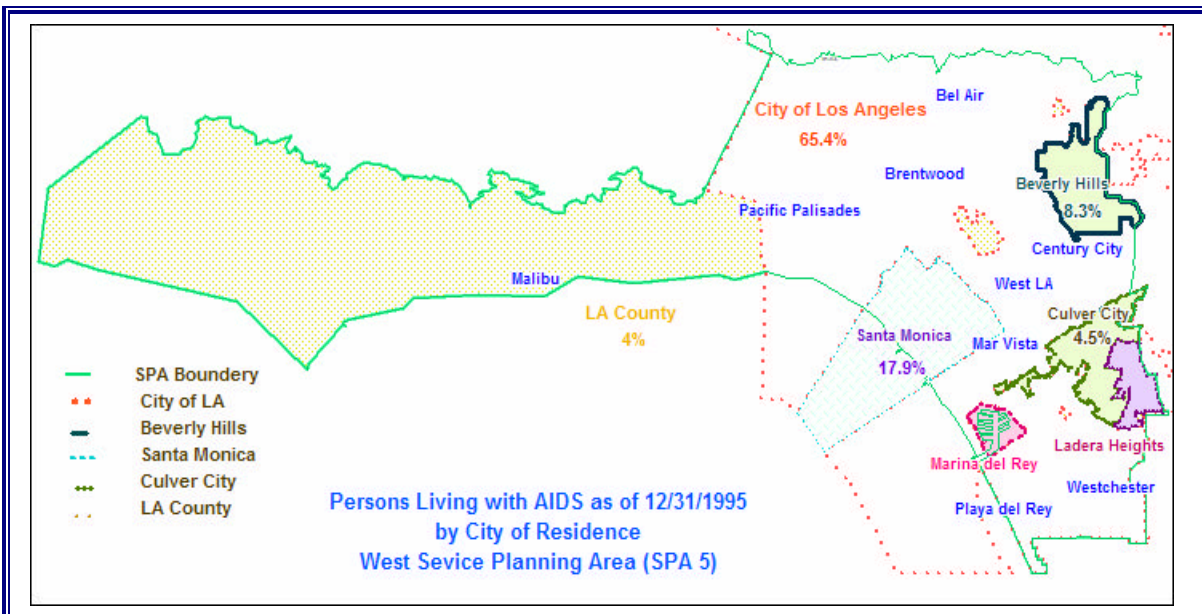


Figure 6. Annual AIDS case and rates (1999-2005) in SPA 5.

Figure 7 shows a distribution of AIDS cases by city in SPA 5.



Number of persons living with AIDS in SPA 5 as of June 31, 2006 was 1,092 (at the rate of 169 persons per 100,000 population. Racial distribution of the persons living with AIDS in 2006 in SPA 5 included 59% white, followed by 22% Hispanic, 14% African American, 3% Asian, and <1% Native American.

Case rates for AIDS in SPA 5 were highest among African Americans (156 cases, 14%, and 343 cases per 100,000 population), followed by Native Americans (5 cases, less than 1%, and 316 cases per 100,000 population), Latinos, whites, and Asians with 216, 159, and 45 cases per 100,000 population. Cumulative deaths due to AIDS related diseases were 1,785 representing 6% of total deaths in LAC to date.

### **Sexually Transmitted Diseases (STDs)**

The legally reportable sexually transmitted diseases (STDs) in the State of California include Chlamydia, Gonorrhea, and Syphilis. During 2005, a total of 1,804 SPA 5 residents were diagnosed with sexually transmitted diseases (Table 10). Sexually Transmitted Disease case rate in SPA 5 was estimated at 278 cases per 100,000 population. Annual trends in sexually transmitted disease cases and rates in SPA 5 during 2000-2005 have been presented in figures, 8 (Chlamydia), 9 (Gonorrhea), and 10 (Syphilis).

Of the 1,804 cases, there were 1,342 (74.4%) cases of Chlamydia, 402 (22.3%) cases of Gonorrhea, and 60 cases (3.3%) of Syphilis. The highest concentrations of Chlamydia were seen in females (874, 65%, rate of 206.6 cases per 100,000 persons). Gonorrhea cases were highest in males (254, case rate of 80.6 cases per 100,000 persons). Primary, secondary, (32, rate of 4.9 cases per 100,000 persons) and early latent cases of Syphilis (28, 4.3 cases per 100,000 persons) were mainly among males.

The highest Chlamydia case rates were seen among African Americans (267, rate of 609.7 cases per 100,000 population), followed by Latino's (264, rate of 238.4 cases/100,000 persons), and Asians (102, rate of 127.8 cases/100,000 persons).

Although Gonorrhea was highest among the SPA's white male population (136, 33.8%, rate of 33.3 per 100,000 persons), the highest cases rates for Gonorrhea were seen among African American residents (85, 21.1%, rate of 194.1 cases per 100,000 persons). The next highest rates of Gonorrhea were seen among Latino residents (57, 14.2%, rate of 49.1 cases per 100,000 persons).

Primary and Secondary Syphilis cases were mainly among male residents of the SPA. Though there were 30 cases of Syphilis among SPA 5 while male residents (30, 94%, at the rate of 9.5 cases per 100,000 persons), Syphilis case rates were highest among Latinos (7, 23.3%, 12.2 cases per 100,000 persons), followed by whites (20, 66.7%, 10.0 per 100,000) and African Americans (2, 6.7%, 9.7 cases per 100,000 persons). Figures 11 through 13 present a distribution of Chlamydia, Gonorrhea, and Syphilis cases across the West SPA.

**Table 10. Sexually Transmitted Diseases in SPA 5 by Gender and Ethnicity - 2005**

Gender and Ethnicity	Disease										
	Chlamydia			Gonorrhea			Syphilis (Prim., Sec., Early Latent)			Total*	
	Number	Percent	Rate**	Number	Percent	Rate**	Number	Percent	Rate**	Number	Percent
Male	468	34.9	148.5	254	63.2	80.6	58	96.7	18.4	780	43.2
Female	874	65.1	261.2	147	36.6	43.9	2	3.3	0.6	1023	56.7
<b>TOTAL*</b>	<b>1,342</b>	<b>100.0</b>	<b>206.6</b>	<b>402</b>	<b>100.0</b>	<b>61.9</b>	<b>60</b>	<b>100.0</b>	<b>9.2</b>	<b>1,804</b>	<b>100.0</b>
White	326	24.3	79.8	136	33.8	33.3	38	63.3	9.3	500	24.5
African American	267	19.9	609.7	85	21.1	194.1	5	8.3	11.4	357	16.2
Latino	277	20.6	238.4	57	14.2	49.1	13	21.7	11.2	347	19.8
Asian/Pacific Islander	102	7.6	127.8	21	5.2	26.3	4	6.7	5.0	127	7.5
Other/Unknown	370	27.6	n/a	103	n/a	n/a	0	0.0	n/a	473	32.0
<b>TOTAL</b>	<b>1,342</b>	<b>74.4</b>	<b>206.6</b>	<b>402</b>	<b>22.3</b>	<b>61.9</b>	<b>60</b>	<b>3.3</b>	<b>9.2</b>	<b>1,804</b>	<b>100.0</b>

California state law mandates that all laboratories and physicians report cases of Chlamydia, gonorrhea, and syphilis to the local Health Department.

