

Health Indicators for Women in Los Angeles County

Highlighting Disparities by Ethnicity and Insurance Status



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FOREWORD

“Health Indicators for Women in Los Angeles County: Highlighting Disparities by Ethnicity and Insurance Status” is the first report developed by the Department of Public Health dedicated solely to examining the key indicators of health for women in Los Angeles County. It was compiled to highlight the health needs for women in our communities.

The health care needs of women are unique, reflecting the influence of complex and challenging economic, social and biological factors. Traditionally, women’s health has referred to issues concerning reproduction and fertility; however, it is now recognized that women have a multitude of other health concerns including heart disease, cancer and depression. In addition, women are often the primary caretakers and health care decision makers for the entire family; therefore the health and well-being of women are important factors in the health of the entire family.

This report identifies health disparities for women by race/ethnicity and health insurance status in an effort to determine which communities and health indicators require more immediate attention. For example, in examining the indicators for the social and physical environment, Latinas have higher rates of poverty, lower rates of education, are more likely to speak a language other than English at home and report lower rates of neighborhood safety compared to women of other ethnic groups. Disparities in these factors are often related to increased health risks and illness. Similarly, uninsured women report more difficulty accessing medical care and have lower rates of receiving preventive health screenings compared to insured women.

Multi-faceted strategies are needed to eliminate the health disparities identified by this report and to promote prevention and quality health care for all. Both bold and incremental policy changes are needed to address the disparities in the determinants of health in the social and physical environment. In addition, the areas of need highlighted by the report should assist funders, advocacy groups, community-based organizations, civic programs, and state and local government in outlining a plan that will address these areas. We must mobilize collaborative efforts to improve the health status of women and therefore, the family and community.


Jonathan E. Fielding, MD, MPH
Director of Public Health and Health Officer


Ellen Eidem, MS
Director, Office of Women’s Health

INTRODUCTION

Key indicators are standardized measures through which we can consider and compare many aspects of health and well-being. In this report, indicators of health are described for both women and men in the county and for women alone to emphasize gender differences. In addition, the indicators are presented for women by race/ethnicity and by insurance status for those less than 65 years of age to highlight disparities among the diverse groups of women living in Los Angeles County. Where appropriate and when definitions were consistent, the indicators are compared to Healthy People 2010 targets which represent the health standards our nation is trying to achieve within this decade.

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CAUSES OF DEATH & PREMATURE DEATH

LEADING CAUSES OF DEATH FOR WOMEN IN LOS ANGELES COUNTY BY RACE/ETHNICITY, 2004¹

Race/Ethnicity Number of deaths Death rate*	#1 cause Number of deaths Death rate*	#2 cause Number of deaths Death rate*	#3 cause Number of deaths Death rate*	#4 cause Number of deaths Death rate*	#5 cause Number of deaths Death rate*
Latina 5,682 445 per 100,000	Coronary heart disease 1,211 107 per 100,000	Stroke 421 36 per 100,000	Diabetes 394 33 per 100,000	Pneumonia & influenza 234 21 per 100,000	Breast cancer 222 15 per 100,000
White 16,709 621 per 100,000	Coronary heart disease 4,731 158 per 100,000	Stroke 1,353 46 per 100,000	Emphysema 1,005 37 per 100,000	Lung cancer 851 35 per 100,000	Pneumonia & influenza 717 24 per 100,000
African American 4,148 838 per 100,000	Coronary heart disease 1,073 220 per 100,000	Stroke 364 75 per 100,000	Breast cancer 199 38 per 100,000	Lung cancer 189 38 per 100,000	Diabetes 181 36 per 100,000
Asian/Pacific Islander 2,672 359 per 100,000	Coronary heart disease 596 81 per 100,000	Stroke 253 34 per 100,000	Pneumonia & influenza 147 20 per 100,000	Lung cancer 144 19 per 100,000	Diabetes 142 19 per 100,000
All women[§] 29,314 563 per 100,000	Coronary heart disease 7,634 143 per 100,000	Stroke 2,403 45 per 100,000	Emphysema 1,363 27 per 100,000	Lung cancer 1,324 27 per 100,000	Pneumonia & influenza 1,259 23 per 100,000

Reference: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Mortality in Los Angeles County 2004: Leading causes of death and premature death. May 2007.

LEADING CAUSES OF PREMATURE** DEATH FOR WOMEN IN LOS ANGELES COUNTY BY RACE/ETHNICITY, 2004¹

Race/Ethnicity	#1 cause Years of life lost	#2 cause Years of life lost	#3 cause Years of life lost	#4 cause Years of life lost	#5 cause Years of life lost
Latina	Coronary heart disease 4,082	Motor vehicle crash 3,948	Breast cancer 3,724	Diabetes 2,876	Homicide 2,238
White	Coronary heart disease 7,460	Breast cancer 5,572	Lung cancer 4,274	Motor vehicle crash 3,277	Drug overdose 2,952
African American	Coronary heart disease 5,351	Breast cancer 3,058	Stroke 1,969	Diabetes 1,684	Lung cancer 1,527
Asian/Pacific Islander	Breast cancer 1,882	Coronary heart disease 1,111	Stroke 1,066	Lung cancer 1,022	Motor vehicle crash 1,016
All women[§]	Coronary heart disease 18,097	Breast cancer 14,268	Motor vehicle crash 9,638	Lung cancer 7,771	Stroke 7,245

Reference: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Mortality in Los Angeles County 2004: Leading causes of death and premature death. May 2007.

*Adjusted by age.

**Death before age 75 years.

§Includes persons of other or unknown race/ethnicity.

SOCIAL & PHYSICAL ENVIRONMENT

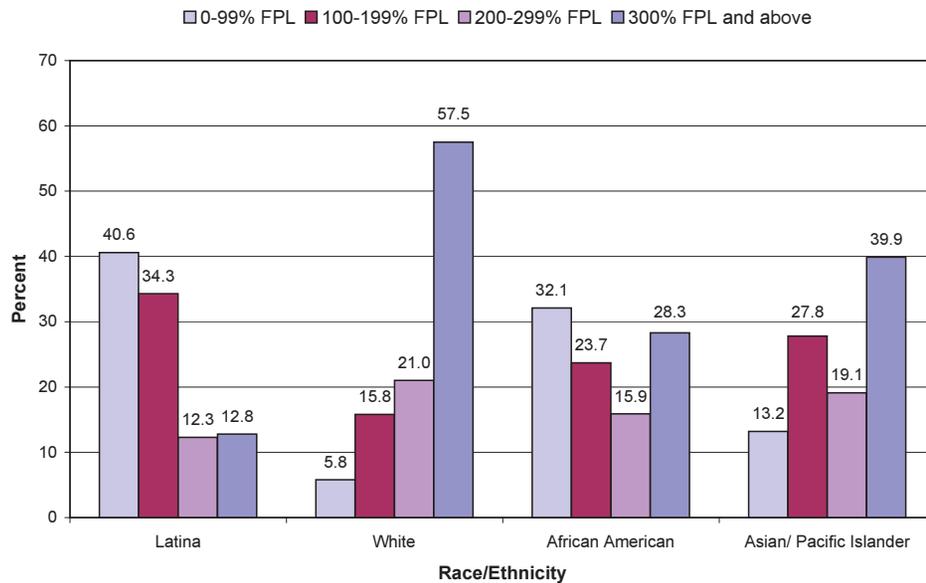
“An analysis of the broader social and environmental conditions is necessary to obtain a better understanding of why health disparities exist and what steps we can take to eliminate them.”

