UCLA Los Angeles
Latino Health Symposium
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Presenter Disclosures

Barbara Ferrer, PhD, MPH, MEd

• No relevant financial relationships to disclose.
Presentation At-A-Glance

• LA County Health Indicators
• Challenges and Opportunities in Latinx Health
• Reframing Public Health
LA County: Overview of Key Indicators
LA County: An Overview

- > 4,000 square miles
- 88 cities
- > 100 unincorporated areas
- More than 10 million residents
- 1 of every 4 Californians lives in LA County (26%)
- > 100 languages spoken

Los Angeles County Population by Race/Ethnicity, 2017

N=10,272,648

- **Latino/a** 48.7%
- **White** 28.0%
- **Asian** 14.4%
- **Black** 8.5%
- **American Indian & Alaska Native** 0.2%
- **Native Hawaiian & Pacific Islander** 0.2%

**Latinx in LAC – 5 Million**
- 39.7% are foreign-born
- 62.6% are of Mexican origin
- 7.2% of Salvadoran origin
- 4.6% Guatemalan origin

Age Distribution of LA County’s Latinx Population, 2017

N=5,003,461

- 0-17 years old: 27.9%
- 18-64 years old: 64.4%
- 65 and older: 7.6%

Percent of LA County Residents (Adults & Children) Living Below 100% Federal Poverty Level By Race Ethnicity, LA County, 2017

Percent of LA County Residents (Adults & Children) Living Below 200% Federal Poverty Level By Race Ethnicity, LA County, 2017

- LA County: 23.6% Child, 13.9% Adult
- Asian: 26.4% Child, 28.4% Adult
- Latinx: 68.4% Child, 39.7% Adult
- White: 19.5% Child, 21.2% Adult
- Black: 54.7% Child, 33.5% Adult
- American Indian & Alaska Native: 54.6% Child, 35.0% Adult
- Native Hawaiian & Pacific Islander: 52.9% Child, 30.9% Adult

**Source:** Poverty estimates: Midyear July-1 Poverty Estimates 2017, Los Angeles County Internal Services Department (ISD), released 5/8/2018.
Life Expectancy by Race/Ethnicity, LA County, 2017

Source: California Department of Public Health’s Death Statistical Master File, 2017 (provisional). Los Angeles County-linked file (linkd17_10162018.sas7bdat) assembled by Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.
Infant Mortality by Race/Ethnicity
Los Angeles County, 1996 to 2016

Source: California Department of Public Health, Death Statistical Files, 1996-2016
Health Inequities in Death Rates by Race/Ethnicity, LA County

<table>
<thead>
<tr>
<th>Mortality</th>
<th>HP 2020</th>
<th>L.A. County</th>
<th>Asian</th>
<th>Latinx</th>
<th>Black</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death rate from all causes (age-adjusted per 100,000)</td>
<td>-</td>
<td>593</td>
<td>405</td>
<td>511</td>
<td>854</td>
<td>655</td>
</tr>
<tr>
<td>Coronary heart disease death rate (age-adjusted per 100,000)</td>
<td>103.4</td>
<td>116.7</td>
<td>78.4</td>
<td>92.5</td>
<td>177.1</td>
<td>132.3</td>
</tr>
<tr>
<td>Stroke death rate (age-adjusted per 100,000)</td>
<td>34.8</td>
<td>32.8</td>
<td>29.1</td>
<td>30.2</td>
<td>48.4</td>
<td>31.6</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease death rate (age-adjusted per 100,000)</td>
<td>-</td>
<td>29.2</td>
<td>14.7</td>
<td>16</td>
<td>36.3</td>
<td>41.2</td>
</tr>
<tr>
<td>Lung cancer death rate (age-adjusted per 100,000)</td>
<td>45.5</td>
<td>27.5</td>
<td>24.1</td>
<td>16.5</td>
<td>40.1</td>
<td>33.9</td>
</tr>
<tr>
<td>Diabetes death rate (age-adjusted per 100,000)</td>
<td>66.6</td>
<td>21.9</td>
<td>18.3</td>
<td>29.9</td>
<td>31.5</td>
<td>15.5</td>
</tr>
<tr>
<td>HIV infection-related death rate (age-adjusted per 100,000)</td>
<td>3.3</td>
<td>2.2</td>
<td>0.7</td>
<td>1.8</td>
<td>8.4</td>
<td>1.8</td>
</tr>
<tr>
<td>Homicide death rate (age-adjusted per 100,000)</td>
<td>-</td>
<td>5.7</td>
<td>1</td>
<td>5.4</td>
<td>26</td>
<td>2.1</td>
</tr>
</tbody>
</table>

Table does not include data for Native Hawaiian and other Pacific Islander or American Indian/Alaskan Native.