Physicians must also report cases of pelvic inflammatory disease (PID), Chancroid, and non-gonococcal urethritis (NGU). Only the numbers of Chlamydia, gonorrhea, and syphilis (primary, secondary, early latent) are large enough to be shown in this table.

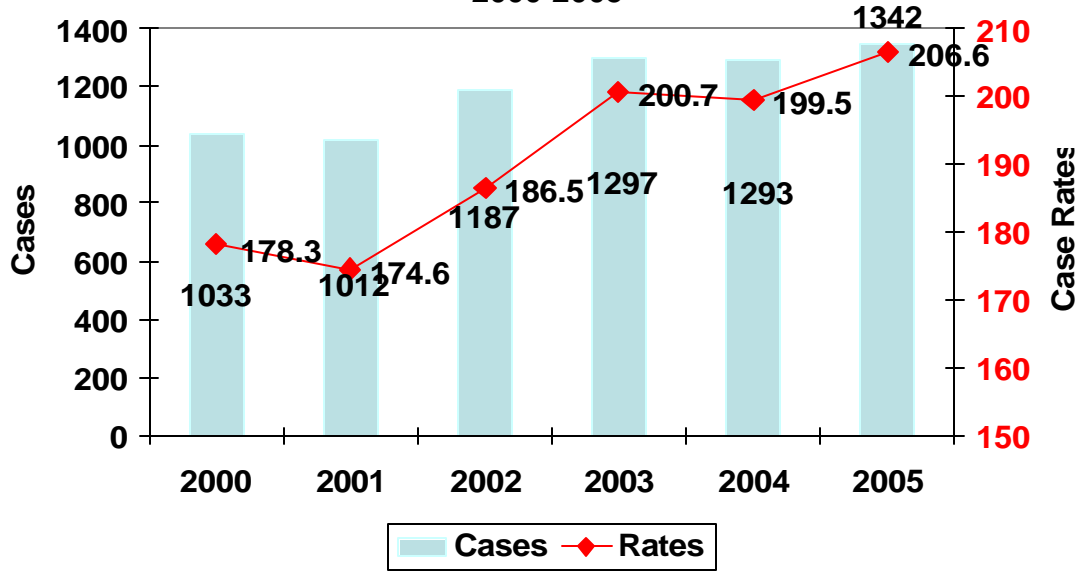
\*Includes unknowns.

Case Rate is defined as the number of cases per 100,000 population.

\*\*Case Rate adjusted by gender and race.

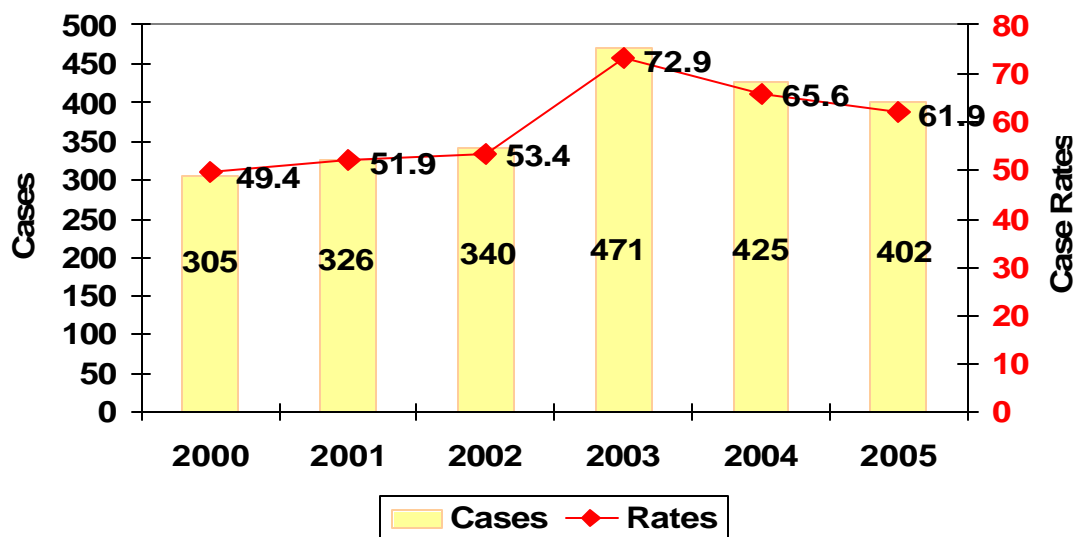
source: <http://lapublichealth.org/std/reports.htm>

**Figure 8.**  
**Chlamydia Cases and Rates:**  
**West Service Planning Area**  
**2000-2005**



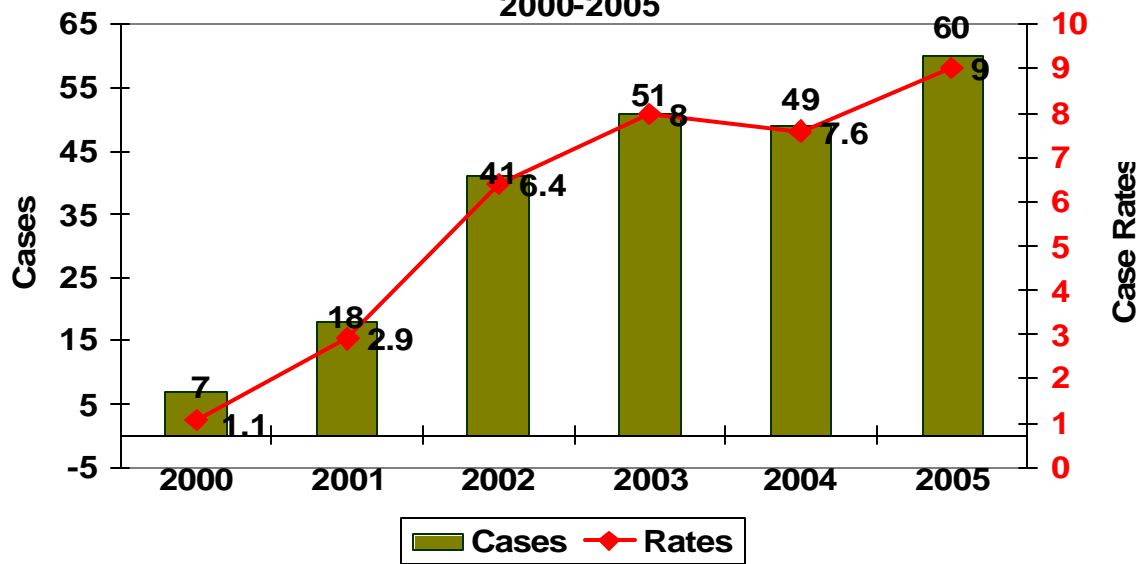
Case Rate: No. Cases per 100,000 Persons

