

A PUBLICATION OF LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES



L.A. Health Profiles

Results of the 1997 Los Angeles County Health Survey by Service Planning Area



The 1997 Los Angeles County Health Survey was a population-based telephone survey of 8,004 households in Los Angeles County, examining health-related issues for children and adults. The survey was conducted for the Department of Health Services by Field Research Corporation with assistance from local universities. Additional support for the 1997 survey was provided by the California Department of Health Services and The California Endowment.

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Dear Colleague:

The availability of high-quality, population-based health data is essential for professionals engaged in community health planning and public health improvement activities. Ongoing assessment of the health of the Los Angeles County population is an important priority for the Department of Health Services, as is the dissemination of actionable health information.

L.A. Health Profiles provides information on the health of the county population using data from the 1997 Los Angeles County Health Survey, a telephone survey designed to measure the health and well-being of Los Angeles County residents. The report is divided into three major sections: **Health Risk Behaviors**, **Health Status**, and **Access to Health Care**. Within each section, key findings are presented for all Service Planning Areas (SPAs) and for Los Angeles County as a whole. In addition, an Appendix provides more detailed data by gender, race/ethnicity, age, income, education and insurance status at the county level, and supplemental data at the SPA and Health District levels.

The Los Angeles County Health Survey is an ongoing source of data which addresses many key modifiable risks to the health of the public. Information from the survey is used for public health planning, policy development, and to monitor progress in meeting various health promotion and disease prevention goals at the county and community level. The 1999 Los Angeles County Health Survey is currently underway and will provide comparable data to the 1997 survey in several areas and will also provide new baseline measures by which to gauge our progress in the future. Please look for results from our 1999 survey in the spring of 2000. For more information regarding the Los Angeles County Health Survey or this report, please call the Office of Health Assessment and Epidemiology at 213-240-7785.

Sincerely,

Jonathan E Fielding

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

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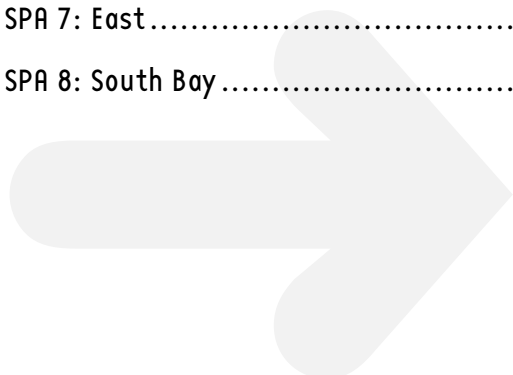
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Tobacco

Tobacco use causes about one of every five deaths in the United States and is the single most preventable cause of death in the nation. Each year, an estimated 430,000 people die from smoking-related illness. In 1993, Los Angeles County had an estimated \$3.1 billion in smoking attributable medical expenditures.² Tobacco use is a major cause of heart disease, emphysema and other respiratory diseases, many cancers including those of the lung, esophagus, pancreas, and bladder, and other illnesses such as stomach ulcers.³

WHAT DID THE SURVEY MEASURE?

Tobacco Users

Adults (18 and older) who currently smoke cigarettes, cigars, a pipe, or chew smokeless tobacco.

Cigarette Smokers

Adults who currently smoke cigarettes.

Quantity Smoked

Number of packs smoked each day by adult smokers.

FINDINGS ABOUT TOBACCO USE

- One in five (20%) Los Angeles County residents 18 years or older use tobacco. Eighteen percent smoke cigarettes, 2% smoke cigars, and less than 1% smoke tobacco with pipes and use smokeless tobacco.
- Cigarette smoking is more prevalent in men (22%) than women (14%), a difference most pronounced among Asians and Latinos; 23% of Asian and 22% of Latino men are smokers compared to 9% of Asian women and 9% of Latinas.
- Whites smoke more heavily compared to other groups; among smokers, 39% of whites smoke a pack or more per day compared to 24% of Asians, 14% of African-Americans, and 10% of Latinos.

Note: For more detailed data on tobacco use at the county, service planning area, and health district levels, please refer to Appendix B-1 and Appendices C-1 through C-8.

2. Rice DJ, Max W, "The Cost of Smoking in California," Institute for Health and Aging, School of Nursing, UCSE, 1993.

3. Report of the Surgeon General, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, April 1998.

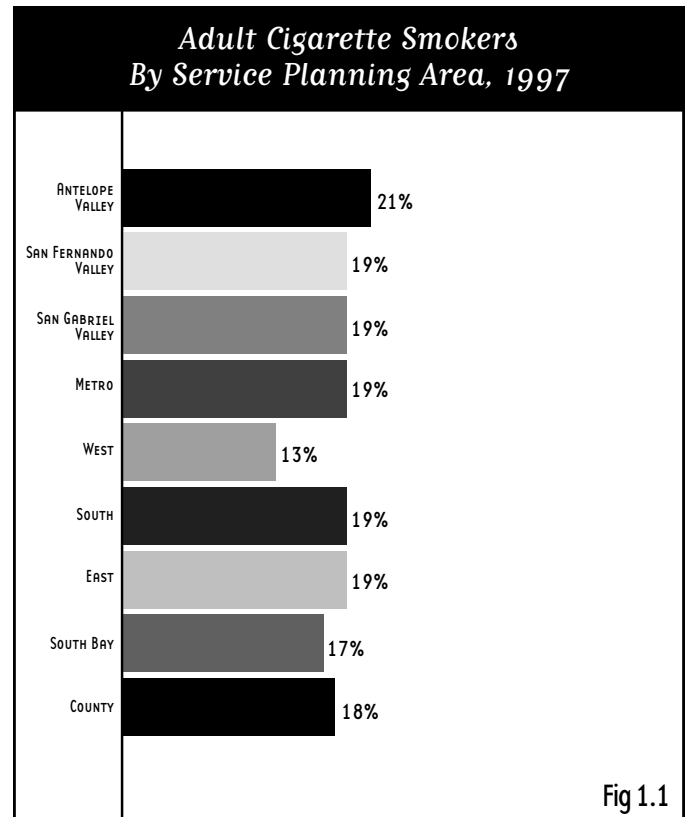


Fig 1.1

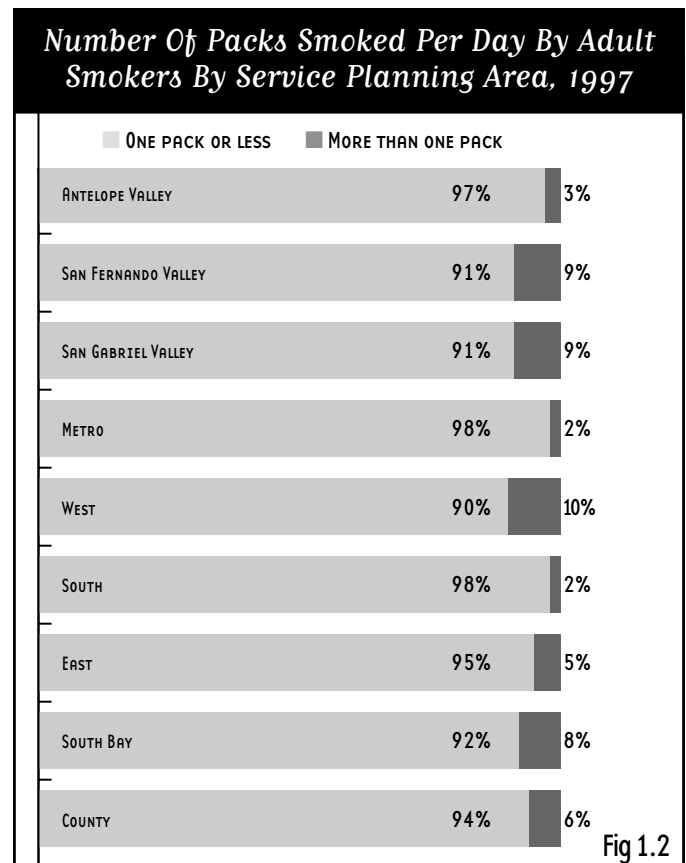


Fig 1.2

Alcohol use and abuse causes approximately 100,000 deaths in the U.S. annually from cirrhosis of the liver, cancers, motor-vehicle accidents, intentional and unintentional injuries at home and work, and drowning.¹ In addition, alcohol abuse is responsible for numerous other mental health, social and economic ills.

