# HEALTH INDICATORS FOR WOMEN IN LOS ANGELES COUNTY 

 Highlighting Disparities by Ethnicity and Poverty Level

A Publication of the Los Angeles County Department of Public Health Office of Women's Health and Office of Health Assessment \& Epidemiology

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## FOREWORD

"Health Indicators for Women in Los Angeles County: Highlighting Disparities by Ethnicity and Poverty Level, 2013" examines the key indicators of health for women and highlights important health disparities by race/ethnicity and poverty level. Women comprise slightly more than half of the population of Los Angeles County and in addition to distinct health needs related to biology, they experience unique social and economic circumstances such as expanded caregiving roles, lower income compared to men, and barriers to health care access. Furthermore, the growing racial and ethnic diversity among women in Los Angeles County underscores the need to better understand and address differences in health status, determinants of health and access to care among these diverse groups of women.

Increasing awareness of differential health outcomes and the vulnerable populations who carry an unequal burden of poorer health should inform the design of programs and policies that address women with the greatest health needs. This Women's Health Indicator Report is intended to help guide women's health priorities by identifying disparities and emerging health concerns. A multidisciplinary approach involving key stakeholders, advocates, funders and policymakers should be adopted to work towards elimination of health disparities. Informed decisions and working collaboratively to develop comprehensive multi-sector strategic plans that address health inequities are vital to improve the health and well-being of all women in Los Angeles County.

[^0]Clekide
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## Introduction

This report describes the current status of women's health and well-being in Los Angeles County using standard indicators that measure social, economic, and physical conditions, health status, health care access, health behaviors and outcomes for women. Data are stratified by race/ethnicity and by federal poverty level (FPL) to better understand disparities that exist. Where available and appropriate, Los Angeles County health indicators are also compared to Healthy People 2020 targets, which are the benchmarks that our nation is striving to achieve.

This 3rd edition of the report includes a new Determinants of Health section with socioeconomic indicators such as employment status, housing, and social support. In addition, new indicators on mental health, musculoskeletal health, and life expectancy have been added. Special health topics include trends of key women's health outcomes over the last decade, impact of insurance status on health, and a focus on how women at different life stages fare on important indicators in the Women Across the Lifespan section.

## User Guide

Data for each race/ethnic group and FPL category are represented by colored columns used uniformly throughout this report. The columns in shades of purple give the Healthy People 2020 targets, followed by data for all LA County adults and then LA County women alone. Data presented are for adults 18 years and older unless otherwise noted.

Where statistical significance testing was possible and appropriate, each group was compared to the other three groups combined in that category. Groups that fare statistically better are designated with a green underline; groups faring statistically worse are designated with a red underline. When statistical comparisons were not conducted, the indicator row is marked with a " $\downarrow$ ". No statistical comparisons were performed for Demographics, Health OutcomesMortality, and the special health topic sections.

The 2011 Los Angeles County Health Survey (LACHS), one of the main data sources, included two important methodologic changes that may affect comparability of 2011 LACHS data with data from previous years. It included data from cell phone users, and utilized a more complex weighting method. These changes should be considered when interpreting trend data and they should be clearly noted when presenting trend data. For more information about the methodology, please refer to the 2011 Los Angeles County Health Survey (LACHS) Methodology Changes: FAQs. www.publichealth.lacounty.gov/ha/docs/ 2011LACHS/LACHS_MethodologyFs.pdf

## DEMOGRAPHICS

Age Group

- Percent of adults who are 18 to 39 years'
- Percent of adults who are 40 to 64 years ${ }^{1}$
- Percent of adults who are 65 years and older ${ }^{1}$


## Race/Ethnicity

- Percent of adults who are American Indian/Alaskan Native ${ }^{1}$
- Percent of adults who are Asian/Pacific Islander¹
- Percent of adults who are black ${ }^{1}$
- Percent of adults who are Latino ${ }^{1}$
- Percent of adults who are white ${ }^{1}$


## Sexual Orientation

- Percent of adults (18-70 years) who self-identify as straight or heterosexual ${ }^{2}$
- Percent of adults (18-70 years) who self-identify as gay, lesbian, homosexual or bisexual ${ }^{2}$
- Percent of adults (18-70 years) who self-identify as not sexual, celibate, none or other ${ }^{2}$


## Income

- Percent of adults with household incomes $<100 \%$ of the Federal Poverty Level ${ }^{1 a}$
- Percent of adults with household incomes 100 to $199 \%$ of the Federal Poverty Level ${ }^{1 \mathrm{a}}$
- Percent of adults with household incomes 200 to $299 \%$ of the Federal Poverty Level ${ }^{1 a}$
- Percent of adults with household incomes 300 to $399 \%$ of the Federal Poverty Level ${ }^{\text {1a }}$
- Percent of adults with household incomes $\geq 400 \%$ of the Federal Poverty Level ${ }^{1 a}$

Disability

- Percent of adults with a disability ${ }^{1 b}$


## Foreign Born

- Percent of adults who were not born in the United States'


## Years in the United States (US) among Foreign Born

- Percent of foreign born adults living in the US $<5$ years ${ }^{1}$

| N/A | 43.7 | 42.1 | 36.3 | 40.0 | 54.0 | 29.7 | 54.1 | 46.0 | 36.7 | 32.5 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| N/A | 42.1 | 42.1 | 47.0 | 44.2 | 38.1 | 44.3 | 36.6 | 37.1 | 43.0 | 49.2 |
| N/A | 14.2 | 15.8 | 16.7 | 15.8 | 7.9 | 26.0 | 9.3 | 16.9 | 20.3 | 18.3 |
| N/A | 0.4 | 0.4* | -- | - | -- | -- | ** | 0.7* | ** | 0.5* |
| N/A | 15.6 | 14.8 | -- | - | - | -- | 7.6 | 17.0 | 18.8 | 17.3 |
| N/A | 8.6 | 9.9 | -- | - | -- | -- | 11.1 | 7.5 | 12.8 | 9.7 |
| N/A | 43.7 | 43.1 | - | - | . | -- | 71.8 | 54.2 | 38.0 | 16.2 |
| N/A | 31.7 | 31.7 | - | - | - | -- | 9.2 | 20.6 | 30.3 | 56.4 |
| N/A | 96.2 | 96.7 | 98.1* | 98.6* | 95.8* | 96.6 | 93.2* | 97.3 | 97.0 | 97.9 |
| N/A | 2.7 | 1.9 | 1.3* | 1.2* | 1.4 | 3.0 | 2.2 | 1.9* | 2.0* | 1.8 |
| N/A | 1.0 | 1.4* | 0.6* | 0.2* | 2.8* | $0.4{ }^{*}$ | 4.6* | 0.8* | 1.0* | 0.4* |
| N/A | 23.7 | 27.0 | 13.8 | 30.1 | 45.0 | 7.8 | -- | - | --- | --- |
| N/A | 23.1 | 24.0 | 27.5 | 18.2. | 30.2 | 15.6 | - | - | -- | --- |
| N/A | 13.4 | 12.8 | 16.3 | 16.4 | 11.3 | 12.2 | -- | - | -- | --- |
| N/A | 11.0 | 10.3 | 10.7 | 15.4 | 5.6 | 14.9 | - | - | --- | --- |
| N/A | 28.8 | 26.0 | 31.7 | 19.8 | 8.0 | 49.5 | - | - | -- | --- |
| N/A | 19.4 | 19.9 | 13.1 | 32.2 | 13.7 | 27.2 | 20.2 | 21.8 | 22.5 | 17.5 |
| N/A | 45.9 | 45.8 | 72.9 | 6.9* | 67.0 | 17.5 | 67.4 | 52.3 | 39.5 | 27.5 |
| N/A | 6.4 | 7.3 | 12.0 | ** | 4.9 | 11.2* | 10.3 | $6.4{ }^{*}$ | $5.4^{*}$ | $3.8{ }^{*}$ |