Sylvia Drew Ivie, JD, Consultant, The California Endowment

	Healthy People 2010 Target	Los Angeles County	Los Angeles County Women	Latina	White	African-American	Asian/Pacific Islander	Medi-Cal	Private	No Insurance
				Women: Race/Ethnicity				Women <65 yrs: Insurance status		
Poverty ^{2a}										
• Percent of households with incomes less than 200% of the Federal Poverty Level	N/A	44.5	49.2	74.9	21.5	55.9	41.0	88.8	22.5	79.0
Education ²										
• Percent of adults who completed less than high school	10.0	20.5	22.2	42.8	4.0	12.8	16.8	39.5	8.0	40.9
• Percent of adults who completed high school	N/A	21.6	20.6	25.3	17.4	20.3	15.9	27.7	15.6	22.5
• Percent of adults who completed some college or trade school	N/A	25.2	25.8	20.8	29.5	42.8	18.7	25.7	27.5	20.3
• Percent of adults who completed college or a post baccalaureate degree	N/A	32.7	31.4	11.1	49.1	24.1	48.6	7.1	48.9	16.3
Birthplace ²										
• Percent of adults who are foreign born	N/A	41.4	41.5	67.9	11.0	3.9*	74.3	52.9	29.3	68.4
Language used at Home ²										
• Percent of adults speaking a language other than English at home	N/A	35.8	35.5	64.9	3.7	1.1	60.0	50.9	20.9	66.8
Neighborhood Safety ²										
• Percent of adults who believe their neighborhood is safe	N/A	80.9	79.5	71.9	88.7	73.5	81.2	67.7	85.6	68.7
Domestic Violence ^{3a}										
• Rate of hospitalizations due to assaultive injuries by spouse or partner per 100,000 females ages 13 years or older	N/A	N/A	0.6	0.5	0.6	1.2	**	N/A	N/A	N/A
Child Care ²										
• Percent of children ages 0-5 years for whom parents report difficulty finding child care (excludes 9.7% of children whose parents reported they do not need child care)	N/A	35.8	36.4	43.4	25.2	27.0	25.6	N/A	N/A	N/A

N/A = Data not applicable where noted *Unstable estimate - based on a small number
 **Cell sizes less than 5 - data not reported due to confidentiality

Federal Poverty Level (FPL) Among Women in Los Angeles County by Race/Ethnicity, 2005^{2a}



- An estimated 1.8 million or 49% of women in Los Angeles County are living at **less than 200% of the Federal Poverty Level** with the majority (70%) being 18 to 49 years of age.^{2a}
- 43% of Latinas complete **less than high school education** compared to 22% of all women in Los Angeles County.²
- Women ages 18 to 49 years are more likely to be **foreign born** (45%) and **speak a language other than English** at home (40%) compared to women 65 years and older (32% and 23% respectively).²
- Fewer women (80%) believe their **neighborhoods are safe** compared with men (82%), and more women ages 50 to 64 years (84%) and 65 years and older (89%) believe their **neighborhoods are safe** compared to women 18 to 49 years (76%).²
- Only 58% of women living in SPA 6 (South) and 70% of women living in SPA 4 (Metro) identified their **neighborhoods to be safe** compared to 80% of women overall in Los Angeles County.²
- Almost twice as many Latinas (43%) compared to other ethnic groups believed **finding child care** to be difficult.²

HEALTH STATUS

“Women’s health policy must address the health needs of all women. This includes those who are often marginalized within the current system, such as women of color, those who are disabled, women from other cultures or those who don’t speak English, and low income women.”

Juanita L. Watts, MD, Regional Coordinator for Women’s Health, Southern California Kaiser Permanente Group

Self-Rated Health^{2b}

- Percent of adults reporting their health to be excellent or very good

Unhealthy Days^{2b}

- Average number of unhealthy days (due to poor mental or physical health) reported by adults in the past month

Days of Activity Limitation^{2b}

- Average number of days in the past month adults reported regular daily activities were limited due to poor mental or physical health

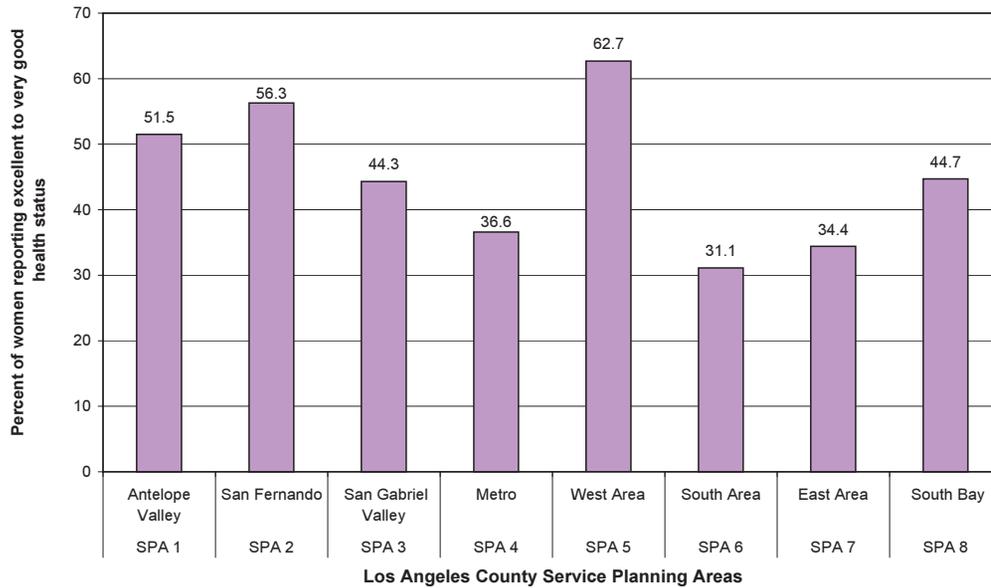
Disability^{2c,2d}

- Percent of adults with a disability

	Healthy People 2010 Target	Los Angeles County	Los Angeles County Women	Latina	White	African-American	Asian/Pacific Islander	Medi-Cal	Private	No Insurance
				Women: Race/Ethnicity				Women <65 yrs: Insurance status		
Self-Rated Health ^{2b}	N/A	46.8	44.9	30.5	63.4	42.5	39.9	26.4	61.7	31.3
Unhealthy Days ^{2b}	N/A	6.4	7.2	6.6	7.2	9.4	6.6	9.2	6.0	7.0
Days of Activity Limitation ^{2b}	N/A	2.4	2.6	2.3	2.8	3.6	1.9	3.8	1.9	1.7
Disability ^{2c,2d}	N/A	18.7	18.6	13.1	24.4	31.1	10.6	25.7	13.4	12.4

N/A = Data not applicable where noted

Self-Rated Health Among Women in Los Angeles County by SPA, 2005^{2b}



- In Los Angeles County, an estimated 1,673,000 or 45% of women ages 18 years and older report **excellent to very good health status**.^{2b}
- Percentage of women reporting **excellent to very good health status** decreases with age, with 49% of women 18 to 49 years reporting it compared to 34% of women 65 years and older.^{2b}
- Women in Los Angeles County reported higher number of **unhealthy days due to poor mental or physical health** per month (7.2 days) compared to men (5.6 days), with no improvement noted from 1999 to 2005.^{2b}
- From 1999 to 2005, African American women and women with Medi-Cal reported higher number of **unhealthy days** and **days of activity limitation** per month compared to the average among women in Los Angeles County.^{2b}
- The number of women with a **disability** increases with age and is higher among African American women (31%) and White women (24%) compared with Latinas (13%) and Asian/Pacific Islander women (11%).^{2c,2d}



HEALTH RISKS/BEHAVIORS

“Together, we can create an environment that makes prevention a priority. Lifestyle choices like good nutrition, exercise, reducing stress and not smoking prevent most chronic conditions and, very simply, improve our lives. Prevention is a powerful force.”