**Figure 9.**  
**Gonorrhea Cases and Rates:**  
**West Service Planning Area**  
**2000-2005**

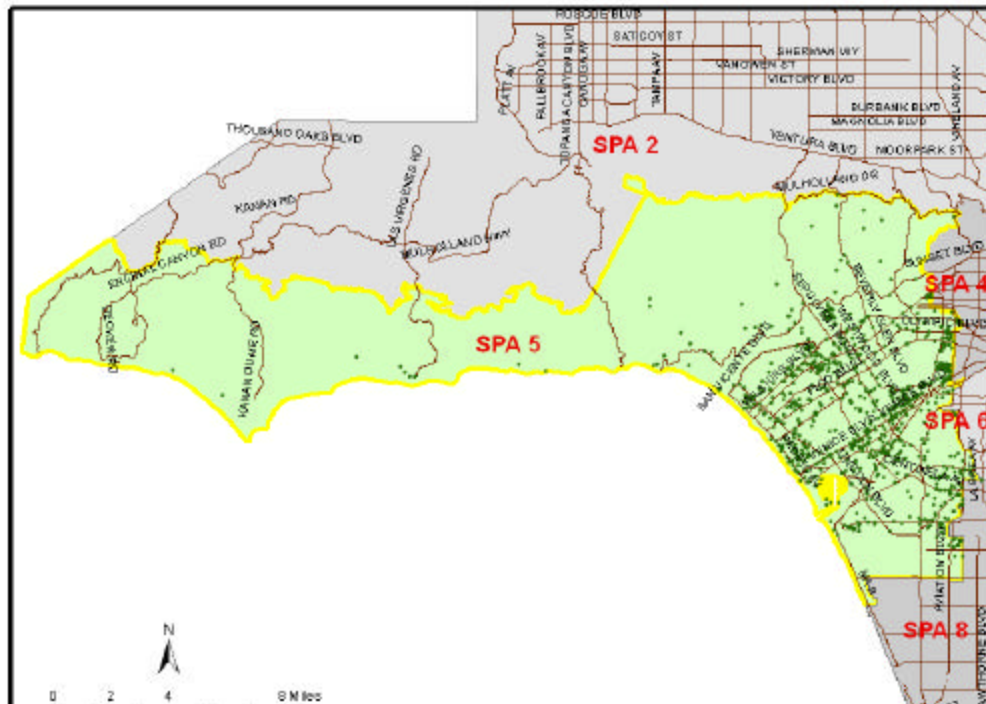


Case Rate: No. Cases per 100,000 Persons

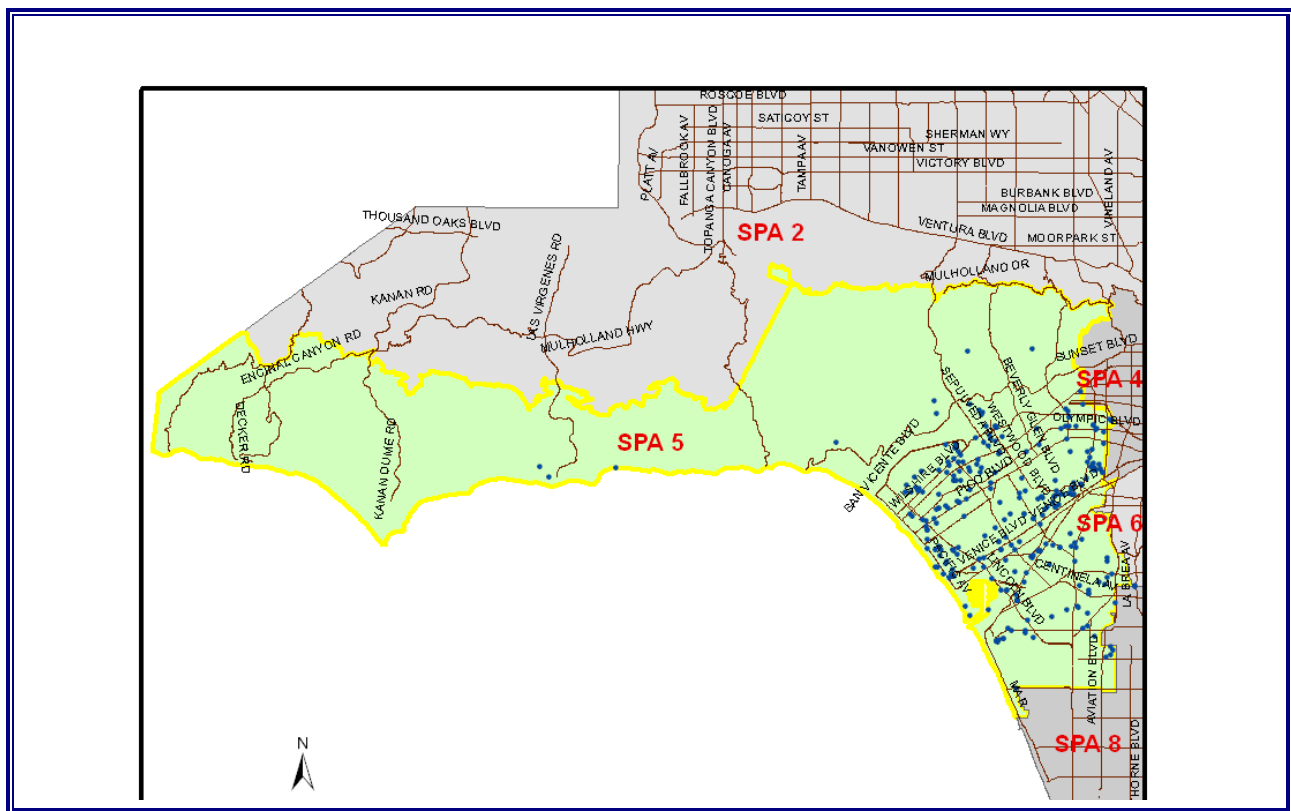
**Figure 10.**  
**Syphilis Cases and Rates:**  
**West Service Planning Area**  
**2000-2005**