- Percent of foreign born adults living in the US 5 to 9 years ${ }^{1}$
- Percent of foreign born adults living in the US $\geq 10$ years ${ }^{1}$


## Language Used Most Often at Home

- Percent of adults who mostly speak English at home ${ }^{1}$
- Percent of adults who mostly speak Spanish at home ${ }^{1}$
- Percent of adults who mostly speak an Asian language at home ${ }^{1 c}$
- Percent of adults who mostly speak/use some other language at home ${ }^{1 c}$


## Relationship Status

- Percent of adults who are coupled (married, domestic partnered, not married but living together) ${ }^{1}$
- Percent of adults who are single (never married, separated, divorced, widowed) ${ }^{1}$


## Household Type

- Percent of households where adults are single with children²

| N/A | 14.1 | 11.3 | 12.5 | $* *$ | 12.0 | $5.1^{*}$ | 14.8 | 10.7 | $5.5^{*}$ | $8.7^{*}$ |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| N/A | 79.5 | 81.4 | 75.4 | 84.3 | 83.1 | 83.7 | 74.9 | 82.9 | 89.1 | 87.5 |
| N/A | 60.7 | 60.7 | 45.4 | 98.3 | 33.0 | 92.3 | 33.4 | 48.1 | 70.1 | 85.9 |
| N/A | 28.8 | 28.4 | $* *$ | $* *$ | 66.5 | $* *$ | 58.8 | 37.0 | 20.3 | 3.0 |
| N/A | 8.0 | 7.9 | 53.1 | $* *$ | $* *$ | $* *$ | 5.0 | 11.3 | 8.2 | 7.6 |
| N/A | 2.5 | 3.0 | $1.6^{*}$ | $* *$ | $0.5^{*}$ | 7.7 | $2.8^{*}$ | $3.5^{*}$ | $1.4^{*}$ | 3.4 |
| N/A | 57.9 | 54.0 | 59.2 | 28.5 | 58.9 | 52.8 | 50.0 | 49.2 | 50.8 | 61.2 |
| N/A | 42.1 | 46.0 | 40.8 | 71.5 | 41.1 | 47.2 | 50.0 | 50.8 | 49.2 | 38.8 |
| N/A | 5.5 | 8.6 | $2.8 *$ | 17.4 | 13.0 | 3.3 | 19.0 | 9.7 | 10.5 | 2.9 |

N/A = Data not available where noted
${ }^{*}$ Estimate is statistically unstable
**Cell sizes less than 5 - reliable estimate cannot be calculated

Federal Poverty Level (FPL) Among Women in Los Angeles County By Race/Ethnicity, 2011¹a


- The largest proportion of women in Los Angeles County are Latinas (43\%) followed by white women (32\%), Asian/Pacific Islander women (15\%), black women (10\%), and American Indian/Alaskan Native women (0.4\%*). ${ }^{1}$
- A higher percentage of white women in Los Angeles County are 65 years of age or older (26\%), compared with Asian/ Pacific Islander women (17\%), black women (16\%), and Latinas (8\%). ${ }^{1}$
- About 75\% of Latinas have household incomes less than $\mathbf{2 0 0 \%}$ FPL, which is over three times higher than white women (23\%). In addition, 48\% of black and $41 \%$ of Asian/Pacific Islander women report household incomes less than 200\% FPL. ${ }^{\text {a }}{ }^{a}$
- More than twice as many black women (32\%) and white women (27\%) report a disability, compared with Asian/Pacific Islander women (13\%) and Latinas (14\%). ${ }^{\text {1b }}$
- While 46\% of women overall are foreign born, 73\% of Asian/ Pacific Islander women and 67\% of Latinas are foreign born. ${ }^{1}$
- About $81 \%$ of foreign-born Angeleno women have lived in the US for 10 years or longer. ${ }^{1}$
- Over half of Asian/Pacific Islander (59\%), Latina (59\%), and white women (53\%) are coupled whereas $72 \%$ of black women are single. ${ }^{1}$
- About four times more black women (17\%) and Latinas (13\%) are single with children than white (3\%) and Asian/Pacific Islander (3\%*) women. ${ }^{2}$


## DETERMINANTS OF HEALTH

## Education

- Percent of adults with less than a high school education
- Percent of adults who completed high school ${ }^{1}$
- Percent of adults who completed some college, trade school, or associate's degree ${ }^{1}$
- Percent of adults with a college degree ${ }^{1}$
- Percent of adults with a post graduate degree ${ }^{1}$


## Employment Status

- Percent of adults who are employed ${ }^{1}$
- Percent of adults who are unemployed (and looking for work) ${ }^{1}$
- Percent of adults not in the labor force (includes retired, disabled, and unable to work) ${ }^{1}$


## Housing

- Percent of adults who were late or unable to pay their rent or mortgage in the past 2 years ${ }^{1}$
- Percent of adults with household incomes $<300 \%$ FPL who reported being homeless or not having their own place to live or sleep in the past 5 years ${ }^{1}$


## Food

- Percent of adults with household incomes $<300 \%$ FPL who are food insecure ${ }^{1 d}$
- Percent of adults with household incomes $<300 \%$ FPL who are receiving food stamps ${ }^{1}$
- Percent of adults who report it is easy to get fresh produce (fruits and vegetables) ${ }^{1}$