*Diana Bontá, RN, DrPH, Vice President of Public Affairs,
Kaiser Permanente's Southern California Region*

Tobacco and Alcohol Use²

- Percent of adults who smoke cigarettes
- Percent of children ages 0-6 years regularly exposed to tobacco smoke at home (one or more days in the past week)
- Percent of adults who binge drink - had 4 or more alcoholic drinks (5 or more for men) on at least one occasion in the past 30 days

Overweight and Obesity^{2e}

- Percent of adults who are overweight (25.0 ≤ BMI < 30.0)
- Percent of adults who are obese (BMI ≥ 30.0)

Physical Activity^{2f}

- Percent of adults who meet recommended guidelines for physical activity each week
- Percent of adults who are minimally active or inactive

Nutrition

- Percent of adults who consume five or more servings of fruits and vegetables a day²
- Percent of households < 300% FPL who are food secure^{2g}

Breastfeeding²

- Percent of children ages 0-5 years whose mother initiated breastfeeding
- Percent of children ages 0-5 years whose mother breastfed at least 6 months

Sexual Practices²

- Percent of adults who have had 2 or more sexual partners and have not always used condoms (in the past 12 months)

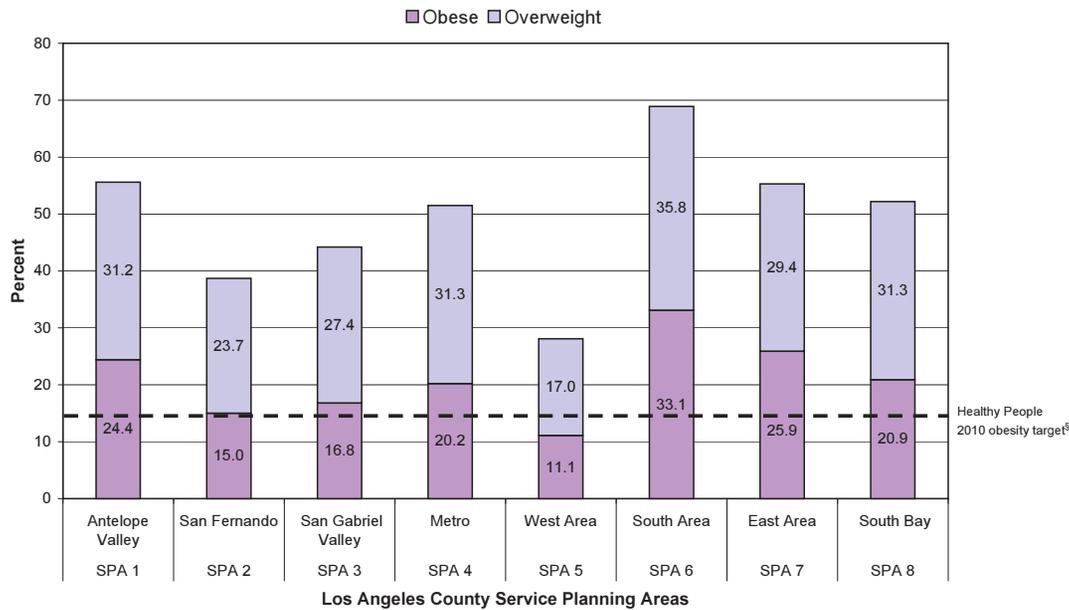
	Healthy People 2010 Target	Los Angeles County	Los Angeles County Women	Latina	White	African-American	Asian/Pacific Islander	Medi-Cal	Private	No Insurance
				Women: Race/Ethnicity				Women <65 yrs: Insurance status		
Percent of adults who smoke cigarettes	12.0	14.6	11.4	7.3	14.1	22.9	8.0*	17.4	10.9	12.2
Percent of children ages 0-6 years regularly exposed to tobacco smoke at home (one or more days in the past week)	6.0	3.5	3.5	3.0	3.1*	9.2*	3.3*	N/A	N/A	N/A
Percent of adults who binge drink - had 4 or more alcoholic drinks (5 or more for men) on at least one occasion in the past 30 days	13.4	17.3	11.2	10.1	14.1	11.3	7.5*	11.3	15.5	7.5
Percent of adults who are overweight (25.0 ≤ BMI < 30.0)	N/A	35.5	28.0	36.3	22.1	35.4	18.3	28.8	24.6	31.0
Percent of adults who are obese (BMI ≥ 30.0)	15.0 [§]	20.9	20.0	27.1	14.7	32.9	6.4	32.5	15.8	21.6
Percent of adults who meet recommended guidelines for physical activity each week	50.0	51.8	46.7	46.0	51.5	44.0	36.9	44.7	51.6	45.1
Percent of adults who are minimally active or inactive	N/A	37.5	43.0	44.4	37.2	46.0	52.0	44.4	36.7	46.4
Percent of adults who consume five or more servings of fruits and vegetables a day ²	N/A	14.6	18.3	15.6	24.4	14.3	12.8	14.1	21.0	13.0
Percent of households < 300% FPL who are food secure ^{2g}	94.0	74.5	73.8	66.6	84.4	75.6	85.3	59.7	82.7	64.5
Percent of children ages 0-5 years whose mother initiated breastfeeding	75.0	N/A	90.1	90.6	92.3	79.6	90.8	N/A	N/A	N/A
Percent of children ages 0-5 years whose mother breastfed at least 6 months	50.0	N/A	56.4	58.6	60.9	40.6	47.5	N/A	N/A	N/A
Percent of adults who have had 2 or more sexual partners and have not always used condoms (in the past 12 months)	N/A	6.6	3.7	3.2	5.0	5.2*	**	3.4*	4.0	6.4

N/A = Data not applicable where noted *Unstable estimate - based on a small number

**Cell sizes less than 5 - data not reported due to confidentiality

§ Healthy People 2010 target for adults ages 20 yrs and older

Overweight and Obesity Among Women in Los Angeles County by SPA, 2005^{2e}



- **Tobacco use** in African American women has increased from 20% in 1997 to 23% in 2005 compared to a reduction in **tobacco use** among Latina, White and Asian/Pacific Islander women.²
- Rates of **obesity** have increased from 1997 to 2005 among all women in Los Angeles County (15% to 20%) with the largest increases among Latinas (19% to 27%) and African-American women (24 to 33%).^{2e}
- Less than half of women in Los Angeles County currently **meet guidelines for physical activity** with a much higher percentage of women reporting **minimal to no activity** (43%) compared to men (32%).^{2f}
- Women ages 18 to 49 years (17%) reported **eating fewer servings of fruits and vegetables** compared to women ages 50 to 64 years (20%) and 65 years and older (22%).²
- **Food insecurity with and without hunger** among female households at less than 300% FPL increased from 22% in 2002 to 26% in 2005.^{2g}
- In 2005, 14% of African American women and 13% of Latinas reported household **food insecurity with hunger**, up from 11% and 9% respectively in 2002.^{2g}
- **Breastfeeding initiation and continuation for at least 6 months** has increased for all ethnic groups from 1999 to 2005 but rates remain lower among African American women.²

HEALTH CARE ACCESS

“The majority of individuals who have limited access to quality health care come from traditionally underserved and under-represented communities. Low-income women of color are disproportionately impacted as they have the least access to resources.”

