Mission of the Office of Health Assessment and Epidemiology

• To ensure the availability of high quality and comprehensive health data on the Los Angeles County population and to facilitate its use for public health assessment, policy development, program planning and evaluation.
Role of Health Surveys

- Population health data increasingly used to drive public health decision-making and community health improvement efforts.

- Most local health jurisdictions lack important health data:
  - chronic disease prevalence
  - functional status and other measures of health-related quality of life
  - health behaviors
  - access to health services

- To address gaps in local health data, LA County Department of Health Services inaugurated the Los Angeles County Health Survey in 1997.
Key Analysis Objectives

- To obtain reliable population estimates for selected health indicators by various demographics including sex, race/ethnicity (the 4 largest groups), and Service Planning Area (8 regions in the county).

- To identify disparities across population sub-groups.

- To track temporal trends.

- To compare with state and national data and with national health objectives.
Methodology

• Population-based, random-digit-dialed telephone survey of Los Angeles County residents

• Representative of Adults and Children in Los Angeles County

• Conducted in 1997; 1999-2000; 2002-2003; and 2005
## Components and Sample Size

<table>
<thead>
<tr>
<th>Year</th>
<th>Adult (n)</th>
<th>Child (n)</th>
<th>Tobacco Policy (n)</th>
<th>Elder health (n)</th>
<th>Low-income Survey (n)</th>
<th>8 Sub-samples (n~1,000 each)</th>
<th>Tobacco Policy (n)</th>
<th>Health Dept./ Antibiotic Use</th>
<th>Food-borne Illness</th>
<th>Young Children &amp; Families</th>
<th>Alcohol Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>8,004</td>
<td>2,363</td>
<td>519</td>
<td>1,160</td>
<td>1,898</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1999-2000</td>
<td>8,354</td>
<td>6,016</td>
<td>481</td>
<td></td>
<td></td>
<td>8 Sub-samples</td>
<td>Tobacco Policy</td>
<td>Health Dept.</td>
<td>Food-borne Illness</td>
<td>Young Children &amp; Families</td>
<td>Alcohol Policy</td>
</tr>
<tr>
<td>2002-2003</td>
<td>8,167</td>
<td>5,995</td>
<td>8 Sub-samples</td>
<td>Tobacco Policy</td>
<td>Health Dept.</td>
<td>Food-borne Illness</td>
<td>Young Children &amp; Families</td>
<td>Alcohol Policy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>8,648</td>
<td>6,032</td>
<td>8 Sub-samples</td>
<td>Tobacco Policy</td>
<td>Health Dept.</td>
<td>Food-borne Illness</td>
<td>Young Children &amp; Families</td>
<td>Alcohol Policy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Adult Component Content

- Demographic Characteristics
- Chronic Disease Prevalence
  - Arthritis
  - Cardiovascular Disease
  - Diabetes
  - Asthma / Chronic Respiratory Condition
- Functional Status and Other Measures of Health-Related Quality of Life
  - Health Status
  - Mental Health
Adult Component Content

- **Health Behaviors**
  - Tobacco Use
  - Alcohol Use
  - Physical Activity
  - Sexual Practices and HIV Testing

- **Access to Health Services**
  - Health Insurance
  - Ease of obtaining medical care
  - Regular Source of Care
  - Barriers to Accessing Health Care

- **Food Insecurity and Public Aid Assistance**

- **Medical Examinations and Vaccinations**
  - Mammogram
  - Colorectal Screening
  - Flu
Child Component Content

• Demographics (child & parent)

• Child Health
  • SHCNs, asthma, ETS, parent-perceived health status

• Child Health Insurance & Access to Care
  • Status/type, gaps in coverage, difficulty accessing care, RSC, ER use, LAC-DHS use

• Child Routines
  • TV viewing, read to child*, tells stories to child*, play music/sing songs with child*, bed times*, meal times*

*asked of parents with children aged 0-5 yrs.
Child Component Content

Prenatal to Postpartum*

- HIV testing; breastfeeding, hospital practices post partum; infant sleep position

Parent Behaviors/Risks/Perceptions

- Parental aggravation/stress*, ease of finding someone to talk to about raising child*, safe park/playground accessible, neighborhood belonging, cigarette use, mental health risk

Childcare*

- Type(s), difficulty obtaining child care, reasons why no child care used

*asked of parents with children aged 0-5 yrs.
## Languages of Interviews

<table>
<thead>
<tr>
<th>Language</th>
<th>Adult</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>6455 (72%)</td>
<td>3521 (59%)</td>
</tr>
<tr>
<td>Spanish</td>
<td>1802 (23%)</td>
<td>2246 (37%)</td>
</tr>
<tr>
<td>Cantonese</td>
<td>64 (1%)</td>
<td>48 (&lt;1%)</td>
</tr>
<tr>
<td>Mandarin</td>
<td>82 (1%)</td>
<td>34 (&lt;1%)</td>
</tr>
<tr>
<td>Korean</td>
<td>189 (3%)</td>
<td>132 (&lt;2%)</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>40 (&lt;1%)</td>
<td>41 (&lt;1%)</td>
</tr>
<tr>
<td>Armenian</td>
<td>16 (&lt;1%)</td>
<td>10 (&lt;1%)</td>
</tr>
</tbody>
</table>
Service Planning Areas and Health Districts
Data Examples
Adult Health

1) Chronic Disease
   • Diabetes
   • Obesity

2) Health Behavior
   • Smoking
Diabetes Trends by Age Groups, 1997-2005
Prevalence† of Diabetes Among Adults in Los Angeles County, by Race/Ethnicity, 2005

† Age-adjusted to 2000 US population
Prevalence of Diabetes by Body Mass Index†, 2005