## Neighborhood

- Percent of adults who believe their neighborhood is safe from crime ${ }^{1}$
- Percent of adults whose neighborhoods do not have walking paths, parks, playgrounds, or sports fields ${ }^{1}$
- Percent of adults who report adequate lighting around buildings and streets in their neighborhood ${ }^{1}$
- Percent of adults who report that streets and sidewalks are well-maintained in their neighborhood ${ }^{1}$


## Intimate Partner Violence

- Percent of adults (18-65 years) who report ever experiencing physical or sexual violence by an intimate partner since age $18^{2}$
- Percent of adults (18-65 years) who report physical or sexual violence by an intimate partner in the past year ${ }^{2}$
- Rate of emergency room visits for intimate partner violence (treated and released home) per 100,000 adults ${ }^{3 a}$


## Social Support

- Percent of adults who receive the social and emotional support they need ${ }^{1}$


## Caregiver

- Percent of adults who provided care or assistance during the past month to another adult living with a long-term illness or disability

| N/A | 12.7 | 16.5 | 5.7 | 24.2 | 16.3 | 19.5 | 19.6 | 16.9 | 17.7 | 14.6 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| N/A | 3.1 | 3.0 | 2.0* | 7.1* | 3.0 | 2.3 | 2.9 | 4.9* | 5.0* | 1.7 |
| N/A | 6.2 | 11.0 | 4.3 | 26.1 | 12.2 | 6.3 | N/A | N/A | N/A | N/A |
| N/A | 64.0 | 64.8 | 55.9 | 67.8 | 55.0 | 80.2 | 52.5 | 51.9 | 72.3 | 82.7 |
| N/A | 20.0 | 19.3 | 20.7* | 31.1* | 19.8 | 15.2 | 17.6* | 16.7* | 25.1* | 20.5 |
| N/A = Data not available where noted*Estimate is statistically unstable**Cell sizes less than 5 - reliable estimate cannot be calculated $\quad$- Group fares better <br> Group fares worse <br> Go statistical testing done |  |  |  |  |  |  |  |  |  |  |

- Almost half of Latinas (49\%) have less than a high school education, compared with $5 \%$ white, $11 \%$ black, and $13 \%$ of Asian/Pacific Islander women. ${ }^{1}$
- Latinas and black women have higher rates of unemployment (17\%) than Asian/Pacific Islander and white women (8\%).!
- Higher percentages of women with household incomes less than 100\% FPL and 100-199\% FPL had difficulty paying rent or mortgage in the past two years ( $27 \%$ and $23 \%$ respectively) than women with higher incomes. ${ }^{1}$
- Latinas and black women with household incomes less than 300\% FPL have higher percentages of food insecurity and receiving food stamps than white and Asian/Pacific Islander women. ${ }^{1.1 \mathrm{~d}}$
- As income increases, the percentage of women who believe their neighborhood is safe from crime increases from $70 \%$ among those with household incomes less than 100\% FPL to $95 \%$ among those with household incomes 300\% FPL or higher. ${ }^{1}$
- Black women (24\%), white women (20\%) and Latinas (16\%) report higher rates of ever experiencing intimate partner violence compared with Asian/ Pacific Islander women (6\%). ${ }^{2}$
- Women with household incomes less than 100\% FPL (53\%) and 100-199\% FPL (52\%) report receiving less social and emotional support when needed as compared to women with household incomes of $300 \%$ FPL or higher (83\%).?
- About 19\% of women report being caregivers in the past month.


## HEALTH STATUS




|  |  |  | Women: Race/Ethnicity |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| N/A | 20.7 | 23.0 | 20.1 | 24.7 | 30.9 | 12.8 |
| N/A | 3.3 | 3.7 | 2.8 | 5.5 | 3.3 | 4.1 |
| N/A | 3.1 | 3.5 | 2.7 | 4.8 | 2.8 | 4.2 |
| N/A | 2.1 | 2.2 | 1.3 | 3.4 | 1.8 | 2.7 |
| N/A | 81.8 | 84.3 | 87.9 | 79.1 | 85.3 | 83.8 |
| N/A | 98.8 | 99.2 | 99.3 | 98.5 | 99.2 | 99.4 |
| N/A | 86.7 | 90.1 | 94.0 | 80.5 | 91.6 | 89.8 |
| N/A | 48.6 | 55.3 | 66.2 | 40.8 | 58.9 | 53.6 |


| Women: Federal Poverty Level (FPL) |  |  |  |
| :---: | :---: | :---: | :---: |
| 38.8 | 27.6 | 21.2 | 9.0 |
| 4.4 | 4.8 | 3.8 | 2.6 |
| 4.2 | 3.8 | 4.1 | 2.5 |
| 3.0 | 2.1 | 2.7 | 1.4 |
| N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A |

## Self-Rated Health

- Percent of adults who report their health to be fair or poor ${ }^{1}$


## Poor Health Days

- Average number of poor mental health days in the past month reported by adults ${ }^{1}$
- Average number of poor physical health days in the past month reported by adults ${ }^{1}$


## Days of Activity Limitation

- Average number of days in the past month adults report their regular daily activities were limited due to poor mental or physical health1


## Life Expectancy

- Average life expectancy at birth (in years) ${ }^{4}$
- Percent of population who are expected to live to age 25 years ${ }^{4}$
- Percent of population who are expected to live to age 65 years ${ }^{4}$
- Percent of population who are expected to live to age 85 years ${ }^{4}$

- In Los Angeles County, more women (23\%) than men (18\%) report their health status as being fair or poor. ${ }^{1}$
- Latinas have a significantly higher percentage of self-reported fair or poor health (31\%) compared to all other racial/ethnic groups combined.?
- Women have longer life expectancy at birth than men ( 84.3 versus 79.1 years). ${ }^{4}$
- Life expectancy for Asian/ Pacific Islander women (87.9 years) is 9 years longer than life expectancy for black women (79.1 years). ${ }^{4}$


Percent of Female Population in Los Angeles County Expected to Live to Ages 25, 65, and 85 Years by Race/Ethnicity, $2009^{4}$

- Women with household incomes less than 100\% FPL are four times more likely to report fair or poor health status (39\%)
compared to women with household incomes 300\% FPL or higher (9\%). ${ }^{1}$
- Black women report significantly more poor mental health days, poor physical health days, and days of activity limitation each month (5.5, 4.8, 3.4 days, respectively) than women of other racial/ethnic groups combined.?
- About 55\% of women are expected to reach 85 years of age compared to $41 \%$ of men. ${ }^{4}$
- Over 90\% of Asian/Pacific Islander women are expected to reach 65 years of age and 66\% are expected to reach 85 years of age compared with $81 \%$ and $41 \%$ of black women respectively. ${ }^{4}$


Percent of Women who Report Fair or Poor Health Status and Difficulty Accessing Care in Los Angeles County, 2011¹