Antonia Hernández, JD, President, California Community Foundation

Insurance²

- Percent of adults ages 18-64 years who have Medi-Cal
- Percent of adults ages 18-64 years who have private insurance
- Percent of adults ages 18-64 years who are uninsured

Access to Care²

- Percent of adults with a regular source of health care
- Percent of adults who reported difficulty accessing medical care

Prenatal Care

- Percent of live births where mother received early and adequate prenatal care^{3b}
- Percent of children ages 0-5 years whose mothers were offered an HIV test during pregnancy²

Contraception

- Percent of women ages 15-44 years who use a birth control method to prevent pregnancy^{4a,4b}
- Percent of women ages 18-44 years who have heard of the emergency contraception pill^{4a}
- Percent of women ages 18-44 years who have heard of and used the emergency contraception pill in the past 12 months^{4a,4c}

Immunizations²

- Percent of adults ages 50 years and older diagnosed with a chronic disease (asthma, diabetes, chronic respiratory condition, heart disease) vaccinated for influenza in the past year
- Percent of adults ages 65 years or older vaccinated for influenza in the past year
- Percent of adults ages 65 years and older ever vaccinated for pneumonia

	Healthy People 2010 Target	Los Angeles County	Los Angeles County Women	Latina	White	African-American	Asian/Pacific Islander	Medi-Cal	Private	No Insurance
				Women: Race/Ethnicity				Women <65 yrs: Insurance status		
	N/A	16.6	21.5	30.7	8.0	37.4	12.9	N/A	N/A	N/A
	N/A	60.6	56.0	35.4	80.4	48.3	68.2	N/A	N/A	N/A
	0.0	21.8	21.7	33.2	10.7	11.6	18.8	N/A	N/A	N/A
	96.0	80.2	82.0	76.6	88.6	89.3	75.5	80.8	89.7	53.4
	N/A	30.1	31.0	45.9	16.0	23.1	32.3	39.8	17.0	74.6
	90.0	N/A	87.5	85.9	92.9	84.1	90.5	84.5	93.8	84.4
	N/A	N/A	87.8	90.0	80.5	94.1	81.3	N/A	N/A	N/A
	N/A	N/A	68.4	68.5	70.6	67.9	62.2	65.9	69.2	68.0
	N/A	N/A	72.3	57.1	93.4	82.9	65.1	58.8	83.5	56.8
	N/A	N/A	4.2	6.1	2.0	4.3	6.8	7.7	2.9	5.5
	N/A	35.7	37.7	38.0	40.4	25.8	41.1	28.9	27.6	16.8
	90.0	61.6	61.3	64.8	61.9	47.6	63.7	N/A	N/A	N/A
	90.0	57.7	58.7	51.3	66.6	58.2	39.0	N/A	N/A	N/A

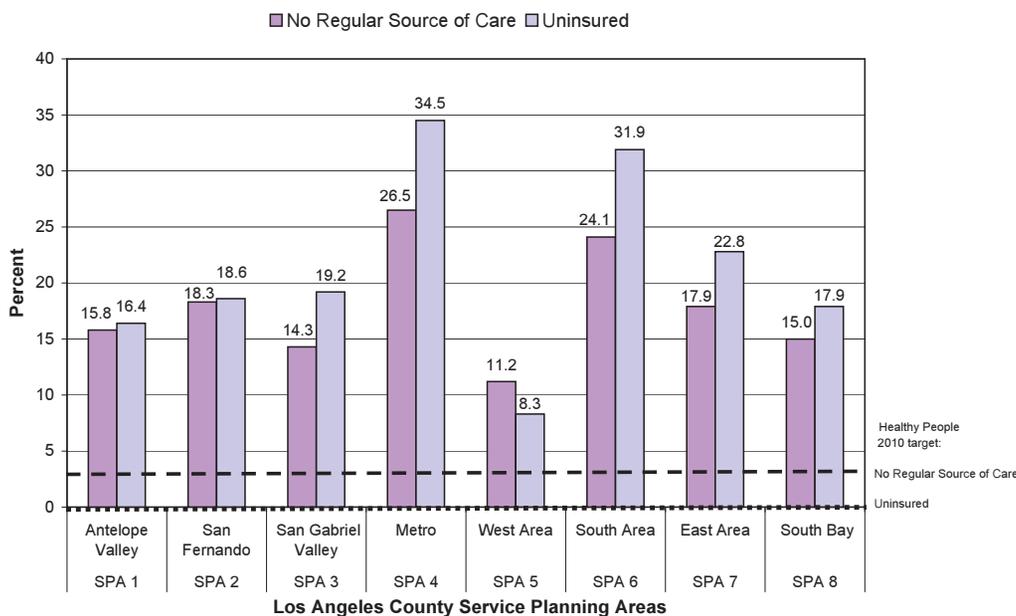
Preventive Health Screenings

- Percent of adults who had their blood pressure taken within the past 2 years²
- Percent of adults who met guidelines for cholesterol screening (every five years for women ages 45 years or older and men ages 35 years or older)²
- Percent of women ages 18 years or older who had a Pap test within the past 3 years²
- Percent of women ages 40 years or older who had a mammogram within the past 2 years²
- Percent of adults ages 50 years or older who had sigmoidoscopy or colonoscopy within the past 5 years and/or a blood stool test within the past 2 years²
- Percent of women ages 65 and older who ever had a bone density test^{4d}

N/A	91.2	93.9	93.6	96.4	97.7	84.4	95.9	96.0	84.0
N/A	88.9	93.9	92.8	94.8	97.6	92.0	92.5	96.7	79.7
90.0	N/A	83.8	87.2	83.4	86.7	72.3	88.1	90.3	76.6
70.0	N/A	70.6	70.9	73.8	72.7	59.0	67.9	75.7	51.8
N/A	63.8	60.0	61.8	58.8	69.8	53.1	56.4	57.9	31.6
N/A	N/A	38.1	22.8	44.2	19.3	43.9	N/A	N/A	N/A

N/A = Data not applicable where noted

Women in Los Angeles County with No Regular Source of Care and Who are Uninsured by SPA, 2005²



- In 2005, an estimated 672,000 or 22% of women ages 18 to 64 years were **uninsured** in Los Angeles County.²
- **Use of birth control** remains low among women ages 15 to 44 years with Asian/Pacific Islanders (62%) and women living in SPA 6 - South (65%) having the lowest rates.^{4a,4b}
- 94% of women ages 65 years and older have a **regular source of health care** compared to only 80% of women ages 18-64 years.²
- Uninsured women have lower rates of receiving preventive health screenings including **blood pressure, cholesterol, Pap test, mammography and colorectal cancer screening** compared to insured women.²
- Women with private insurance are more likely to receive **early and adequate prenatal care** compared with women with Medi-Cal and no insurance.^{3b}
- Although guidelines suggest that all adults should begin receiving **colorectal cancer screening** by age 50, only 53% of women ages 50 to 64 years have been screened.²
- Receipt of **early and adequate prenatal care** has increased from 76% in 1999 to 88% in 2004, a positive trend noted for all ethnic groups.^{3b}

HEALTH OUTCOMES

“Ethnic minorities experience high incidences of chronic diseases, and disproportionately suffer from morbidity and mortality due to these illnesses. Health disparities are for the most part linked to the access to and provision of optimal health care, as well as social, economic and cultural factors rather than ethnic group membership.”

