Public Health in Los Angeles County: Key Issues & Focus of Practice

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Director, Los Angeles County Department of Public Health
Presentation At-a-Glance

• Population Health Snapshot
• Current & Emerging Public Health Challenges
  – Inequities In Birth Outcomes
  – Environmental Threats
• Leading Public Health into the Future
Population Health Snapshot—Los Angeles County
Trend in Life Expectancy, LA County, 1991-2013
Life Expectancy at Birth by Gender and Race/Ethnicity, LA County, 2013

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>79.5</td>
<td>84.5</td>
</tr>
<tr>
<td>White</td>
<td>79.0</td>
<td>83.5</td>
</tr>
<tr>
<td>Latino</td>
<td>80.5</td>
<td>86.1</td>
</tr>
<tr>
<td>African American</td>
<td>72.4</td>
<td>79.1</td>
</tr>
<tr>
<td>Asian</td>
<td>85.5</td>
<td>89.1</td>
</tr>
</tbody>
</table>
Age-Adjusted Mortality Rate by Race/Ethnicity, LA County, 1999-2015

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, released December, 2016
Infant Mortality by Race/Ethnicity
LA County, 2014

- HP 2020: 6
- LA County: 4
- Asian: 2.4
- Latino: 4.3
- Black: 9
- White: 2.7

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

Source: Los Angeles County Department of Public Health, Office of Health Assessment & Epidemiology, Mortality in Los Angeles County 2014
## Health Inequities by Race/Ethnicity, LA County

### Mortality

<table>
<thead>
<tr>
<th>Death/Disease</th>
<th>HP 2020</th>
<th>L.A. County</th>
<th>Asian</th>
<th>Latino</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>
<tr>
<td>Infant death rate per 1,000 live births</td>
<td>6</td>
<td>4.4</td>
<td>2.5</td>
<td>4.5</td>
<td>10.3</td>
<td>3</td>
</tr>
</tbody>
</table>

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

Sources: Los Angeles County Department of Public Health, Office of Health Assessment & Epidemiology, Mortality in Los Angeles County 2013 Leading cases of death and premature death with trends for 2004-2013, October 2016. Los Angeles County Department of Public Health, Office of Women’s Health, Health Indicators for Women in Los Angeles County: Highlighting Disparities by Ethnicity and Poverty Level, January 2017.
## Cities/Communities with Lowest & Highest Childhood Obesity Prevalence, 2010

### Top 10*

<table>
<thead>
<tr>
<th>City/Community Name</th>
<th>Obesity Prevalence (%)</th>
<th>Rank of Economic Hardship (1 - 117)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manhattan Beach</td>
<td>2.8</td>
<td>5</td>
</tr>
<tr>
<td>Agoura Hills</td>
<td>4.0</td>
<td>10</td>
</tr>
<tr>
<td>Palos Verdes Estates</td>
<td>5.6</td>
<td>2</td>
</tr>
<tr>
<td>Calabasas</td>
<td>6.4</td>
<td>15</td>
</tr>
<tr>
<td>Beverly Hills</td>
<td>7.5</td>
<td>18</td>
</tr>
<tr>
<td>South Pasadena</td>
<td>7.5</td>
<td>16</td>
</tr>
<tr>
<td>Arcadia</td>
<td>8.8</td>
<td>25</td>
</tr>
<tr>
<td>El Segundo</td>
<td>8.9</td>
<td>7</td>
</tr>
<tr>
<td>Santa Monica</td>
<td>10.2</td>
<td>9</td>
</tr>
<tr>
<td>La Crescenta-Montrose</td>
<td>10.6</td>
<td>23</td>
</tr>
<tr>
<td><strong>Average 10 lowest</strong></td>
<td><strong>7.2%</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Ave Median Household Income** $100,184

### Bottom 10*

<table>
<thead>
<tr>
<th>City/Community Name</th>
<th>Obesity Prevalence (%)</th>
<th>Rank of Economic Hardship (1 - 117)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA City Council District 8</td>
<td>29.3</td>
<td>98</td>
</tr>
<tr>
<td>El Monte</td>
<td>29.3</td>
<td>99</td>
</tr>
<tr>
<td>LA City Council District 9</td>
<td>29.4</td>
<td>117</td>
</tr>
<tr>
<td>Pomona</td>
<td>29.8</td>
<td>91</td>
</tr>
<tr>
<td>South Gate</td>
<td>30.7</td>
<td>101</td>
</tr>
<tr>
<td>Huntington Park</td>
<td>30.7</td>
<td>105</td>
</tr>
<tr>
<td>Florence-Graham</td>
<td>31.1</td>
<td>116</td>
</tr>
<tr>
<td>East Los Angeles</td>
<td>31.1</td>
<td>109</td>
</tr>
<tr>
<td>West Whittier-Los Nietos</td>
<td>31.3</td>
<td>73</td>
</tr>
<tr>
<td>South El Monte</td>
<td>34.1</td>
<td>97</td>
</tr>
<tr>
<td><strong>Average 10 highest</strong></td>
<td><strong>30.7%</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Ave Median Household Income** $39,846