- Fair/Poor Health

By Race/Ethnicity


■ Difficulty Accessing Medical Care
By Federal Poverty Level (FPL)


## HEALTH CARE ACCESS

## Insurance

- Percent of adults 18 to 64 years who are uninsured ${ }^{1}$
- Percent of adults 18 to 64 years who have Medi-Cal ${ }^{1}$
- Percent of adults 18 to 64 years who have private insurance ${ }^{1}$


## Access to Medical Care

- Percent of adults with no regular source of health care ${ }^{1}$
- Percent of adults who report difficulty accessing medical care ${ }^{1}$
- Percent of adults who could not afford to see a doctor when needed in the past year ${ }^{1}$
- Percent of adults who could not afford prescription medication when needed in the past year ${ }^{1}$


## Access to Dental Care

- Percent of adults who do not have dental insurance ${ }^{1}$
- Percent of adults who did not obtain dental care (including check-ups) in the past year because they could not afford it ${ }^{1}$
- Percent of adults who had a dental visit (for any reason) in the past year ${ }^{1}$


## Access to Mental Health Care

- Percent of adults who report difficulty accessing mental health care ${ }^{1}$
- Percent of adults who did not get mental health care due to cost ${ }^{1}$


## Pregnancy and Birth

- Percent of women with a live birth who received preconception counseling during the six months before pregnancy ${ }^{5 a}$
- Percent of all live births where mother received prenatal care in the first trimester of pregnancy ${ }^{6}$
- Percent of all live births where mother received a postpartum checkup ${ }^{5}$


## Immunizations

- Percent of adults 18 to 64 years vaccinated for influenza in the past year¹
- Percent of adults 65 years or older vaccinated for influenza in the past year ${ }^{1}$
- Percent of adults 65 years or older ever vaccinated for pneumococcal disease ${ }^{1}$

|  |  |  |  | $\begin{aligned} & \frac{\mathrm{z}}{\mathrm{E}} \\ & \frac{\mathrm{O}}{0} \end{aligned}$ |  | $\frac{9}{3}$ | $\begin{aligned} & \text { B̀ } \\ & \stackrel{\rightharpoonup}{v} \\ & \vec{i} \\ & \hline \underline{1} \end{aligned}$ | $\begin{aligned} & \text { 은 } \\ & \text { 힣 } \\ & \text { 문 } \end{aligned}$ | $\begin{aligned} & \text { ®i } \\ & \text { 이 } \\ & \text { N } \\ & \text { 문 } \end{aligned}$ | $\begin{aligned} & \text { 잉 } \\ & \text { 1 } \\ & \text { 문 } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Women: Race/Ethnicity |  |  |  | Women: Federal Poverty Level (FPL) |  |  |  |
| 0.0 | 28.5 | 26.2 | 16.5 | 12.4 | 41.1 | 11.2 | 44.4 | 34.7 | 20.7 | 7.9 |
| N/A | 17.3 | 20.2 | 14.1 | 32.8 | 26.5 | 8.1 | 42.7 | 23.2 | 13.6 | 2.5 |
| N/A | 52.9 | 52.1 | 67.6 | 51.7 | 31.4 | 79.2 | 11.3 | 40.2 | 63.3 | 88.7 |
| 5.0 | 20.9 | 17.3 | 21.4 | 12.7 | 21.5 | 10.9 | 23.6 | 22.9 | 14.7 | 9.9 |
| N/A | 31.7 | 30.7 | 31.7 | 25.7 | 43.7 | 14.3 | 50.7 | 39.3 | 26.3 | 12.4 |
| N/A | 16.0 | 17.6 | 16.2 | 22.4 | 20.2 | 12.8 | 26.4 | 24.8 | 13.3 | 7.9 |
| N/A | 15.4 | 17.2 | 15.2 | 24.0 | 18.4 | 14.0 | 24.5 | 23.2 | 14.0 | 9.0 |
| N/A | 51.8 | 52.4 | 45.0 | 43.3 | 66.9 | 39.0 | 81.2 | 63.3 | 43.4 | 27.4 |
| N/A | 30.3 | 34.3 | 30.8 | 38.3 | 41.9 | 23.9 | 51.6 | 42.9 | 35.9 | 15.2 |
| 49.0 | 55.8 | 56.6 | 62.0 | 53.4 | 44.6 | 71.6 | 35.1 | 47.8 | 61.6 | 76.5 |
| N/A | 2.7 | 3.1 | 2.5* | $3.6{ }^{*}$ | 2.9 | 3.1 | 5.0 | 3.9 | 2.4* | 1.3* |
| N/A | 6.1 | 6.7 | 4.6 * | 5.2 | 7.3 | 7.1 | 8.2 | 9.4 | 7.1 | 3.7 |
| N/A | -- | 30.6 | 39.1 | 34.0 | 23.7 | 46.4 | N/A | N/A | N/A | N/A |
| 77.9 | -- | 83.0 | 85.2 | 73.8 | 82.4 | 88.0 | N/A | N/A | N/A | N/A |
| N/A | -- | 91.4 | 93.5 | 85.5 | 91.0 | 94.0 | N/A | N/A | N/A | N/A |
| 80.0 | 28.7 | 30.0 | 40.4 | 22.4 | 24.8 | 35.4 | 23.4 | 26.3 | 32.0 | 37.1 |
| 90.0 | 64.2 | 63.2 | 77.7 | 46.4 | 55.4 | 64.9 | 54.8 | 66.3 | 60.9 | 65.3 |
| 90.0 | 61.3 | 64.4 | 56.1 | 54.6 | 54,0 | 72.7 | 57.7 | 57.6 | 65.4 | 70.6 |


$\mathrm{N} / \mathrm{A}=$ Data not available where noted
Estimate is statistically unstabl

- Women with household incomes less than 100\% FPL are over 5 times more likely to be uninsured (44\%) than women with household incomes 300\% FPL or higher (8\%).!
- About half of women with household incomes less than 100\% FPL report difficulty accessing medical care (51\%) and $24 \%$ have no regular source of care.
- Only 31\% of women with a live birth received preconception counseling during the six months before pregnancy. ${ }^{5 a}$
- Among women with a live birth, black women have the lowest rates of prenatal care in the first trimester of pregnancy (74\%) and the lowest rates of having a postpartum checkup (86\%). ${ }^{5,6}$
- A lower percentage of women $18-64$ years (30\%) and women 65 years and older (63\%) report being vaccinated for influenza in the past year than the Healthy People 2020 targets of $80 \%$ and $90 \%$, respectively.
- Among female adolescents 13 to 17 years, white females are significantly more likely to have received all three HPV vaccine shots (30\%), and Latinas are least likely ( $16 \%$ ) compared to all other racial/ethnic groups combined.?
- Asian/Pacific Islander women have the lowest rates of breast and cervical cancer screening. However, colorectal cancer screening increased among this group from 44\% in 2003 to $64 \%$ in 2009. ${ }^{2 d}$
- Colorectal cancer screening rates remain low for women overall (67\%) but are even lower among women with household incomes less than $100 \%$ FPL (46\%). ${ }^{2 a}$
- Only $61 \%$ of women 65 years and older with household incomes less than $100 \%$ FPL report ever being screened for osteoporosis, compared to $81 \%$ of women 65 years and older with household incomes 300\% FPL or higher.?