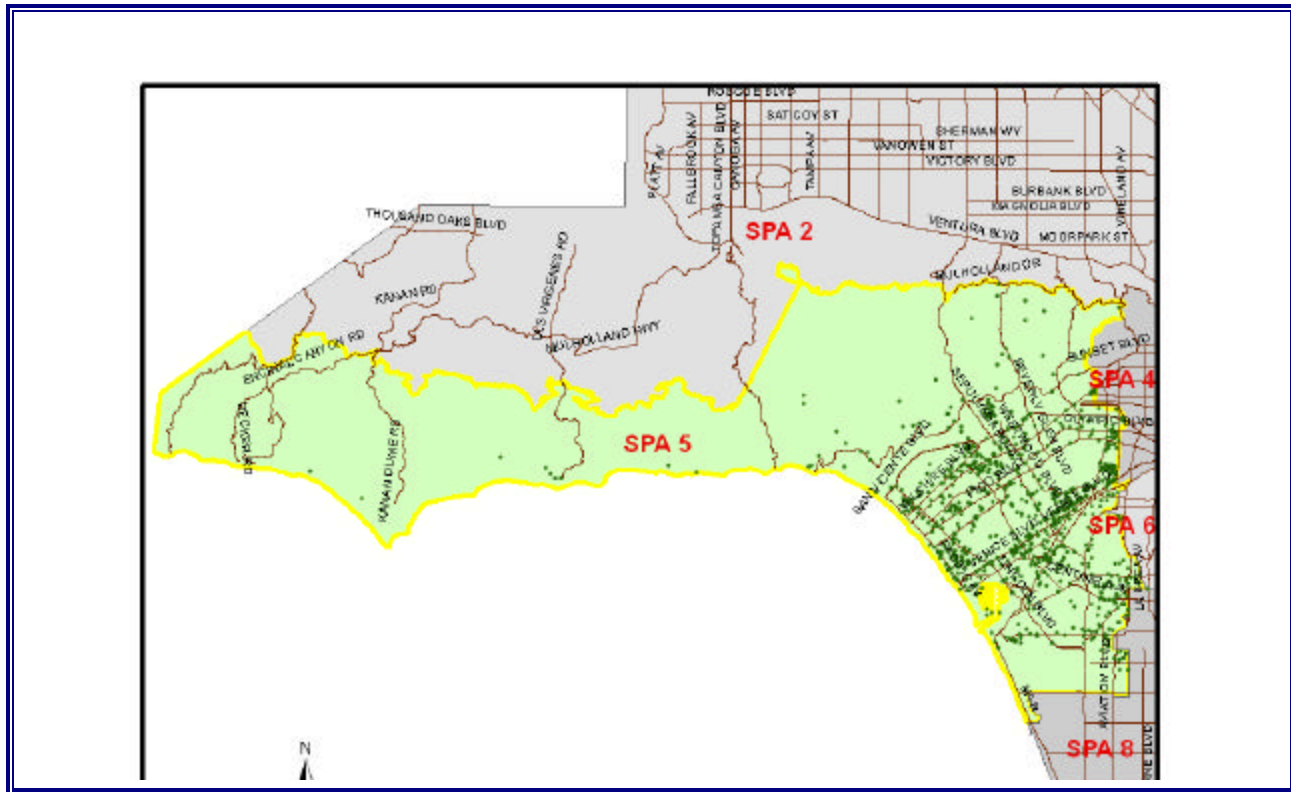
Case Rate: No. Cases per 100,000 Persons



**Figure 11, Chlamydia Cases in SPA 5 during 2005**



**Figure 12, Gonorrhea Cases in SPA 5 during 2005**



**Figure 13, Syphilis Cases in SPA 5 during 2005**

## Tuberculosis (TB)

The total number of TB cases in SPA 5 experienced an initial decrease in 2004 (from 34 in 2003 to 23 in 2004) followed by a subsequent increase to 29 cases in 2005. TB case rate in SPA 5 was estimated at 4.5 cases per 100,000 persons.

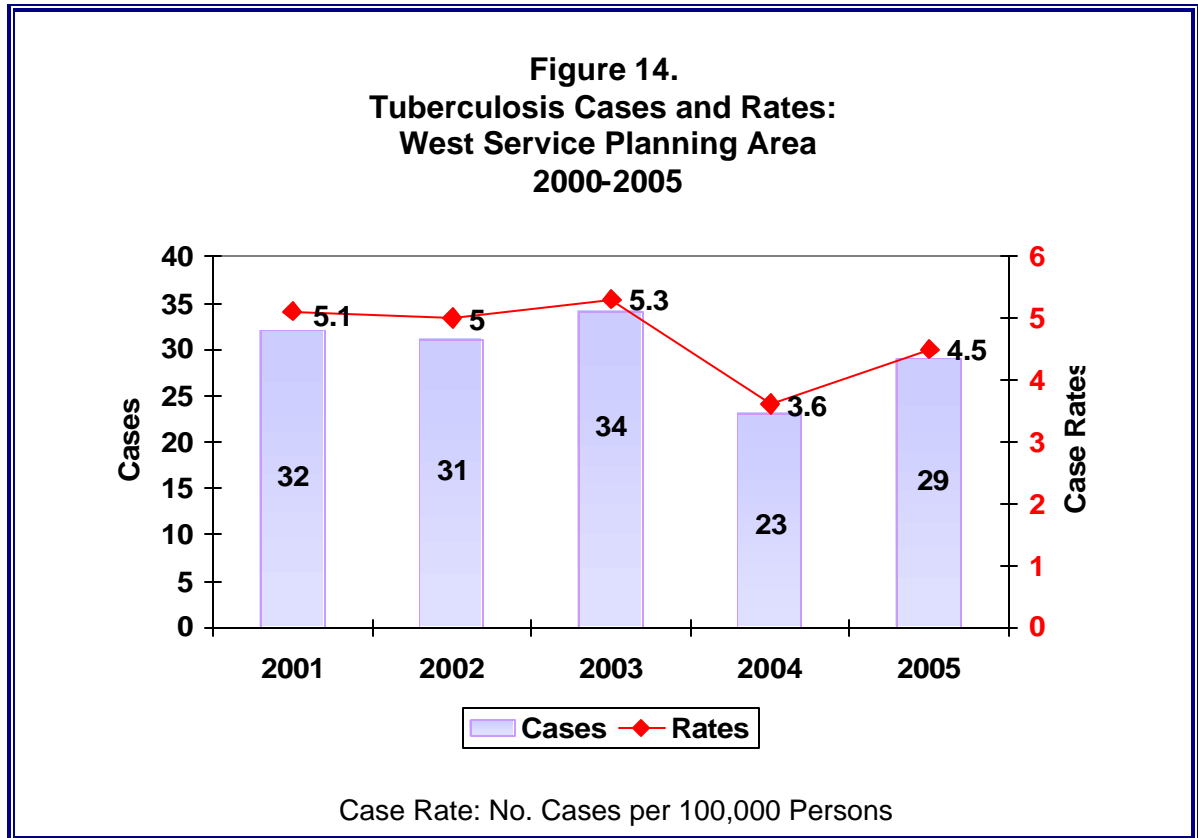
**Table 11. Tuberculosis in SPA 5 by Demographic Variables - 2005**