Kimlin Ashing-Giwa, PhD, Director, Center for Community Alliance for Research & Education, City of Hope

INCIDENCE/PREVALENCE

Heart Disease

- Percent of adults diagnosed with heart disease²
- Percent of adults at risk for heart disease^{2h}

Diabetes²

- Percent of adults diagnosed with diabetes

Hypertension²

- Percent of adults diagnosed with hypertension

Cholesterol²

- Percent of adults diagnosed with high cholesterol

Asthma²ⁱ

- Percent of adults diagnosed with current asthma

Arthritis²

- Percent of adults diagnosed with arthritis

Depression²

- Percent of adults diagnosed with depression

Osteoporosis^{4d}

- Percent of women ages 50 years or older who had a bone density test, and report being diagnosed with bone loss, osteopenia, or osteoporosis

Low Birthweight³

- Percent of low birthweight births (< 2,500 grams) per 100 live births

	Healthy People 2010 Target	Los Angeles County	Los Angeles County Women	Latina	White	African-American	Asian/Pacific Islander	Medi-Cal	Private	No Insurance
				Women: Race/Ethnicity				Women <65 yrs: Insurance status		
Heart Disease	N/A	6.8	6.5	5.8	8.1	8.3	3.4*	5.5	3.7	4.1
Heart Disease (at risk)	N/A	36.1	36.7	37.7	35.5	52.2	27.2	42.1	26.3	32.9
Diabetes	2.5	8.1	8.3	10.1	6.0	11.5	7.0	11.1	5.0	5.7
Hypertension	14.0 ^s	23.4	23.5	21.5	25.0	35.4	15.9	21.7	15.2	16.0
Cholesterol	17.0 ^s	23.7	24.0	24.3	26.5	21.4	19.7	19.3	19.4	18.8
Asthma	N/A	6.5	8.2	5.8	10.4	13.3	5.1	10.0	8.1	6.1
Arthritis	N/A	18.1	22.8	16.9	29.6	32.7	14.2	20.3	15.8	11.0
Depression	N/A	12.9	16.2	16.1	19.4	17.5	8.2	22.0	15.8	14.7
Osteoporosis	N/A	N/A	40.8	37.3	40.4	21.8	48.4	42.8	29.5	47.0
Low Birthweight	5.0	N/A	7.1	6.4	6.8	12.7	6.9	7.0	7.3	6.7

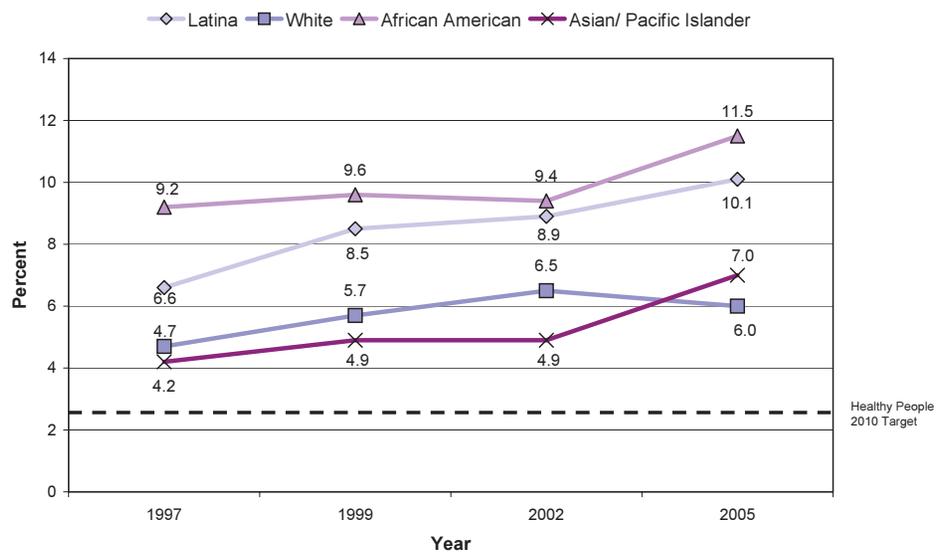
Communicable Diseases

- Incidence of AIDS (annual new cases per 100,000 adult population)⁵
- Chlamydia rates per 100,000 population⁶
- Gonorrhea rates per 100,000 population⁶
- Incidence of primary and secondary syphilis (annual new cases per 100,000 population)⁶
- Pelvic Inflammatory Disease (PID) case rates per 100,000 female population^{6a}

1.0	18.2	4.4	4.1	2.4	16.9	0.9*	N/A	N/A	N/A
N/A	405.5	565.7	679.8	192.9	1669.3	215.1	N/A	N/A	N/A
19.0	109.5	97.8	60.6	41.3	562.4	22.1	N/A	N/A	N/A
0.2	6.6	1.3	1.0	0.5	6.7	0.0	N/A	N/A	N/A
N/A	N/A	6.7	5.2	3.6	29.1	2.1	N/A	N/A	N/A

N/A = Data not applicable where noted *Unstable estimate - based on a small number
 § Healthy People 2010 target for adults ages 20 yrs and older

**Women Diagnosed with Diabetes in Los Angeles County
 by Race/Ethnicity, 1997-2005²**



- By age 50, 58% of women are **at risk for heart disease** defined as having two or more of six risk factors (cigarette smoking, physical inactivity, obesity, diabetes, hypertension and high blood cholesterol).^{2h}
- Compared to men, women in Los Angeles County have higher rates of the following chronic diseases: **diabetes, hypertension, asthma, high cholesterol, arthritis, and depression.**^{2,2i}
- Higher percentage of women living in SPA 6 (South) have been diagnosed with **diabetes** (12%) and **hypertension** (32%) compared to overall rates among women (8% and 24% respectively).²
- 17% of women living in SPA 1 (Antelope Valley) are diagnosed with **current asthma**, over two times the overall rate in women.²ⁱ
- Percentage of **low birthweight** live births among African American women (13%) is almost twice the percentage for all other ethnic groups with no improvement noted from 1999 to 2004.³
- Women living in SPA 6 (South) have two to three times higher **chlamydia, gonorrhea** and **primary and secondary syphilis** rates compared to the overall rates for women in Los Angeles County.⁶
- 2/3rds of **chlamydia and gonorrhea** cases among women in 2005 occurred in women ages 15-24 years.⁶

HEALTH OUTCOMES *(continued)*

“Heart disease and stroke used to be thought of as a man’s disease but are very much a women’s health concern, responsible for more deaths than the next 5 diseases combined and the major reason for disability.”