## HEALTH BEHAVIORS

Asian/Pacific Islander

## Physical Activity

- Percent of adults who meet recommended guidelines for aerobic physical activity ( $\geq 150$ minutes/wk of moderate activity, or $\geq 75$ minutes/wk of vigorous activity) ${ }^{1}$
- Percent of adults who meet recommended guidelines for muscle-strengthening activities (at least 2 days $/ w k)^{1}$
- Percent of adults who meet recommended guidelines for aerobic physical activity and muscle-strengthening activities ${ }^{1}$
- Percent of adults who are inactive (do not participate in any aerobic activity) ${ }^{1}$


## Nutrition

- Percent of adults who consume five or more servings of fruits and vegetables a day ${ }^{1}$
- Percent of adults who eat fast food at least once a week ${ }^{1}$
- Percent of adults who drink at least one soda or sweetened drink a day


## Breastfeeding

- Percent of children 0 to 5 years whose mothers initiated breastfeeding ${ }^{1}$
- Percent of children 6 months to 5 years whose mothers breastfed at least 6 months $^{1}$


## Contraception

- Percent of women 18 to 49 years at risk for unintended pregnancy who used an effective birth control method the last time they had sex ${ }^{1 e}$
- Percent of heterosexually active adults 18 to 49 years who report they (or their partner) have used emergency contraception in the past year ${ }^{1}$


## Sexual Practices

- Percent of adults who report being tested for sexually transmitted diseases (syphilis, gonorrhea, chlamydia, herpes, and genital warts) in the past year ${ }^{1}$
- Percent of adults who report having an HIV test in the past year ${ }^{1}$

10.0
10.0


10


Percent of Women in Los Angeles County who are Physically Inactive (no aerobic activity) and Eat Fast Food Once or More per Week by Service Planning Area (SPA), $2011{ }^{1}$


- Black (16\%) and white (14\%) women each report higher percentages of cigarette smoking compared to all other ethnic groups combined. ${ }^{1}$ Black women have the highest rate of smoking during pregnancy (11\%). ${ }^{5}$
- Only $24 \%$ of women meet recommended guidelines for aerobic physical activity and muscle-strengthening activities.?
- About $40 \%$ of Latinas report eating fast food at least once a week and the same percent report drinking one or more soda or sweetened drink a day.
- Although a higher percentage of Asian/Pacific Islander women initiate breastfeeding (96\%), white women have a higher percentage of breastfeeding at least 6 months (63\%).
- Black women are least likely to initiate breastfeeding (68\%) and breastfeed for at least 6 months (25\%) compared to all other racial/ethnic groups combined. ${ }^{1}$
- Women with household incomes less than 100\% FPL are significantly less likely to both initiate breastfeeding and breastfeed for at least 6 months as compared to women in all other income groups combined.
- About $83 \%$ of Latinas and $82 \%$ of white women at risk for unintended pregnancy report using an effective birth control method the last time they had sex compared to 71\% of black women. ${ }^{1 e}$




## HEALTH CONDITIONS Incidence/Prevalence



- Percent of adults with current anxiety, stress disorder, or phobia ${ }^{1}$


## Maternal and Infant Health

- Percent of low birth weight births (<2,500 grams) per 100 live births ${ }^{6}$
- Percent of preterm births (<37 weeks gestation) per 100 live births ${ }^{6}$
- Rate of live births among mothers 15-19 years per 1,000 adolescent girls 15-19 years ${ }^{6}$
- Percent of live births that resulted from an unintended pregnancy ${ }^{5 b}$


## Communicable Diseases

- Diagnoses of HIV/AIDS (annual diagnosed cases per 100,000 population) ${ }^{8 a}$
- Incidence of chlamydia (annual new cases per 100,000 population) ${ }^{8 b}$
- Incidence of gonorrhea (annual new cases per 100,000 population) ${ }^{8 b}$
- Incidence of primary and secondary syphilis (annual new cases per 100,000 population) ${ }^{8 b}$
- Incidence of Pelvic Inflammatory Disease (PID) (annual new cases per 100,000 female population) ${ }^{\text {8b }}$
- Incidence of tuberculosis (annual new cases per 100,000 population) ${ }^{9}$

| N/A | 6.4 | 7.4 |
| :---: | :---: | :---: |
|  |  |  |
| 7.8 | $\ldots$ | 7.3 |
| 11.4 | $\ldots$ | 10.1 |
| N/A | $\cdots$ | 31.2 |
| N/A | $\cdots$ | 48.4 |
|  |  |  |
| N/A | 18.0 | 3.0 |
| N/A | 512.9 | 664.0 |
| N/A | 103.4 | 73.3 |
| N/A | 8.1 | 0.3 |
| N/A |  |  |
| 1.0 | 7.3 | 6.8 |

N/A $=$ Data not available where noted
*stianate is statistically unstable
**Cell sizes less than 5 - reliable estimate cannot be calculated

- A higher percentage of black women (45\%) are at risk for heart disease compared to Latinas (30\%), white women (29\%), and Asian/Pacific Islander women (22\%). ${ }^{\text {if }}$
- Rates of obesity among Latinas increased from 18\% in 1997 to $33 \%$ in 2011, but black women have the highest rate at $36 \%$.'
- Almost 20\% of women with a live birth report being obese prior to pregnancy, and rates are highest among black women (27\%) and Latinas (25\%). ${ }^{5}$
- Asian/Pacific Islander women had the largest increase in rate of diabetes from 4\%* in 1997 to $10 \%$ in 2011, and they have the highest rate of gestational diabetes at 19\%. ${ }^{1,5}$
- Latinas have a higher incidence of cervical cancer $(11 / 100,000)$ and lower incidence of breast cancer (83/100,000) compared to women overall.?
- Women with household incomes 300\% FPL or higher are significantly less likely to currently have depression or anxiety than women in all other income groups combined. ${ }^{1}$
- Almost half of live births among women in LA County result from unintended pregnancies (48\%) compared with $37 \%$ among women in the United States. ${ }^{5 b, 10}$
- Rates of chlamydia among women in LA County increased from 570/100,000 in 2006 to 664/100,000 in 2011, and remain highest among black women $(2,010 / 100,000) .{ }^{8 b}$