Demographic Variable	Cases		
	Number	Percent	Case Rate
<b>Gender</b>			
Male	19	65.5	6.0
Female	10	34.5	3.0
Total	29	100.0	4.5
<b>Age Group</b>			
00 - 04 Years	0	0.0	0.0
05 - 14 Years	0	0.0	0.0
15 - 34 Years	6	20.7	9.0
35 - 44 Years	9	31.0	8.1
45 - 54 Years	3	10.3	2.5
55 - 64 Years	3	10.3	3.1
65 Years and Over	8	27.6	11.1
Total	29	100.00	4.50
<b>Race/Ethnicity</b>			
White	5	17.2	1.2
African American	6	20.7	13.7
Latino	8	27.6	6.9
Asian/Pacific Islander	10	34.5	12.5
Total	29	100.00	4.5
<b>Country of Birth</b>			
United States of America	11	37.9	N/A
Mexico	7	24.1	N/A
Philippines	5	17.2	N/A
Iran	1	3.4	N/A
Ethiopia	1	3.4	N/A
El Salvador	1	3.4	N/A
Other	3	10.3	N/A
Total	29	100.0	

Source: LA County Public Health, TB Control Program, December 2006

TB cases were higher among males than females (66% males, 34% females %). There were no cases of TB in the 0-14 age group. Six cases of TB were diagnosed in the 15-34 age group, 9 cases among 35-44, and 6 were seen in the 45-64 and 8 cases were diagnosed among the older adults (65+).

Case rates of TB in SPA 5 were highest among the older adults (11.1 per 100,000 persons), followed by persons in the 15-34 age group (9 cases per 100,000 persons) and 35-44 age group (8.1 cases per 100,000 persons).

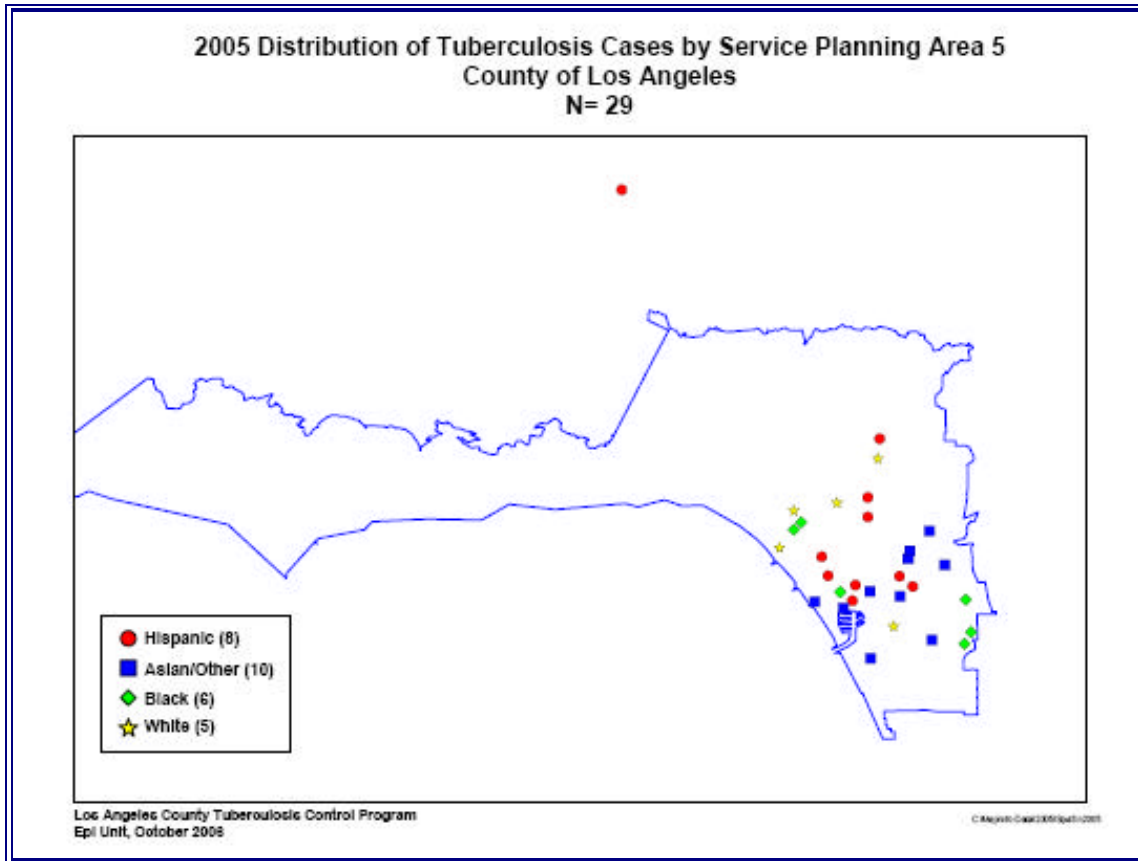


TB was highest among African Americans (13.7 cases per 100,000 persons), followed by Asians (12.5 per 100,000) and Latino's (6.9 per 100,000 persons).

Over 62% pf TB cases were foreign-born (18 cases). Among those, 7 (38%) were from Mexico, 5 (28%) were from the Philippines, and the remaining 6 cases were from multiple other countries.

A total of 21 cases (72%) were tested for HIV in SPA 5, all of whom were HIV negative. HIV testing was not done in 8 cases, 3 of whom refused HIV testing).

There were 3 homeless cases (10%) in SPA 5 during 2003 (Table 11). Annual TB case and rates (2000-2005) have been presented in Figure 14. A geographic distribution of TB cases in SPA 5 have been presented in Figure 15.