Debra R. Judelson, MD, Medical Director, Women's Heart Institute, Cardiovascular Medical Group of Southern California

MORTALITY

All-Cause Mortality¹

- Death rate from all causes (age-adjusted per 100,000 population)

Cardiovascular Disease Mortality¹

- Coronary heart disease death rate (age-adjusted per 100,000 population)
- Stroke death rate (age-adjusted per 100,000 population)

Diabetes Mortality¹

- Diabetes death rate (age-adjusted per 100,000 population)

Respiratory Disease Mortality¹

- Emphysema death rate (age-adjusted per 100,000 population)
- Pneumonia and influenza death rate (age-adjusted per 100,000 population)

Cancer Mortality¹

- Death rate from all cancer (age-adjusted per 100,000 population)
- Breast cancer death rate (age-adjusted per 100,000 female population)
- Cervical cancer death rate (age-adjusted per 100,000 female population)
- Colorectal cancer death rate (age-adjusted per 100,000 population)
- Lung cancer death rate (age-adjusted per 100,000 population)

Maternal Mortality^{3c}

- Number of maternal deaths per 100,000 live births

Infant Mortality^{3d}

- Infant death rate per 1,000 live births

Homicide¹

- Homicide rate (age-adjusted per 100,000 population)

	Healthy People 2010 Target	Los Angeles County	Los Angeles County Women	Latina	White	African-American	Asian/Pacific Islander
				Women: Race/Ethnicity			
All-Cause Mortality ¹	N/A	669.0	562.7	444.9	621.0	838.2	359.0
Cardiovascular Disease Mortality ¹							
• Coronary heart disease death rate (age-adjusted per 100,000 population)	162.0	176.1	143.0	106.9	158.4	219.7	80.7
• Stroke death rate (age-adjusted per 100,000 population)	50.0	47.6	45.5	36.2	45.7	75.0	33.9
Diabetes Mortality ¹							
• Diabetes death rate (age-adjusted per 100,000 population)	N/A	25.3	22.6	32.5	16.4	36.4	19.2
Respiratory Disease Mortality ¹							
• Emphysema death rate (age-adjusted per 100,000 population)	N/A	31.1	26.7	12.9	37.5	30.3	9.1
• Pneumonia and influenza death rate (age-adjusted per 100,000 population)	N/A	26.4	23.4	20.8	23.7	32.6	20.0
Cancer Mortality ¹							
• Death rate from all cancer (age-adjusted per 100,000 population)	158.6	153.0	133.8	100.1	151.0	188.8	99.2
• Breast cancer death rate (age-adjusted per 100,000 female population)	21.3	N/A	23.1	15.0	26.6	38.4	15.2
• Cervical cancer death rate (age-adjusted per 100,000 female population)	2.0	N/A	2.8	4.5	1.5	3.6	3.3
• Colorectal cancer death rate (age-adjusted per 100,000 population)	13.7	16.2	14.5	9.0	15.9	25.2	12.0
• Lung cancer death rate (age-adjusted per 100,000 population)	43.3	35.3	26.8	11.2	35.4	37.9	19.1
Maternal Mortality ^{3c}							
• Number of maternal deaths per 100,000 live births	4.3	N/A	17.2	13.7	10.9	60.3	18.1
Infant Mortality ^{3d}							
• Infant death rate per 1,000 live births	4.5	N/A	5.0	4.5	5.0	11.7	3.2
Homicide ¹							
• Homicide rate (age-adjusted per 100,000 population)	2.8	10.2	2.5	2.0	1.8	7.6	1.2

Suicide¹

- Suicide rate (age-adjusted per 100,000 population)

Unintentional Injury Mortality¹

- Unintentional injury death rate (age-adjusted per 100,000 population)

Drug-related Mortality¹

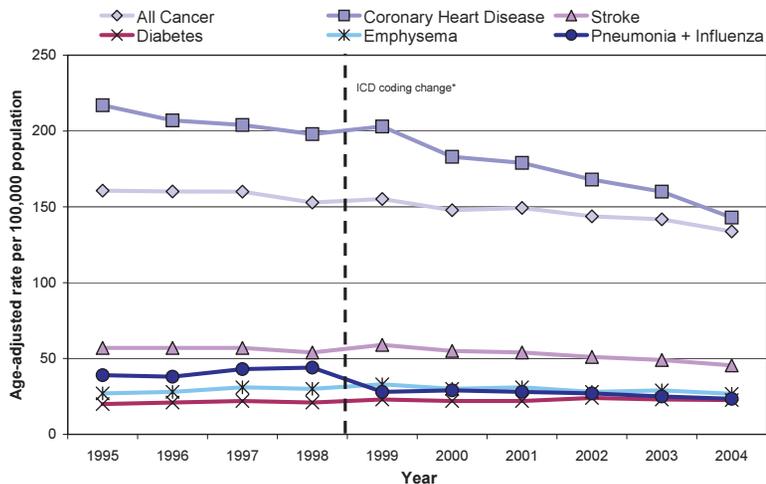
- Drug-related death rate (age-adjusted per 100,000 population)

4.8	7.1	3.1	1.3	5.5	1.9	3.3
17.1	23.4	14.5	10.8	19.7	18.6	8.4
1.2	5.5	3.3	1.2	6.2	6.1	**

N/A = Data not applicable where noted

**Cell sizes less than 5 - data not reported due to confidentiality

Chronic Disease Mortality Among Los Angeles County Women, 1995-2004¹



*Because of changes to the International Classification of Diseases (ICD), 1995-1998 may not be comparable to 1999-2004.

- **All-cause mortality** rates have declined by 18% among women from 1995 to 2004, however the smallest declines were seen for Latinas (9%) and African American women (10%).¹

- **Coronary heart disease** and **stroke** mortality rates declined by 34% and 20% respectively, and **diabetes** mortality increased by 13% among women from 1995 to 2004.¹

- **Diabetes** mortality rates for women are highest among those living in SPA 6 (South), SPA 1 (Antelope Valley) and SPA 7 (East) at 33, 32 and 30/100,000 respectively.¹

- **Infant mortality** rates have declined from 1999 to 2004 but remain about 2-3 times higher in African American women compared to other ethnic groups.^{3d}

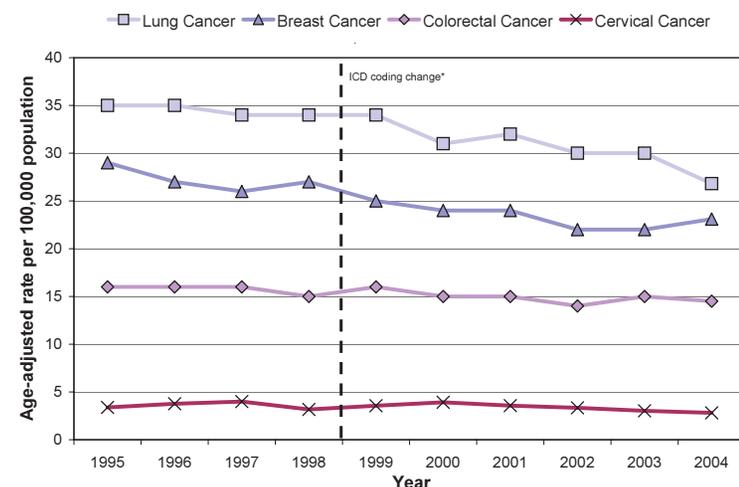
- From 1995 to 2004, **all cancer mortality** has declined by 19% for White women, 8% for African American and Asian/Pacific Islander women and only 1% for Latinas.¹

- **Breast cancer** mortality declined by 20% from 1995 to 2004, mostly in White women.¹

- Highest mortality rates from **lung** (34/100,000), **breast** (28/100,000) and **cervical cancer** (4/100,000) are found in SPA 6 (South).¹

- **Maternal mortality** rates have doubled among African American women from 1999 to 2004 and are almost four times the overall rate for women.^{3c}

Cancer Mortality Among Los Angeles County Women by Cancer Type, 1995-2004¹



*Because of changes to the International Classification of Diseases (ICD), 1995-1998 may not be comparable to 1999-2004.