Challenges & Opportunities in Latinx Health
## Top Five Leading Causes of Death, All Ages, LA County, 2017
Age-Adjusted Mortality Rate (AAMR) per 100,000

### ALL RACES

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause of Death</th>
<th>AAMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Coronary Heart Disease</td>
<td>102</td>
</tr>
<tr>
<td>2</td>
<td>Alzheimer’s disease</td>
<td>39</td>
</tr>
<tr>
<td>3</td>
<td>Stroke</td>
<td>35</td>
</tr>
<tr>
<td>4</td>
<td>COPD</td>
<td>28</td>
</tr>
<tr>
<td>5</td>
<td>Diabetes</td>
<td>25</td>
</tr>
</tbody>
</table>

### LATINX

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause of Death</th>
<th>AAMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Coronary Heart Disease</td>
<td>80</td>
</tr>
<tr>
<td>2</td>
<td>Diabetes</td>
<td>31</td>
</tr>
<tr>
<td>3</td>
<td>Stroke</td>
<td>33</td>
</tr>
<tr>
<td>4</td>
<td>Alzheimer’s disease</td>
<td>31</td>
</tr>
<tr>
<td>5</td>
<td>Liver disease/cirrhosis</td>
<td>19</td>
</tr>
</tbody>
</table>

Data Sources:
1. California DPH Death Statistical Master File, 2017 Linked Death File for Los Angeles County Residents. Los Angeles County Department of Public Health (DPH), Office of Health Assessment and Epidemiology
**Top Five Leading Causes of Premature Death (before age 75 years), LA County, 2017**
Age-Adjusted Years of Potential Life Lost (AAYPLLR) Rate per 100,000

### ALL RACES

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause of Death</th>
<th>AAYPLLR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Coronary Heart Disease</td>
<td>424</td>
</tr>
<tr>
<td>2</td>
<td>Drug overdose (unintentional)</td>
<td>255</td>
</tr>
<tr>
<td>3</td>
<td>Motor vehicle crash</td>
<td>241</td>
</tr>
<tr>
<td>4</td>
<td>Suicide</td>
<td>240</td>
</tr>
<tr>
<td>5</td>
<td>Homicide</td>
<td>230</td>
</tr>
</tbody>
</table>

### LATINX

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause of Death</th>
<th>AAYPLLR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Coronary Heart Disease</td>
<td>336</td>
</tr>
<tr>
<td>2</td>
<td>Homicide</td>
<td>261</td>
</tr>
<tr>
<td>3</td>
<td>Motor vehicle crash</td>
<td>261</td>
</tr>
<tr>
<td>4</td>
<td>Liver disease/cirrhosis</td>
<td>272</td>
</tr>
<tr>
<td>5</td>
<td>Drug overdose (unintentional)</td>
<td>192</td>
</tr>
</tbody>
</table>

Data Sources:
1. California DPH Death Statistical Master File, 2017 Linked Death File for Los Angeles County Residents. Los Angeles County Department of Public Health (DPH), Office of Health Assessment and Epidemiology
Latinx Health Indicators

Tobacco Use

**YOUTH**

11%

Latinx students in grades 7, 9, 11 have ever vaped.

**ADULTS**

12%

Latinx adults (18 & over) are cigarette smokers.

- 11.5% U.S. born
- 12.3% foreign born

Source: California Healthy Kids Surveys

Source: Los Angeles County Health Survey 2015; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.
Binge Drinking

**YOUTH**

9%

Latinx high school students binge drink.