Self-reported data obtained from a telephone survey are likely to underestimate alcohol use because people who answer telephone surveys may underreport heavy drinking and other sensitive information. In addition, populations for which substance abuse is more prevalent, such as the homeless and those residing in temporary housing, will not be reached via the telephone. These data may be considered general estimates for the population willing to complete a telephone interview about health behaviors.

- Self-perceived health status: 24% of heavy alcohol users consider their health status to be poor/fair compared to 14% of light/moderate alcohol users.
- Weight status: 41% of heavy drinkers are overweight compared to 35% of moderate/light alcohol users.
- The prevalence of heavy drinking is similar when compared by age group, level of formal education, income, and marital status.

Note: For more detailed data on alcohol use at the county, service planning area and health district levels, please refer to Appendix B-1 and Appendices C-1 through C-8.

WHAT DID THE SURVEY MEASURE?

Current Alcohol Use

Drinking alcohol (beer, wine, liquor) in the past 12 months.

Average Daily Amount

Number of days per week respondent drinks (frequency) and number of drinks consumed (quantity) on days when respondent drinks.

FINDINGS ABOUT ALCOHOL USE

- Forty-three percent of adults report that they do not drink alcohol, 38% are light drinkers, 14% are moderate drinkers, and 5% are heavy drinkers.
- The prevalence of heavy drinking is 8% in men and 2% in women.
- Heavy drinking is reported by 6% of whites, 5% of Latinos, 2% of African-Americans, and 2% of Asians.

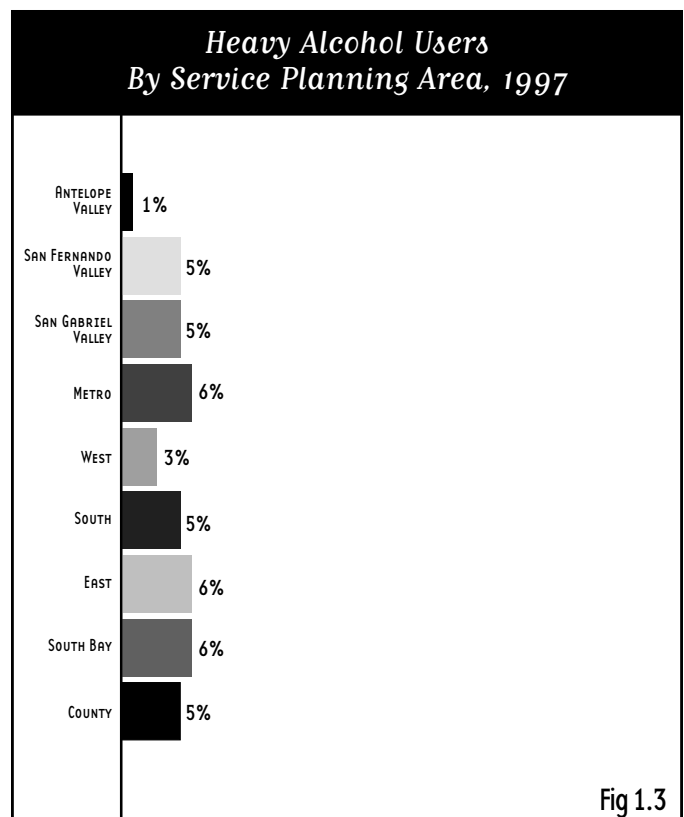


Fig 1.3

1. McGinnis M, Foege WH. Actual Causes of Death in the United States. JAMA. 1993;270:2207-2212.

Seat Belt and Child Safety Seat Use

WHAT DID THE SURVEY MEASURE?

Regular Seat Belt Use (adults, 18 and older)

Using a seat belt when driving or riding in a motor vehicle.

Regular Use of Child Safety Seat or Seat Belt (children, 0-17 years)

Using a seat belt/child seat for children.

FINDINGS ABOUT SEAT BELT AND CHILD SAFETY SEAT USE

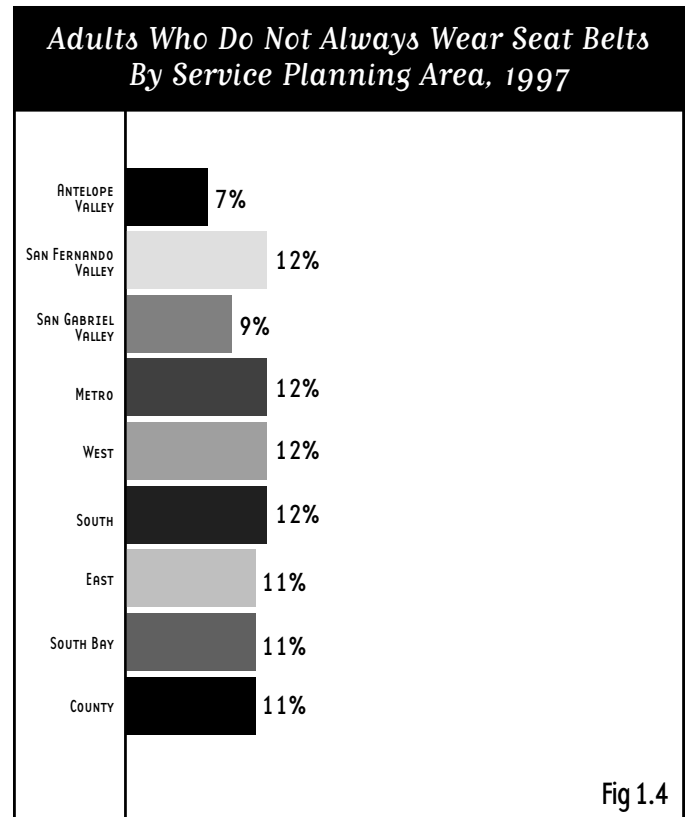
Adults:

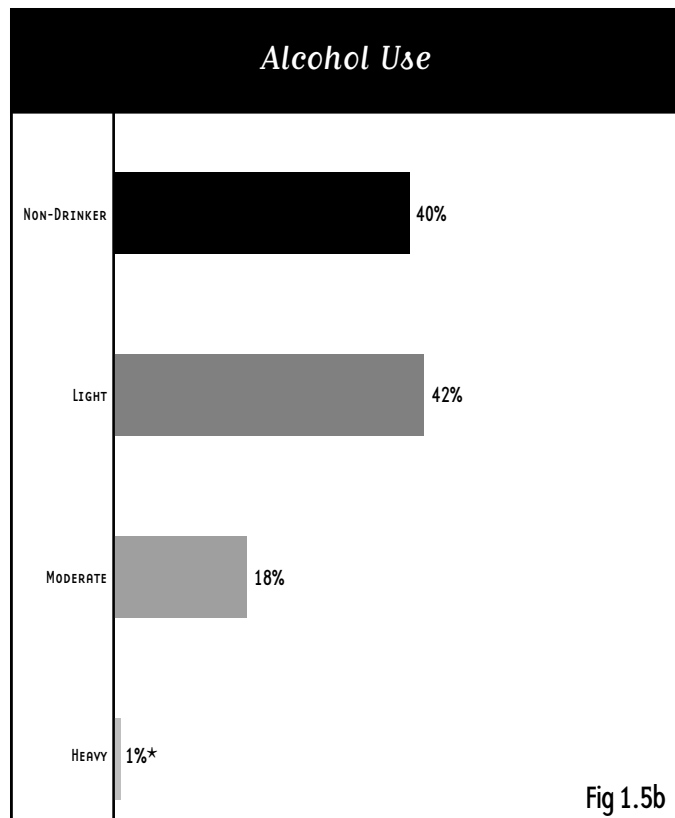
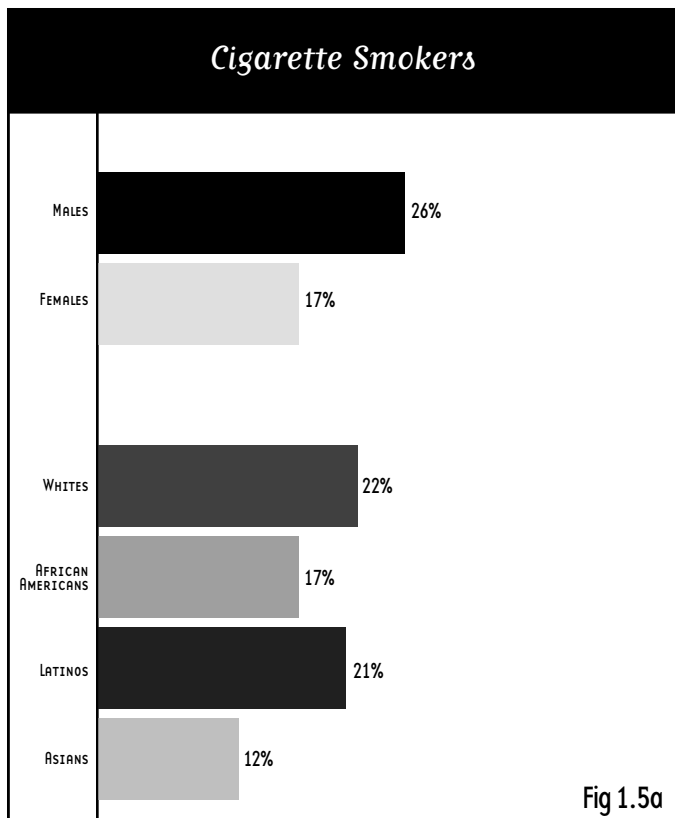
- Fourteen percent of men and 9% of women do not always use seat belts.
- Fourteen percent of adults age 18-39 do not always use seat belts, compared to 10% of adults age 30-39, 9% of adults age 40-49, and 11% of adults 50 and over.
- There is little variation in adult seat belt use by race, income, and education.

Children less than age 18:

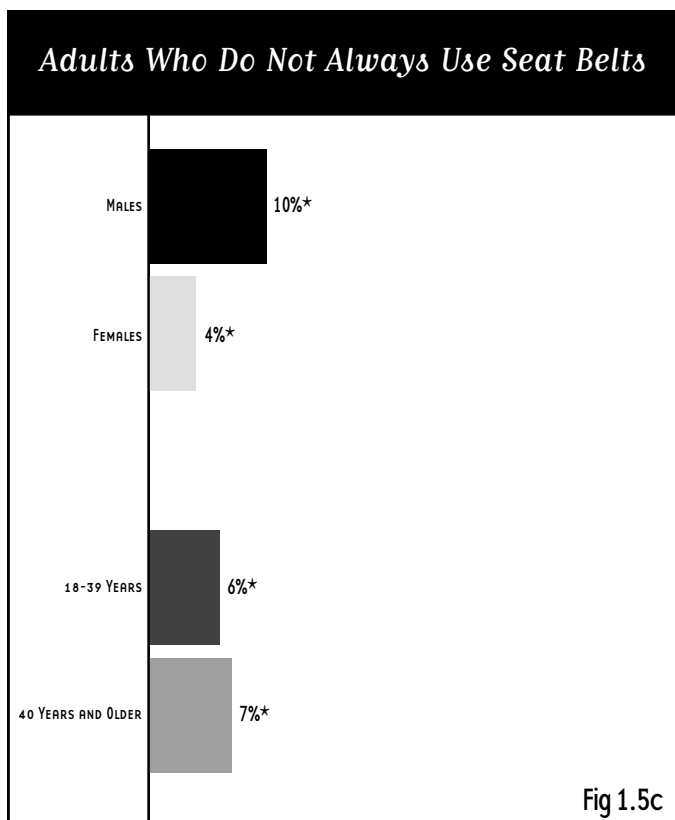
- The percentage of children who do not always use seat belts/car seats is 7% among Asians, followed by Latinos (5%), African-Americans (4%) and whites (3%).
- Children less than four years of age have the lowest proportion of not using seat belt/car seats (2%) compared to 6% of children ages 5-12 years old and 13-17 years old.
- There is little variation in seat belt use for children by gender and family income.

Note: For more detailed data on seat belt use at the county, service planning area, and health district levels, please refer to Appendices B-1, B-2, C-1 through C-8.