LATINA HEALTH

“Access to care for Latinas continues to be problematic. Health care coverage alone will not improve overall health outcomes for Latinas, which indicates a further need to ensure that services are culturally and linguistically responsive to underserved women.”

*Beatriz Solis, MPH, Senior Regional Program Manager,
The California Endowment*

Poverty^{2a}

- Percent of households with incomes less than 200% of the Federal Poverty Level

Self-Rated Health^{2b}

- Percent of adults reporting their health to be excellent or very good

Overweight and Obesity^{2e}

- Percent of adults who are overweight or obese (BMI ≥ 25.0)

Nutrition^{2g}

- Percent of households < 300% FPL who are food secure

Insurance²

- Percent of adults ages 18-64 years who are uninsured

Regular Source of Care²

- Percent of adults with a regular source of health care

Preventive Health Screenings²

- Percent of women ages 18 years or older who had a Pap test within the past 3 years
- Percent of women ages 40 years or older who had a mammogram within the past 2 years

Diabetes²

- Percent of adults diagnosed with diabetes

Hypertension²

- Percent of adults diagnosed with hypertension

Cholesterol²

- Percent of adults diagnosed with high cholesterol

	Healthy People 2010 Target	Los Angeles County Women	Los Angeles County Latinas	Mexican	Central American	South American
				Women: Race/Ethnicity		
Poverty ^{2a}	N/A	49.2	74.9	77.3	82.4	36.0
Self-Rated Health ^{2b}	N/A	44.9	30.5	29.5	25.1	55.7
Overweight and Obesity ^{2e}	N/A	48.0	63.4	65.6	60.4	46.6
Nutrition ^{2g}	94.0	73.8	66.6	67.1	64.8	80.6
Insurance ²	0.0	21.7	33.2	32.1	42.3	23.3*
Regular Source of Care ²	96.0	82.0	76.6	78.0	63.4	91.8
Preventive Health Screenings ²						
	90.0	83.8	87.2	87.9	88.7	79.4
	70.0	70.6	70.9	72.0	66.9	66.8
Diabetes ²	2.5	8.3	10.1	10.8	9.2	**
Hypertension ²	14.0 [§]	23.5	21.5	20.7	21.2	13.1*
Cholesterol ²	17.0 [§]	24.0	24.3	22.8	31.9	18.2*

- 82% of Central American women are living at **less than 200% of the Federal Poverty Level** and 42% report being **uninsured.**^{2,2a}

- 66% of Mexican and 60% of Central American women are **obese or overweight.**^{2e}

- Food security** among households living at less than 300% of the FPL has decreased from 72% in 2002 to 67% in 2005 among Latinas.^{2g}

- Higher percentage of Central American women have **high cholesterol** (32%) compared to Mexican (23%) and South American women (18%) in Los Angeles County.²

N/A = Data not applicable where noted

*Unstable estimate - based on a small number

**Cell sizes less than 5 - data not reported due to confidentiality

§Healthy People 2010 target for adults ages 20 yrs and older

ASIAN/PACIFIC ISLANDER WOMEN'S HEALTH

“There are 37 Asian American populations in the United States, yet health disparities among these highly heterogeneous groups remain hidden. We must have access to statistics that make these subgroups at higher risk more visible.”

Marjorie Kagawa-Singer, PhD, RN, MN, Professor, UCLA School of Public Health, Department of Asian American Studies

Poverty^{2a}

- Percent of households with incomes less than 200% of the Federal Poverty Level

Self-Rated Health^{2b}

- Percent of adults reporting their health to be excellent or very good

Physical Activity^{2f}

- Percent of adults who are minimally active or inactive

Nutrition^{2g}

- Percent of households < 300% FPL who are food secure

Regular Source of Care²

- Percent of adults with a regular source of health care

Preventive Health Screenings²

- Percent of women ages 18 years or older who had a Pap test within the past 3 years
- Percent of women ages 40 years or older who had a mammogram within the past 2 years
- Percent of adults ages 50 years or older who had sigmoidoscopy or colonoscopy within the past 5 years and/or a blood stool test within the past 2 years

Diabetes²

- Percent of adults diagnosed with diabetes

Hypertension²

- Percent of adults diagnosed with hypertension

Cholesterol²

- Percent of adults diagnosed with high cholesterol

Healthy People 2010 Target	Los Angeles County Women	Los Angeles County Asian/Pacific Islander Women	Chinese	Filipino	Korean	Vietnamese
N/A	49.2	41.0	39.0	47.9	51.4	68.1
N/A	44.9	39.9	43.0	66.0	28.5	**
N/A	43.0	52.0	50.2	42.3*	64.5	36.4*
94.0	73.8	85.3	96.2	82.3	83.3	82.5
96.0	82.0	75.5	79.9	82.1	63.0	92.0
90.0	83.8	72.3	74.1	79.5	58.5	86.0
70.0	70.6	59.0	65.6	66.3	48.5	74.6
N/A	60.0	53.1	51.8	68.0	47.7	40.5*
2.5	8.3	7.0	2.7*	8.4*	7.3*	**
14.0 [§]	23.5	15.9	18.0	17.0*	19.9	22.0*
17.0 [§]	24.0	19.7	23.6	16.1*	23.1	23.9*

• 68% of Vietnamese women are living at **less than 200% of the Federal Poverty Level** compared to 41% of Asian/Pacific Islander women overall.^{2a}

• Chinese women have a higher rate of **food security** (96%) compared to Filipino (82%), Korean (83%) and Vietnamese women (83%).^{2g}

• Korean women have lower rates of **breast and cervical cancer screening** compared to Chinese, Filipino and Vietnamese women.²

N/A = Data not applicable where noted

*Unstable estimate - based on a small number

**Cell sizes less than 5 - data not reported due to confidentiality

§Healthy People 2010 target for adults ages 20 yrs and older

ADOLESCENT HEALTH

“Today’s adolescents face the most complex health and self-actualization challenges of any generation. We need to merge community and youth efforts to shape programs and policies that will enable our youth to be resilient, healthy and productive members of society.”