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* Excludes cities/communities where number of students with BMI data < 500.
Sources: [California Department of Education Physical Fitness Testing Program](https://www.cde.ca.gov) (5th, 7th, and 9th graders enrolled in LAC public schools); [U.S. Census Bureau, 2005-2009 5-Year American Community Survey](https://www.census.gov) (MHI in 2009 inflation-adjusted dollars)
Need for Safe Spaces to Exercise

Black and Latina women fare worse among:

- Percent of adults who believe their neighborhood is safe from crime
- Percent of adults who report their neighborhoods have walking paths, parks, playgrounds, or sport fields

Health Indicators For Women In Los Angeles County: Highlighting Disparities by Ethnicity and Poverty Level.
http://publichealth.lacounty.gov/owh/docs/HealthIndicators2.pdf
Food Desert in LA County, USDA 2015

- Green = low income and low access areas at 1 and 10 miles
- Orange = low income and low access at ½ and 10 miles

CalEnviroScreen 3.0 Results, 2017
LA County communities disproportionately burdened by multiple sources of pollution and with population characteristics that make them more sensitive to pollution

https://oehha.ca.gov/calenviroscreen/maps-data
Current & Emerging Public Health Challenges
INEQUITIES IN BIRTH OUTCOMES
In Los Angeles County there are...

- ~130,000 births per year
- 1 in 30 births in the U.S.
- 1 in 4 births in California
- 62 Delivery Hospitals
Percent of Total Live Births by Mother’s Race/Ethnicity, LA County 2013

- Hispanic: 55.1%
- White: 17.9%
- Asian: 17.1%
- African American: 7.0%
- Two or more races: 1.6%
- Other Unknown: 0.9%
- Native American: 0.1%
- Pacific Islander: 0.2%
- Other Unknown: 0.9%
Annual Infant Mortality Rate* by Race/Ethnicity, LA County 2004-2014

*Rate (per 1,000 live births) applies to Infant Mortality and Percent applies to Birth weight and Preterm.

** Total excludes any suppressed values.  -- Cell size <5 therefore suppressed.

Percent Preterm Live Births* by Race/Ethnicity, LA County, 2007-2015

*Preterm Live Birth Rate: Live births less than 37 weeks of gestation and ≥ 17 weeks per 1,000 live births.

Percent Low Birth Weight* Rate, by Race/Ethnicity, LA County, 2007-2015

*Low Birth Weight Rate: Live births weighing less than 2,500 grams at birth per 1,000 live births.

Percent of Low Birth Weight by Mother’s Race/Ethnicity & Nativity: LA County, 2010-2015

*Preterm Live Birth Rate: Live births less than 37 weeks of gestation and ≥ 17 weeks per 1,000 live births.
Percent Low Birth Weight*, by Education Among African Americans and Whites: LA County, 2015

*Education attainment at time of delivery

Low Birth Weight by Insurance and Race/Ethnicity, LA County, 2015

Insurance: based on expected source of payment for delivery
Percent Low Birth Weight Among African Americans With Early Entry Into Prenatal Care vs Percent Low Birth Weight Among Whites With Late Entry/No Prenatal Care

*Early Entry into prenatal care defined as prenatal care at 1st trimester; Late Entry into prenatal care defined as no prenatal care or after 1st trimester
Percent Low Birth Weight by Smoking During Pregnancy African American vs White Mothers LA County, LAMB 2012 & 2014

- Smoked: African American - 16.9%, White - 3.9%*
- Did Not Smoke: African American - 11.1%, White - 5.8%
Percent Low Birth Weight by Previous Preterm Births by Mother's Race/Ethnicity, LA County LAMB 2012 & 2014

- **White**:
  - Previous PT: 17.1%*
  - No Previous PT: 5.3%

- **Latina**:
  - Previous PT: 10.5%
  - No Previous PT: 5.8%

- **African American**:
  - Previous PT: 29.1%
  - No Previous PT: 10.1%

- **Asian Pacific Islander**:
  - Previous PT: 11.4%*
  - No Previous PT: 5.8%
Perception of Unsafe Neighborhood Among Mother's Who Experienced Fetal/Infant Loss African American vs All Other Mothers LA County, LA HOPE 2010-2012

- African American: 33.1%
- All Other Mothers: 21.2%
Percent Low Birth Weight by Stressful Life Events African American vs. White Mothers
LA County, LAMB 2012 & 2014

*This estimate is statistically unstable due to the small sample size.
Maternal Mortality Ratio by Race/Ethnicity LA County, 2007-2013

- White: 13.6
- African American: 62.7
- Latina: 13.4
- Asian: 14.9
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
Question
Based on the information presented, what strategies (clinical, social support, community) may be appropriate for closing the gap?