## HEALTH CONDITIONS Mortality

All-Cause Mortality

- Death rate from all causes (age-adjusted per 100,000 population) ${ }^{11}$


## Cardiovascular Disease Mortality

- Coronary heart disease death rate (age-adjusted per 100,000 population) ${ }^{11}$
- Stroke death rate (age-adjusted per 100,000 population) ${ }^{11}$
- Hypertension and related renal disease death rate (age-adjusted per 100,000 population) ${ }^{11}$

Diabetes Mortality

- Diabetes death rate (age-adjusted per 100,000 population) ${ }^{11}$


## Respiratory Disease Mortality

- Emphysema/COPD death rate (age-adjusted per 100,000 population) ${ }^{11}$
- Pneumonia and influenza death rate (age-adjusted per 100,000 population) ${ }^{11}$


## Cancer Mortality

- All cancer death rate (age-adjusted per 100,000 population) ${ }^{11}$
- Breast cancer death rate (age-adjusted per 100,000 female population) ${ }^{11}$
- Cervical cancer death rate (age-adjusted per 100,000 female population) ${ }^{11}$
- Colorectal cancer death rate (age-adjusted per 100,000 population) ${ }^{11}$
- Lung cancer death rate (age-adjusted per 100,000 population) ${ }^{11}$

Alzheimer's Disease Mortality

- Alzheimer's disease death rate (age-adjusted per 100,000 population) ${ }^{11}$


## Injury Mortality

- Suicide rate (age-adjusted per 100,000 population) ${ }^{11}$
- Homicide rate (age-adjusted per 100,000 population) ${ }^{11}$
- Unintentional injury death rate (age-adjusted per 100,000 population) ${ }^{11}$
- Unintentional drug-overdose death rate (age-adjusted per 100,000 population) ${ }^{11}$
- Fall-related death rate among adults 65 years and older (age-specific per 100,000 population) ${ }^{3 b}$
- Motor vehicle crash death rate (age-adjusted per 100,000 population) ${ }^{11}$

|  |  |
| :---: | :---: |
| --- |  |
| 1 | 1 |
| 2 | 4 |
| 10 | -- |





- Chronic conditions such as coronary heart disease, stroke, and emphysema/COPD remain the leading causes of death among women in Los Angeles County. ${ }^{11}$
- Cancer and injuries are important leading causes of premature death among women in Los Angeles County. ${ }^{11}$
- Mortality from all causes is 48\% higher among black women (721/100,000) than for women overall $(488 / 100,000) .{ }^{11}$
- For women, mortality rates for coronary heart disease decreased by 45\% from 2000 to 2009. However, it remains the leading cause of death, accounting for $22 \%$ of the total deaths for women in 2009.11
- Diabetes mortality rates among women have decreased by $26 \%$ from 22/100,000 in 2000 to 17/100,000 in 2009.11
- From 2000 to 2009, breast cancer mortality rates have decreased for all racial/ethnic groups except Latinas whose rates increased 16\% (14 to 16 per 100,000). ${ }^{1}$
- From 2000 to 2009, the number of Alzheimer's disease-related deaths among women has more than doubled from 550 to 1,431, and it is currently the 4th leading cause of death for women. ${ }^{11}$
- Maternal mortality rates among black women $(59 / 100,000)$ are five times higher than the Healthy People 2020 target of 11.4/100,000. ${ }^{6}$
- Infant mortality rates are twice as high among black women $(10 / 1,000)$ compared to women overall $(5 / 1,000) .{ }^{6}$


## TRENDS IN WOMEN'S HEALTH OUTCOMES

Percent ${ }^{\dagger}$ of Women in Los Angeles County with Obesity, 1997-2011


Percent ${ }^{\dagger}$ of Women in Los Angeles County Ever Diagnosed with Diabetes, 1997-20111


Rates of Coronary Heart Disease Mortality Among Women in Los Angeles County, $2009{ }^{11}$


Rates of Leading Causes of Death Among Women in Los Angeles County, 200911


## INSURANCE STATUS AND HEALTH

|  |  |  |  | $\begin{aligned} & \bar{ভ} \\ & \frac{1}{\mathbf{o}} \\ & \hline \mathbf{0} \end{aligned}$ | $\frac{!}{0}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Women 18-64 yrs: Insurance Status |  |  |
| N/A | 19.2 | 21.2 | 27.4 | 37.1 | 10.8 |
| N/A | 2.0 | 2.0 | 2.2 | 3.4 | 1.3 |
| 5.0 | 23.4 | 19.7 | 42.1 | 17.1 | 9.5 |
| N/A | 35.0 | 34.3 | 75.3 | 36.0 | 13.2 |
| N/A | 16.8 | 19.1 | 29.4 | 24.2 | 12.0 |
| N/A | 51.5 | 51.4 | 95.0 | 69.6 | 21.0 |
| 80.0 | 28.7 | 30.0 | 16.4 | 29.8 | 36.7 |
| N/A | 12.7 | 24.1 | $6.4 *$ | 24.7 | 36.4 |
| 93.0 | --- | 85.8 | 78.1 | 87.6 | 89.6 |
| 81.1 | -- | 78.5 | 58.4 | 73.9 | 85.2 |
| 12.0 | 14.0 | 10.6 | 11.2 | 16.3 | 8.0 |
| N/A | 31.3 | 25.3 | 22.0 | 17.0 | 30.4 |
| N/A | 16.0 | 19.5 | 18.2 | 16.4 | 21.7 |
| N/A | 38.0 | 28.8 | 46.4 | 35.3 | 16.7 |
| N/A | 25.6 | 24.6 | 22.7 | 33.7 | 20.9 |
| 26.9 | 18.4 | 17.5 | 13.9 | 21.4 | 17.0 |
| 30.5 | 24.4 | 25.0 | 28.8 | 34.9 | 19.2 |
| N/A | 7.0 | 7.1 | 5.4 | 11.3 | 6.1 |
| N/A | 8.2 | 10.4 | 7.1 | 18.9 | 8.4 |

- About $37 \%$ of women on Medi-Cal report fair or poor health compared to $27 \%$ of women with no insurance and $11 \%$ of women with private insurance.?
- Approximately $75 \%$ of uninsured women report difficulty accessing medical care compared with $36 \%$ of women on Medi-Cal and $13 \%$ of women with private insurance.?
- Uninsured women have lower rates of receiving clinical preventive services compared with women on Medi-Cal and privately insured women. ${ }^{1}$
- About $46 \%$ of uninsured women and $35 \%$ of women on Medi-Cal drink at least one soda or sweetened drink daily compared with $17 \%$ of privately insured women. ${ }^{1}$
- Women on Medi-Cal have higher rates of hypertension, obesity, diabetes and depression compared with uninsured and privately insured women?