Cynthia Harding, MPH, Director, Maternal, Child, & Adolescent Health Programs, Los Angeles County Department of Public Health

Poverty^{4e}

- Percent of households with incomes less than 200% of the Federal Poverty Level

Education⁷

- Public high school dropout rate (one year dropout rate grades 9-12)

Language used at Home^{4e}

- Percent of adolescents speaking only a language other than English at home

Self-rated Health^{4e}

- Percent of adolescents reporting their health to be excellent or very good

Overweight and Obesity^{4e,4f}

- Percent of adolescents who are overweight or obese (BMI above the 95th percentile)

Condom Use^{4e,4g}

- Percent of adolescents ages 15-17 years reporting condom use during most recent sex

Regular Source of Care^{4e}

- Percent of adolescents with a usual source of care

Asthma^{4e}

- Percent of adolescents ever diagnosed with asthma

Depression^{4h,4i}

- Percent of adolescents at risk for depression

Communicable Diseases⁶

- Chlamydia rates per 100,000 adolescents ages 15-19 years

Teen Fertility^{3e}

- Number of live births per 1,000 adolescent females ages 15-19 years

Healthy People 2010 Target	Los Angeles County Adolescents	Los Angeles County Female Adolescents	Latina	white	African-American	Asian/Pacific Islander
N/A	49.8	49.7	71.7	20.6	44.1	38.0
N/A	3.7	3.3	3.8	1.6	5.4	1.3
N/A	7.4	6.9	10.0	2.1*	2.0*	13.8
N/A	51.2	50.5	38.2	67.4	60.0	61.1
5.0	15.2	11.4	12.3	5.1*	19.8	**
49.0 [§]	73.6	64.4	61.8	79.1	77.5	50.0*
96.0	75.9	78.1	74.2	89.8	73.1	71.3
N/A	18.3	16.2	12.8	16.9	21.4	16.2*
N/A	23.1	30.0	33.2	25.3	27.4*	45.5
N/A	1543.8	2487.3	2312.4	892.3	8937.1	531.7
N/A	N/A	38.8	60.1	8.9	36.0	6.5

- 72% of Latina adolescents are living in **poverty** compared to 50% of all adolescents.^{4e}

- Only 38% of Latina adolescents report **excellent or very good health** compared to rates of 60% or higher among other ethnic groups.^{4e}

- Almost 20% of African American and 12% of Latina adolescents are **overweight or obese**.^{4e,4f}

- From 2001 to 2005, **chlamydia** rates increased by 12% among 15 to 19 year old females.⁶

N/A = Data not applicable where noted

*Unstable estimate - based on a small number

**Cell sizes less than 5 - data not reported due to confidentiality

§Healthy People 2010 target for adults ages 20 yrs and older

DATA SOURCES AND NOTES

- 1 Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Data Collection and Analysis Unit, 2004 data. All mortality estimates are based on death certificate reporting of underlying causes of death. Death rates presented are age-adjusted to the 2000 U.S. Standard Population using age-specific rates. Premature death is calculated by determining years of life lost (YLL) for each death before age 75 years and then adding up the total YLL for each cause of death.
 - 2 Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Health Assessment Unit, 2005, 2002-2003, 1999-2000, 1997 Los Angeles County Health Surveys. Data are from 2005 Los Angeles County Health Survey and for adults 18 years and older except where noted. Data by insurance status are for adults up to 65 years of age except where noted.
 - a. Poverty level: Based on U.S. Census 2003 Federal Poverty Level (FPL) thresholds which for a family of four (2 adults, 2 dependents) correspond to annual incomes of \$18,700 (100% FPL), \$37,300 (200% FPL), and \$56,000 (300% FPL). (These thresholds were the values at the time of survey interviewing.)
 - b. Self-Rated Health, Unhealthy Days, Days of Activity Limitation: Centers for Disease Control and Prevention. Measuring Healthy Days. Atlanta, Georgia: CDC, November 2000. <http://www.cdc.gov/hrqol/pdfs/mhd.pdf>; <http://www.cdc.gov/hrqol/methods.htm>.
 - c. Disability: Defined as a positive response to any one of the following: 1) Limited activity because of physical, mental, or emotional problem(s), 2) Health problems requiring use of special equipment, 3) Self-perception of disabled.
 - d. 2002-03 data: Estimates may differ from prior estimates as new weights were utilized beginning March 20, 2006.
 - e. Adult Overweight and Obesity: National Institutes of Health, National Heart, Lung, and Blood Institute; Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obese Adults [Executive Summary]. http://www.nhlbi.nih.gov/guidelines/obesity/ob_exsum.pdf
 - f. Adult Physical Activity: To meet guidelines one of the following criteria must be fulfilled: 1) vigorous physical activity causing heavy sweating, large increases in breathing and heart rate for ≥ 20 minutes, ≥ 3 days/week, 2) moderate physical activity causing light sweating, slight increase in breathing and heart rate for ≥ 30 minutes, ≥ 5 days/week, or 3) a combination of moderate/vigorous activity ≥ 5 days/week. <http://www.cdc.gov/nccdphp/dnpa/physical/recommendations/index.htm>.
 - g. Food security: A scaled variable based on a series of five questions. REFERENCE: SJ Blumberg, K Bialostosky, WL Hamilton, and RR Briefel. The effectiveness of a short form of the Household Food Security Scale. Am J Public Health 1999 89: 1231-1234.
 - h. Risk for Heart Disease: Determined by having 2 or more of the following risk factors: cigarette smoker, physical inactivity, obesity, diabetes, hypertension, high blood cholesterol.
 - i. Current Asthma: Asthma prevalence consists of those ever diagnosed with asthma by a health care provider and reported still having asthma and/or having had an asthma attack in the past 12 months.
 - 3 Los Angeles County Department of Public Health, Maternal, Child and Adolescent Health Program. 2004 data. Data is for all ages except where noted.
 - a. Assaultive Injuries by Spouse or Partner: Includes hospitalizations with ICD-9 code E967.3.
 - b. Adequate Prenatal Care: Measured by the APNCU Index which includes consideration of the month prenatal care began and the number of prenatal care visits during the time mothers actually received prenatal care.
 - c. Maternal Mortality: Defined as number of maternal deaths due to pregnancy, childbirth and the puerperium per 100,000 live births. Diagnoses for maternal death include ICD-10 codes 000- 099.
 - d. Infant Mortality Rate: Defined as infant deaths occurring at less than 365 days of age per 1,000 live births.
 - e. Teen Fertility Rate: Defined as number of live births by adolescent females ages 15-19 per 1,000 adolescent females ages 15-19. Prior to 2000, "Fertility Rate among teen girls" was labeled as "Teen Birth Rate".
 - 4 UCLA Center for Health Policy Research, California Health Interview Survey. Data by insurance status are for adults up to 65 years of age except where noted. Adolescents defined as 12-17 years.
 - a. 2003 data
 - b. Birth control: Asked of women who do not self-report that she is a lesbian AND who had at least one sexual partner in the past 12 months; includes male or female sterilization; does not include responses made by proxy.
 - c. Use of Emergency Contraception: Includes only those respondents who reported having heard of emergency contraception or the "morning after pill".
 - d. 2001 data
 - e. 2003 and 2005 data pooled
 - f. Body Mass Index (BMI): Calculated by dividing self-reported weight (in kilograms) and height squared (in meters). For adolescents, includes the respondents who have a BMI in the highest 95 percentile with respect to their age and gender.
 - g. Condom Use: Asked of respondents with permission to ask about sex AND who have had sexual intercourse.
 - h. 2005 data
 - i. At Risk for Depression: Derived from a series of questions adapted from the Center for Epidemiologic Studies Depression Scale (CES-D8).
- 5 Los Angeles County Department of Public Health, HIV Epidemiology Program. Data presented in this report are based on cases diagnosed in 2004 and reported as of December 31, 2006. Data is for adults 18 years and older.
 - 6 Los Angeles County Department of Public Health, Sexually Transmitted Disease Program. 2005 data. Excludes cases from Pasadena and Long Beach cities. Data is for all ages except where noted.
 - a. Pelvic Inflammatory Disease (PID): Includes chlamydial PID, gonococcal PID, and non-chlamydial/non-gonococcal PID.
 - 7 California Department of Education. Calculated based on number of dropouts for each grade 9 through 12 in school year 2004-05 divided by total enrollment for same group. http://dq.cde.ca.gov/dataquest/gls_dropouts.asp.

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