**Figure 15, Tuberculosis Cases in SPA 5 during 2005**

## **V. Burden of Disease and Injury**

### **Disability-Adjusted Life Years (DALYs)**

Since January 2000 (1997 DALY's), the Los Angeles County Department of Health Services has employed a new method - the Global Burden of Disease - to assess the total burden of disease and injury among Los Angeles County residents. The method combined premature mortality (measured using Years of Life Lost, or YLLs) and morbidity (measured using Years Lived with Disability, or YLDs) into a single measure of burden known as Disability Adjusted Life Years (DALYs). The most important finding of the report was that DALYs produce a substantially different ranking of disease burden within Los Angeles County than do mortality rates alone.

The last update to this report included DALYs for Los Angeles County as well as for each SPA (1998 DALY's). **No additional updates have been released since this report**

was produced.

Table 12 presents the ten leading causes of disease burden in SPA 5. Coronary Heart Disease was the leading cause of disease burden (4,738 years of healthy life lost), followed by alcohol dependence (3,808 years), Alzheimer's/other dementia (2,888 years), Depression (2,755 years), Osteoarthritis (2,699 years), Diabetes Mellitus (2,551 years), drug overdose/other intoxication (2,446 years), Stroke (2,283 years), Trachea/Bronchus/Lung Cancer (1,988 years of healthy life lost), and Emphysema (1,890 years). The table also lists rates of DALYs per 1,000 population. Rates of DALYs ranged from 8.2 to 3.3 per 1,000 population for the top ten causes of DALYs in SPA 5. The rate for Coronary Heart Disease was much higher than rates for the next leading causes of DALYs.

Table 13 reports the ten leading causes of disease burden by gender in SPA 5. Coronary Heart Disease and drug overdose/other intoxication were the two leading causes of premature death and disability (years of healthy life lost) for men, with 2,752 years and 2,109 years lost, respectively. Alcohol dependence, Diabetes Mellitus, and Depression were the third, fourth, and fifth leading causes of DALYs for men, with 1,948, 1,434, and 1,366 years lost, respectively. Meanwhile, Coronary Heart Disease and Alzheimer's/other dementia were the two leading causes of premature death and disability for women, with 1,986 and 1,956 years lost, respectively. Alcohol dependence, Depression, and Osteoarthritis were the third, fourth, and fifth leading causes of DALYs among women, with 1,254, 1,117, and 1,038 years lost, respectively. Homicide/violence was the tenth leading cause of premature death and disability among men in SPA 5. The DALYs rate per 1,000 population for Coronary Heart Disease was 9.8 for men and 6.6 for women.

**Table 12. Leading Causes of Disease Burden in SPA 5 Population - 1998**

Rank	Cause of premature death and disability	DALYs	
		Years	Rate
1	Coronary Heart Disease	4,738	8.18
2	Alcohol Dependence	3,808	6.57
3	Alzheimer's/Other Dementia	2,888	4.99
4	Depression	2,755	4.76
5	Osteoarthritis	2,699	4.66
6	Diabetes Mellitus	2,551	4.40
7	Drug Overdose/Other Intoxication	2,446	4.22
8	Stroke	2,283	3.94
9	Trachea/Bronchus/Lung Cancer	1,988	3.43
10	Emphysema	1,890	3.26
	<b>All Causes</b>	<b>58,231</b>	<b>100.55</b>

**Table 13.**  
**Leading Causes of Disease Burden in SPA 5 Population by Gender - 1998**

Rank	Males in SPA 5		
	Cause of premature death and disability	DALYs	
		Years	Rate
1	Coronary Heart Disease	2,752	9.80
2	Drug Overdose/Other Intoxication	2,109	7.50
3	Alcohol Dependence	1,948	6.90
4	Diabetes Mellitus	1,434	5.10
5	Depression	1,366	4.90
6	Osteoarthritis	1,325	4.70
7	Cerebrovascular Disease	1,029	3.70
8	Trachea, Bronchus, and Lung Cancer	992	3.50
9	Alzheimer's/Other Dementia	932	3.30
10	Homicide/Violence	920	3.30

Rank	Females in SPA 5		
	Cause of premature death and disability	DALYs	
		Years	Rate
1	Coronary Heart Disease	1,986	6.64
2	Alzheimer's/Other Dementia	1,956	6.55
3	Alcohol Dependence	1,860	6.22
4	Depression	1,389	4.65
5	Osteoarthritis	1,374	4.60
6	Stroke	1,254	4.20
7	Diabetes Mellitus	1,117	3.74
8	Emphysema	1,038	3.47
9	Trachea, Bronchus, and Lung Cancer	996	3.33
10	Congenital/Heart Anomalies	888	2.97

## **VI. Hospitalization**

### **Leading Causes of Hospitalization (Diagnosis Related Group (DRG) Categorization)**

During 2005, the top 5 causes of hospitalization among SPA 5 residents were psychosis (3,395, 5.2%), major joint/limb replacement (1,538, 2.3%), heart failure (1,331, 2%), pneumonia and Pleurisy (1,272, 1.9%), and chest pain (1,225, 1.9%). (Table 14) There was a total of 65,975 hospitalizations in SPA 5 during 2005.

**Table 14. Top 5 Diagnosis Related Groups for Hospitalizations in SPA 5 - 2005**

Rank	Principal Diagnosis at Discharge	Hospital Discharges		
		Number	Percent	Rate
1	Psychoses	3,395	5.2	522.5
2	Joint/Limb Replacement	1,538	2.3	236.7
3	Heart Failure/Pleurisy	1,331	2.0	204.9
4	Pneumonia	1,272	1.9	195.8
5	Chest Pain	1,225	1.9	188.5

Source: OSHPD Patient Discharge Data 2005; LAC DHS Office of Planning and Analysis

### Source of payment for Hospitalization

Medicare was the source of payment for 41.5% of the total hospitalizations in SPA 5. Private insurance was the source of payment in 40% of admissions, followed by Medi-Cal (12.1%). Less than five percent of all hospitalized patients were indigent and the remaining estimated 1% used other sources of payment (Table 15).

**Table 15. Source of Payment for Hospitalizations in SPA 5**

Payment Source	Number	Percent
<b>Indigent</b>	3,153	4.8
<b>Medi-Cal</b>	8,012	12.1
<b>Medi-Care</b>	27,345	41.5
<b>Other</b>	786	1.2
<b>Private</b>	26,679	40.4

Source: OSHPD Patient Discharge Data 2005; LAC DHS Office of Planning and Analysis.

Medi-Cal is the State of California's version of the federal Medicaid program.

## Asthma-Related Hospitalization

Table 16 presents asthma-related hospitalizations in SPA 5 during 2005. There were 445 asthma-related hospitalizations in SPA 5 during 2005. Thirty-two percent of these hospitalizations were among children 0-17. According to the latest health survey in Los Angeles County (2002-2003), in SPA 5, an estimated 13.0 percent of children ages 0-17 suffer from asthma. In this SPA, 5.7% adults have a current asthma diagnosis.