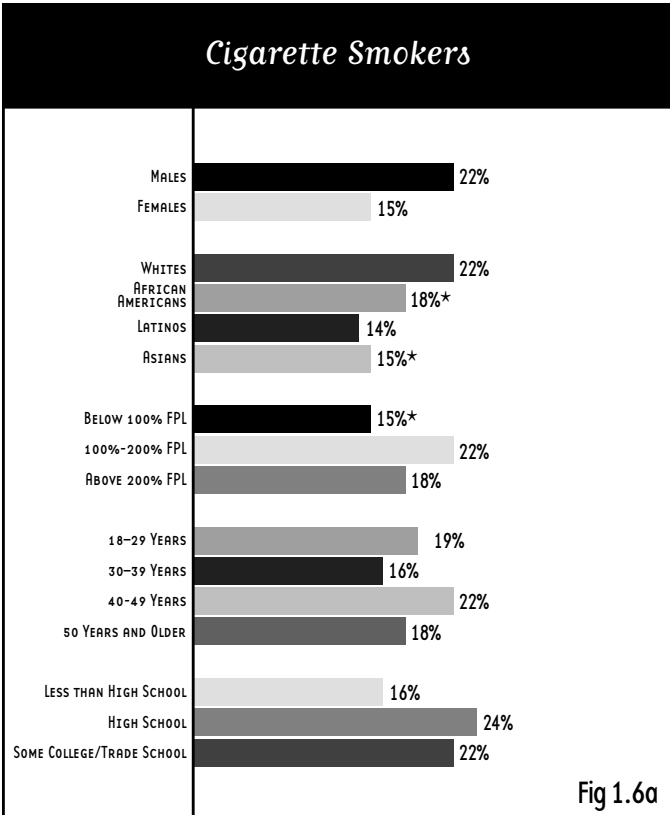




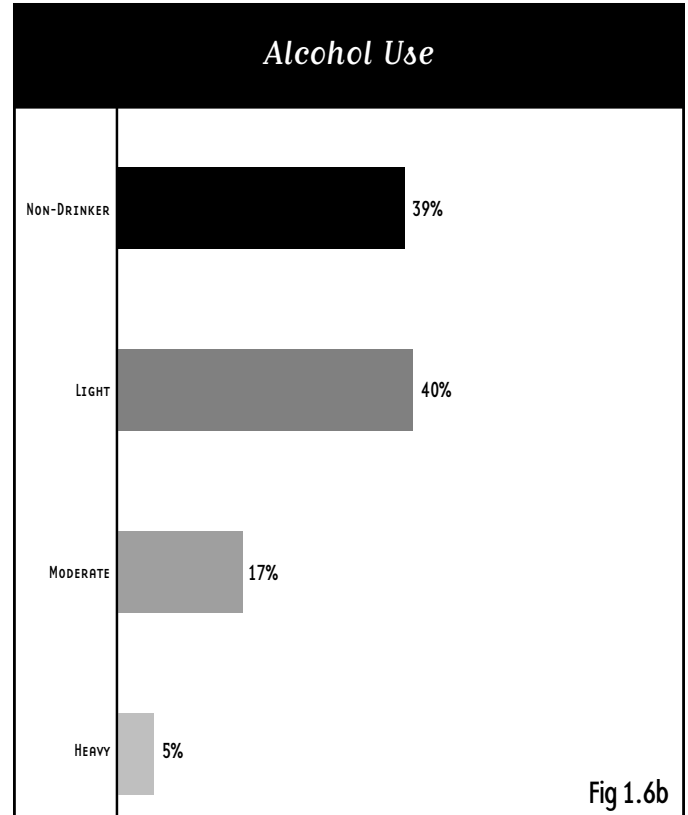
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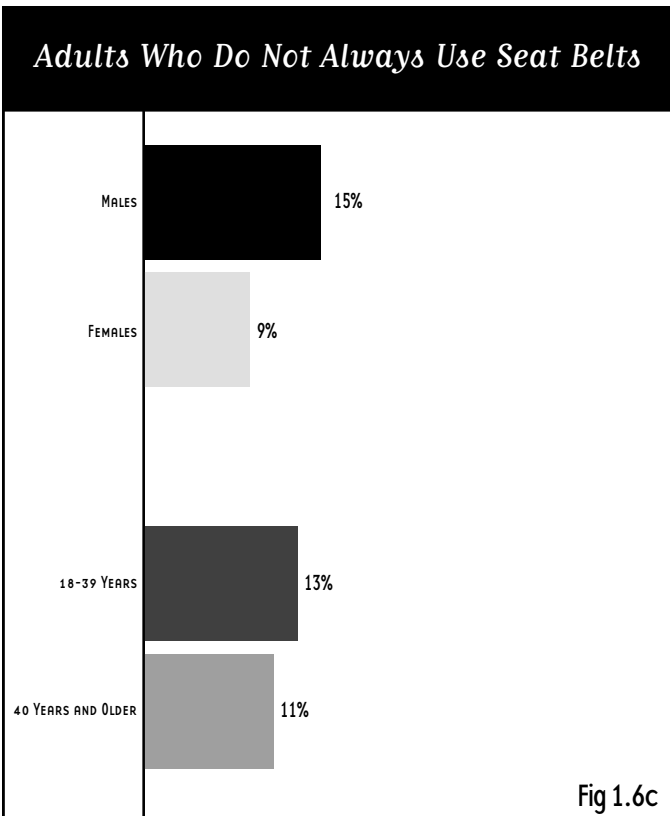
* Prevalence for noted subgroup is based on small numbers (fewer than 30 respondents in the subgroup).



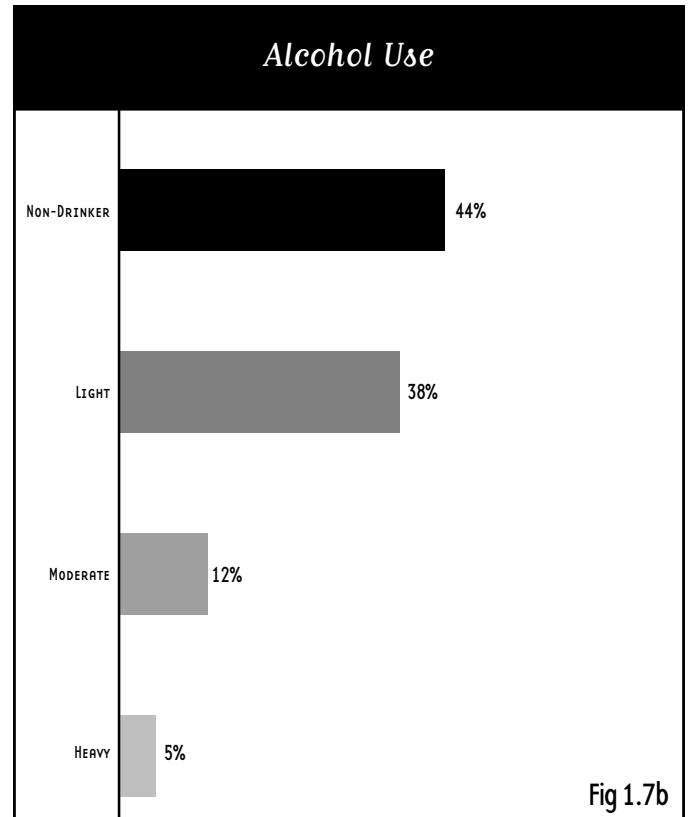
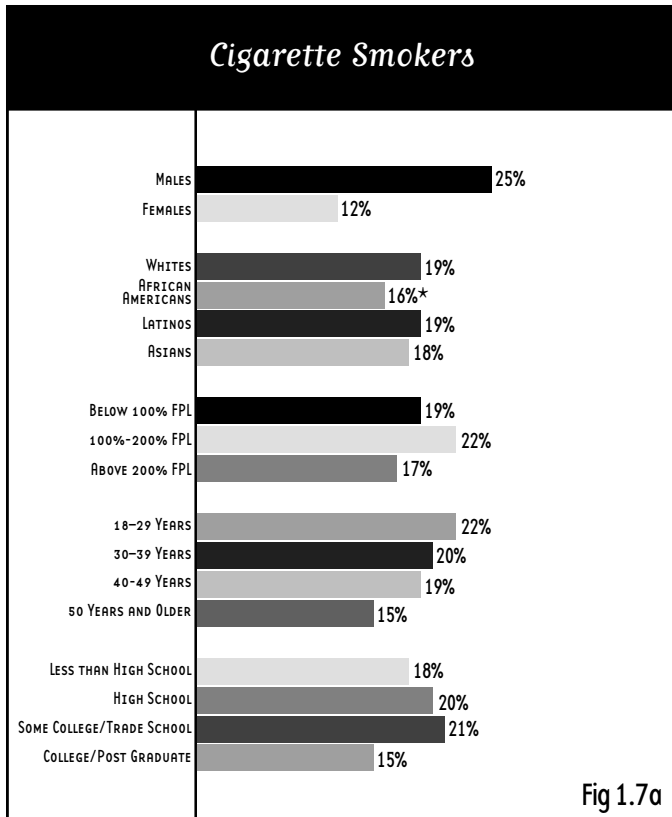
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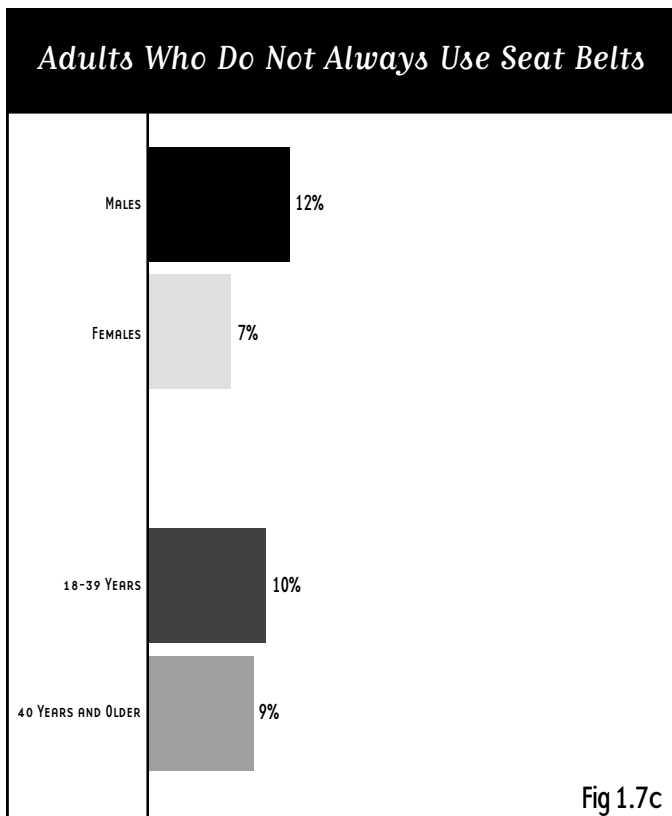