†Weight status is based on Body Mass Index (BMI) calculated from self-reported weight and height. According to NHLBI clinical guidelines, a BMI < 18.5 is underweight, a BMI > 18.5 and < 25 is normal weight, a BMI > 25 and < 30 is overweight, and a BMI > 30 is obese. [
Prevalence of Obesity Among Adults (≥18 years old) by Race/Ethnicity, Los Angeles County, 1997-2005
Prevalence of Obesity Among Adults by Service Planning Area, Los Angeles County, 2005

- Antelope Valley: 24.4%
- San Fernando: 17.0%
- San Gabriel: 20.0%
- Metro: 19.1%
- West: 14.1%
- South: 30.0%
- East: 27.3%
- South Bay: 21.0%

LA County: 20.9%
Prevalence of Cigarette Smoking Among Adults (≥18 years old), Los Angeles County, 1997-2005
Percent of Male Cigarette Smokers by Race/Ethnicity, 1997-2005

1997 1999 2002 2005

Latino
White
African American
Asian/Pacific Islander
Percent of Female Cigarette Smokers by Race/Ethnicity, 1997-2005
Data Examples
Child Health

1) Childhood Asthma
2) Children with Special Health Care Needs
3) Breastfeeding
Prevalence of Asthma by Child’s Race/Ethnicity (≤17 years old), Los Angeles County, 2005

- LA County: 8.8%
- Latino: 7.3%
- White: 8.3%
- African-American: 18.3%
- Asian/Pacific Islander: 8.3%
Activity Limitation and Emergency Room Visits by Income, Children with Asthma ($\leq 17$ years old), 2005

- $<$ 100% FPL
- 100-199% FPL
- $>$ 200% FPL
Percent of Children (≤17 years old) with Special Health Care Needs (SHCNs) by Race/Ethnicity, 2005

- L.A. County: 15.8%
- Latino: 14.3%
- White: 19.3%
- African American: 22.5%
- Asian/Pacific Islander: 9.6%
Percent of Children (≤17 years old) with Special Health Care Needs (SHCNs) by Age Group, 2005

- 0-5 Years: 15.8%
- 6-11 Years: 14.3%
- 12-17 Years: 19.3%
Prevalence of Breastfeeding Initiation by Child Race/Ethnicity, 1994-2005

- LA County
- Latina
- White
- African-American
- Asian/Pacific Islander

1994-1999
- LA County: 79%
- Latina: 82%
- White: 90%
- African-American: 82%
- Asian/Pacific Islander: 90%

1998-2003
- LA County: 82%
- Latina: 83%
- White: 91%
- African-American: 84%
- Asian/Pacific Islander: 92%

2001-2005
- LA County: 92%
- Latina: 79%
- White: 68%
- African-American: 68%
- Asian/Pacific Islander: 92%
Prevalence of Breastfeeding 6 Months or Longer by Child Race/Ethnicity, 1994-2005

Prevalence of Breastfeeding 12 Months or Longer by Child Race/Ethnicity, 1994-2005

- **LA County**
  - 1994-1999: 17%
  - 1998-2003: 19%
  - 2001-2005: 20%

- **Latina**
  - 1994-1999: 29%
  - 1998-2003: 30%
  - 2001-2005: 33%

- **White**
  - 1994-1999: 35%
  - 1998-2003: 36%
  - 2001-2005: 35%

- **African-American**
  - 1994-1999: 19%
  - 1998-2003: *11%
  - 2001-2005: 14%

- **Asian/Pacific-Islander**
  - 1994-1999: 36%
  - 1998-2003: *6%
  - 2001-2005: 18%

* Estimate based on small sample size
Percent of Latina Mothers Who Initiated Breastfeeding and Breastfed at Least 6 Months by Birthplace, 2001-2005

- **Initiated breastfeeding**
  - U.S. born Latinas: 84.1%
  - Non-U.S. born Latinas: 42.4%

- **Breastfed at least 6 months**
  - U.S. born Latinas: 92.5%
  - Non-U.S. born Latinas: 63.3%
Limitations of Survey

• Self-reported data
• Non-telephone households not included in the sampling frame
• Questionnaire content limited by time constraints
• Does not represent those living in group quarters (e.g. nursing homes and college dormitories)
Users of the Data, Los Angeles County Health Survey

- LAC Department of Health Services
- Governmental organizations (local, county, & state)
- Non-profit health foundations
- Community-based organizations (health centers, hospitals, human services, providers, health-interested organizations)
- Policymakers (advocacy groups)
- Researchers
- Private health care organizations
- Academic health and health policy professionals
Uses of the Data

• LAC-DHS Evaluation and Program Planning
  – Ambulatory care planning
  – Medi-Cal and Healthy Families outreach and enrollment targets
  – Public health emergency response preparedness
  – HIV counseling and testing
• Health services planning (e.g., Kaiser Kids)
• Community Health Assessment (e.g., SB 697)
• School Readiness Indicators
• Public Education
• Advocacy (e.g., food security)
• Funding proposals/grant applications
Dissemination of Results

- Health Briefs and Fact Sheets (L.A. Health)
- Comprehensive Reports for county as a whole (e.g., Health Trends) and 8 Service Planning Areas (e.g., Key Health Indicators)
- Custom data requests and reports
- On the Web (www.lapublichealth.org/ha)
- Press Releases and Press Conferences
- Presentations
Dissemination of Results

- DHS Newsletters (e.g., *The Public’s Health* mailed to 30,000 LA Co. Physicians)
- Reports produced by other organizations (e.g., Children’s Planning Council, United Way, First 5 LA)
- Newsletters disseminated by other organizations (e.g., advocacy groups)
- Peer-reviewed journal publications
For additional information, call the Office of Health Assessment and Epidemiology at (213) 240-7785

or

Go to our website:

www.lapublichealth.org/ha