## WOMEN ACROSS THE LIFESPAN



- Higher percentages of women 18-39 years and 40-64 years report difficulty paying rent or mortgage in the past two years compared to women 65 years and older.!
- Among women in households less than 300\% FPL, those 18-39 years and $40-64$ years have higher percentages of food insecurity compared to those 65 years and older. ${ }^{1 d}$
- Women 65 years and older report the lowest average number of poor mental health days in the past month, but report the highest average number of poor physical health days in the past month compared to women 18-39 years and 40-64 years.
- About 32\% of women 18-39 years and $21 \%$ of women 40-64 years are uninsured. ${ }^{1}$
- About 45\% of women 18-39 years eat fast food at least once a week compared with $29 \%$ of women 40-64 years and 17\% of women 65 years and older.?
- Percent of adults who meet recommended guidelines for aerobic physical activity and muscle-strengthening activities ${ }^{1}$
- Percent of adults who eat fast food at least once a week ${ }^{1}$


## Health Outcomes - Incidence/Prevalence

- Percent of adults at risk ( $\geq 2$ out of 6 risk factors) for heart disease ${ }^{1 f}$
- Percent of adults ever diagnosed with hypertension ${ }^{1}$
- Percent of adults ever diagnosed with diabetes ${ }^{1}$
- Percent of adults ever diagnosed with arthritis ${ }^{1}$
- Incidence of all cancers (age-specific per 100,000 population)7a
- Percent of adults with current depression ${ }^{1}$


## Health Outcomes - Mortality

- Coronary heart disease death rate (age-specific per 100,000 population) ${ }^{11}$
- Breast cancer death rate (age-specific per 100,000 female population) ${ }^{11}$
- Motor vehicle crash death rate (age-specific per 100,000 population) ${ }^{11}$

| 20.1 | 29.7 | 24.1 | 28.1 | 22.5 | 17.7 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| N/A | 40.0 | 34.0 | 45.2 | 29.3 | 16.5 |
|  |  |  |  |  |  |
| N/A | 30.0 | 29.9 | 12.7 | 36.6 | 58.4 |
| 26.9 | 24.0 | 24.2 | 5.9 | 29.1 | 60.1 |
| N/A | 9.5 | 9.2 | 2.6 | 11.7 | 20.0 |
| N/A | 17.4 | 21.4 | 5.6 | 24.0 | 56.8 |
| N/A | 372.5 | 371.6 | 82.7 | 528.0 | 1531.7 |
| N/A | 8.3 | 10.3 | 6.9 | 14.0 | 9.7 |
|  |  |  |  |  |  |
| 100.8 | 128.6 | 101.0 | 1.3 | 35.3 | 839.2 |
| 20.6 | N/A | 21.3 | 2.6 | 30.2 | 95.4 |
| 12.4 | 6.5 | 3.7 | 4.4 | 2.8 | 7.5 |

- Women 65 years and older have about two times higher rates of hypertension, diabetes and arthritis compared to women 40-64 years. ${ }^{1}$
- Higher percentage of women 40-64 years report being currently depressed (14\%) than women 18-39 years (7\%) and women 65 years and older (10\%). ${ }^{1}$



## Women in Los Angeles County by Age and Race/Ethnicity, $2011{ }^{11}$

$■$ American Indian/Alaskan Native ■Asian/Pacific Islander $\square$ Black $■$ Latina $■$ White


## FINDINGS AND IMPLICATIONS

As in previous years, the data presented in this report by race/ethnicity and socioeconomic status strongly identify significant health inequities that are evident among women in Los Angeles County. Deep-rooted differences in social and environmental determinants of health, access to health care and health-promoting behaviors underlie these health inequities. With half living in poverty (household incomes less than 200\% of the federal poverty level) and one-fourth reporting less than a high school education, women in Los Angeles County continue to face significant disadvantages that directly influence their health and wellness.

## RACIAL/ETHNIC DIVERSITY

Los Angeles County represents one of the most diverse regions in the country and it is projected to become even more diverse in the next 50 years. While women of color comprised two-thirds of the adult female population in 2010, by 2060, nearly eighty percent of Angeleno women will be women of color. [Figure 1]

Latinas, the ethnic group with the largest projected growth over the next few decades, have the highest rate of poverty and lowest level of education. The effects of these socioeconomic challenges, such as reduced access to safe physical environments, poorer self-rated health status, and difficulty accessing medical care, may be magnified as the Latina population ages.

Black women have the lowest life expectancy and highest mortality rates from many chronic medical conditions compared to other women in the County. Black women face particular barriers to health such as high rates of exposure to violence, communicable diseases, and smoking. However, black women report better access to health care, demonstrating the complex interplay of factors
contributing to disparities. Such factors as racial inequality, discrimination, and stress are important contributors to the health inequities among black women, but are not well-captured in health surveys.

Asian/Pacific Islander women have the longest life expectancy at birth yet this population has seen large increases in obesity and diabetes in the last decade. In addition, they continue to report significant barriers to health care access, with lower rates of having a regular source of care and receiving preventive services. Furthermore, substantial disparities exist within this heterogeneous population that are not captured in this report.

## POVERTY AND INSURANCE

Socioeconomic status affects an individual's health behavior and lifestyle, environmental exposure, and health care access. A significantly lower percentage of low-income women live in neighborhoods with easy access to fresh produce or believe their neighborhood is safe from crime. In addition, low-income women report the lowest rates of receiving social and emotional support and the highest rates of food insecurity. The influence of these disparities on the health of low-income women is underscored by the economic gradient in self-reported health status. Compared to higher income women, lower income women have four times higher rates of fair to poor health status, and higher prevalence of obesity, diabetes and depression. These effects are exacerbated when those who need health care the most (i.e., lower income women) also have the least access.

In 2011, one-fourth of women 18 to 64 years in Los Angeles County were uninsured. Uninsured women face significant barriers in accessing health care; they report the lowest rates of receipt of
clinical preventive services and almost half report no regular source of care. In addition, over one-fourth of uninsured women report a fair or poor health status.

## LOOKING TO THE FUTURE

With the high prevalence of low-income, uninsured women, Los Angeles County should strongly benefit from the coverage, access, and quality care included in the Affordable Care Act. There is a real opportunity to enroll many uninsured women in coverage and make a difference in their health and wellness. For those remaining uninsured or ineligible, programs and policies are needed to ensure they continue to receive care and services.