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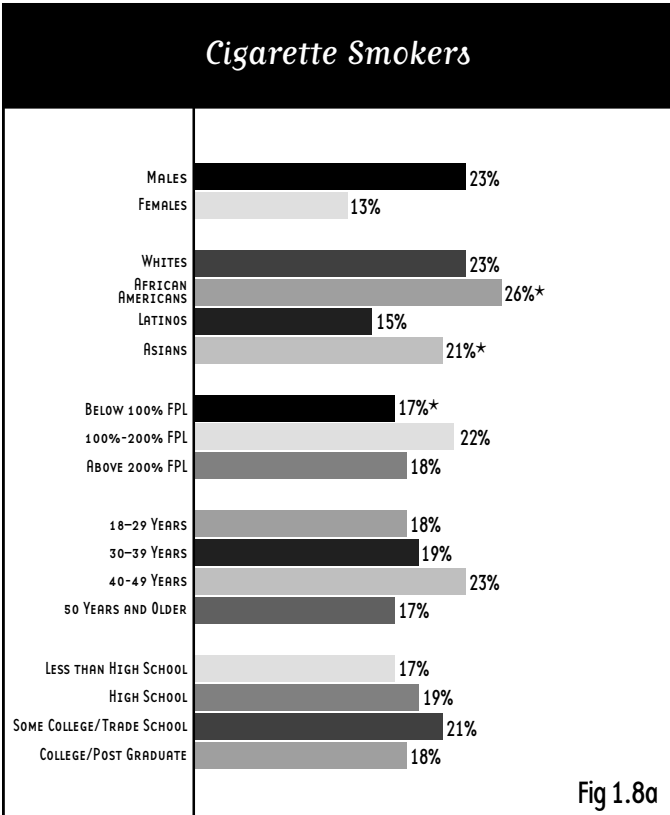