**Table 16. Asthma Hospitalizations by Age Group, SPA 5: 2005**

<b>Asthma Hospitalizations</b>		
<b>Age Group</b>	<b>Hospitalizations</b>	<b>Percent</b>
Under 1 Year	64.0	14.4
1-17 Years	79.0	17.8
18-34 Years	17	3.80
35-64 Years	102	22.9
65 Years or older	149	33.5

**Source: OSHPD Patient Discharge Data 2005:  
LAC DHS Office of Planning and Analysis**

## VII. Mortality

### Leading Causes of Death

During 2004, there were 4,098 deaths among residents of SPA 5 (Table 17). Heart disease was the leading causes of death, with 1,036 deaths at the rate of 160.2 deaths per 100,000 persons. Heart disease accounted for 25.3% of deaths during that year. Other leading causes of death among SPA 5 residents during 2004 were Cancer with 640 deaths (15.6%, 99 deaths per 100,000), cerebrovascular disease (stroke) with 321 deaths (7.8%, 49.6 deaths per 100,000), pneumonia & influenza with 184 deaths (4.5%, 28.5 deaths per 100,000), and chronic lower respiratory disease (CLD) with 166 deaths representing 4.1% at the rate of 25.7 deaths per 100,000 persons in SPA 5.

Table 17 presents the leading causes of death in SPA 5 during 2004. Age adjusted death rates have been calculated for the different causes presented.

**Table 17. Leading Causes of Death in SPA 5 - 2004**

YPLL Rank	Cause of Death (Male)	Deaths		
		Number	Percent	Death Rate
1	Heart Disease	513	38.7	166.1
11	Stroke	123	9.3	40.3
6	Cancer, trachea, bronchus, lung	107	8.1	34.3
23	Influenza and Pneumonia	93	7.0	30.4
16	Chronic Lower Respiratory Disease	66	5.0	21.5
21	Cancer, prostate	59	4.5	19.5
9	Diabetes Mellitus	56	4.2	18.1
39	Alzheimer's Disease	48	3.6	15.7
10	Cancer, colorectal	44	3.3	14.1
12	Cancer, leukemia	37	2.8	11.8
4	Suicide	36	2.7	11.0
14	Cancer, pancreas	36	2.7	11.6
20	Cancer, lymphoma	28	2.1	9.2
5	Accidental Poisoning	27	2.0	7.9
8	Chronic Liver Disease	26	2.0	7.9
2	Motor Vehicle Accident	26	2.0	8.4
<b>TOTAL</b>	<b>All Causes</b>	<b>1,325</b>	<b>100.0</b>	<b>422.8</b>

**Excludes unremarkable causes and infant deaths.**

Rank	Cause of Death (Female)	Deaths		
		Number	Percent	Death Rate
2	Heart Disease	523	35.0	107.5
8	Stroke	198	13.3	84.4
4	Cancer, trachea, bronchus, lung	115	7.7	28.1
17	Chronic Lower Respiratory Disease	100	6.7	22.0
1	Cancer, breast	97	6.5	24.6
18	Influenza and Pneumonia	91	6.1	18.5
45	Alzheime's Disease	85	5.7	16.6
10	Diabetes	59	4.0	13.4
11	Cancer, colorectal	45	3.0	10.8
9	Cancer, pancreas	42	2.8	10.2
5	Cancer, Ovary	40	2.7	10.0
33	Hypertension/Renal disease	27	1.8	6.2
19	Cancer, leukemia	25	1.7	5.6
13	Nephritis	23	1.5	5.7
3	Suicide	23	1.5	5.8
<b>TOTAL</b>	<b>All Causes</b>	<b>1,493</b>	<b>100.0</b>	<b>654.9</b>

Rates are per 100,000 population.

During 2004, the total population of SPA 5 was 646,770 persons (313,383 males, 333,387 females).

## Unintentional Injury Deaths, Suicides, and Homicides

Table 18 presents the racial/ethnic distribution of Injury deaths in SPA 5 during 2004 by Race/ethnicity. Of the 223 injury deaths among SPA 5 residents during that year, 163 (73%) were among whites, 30 (13.5%) were among Latino persons, 20 (9%) were among African Americans and 10 (5%) were among other racial/ethnic groups. The highest rates of injury deaths occurred among African Americans (37.3 cases per 100,000 persons), followed by whites (35.4), and Latino's (24.5). Sixty-nine percent of injury deaths were among men and 31% were among women. The highest rates of injury deaths were among adults 65 years of age or older (67.1), followed by 20-24 age group (50.3), and 45-54 age group (40.1).

**Table 18. Racial/Ethnic Distribution of Injury Deaths in SPA 5-2004**

Race/Ethnicity	Total		
	Number	Percent	Rate
White	163	73.1	35.4
African American	20	9.0	37.3
Latino	30	13.5	24.5
Asian/Other	10	4.5	11.4
<b>TOTAL</b>	<b>223</b>	<b>100.0</b>	<b>34.3</b>

Unintentional injury deaths include motor vehicle and other accidental deaths. Table 19 presents unintentional injury deaths in SPA 5.

**Table 19. Unintentional Injury Deaths, Leading Causes: SPA 5, 2004**

	Number	Rate	Average Age
Poisoning	44	6.0	47
Vehicular Accidents	37	5.7	42
Falls	24	3.4	75
Suicides	19	2.7	58
Homicides	17	2.9	31

The highest number of injury hospitalizations in SPA 5 were due to falls (2060, rate of 302.9), followed by vehicular accidents (456, rate of 68.5), and Suicide attempts by poisoning (198, rate of 29.2 cases per 100,000 persons).

## Years of Potential Life Lost

Years of potential life lost (YPLL) due to death prior to reaching the age of 65 are presented in Table 20. Years of potential life lost for heart disease, vehicular accidents and homicides was substantially higher for men. Breast cancer, heart disease, and suicide were the top three causes of potential life lost among women.

The rates of years of potential life lost before age 65 per 100,000 population were significantly higher for cancers (1700 for men, 1710 for women), heart disease (2087 for men, 994 for women) and suicide (837 for men and 547 for women).