**ADULTS**

17%

Latinx adults (18 & over) reported binge drinking in the past month.

- 20% U.S. born
- 16% foreign born

*Source: Los Angeles - YRBS, 2017 – QN44*
Social & Emotional Support

**YOUTH**

68%

Latinx high school students reported there’s at least one teacher/adult in their school they can talk to if they have a problem.

**ADULTS**

56%

Latinx adults (18 & over) reported always or usually receiving the social and emotional support they need.

- 72% U.S. born
- 49% foreign born

Source: Los Angeles - YRBS, 2017 – QN106

Source: Los Angeles County Health Survey 2015; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.
Latinx Health Indicators

Mental Health

**YOUTH**

12%
Latinx high school students seriously considered attempting suicide.

**ADULTS**

15%
Latinx adults (18 & over) at risk for major depression

- 11% U.S. born
- 17% foreign born

7%
Latinx adults (18 & over) with depression and either currently being treated or having symptoms.

- 9% U.S. born
- 6% foreign born

Source: Los Angeles - YRBS, 2017 – QN26

Source: Los Angeles County Health Survey 2015; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.
## Violence Experienced by Latinx

<table>
<thead>
<tr>
<th></th>
<th>1,045</th>
<th>7,463</th>
<th>5,194</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicides</td>
<td>Suicides</td>
<td>Suicide attempt</td>
<td>Suicide attempt</td>
</tr>
<tr>
<td>2012-2016</td>
<td>hospitalizations</td>
<td>2010-2014</td>
<td>2010-2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,459</td>
<td>9,984</td>
<td>60,612</td>
<td>1,056</td>
</tr>
<tr>
<td>Homicides</td>
<td>Assault</td>
<td>Assault ED visits</td>
<td>Intimate-Partner</td>
</tr>
<tr>
<td>2012-2016</td>
<td>hospitalizations</td>
<td>2010-2014</td>
<td>Violence ED visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2010-2014</td>
</tr>
</tbody>
</table>

Source: Prepared by Los Angeles County Department of Public Health, Division of Chronic Disease & Injury Prevention, Injury and Violence Prevention Program, 5/6/2019
Latinx Health Indicators

Obesity & Diabetes

YOUTH

17%
Latinx high school students are obese.

ADULTS

31%
Latinx adults (18 & over) are obese.

13%
Latinx adults (18 & over) ever diagnosed with diabetes.

Source: Los Angeles - YRBS, 2017 – QNobese

Source: Los Angeles County Health Survey2015; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.
Prevalence (%) of Obesity among Adults (18 years and older), LA County, 2005-2015

Estimated Prevalence (%)

Social Determinants of Health: 5 Domains

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Education</th>
<th>Health &amp; Healthcare</th>
<th>Neighborhood &amp; Built Environment</th>
<th>Social &amp; Community Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td>High school graduation</td>
<td>Access to healthcare</td>
<td>Access to healthy food/safe parks</td>
<td>Social cohesion</td>
</tr>
<tr>
<td>Employment</td>
<td>Language &amp; literacy</td>
<td>Access to primary care</td>
<td>Density of alcohol, tobacco, cannabis establishments</td>
<td>Civic participation</td>
</tr>
<tr>
<td>Food security</td>
<td>Early childhood education</td>
<td>Health literacy</td>
<td>Crime &amp; violence</td>
<td>Incarceration</td>
</tr>
<tr>
<td>Housing stability</td>
<td>$/per student</td>
<td>Health outcomes</td>
<td>Environmental exposures</td>
<td>Networks</td>
</tr>
</tbody>
</table>

Adapted from: Medicaid and Social Determinants of Health: Adjusting Payment and Measuring Health Outcomes
Factors to Consider

- Impact of structural racism
- Lack of social support
- Exposure to environmental hazards
- Residential segregation
- Differences in access to medical services/treatment
- Chronic stress
Traumatic/Toxic Stress

Sources of stress affecting well-being can come from many areas in a person’s life

- Chronic discrimination
- Exposure to violence
- Neighborhood conditions
- Stressful events related to family support, poor health, housing instability, immigration status, and job security
Community Stress

Definition: Exposure to multiple physical and social stresses at the community level such as disinvestment, marginalization, discrimination, and social exclusion

Manifestations: Deteriorated environment, housing instability, weak social networks, false narratives, institutional dysfunction/systemic fraudulence
Latinos (%) in LA County by Census Tract

Data Source: U.S. Census Bureau, American Community Survey 2017, 5-year estimates.