• Pre-conceptual
• Prenatal
• Inter-conceptual
ENVIRONMENTAL THREATS
DPH Zika Response

- Ongoing disease surveillance
- Educating clinical providers
- Collaborating with vector control agencies and local jurisdictions
- Investigating all possible cases
- Zika is now a local reportable diseases
- Web portal
  - Videos and resources for various audiences
Five point plan to reduce the impacts of climate change

Inform
...and engage the general public about the nature of climate change and the health co-benefits associated with taking action to reduce carbon emissions.

Promote
...local planning, land use, transportation, water, and energy policies that reduce carbon emissions and support the design of healthy and sustainable communities.

Provide
...guidance on climate preparedness to local government and community partners to reduce health risks and create more resilient communities.

Build
...the capacity of Departmental staff and programs to monitor health impacts, integrate climate preparedness, and improve climate response.

Adopt
...best management practices to reduce carbon emissions associated with Departmental facilities and internal operations.
Environmental Injustices

- Exide Battery Plant
- Aliso Canyon Gas Leak
- Maywood Fire
- Florence-Firestone
- Torrance Refinery
Exide Technologies Battery Recycling Plant: A Brief History

1920s
- Smelter in operation at plant

1980s
- Battery recycling plant permitted with ‘interim status’

2000s
- Exide takes over plant
- Ordered to cut production in half

2010s
- Ordered to suspend operations
- Ordered to shut down operations & clean up site

30 years of community exposure to toxins
Widespread Lead Contamination in Soil

- 1500 ft
- 1.0 mi
- 1.5 mi
- 2.0 mi
- 10,000 homes within radius
Let’s Talk About Exide: Survey Results

**Health Concerns from Exide**

- 48% reported that one or more children under 6 years old live in the home or spent time in the home or yard.
- 28% reported that one or more persons in the home had their blood tested for lead.

- 85% reported they were concerned or somewhat concerned about their health or the health of others in their home due to exposure to contamination from Exide.
- 78% said they were concerned that they or someone would get cancer.
- 75% said they were concerned that they or someone would get lead poisoning.
- 65% reported that their yards had been tested for lead.
- 52% were not satisfied with the progress of the clean-up.
- 55% reported that they had not received the results from soil testing done in their yards.
Florence - Firestone
Question
Based on the disproportionate burden of environmental hazards in ‘under-resourced’ communities, what strategies could improve health outcomes in these communities?

- Health services
- Infrastructure
- Policy and regulatory frameworks
Leading Public Health into the Future
Initial Impressions

- Complexity and diversity abounds in LA County; this is our strength
- Inequity runs throughout morbidity and mortality trends and reflects inequities in access to the opportunities and resources needed for optimal health
- Vulnerable communities are disproportionately at greater risk for environmental harms
- Need more information on how systemic conditions contribute to poor health: i.e. racism, poverty, fragmented systems (health, education), substandard housing, exposures to hazards (including tobacco and unhealthy foods)
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

Framework for Promoting Health Equity

1) Develop **institutional competency** to engage in sustained efforts to eliminate inequities

2) Support/build **community capacity** to lead and engage in efforts to eliminate inequities

3) Identify **partnership opportunities** to enhance and promote efforts that result in equitable health outcomes

4) Align **resources** to the work
Achieving Health Equity: Policy, Environment and Systems Change

• **Core Strategies:**
  - Data gathering & information sharing (communications)
  - Community Investment
  - Policy & Practice Change

• **Guiding Principles**
  - Accountability to the community
  - Integrity in our internal and external processes
  - Collaboration and shared learning
  - Commitment to racial justice and social change
The Center for Health Equity (CHE)

• DPH will launch CHE this fall:
  – Community Launch Event
  – Listening Sessions

• CHE efforts will span across the Health Agency of Los Angeles (HALA) and will:
  – Leverage existing resources and efforts;
  – Ensure a racial and social justice lens; and
  – Serve as a critical touchpoint for partners and community
Closing the Gap: Key Focus Areas

- Infant Mortality
- Sexually Transmitted Infections (STIs)
- Environmental Justice
- Health Neighborhoods
Partnership Opportunities

• Educational Investments
  -- Pipeline programming for young people
  -- Internships/Rotations

• Economic Development
  -- Procurement and contracting
  -- ‘Green’ investments

• Access to Services
  -- Expanding trauma support/recovery
  -- Community health initiatives
## 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>
THANK YOU!

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