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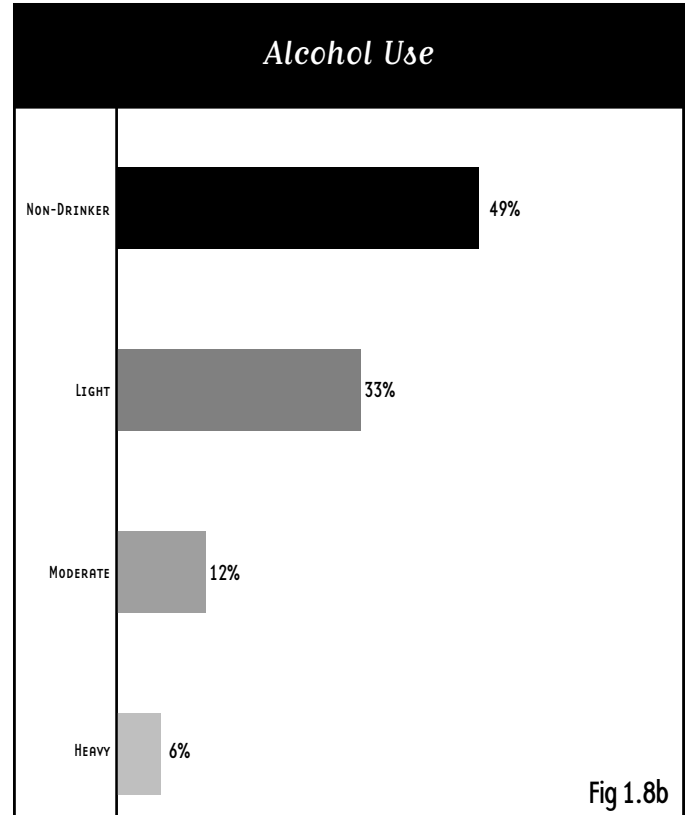
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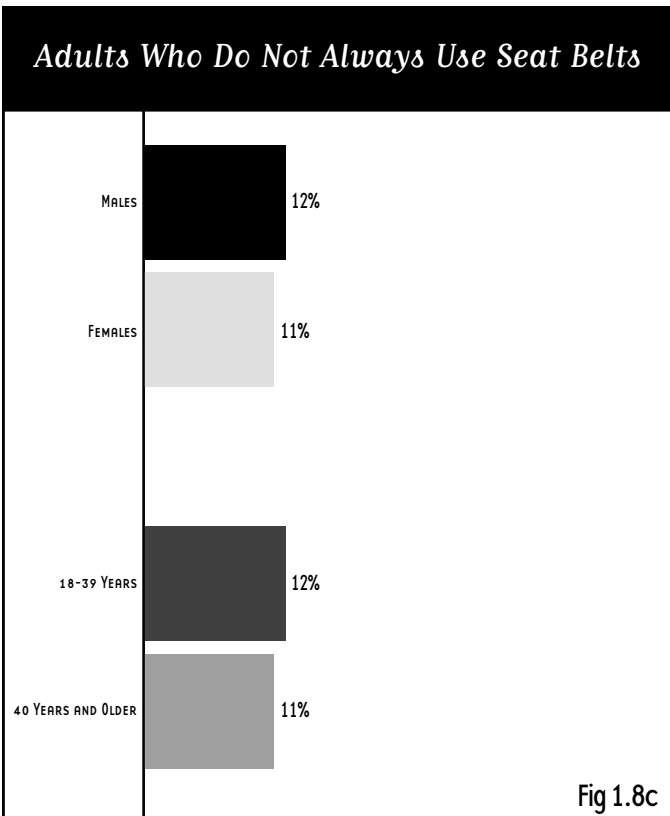
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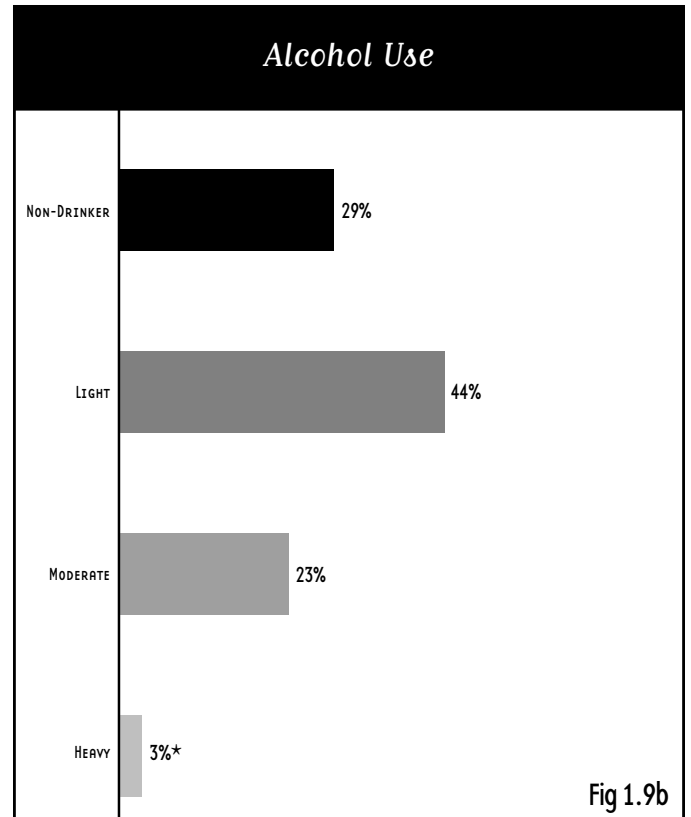
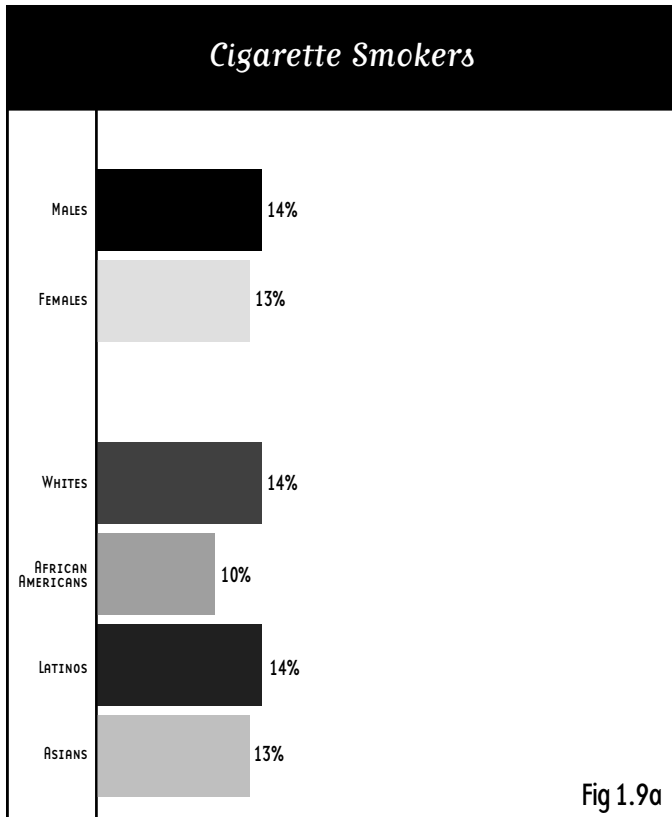
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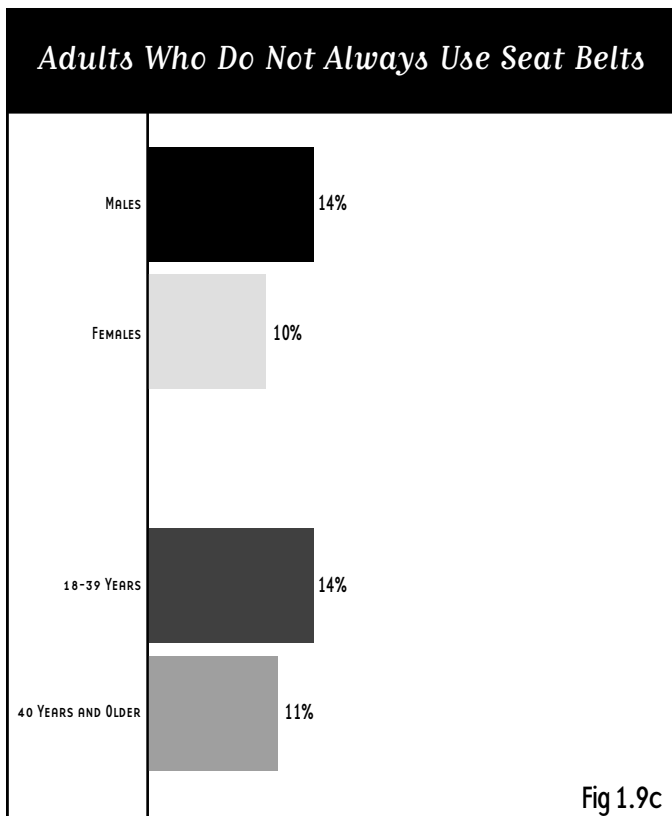