**Table 20. Years of Potential Life Lost by Leading Cause of Death in SPA 5 - 2004**

Rank	Males	YPLL		Females	YPLL	
	Cause of Death	Years	Rate	Cause of Death	Years	Rate
1	Heart Disease	2,087	754.7	Cancer, breast	994.0	350.2
2	Motor Vehicle Accident	920	332.7	Heart Disease	853.0	300.6
3	Homicide	920	332.7	Suicide	547.0	192.7
4	Suicide	837	302.7	Cancer, trachea, bronchus, lung	446.0	157.2
5	Accidental Poisoning	813	294.0	Cancer, ovary	372.0	131.1
6	Cancer, trachea, bronchus, lung	747	270.1	Accidental Poisoning	369.0	130.0
7	HIV	646	233.6	Motor Vehicle Accident	338.0	119.1
8	Chronic Liver Disease	473	171.0	Stroke	334.0	117.7
9	Diabetes	384	138.9	Cancer, pancreas	258.0	90.9
10	Cancer, colorectal	291	105.2	Diabetes	257.0	90.6
11	Stroke	274	99.1	Cancer, colorectal	240.0	84.6
12	Cancer, leukemia	232	83.9	Cancer, cervix	157.0	55.3
13	Cancer, brain/CNS	227	82.1	Nephritis	135.0	47.6
14	Cancer, pancreas	203	73.4	Chronic Liver Disease	119.0	41.9
15	Accidental Drowning	196	70.9	Cancer, brain/CNS	118.0	41.6
<b>TOTAL</b>	<b>All Causes</b>	<b>9,250</b>	<b>1,709.3</b>			

Years of Potential Life Lost (YPLL) = sum of years lost because of premature death before age 65 years.

A death at a younger age will contribute more YPLL than a death at an older age.

All rates shown are crude (unadjusted) rates.

Rates are years lost per 100,000 population at risk (population less than 65 years of age).

The population of SPA 5 during 2001 included 541,170 persons less than 65 years of age.

There were a total of 4,192 deaths including 24 infant deaths (excluded) in SPA 5 during 2001.

## VIII. Alcohol and Drug Problems

### Persons Receiving Alcohol and Drug Services

During fiscal year 2005-2006, the number of SPA 5 residents receiving alcohol and drug services was 2,839. (Table 21)

The residents receiving alcohol and drug services attended various types of programs.

The majority of recipients (2,064 persons, 73%) received non-residential treatment services. The remaining 775 persons (27%) attended short-term or long-term residential treatment programs.

**Table 21. Persons Receiving Alcohol and Drug Services in SPA 5  
Fiscal Year 2005-2006**

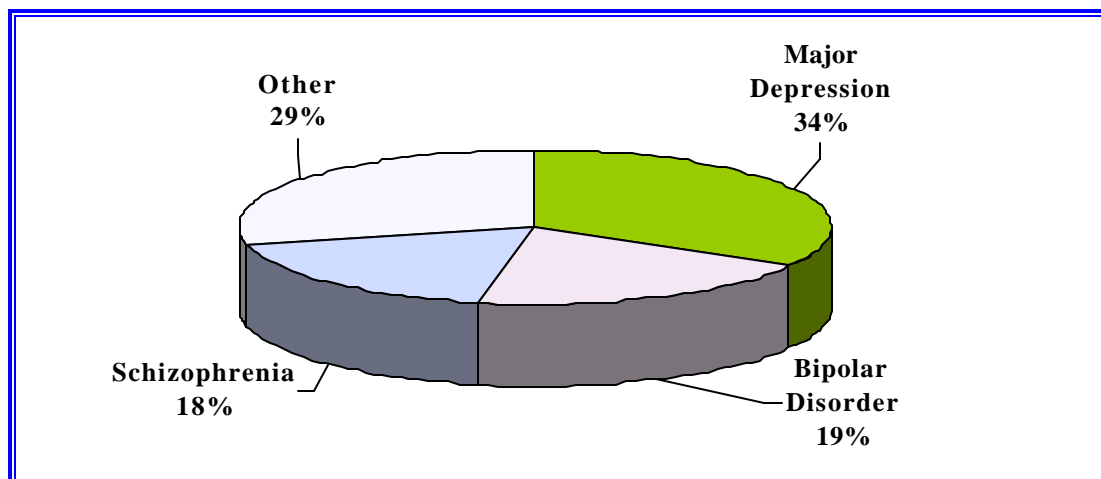
Race/Ethnicity		
	Number	Percent
White	1,228	43.3
African American	706	24.9
Latino	580	20.4
Asian/Pacific		
Islander	56	2.0
Native American	14	0.5
Other	255	9.0
Age Group		
0-17	96	3.4
18-64	2,698	95.0
65+	45	1.6
Type of Service		
Outpatient	2,064	72.7
Residential	775	27.3

## IX. Mental Health

### Persons Receiving Mental Health Services

Based on 2002-2003 reports, an estimated 8,000 residents received mental health services. The largest number of mental health patients were diagnosed with personality disorders (35%). Personality disorders and Dual diagnoses are often secondary diagnoses. The top three mental health conditions among adults in this SPA is Major Depression (34%), followed by Bipolar Disorder (20%), and Schizophrenia (18%).

Figure 17: Persons Receiving Mental Health Services by Diagnosis: SPA 5, 7/2002-6/2003



# APPENDICES

Appendix A: Data Sources

Appendix C: Map of West Service Planning Area.

## DATA SOURCES

- ? Estimated 2005 population: Office of Health Assessment and Epidemiology, Los Angeles County Public Health, Los Angeles, California.
- ? Estimated 2004 population living below the federal poverty level: Office of Health Assessment and Epidemiology, Los Angeles County Public Health, Los Angeles, California.
- ? Recipients of public assistance: Research and Evaluation Section, Los Angeles County Public Social Services, Los Angeles, California.
- ? Estimated homeless population for 2005: Los Angeles Homeless Service Authority and the City of Glendale, California.
- ? Births: 2004 Maternal, Child, & Adolescent Health Program, Los Angeles County Public Health, Los Angeles, California.
- ? Cumulative AIDS cases, persons living with AIDS: HIV Epidemiology Program, Los Angeles County Public Health, Los Angeles, California.
- ? Sexually transmitted disease cases: Sexually Transmitted Disease Program, Los Angeles County Public Health, Los Angeles, California.
- ? Tuberculosis cases: Tuberculosis Control Program, Los Angeles County Public Health, Los Angeles, California.
- ? Burden of disease and injury: Data Collection and Analysis Unit, Office of Health Assessment and Epidemiology, Los Angeles County Public Health, Los Angeles, California.
- ? Hospital discharges from acute care hospitals: Office of Ambulatory Care, Los Angeles County Department of Health Services, Los Angeles, California.
- ? Deaths: 2004 Death File, Data Collection and Analysis Unit, Office of Health Assessment and Epidemiology, Los Angeles County Department of Health Services, Los Angeles, California.
- ? Persons receiving alcohol and drug services: Alcohol and Drug Program Administration, Los Angeles County Public Health, Los Angeles, California.
- ? Persons receiving mental health services: Planning Division, Los Angeles County Department of Mental Health, Los Angeles, California.

# West Service Planning Area SPA 5