Note: Percent of Latinos was calculated by dividing the total Latino population (4,893,579) by the total population (10,105,722), per census tract. Classification Methodology: Equal Interval (0.25). Labels: City (Black); LA City Neighborhood (Grey).
Median Household Income by Census Tract in LA County

Median Household Income

- $125,000.01 - $242,935.00
- $100,000.01 - $125,000.00
- $75,000.01 - $100,000.00
- $50,000.01 - $75,000.00
- $25,050.01 - $50,000.00
- $8,647.00 - $25,050.00**
- Null Value

Labels:
City (White/Black Outline)

Data Source: U.S. Census Bureau 2010

*Countywide Statistical Areas
**The 2010 Federal Poverty Level was $25,050 for a family of four.

Created by: Office of Health Assessment and Epidemiology, GIS Unit. 12/10/18.
Spaces for Recreation, LA County, 2015

Acres of park per 1,000 people

Low income census tracts where a significant number of residents is more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket.

Low income census tracts where a significant number of residents is more than 1/2 mile (urban) or 10 miles (rural) from the nearest supermarket.

CalEnvironScreen 3.0 Composite Pollution Score

Pollution Score by Census Tract
- 55.3 - 80.7
- 42.8 - 55.2
- 30.7 - 42.7
- 18.6 - 30.6
- 1.3 - 18.5
- No Data

Source: Office of Environmental Health Hazard Assessment and California Environmental Protection Agency. The composite score was grouped and visualized into four classes and using the Natural Breaks (Jenks) classification methodology respectively.

Created by: Office of Health Assessment and Epidemiology, GIS Unit. 01/14/19.
Healthy Places Index Results, LA County

Reframing Public Health Questions
What strategies work to improve health?

- Counseling & Education
- Clinical Interventions
- Long-Lasting Protective Interventions
- Changing the context make individual’s default decisions healthy
- Socioeconomic factors

Health Equity means that everyone has the opportunities and resources needed for optimal health and well-being

Working toward equity
DPH-wide framework that helps us prioritize health equity

Commitment
- Commitment to racial justice and social change.

Accountability
- Accountability to the community and each other.

Integrity
- Integrity and transparency in our internal and external processes.

Collaboration
- Collaboration and shared learning.
Partnership is Critical

• Building health equity takes all of us.
• A multi-sector approach will allow us to align systems, policies and practices.
Strategic Opportunities

- Ensure access for residents to enhanced systems of care
  - Culturally responsive healthcare services (emotional and physical well being)
  - Coordinated/integrated care

- Improve environments in which residents and families live
  - Environmental justice
  - Built environment

- Strengthen support systems for residents and families in communities
  - Parenting support
  - Trauma support/recovery services
  - Supports for other social/economic needs (e.g. transportation, housing)

- Advocate for policy changes that improve lives
  - Educational investments
  - Economic opportunities (paid leave)
  - Criminal Justice reforms
## Reframe Using an Equity Lens

<table>
<thead>
<tr>
<th>Conventional Question</th>
<th>Health Equity Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>How can we promote healthy behavior?</td>
<td>How can we target dangerous conditions and reorganize land use and transportation policies to ensure healthy spaces and places?</td>
</tr>
<tr>
<td>How can we reduce disparities in the distribution of disease and illness?</td>
<td>How can we eliminate inequities in the distribution of resources and power that shape health outcomes?</td>
</tr>
<tr>
<td>What social programs and services are needed to address health disparities?</td>
<td>What types of institutional and social changes are necessary to tackle health inequities?</td>
</tr>
<tr>
<td>How can individuals protect themselves against health disparities?</td>
<td>What kinds of community organizing and alliance building are necessary to protect communities?</td>
</tr>
</tbody>
</table>
Comments and Questions
THANK YOU!

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