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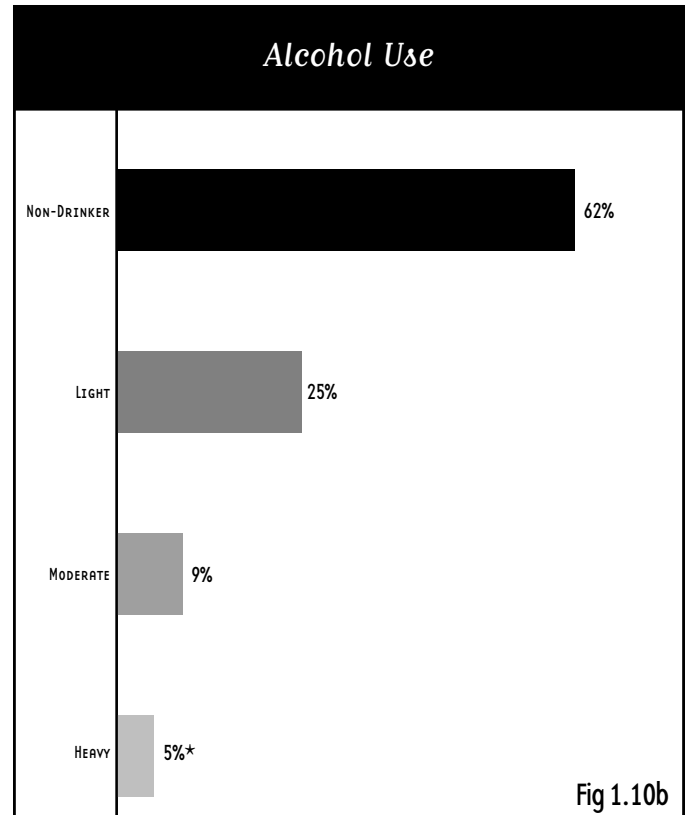
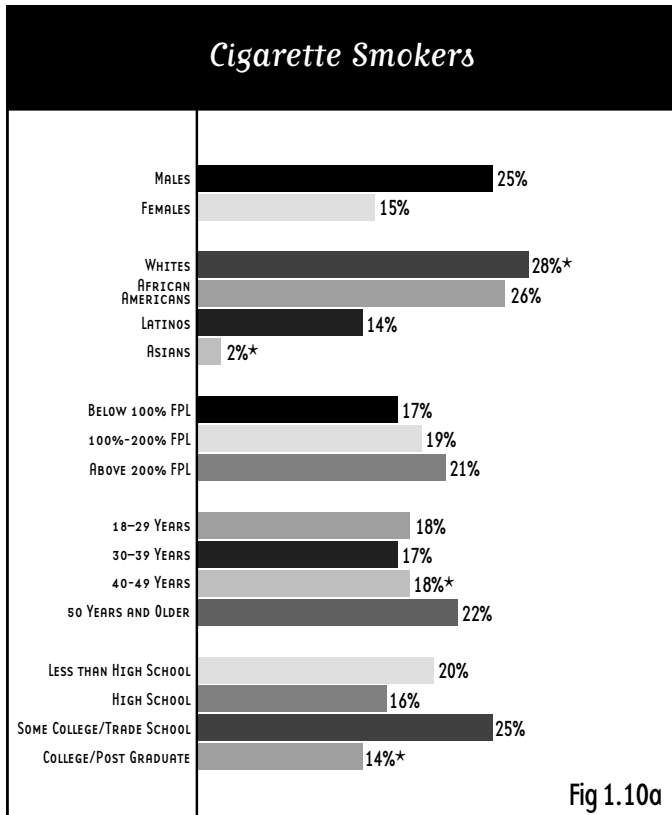


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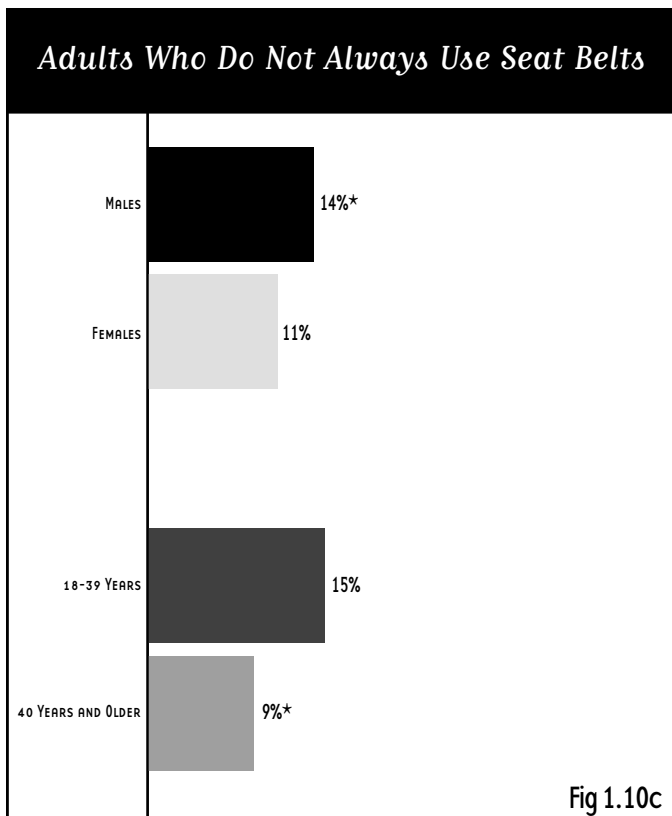


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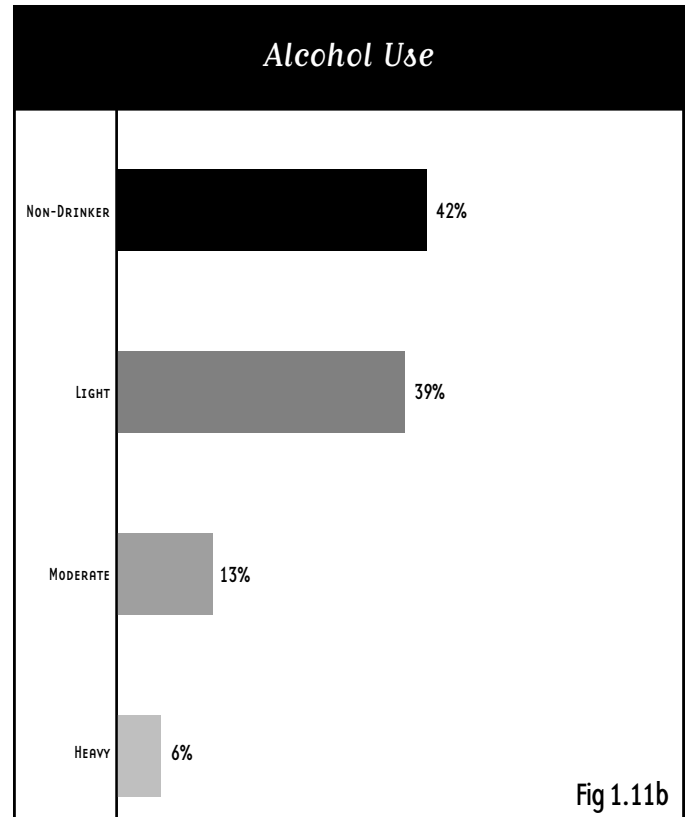
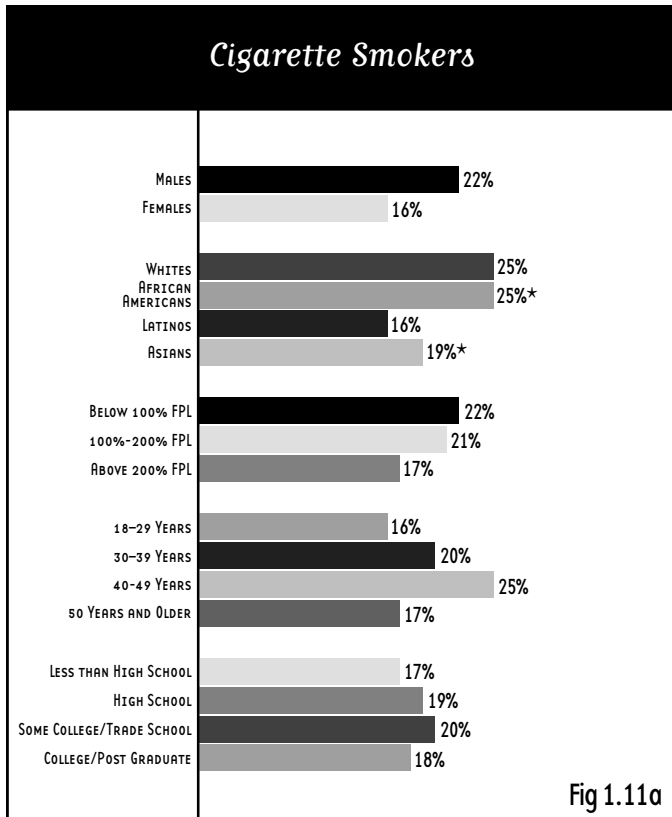