In addition, the demographic composition of Los Angeles County women is projected to shift dramatically in the next 50 years. The proportion of women 65 years and older will double from sixteen percent to thirty-five percent. [Figure 2] Great strides have been made in reducing mortality for leading causes of death such as coronary heart disease, stroke and cancer over the last decades, however given the magnitude of the shift in population demographics, additional health care resources will be needed to support longevity and wellness for women as they age.

The data presented in this report confirm that a multitude of social, physical, and economic factors work together to shape the health of women in Los Angeles County. By using these data to understand the current health status of women and the challenges they face, effective prioritization of funding and resources can occur to drive the women's health agenda. Collaborative efforts and culturally-appropriate programs and policies will greatly reduce health inequities and improve the health of all women in the County.

Figure 1: Population Projections for Adult Women in Los Angeles County by Race/Ethnicity, 2010-2060 ${ }^{12}$


Figure 2: Population Projections for Adult Women in Los Angeles County by Age, 2010-2060 ${ }^{12}$


## DATA SOURCES AND NOTES

1 Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, 2011 Los Angeles County Health Survey. Estimates are based on self-reported data by a random sample of 8,036 Los Angeles County adults and 6,013 parents/guardians/ primary caretakers of children, representative of the
a Poverty Level: Based on the US
Poverty Level. Based on U.S. Census 2009 Federal Poverty Level (FPL) thresholds at the time
of survey interviewing which for a family of four (2 adults, 2 dependents) correspond to annual (2 adults, 2 dependents) correspond to annual
incomes of $\$ 21,756(100 \% ~ F P L), ~ \$ 43,512(200 \%$ FPL), \$65,268 (300\% FPL), and \$87,024 (400\% FPL).
b Disability: Defined as positive response to any of the following: Are you limited in any way in any activities because of a physical, mental, or emotiona problem?; Do you now have any health problem that requires you to use special equipment, such as a cane, wheelchair, a special bed or special telephone? Do you consider yourself a person with a disability?
Language Used Most Often at Home: Asian includes: Burmese, Cambodian, Cantonese, Chinese unspecified, Filipino, Indian languages, Indonesian, Japanese, Korean, Mandarin, Tagalog, Taiwanese, Thai, and Vietnamese. Other includes: European (Albanian, Armenian, Dutch, French, German, Hungarian, Italian, Norwegian, Polish, Portuguese, Russian, Serbian, Swedish), Middle Eastern (Arabic, Farsi/Persian, Hebrew), African (Ethiopian Nigerian), and Other (American Indian Chinatec, Creole)
d Food Insecurity: Scaled variable based on a series of five questions. [REFERENCE: Blumberg SJ,
Bialostosky K. Hamilton WL, Briefel RR The Bialostosky K, Hamilton WL, Briefel RR. The
effectiveness of a short form of the Household Food Security Scale. Am J Public Health. 1999;89:12311234.]
e Effective Birth Control Use: Restricted to women ages 18-49 who 1) Had at least one male sex partner in the past year, 2) Did not have hysterectomy, 3) Were not pregnant, 4) Were not trying to get pregnant, 5) Were not infertile or menopausal. Using annual failure rate of $25 \%$ as cut-off point, effective birth control methods included condom, tubal ring, shot, implant, and diaphragm/cervical cap.
f Risk of Heart Disease: Defined by having two or more of the following factors: obesity, diabetes, hypertension, high cholesterol, current cigarette moking, and no aerobic physical activity

2 UCLA Center for Health Policy Research, 2009 California Health Interview Survey.
a Colorectal Cancer Screening: Compliance is based on the 2001 to 2004 U.S. Preventive Services Task Forc (USPSTF) recommendations for the 50+ population.
3 Los Angeles County Department of Public Health, Injury \& Violence Prevention Program, Office of Statewide Health Planning and Development, Emergency Department \& Hospital Discharge Data, Death Statistical Master File, CA Dept of Health, Office of Health Statistics and Population Estimates. 2011 data unless otherwise noted.
a Intimate Partner Violence (IPV): Includes injuries coded as E967.3 - "child and adult battering and other maltreatment by spouse or partner." underestimated because the code is not reported for all IPV cases.
b Fall-Related Death Rate: 2010 data
4 Los Angeles County Department of Public Health (DPH), Office of Health Assessment and Epidemiology. ife tables created using linked 2009 California DPH Death Statistical Master File for Los Angeles County Residents and mid-year population estimates from July 1, 2009 Population Estimates, prepared by Walter R. McDonald \& Associates, Inc. (WRMA) for Urban Research, Los Angeles County ISD, released April 26, 2010.
5 Los Angeles County Department of Public Health, 2010 Los Angeles Mommy and Baby Survey (LAMB) Estimates based on self-reported data by a stratified random sample of 6,593 Los Angeles County mothers.
a Preconception counseling: Defined as talking to a doctor, nurse, or other health care worker about how to prepare for a healthy baby and pregnancy during the 6 months before becoming pregnant
b Unintended pregnancy: Defined as wanting to be pregnant later or not wanting to be pregnant then or at any time in the future.
6 Los Angeles County Department of Public Health, Maternal, Child and Adolescent Health Programs. 2010 birth and death record data obtained from the California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section.
7 Liu L, Zhang J, Deapen D. Cancer in Los Angeles County: Incidence and Mortality by Race/Ethnicity Program, University of Southern California, 2011. 2009 data except where noted. Rates adjusted to the 2000 U.S. standard population.
a Age-specific all-cancer incidence: 2005-2009 average rates for adults 20 years and older.
8 Los Angeles County Department of Public Health, Division of HIV and STD Programs. Data is for all ages.
a Enhanced HIV/AIDS Reporting System, Los Angeles provisional due to reporting delay.
b Sexually Transmitted Disease Casewatch System, Los Angeles County 2011 data as of October 2012 Excludes cases from Pasadena and Long Beach.

9 Los Angeles County Department of Public Health, uberculosis Control Program. Tuberculosis Registry nformation Management System (TRIMS), 2011 data. Excludes cases from Pasadena and Long Beach. Data is or ages 13 years and older.
10 Mosher WD, Jones J, Abma JC. Intended and unintended births in the United States: 1982-2010. National health statistics reports; no 55. Hyattsville, MD: National Center for Health Statistics. 2012.
11 Los Angeles County Department of Public Health (DPH), Office of Health Assessment and Epidemiology, Linked 2009 California DPH Death Statistical Master File for Los Angeles County Residents. Rates adjusted to the 2000 U.S. standard population.
12 State of California, Department of Finance, Report -3: State and County Population Projections by Race/ and Gender, 2010-2060 Sacramento, California, January 2013.


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