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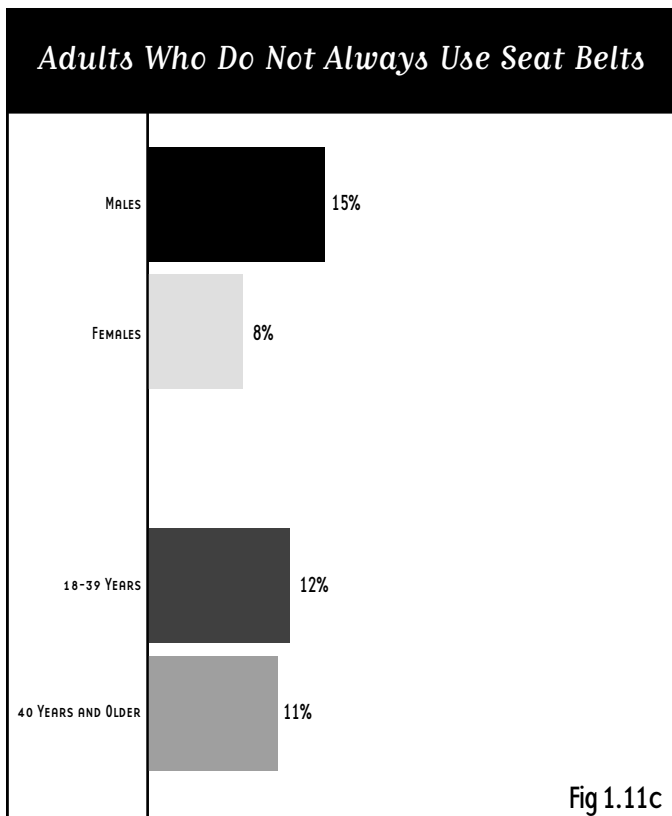


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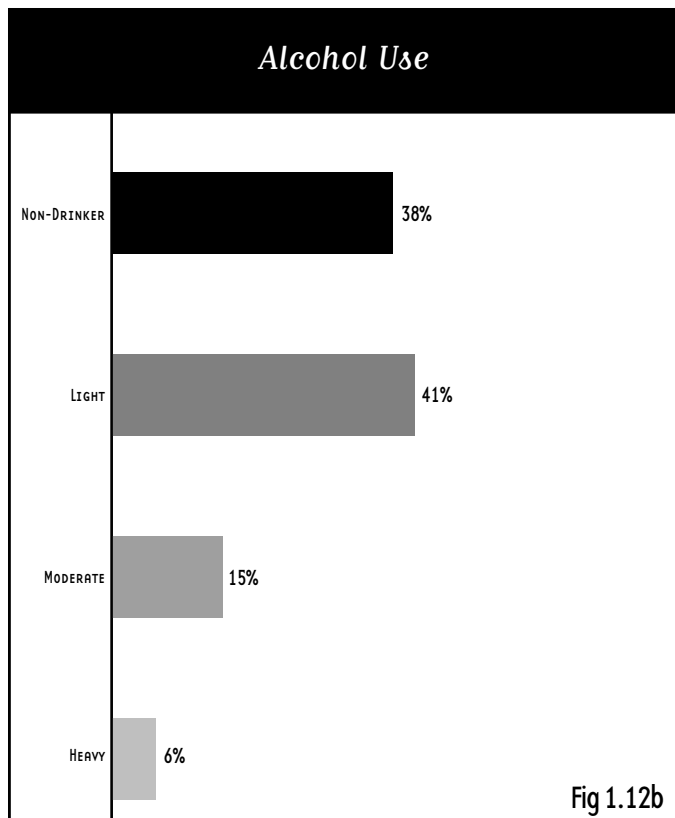
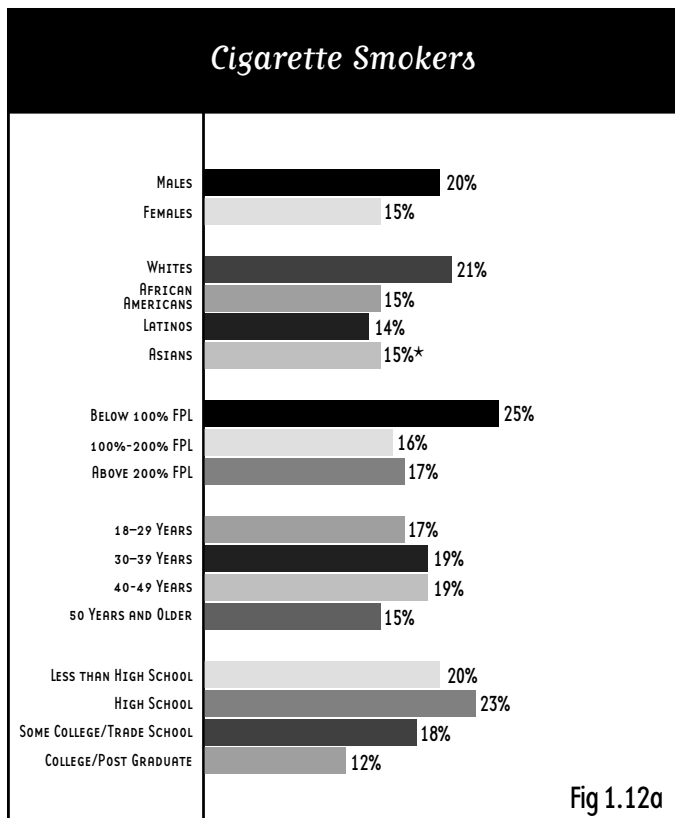


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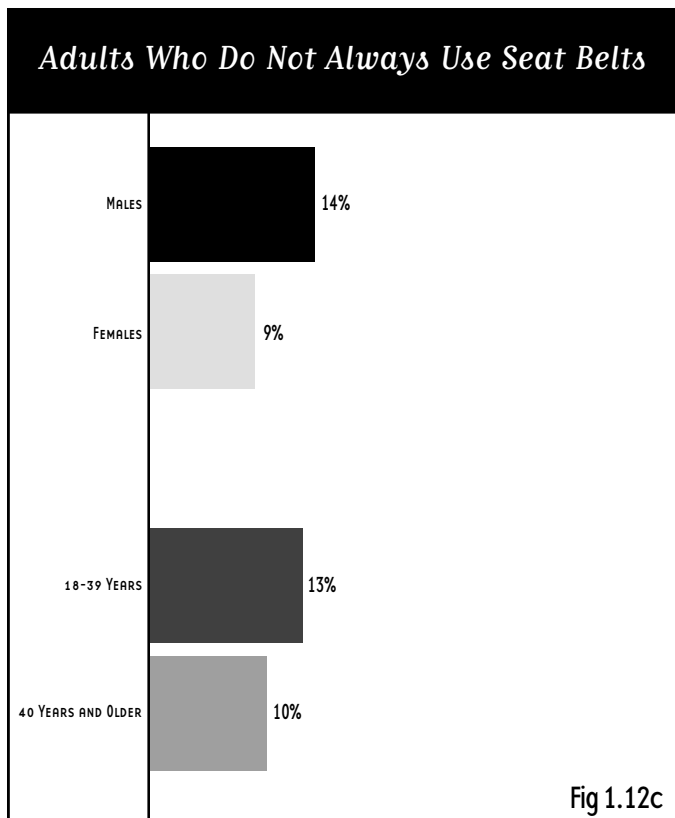


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