2014-2023

Mortality and Life Expectancy in Los Angeles County: *What the Latest Data Tells Us*

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Introduction

The overall health of a population is reflected in how long people live on average and how often deaths occur. Understanding these patterns and trends helps identify health disparities and emerging public health threats. It also supports decisions and actions to improve population health and the health of our communities. For example, mortality rates were closely tracked during the COVID-19 pandemic to understand the impact of the emerging threat.

Many factors shape these patterns, including the conditions in which people are born, grow, live, learn, work, play, worship and age, often referred to as the social determinants of health. These factors play a major role in differences in health outcomes across groups and communities, also known as health disparities.

To support communities, researchers, and decision-makers in using these data, the Los Angeles County Department of Public Health has developed interactive dashboards that allow users to explore, compare, and interpret trends in mortality (death rates), life expectancy (how long people live on average), leading causes of death, and leading causes of premature death (deaths occurring earlier than 75 years of age). These dashboards present data for the overall county population and show how outcomes vary by sex, age group, race and ethnicity, median household income, and geography, including Service Planning Areas and Supervisorial Districts. Because Native Hawaiian and Pacific Islander (NHPI) and American Indian and Alaska Native (AIAN) populations are relatively small, data for these groups are often presented as three-year aggregated estimates, when possible (e.g., 2021–2023), in order to improve reliability.

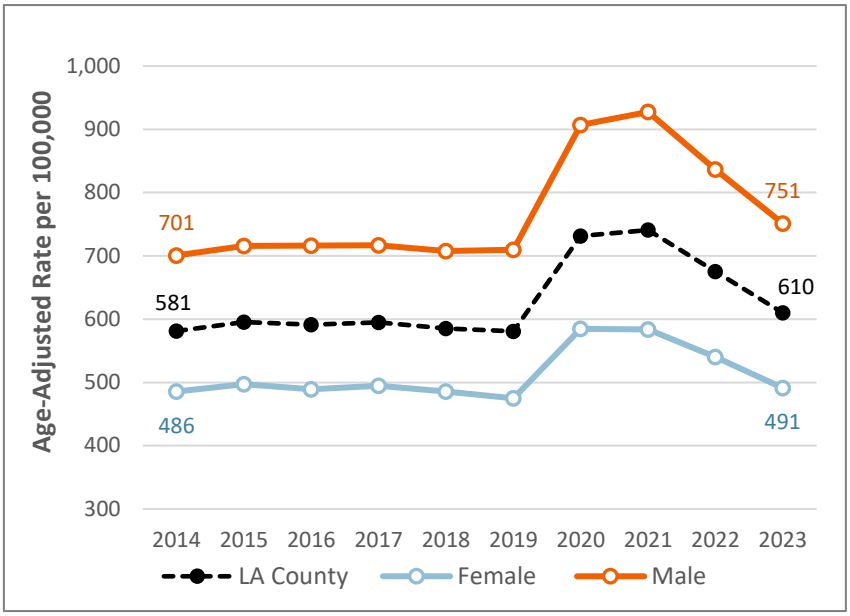
This report complements the dashboards by highlighting key findings in trends in mortality, life expectancy, leading causes of death, and leading causes of premature death. Because the COVID-19 pandemic significantly influenced mortality trends in recent years, this report includes findings from 2019 through 2023 to allow comparisons across the pre-pandemic (2019), peak pandemic (2020–2022), and pandemic recovery (2023) periods. An updated report with more recent data will be released in the future.

Key Findings

Trends in All-Cause Mortality and Life Expectancy

- There were 70,525 deaths among Los Angeles County residents in 2023.
- The age-adjusted[1] all-cause mortality (death) rate increased by 28% during the COVID-19 pandemic, rising from 581 deaths per 100,000 people in 2019 to a peak of 741 deaths per 100,000 in 2021. Although the rate has since declined to 610 deaths per 100,000 in 2023, it is still 5% higher than in 2019 (Figure 1).
- Across all demographic groups, people with higher mortality rates tended to live shorter lives, i.e. they had lower life expectancy.
- Life expectancy at birth peaked at 82.4 years in 2019, then dropped abruptly to 79.2 years in 2020 and 78.8 years in 2021, largely driven by the COVID-19 pandemic. As of 2023, life expectancy has rebounded to 81.5 years but remains 0.9 years lower than pre-pandemic levels.
- Drug overdose, COVID-19, hypertension, and diabetes accounted for the largest increases in mortality from 2019 to 2023, making them the main reasons all-cause mortality and life expectancy in Los Angeles County had not returned to pre-pandemic (2019) levels in 2023.

Figure 1. Age-Adjusted Mortality Rate, by Sex, Los Angeles County, 2014-2023



By Sex

- All-cause mortality was higher among males than females throughout the last decade (Figure 1). In 2023, the mortality rate for males (751 deaths per 100,000) was 53% higher than the rate for females (491 deaths per 100,000).
- The steep rise in all-cause mortality during the height of the pandemic was greater among males than females (31% increase from 2019 to 2021 among males compared to a 23% increase among females). Mortality in 2023 remained slightly elevated compared to 2019 levels for both groups (6% higher among males compared to 3% higher among females).
- The gap in life expectancy between males and females widened during the peak of the pandemic to about 7 years in 2021 (75.3 years vs. 82.4 years, respectively).

[1] Age adjustment accounts for differences in population age distributions, allowing for more accurate comparisons of mortality rates across populations with different age compositions.

- In 2023, the gender gap narrowed by one year—the life expectancy of male residents was about 6 years shorter than that of female residents (78.4 years vs. 84.6 years, respectively).

By Race and Ethnicity

- Disparities were observed in all-cause mortality by race and ethnicity.
- In 2023, the mortality rate among Native Hawaiian and Pacific Islander (NHPI) residents was the highest (1,130 deaths per 100,000), followed by the rate among Black residents (987 deaths per 100,000), American Indian and Alaska Native (AIAN) residents (823 deaths per 100,000), White residents (679 deaths per 100,000), Latino or Latine residents (554 deaths per 100,000), and finally, Asian residents (427 deaths per 100,000).
- The widest gap in all-cause mortality between racial and ethnic groups occurred in both 2021 and 2023, when the mortality rate among NHPI residents was nearly 3 times that of Asian residents (2021: 1,356 per 100,000 vs. 514 per 100,000, respectively; 2023: 1,130 per 100,000 vs. 427 per 100,000, respectively).
- AIAN residents experienced the largest increase in all-cause mortality rate during the pandemic (67%), from 558 deaths per 100,000 in 2019 to 931 deaths per 100,000 in 2022.
- Similar patterns were observed among the four largest racial and ethnic groups with life expectancy. Asian residents consistently experienced the highest life expectancy while Black residents had the lowest, with a difference of nearly 13 years between these two groups in 2023.
- Racial disparities in life expectancy worsened particularly during the peak of the pandemic; the life expectancy gap between Black and White residents widened from 5.1 years in 2019 to 8.3 years in 2021. While this gap narrowed to 6.9 years in 2023, it remained higher than pre-pandemic levels.

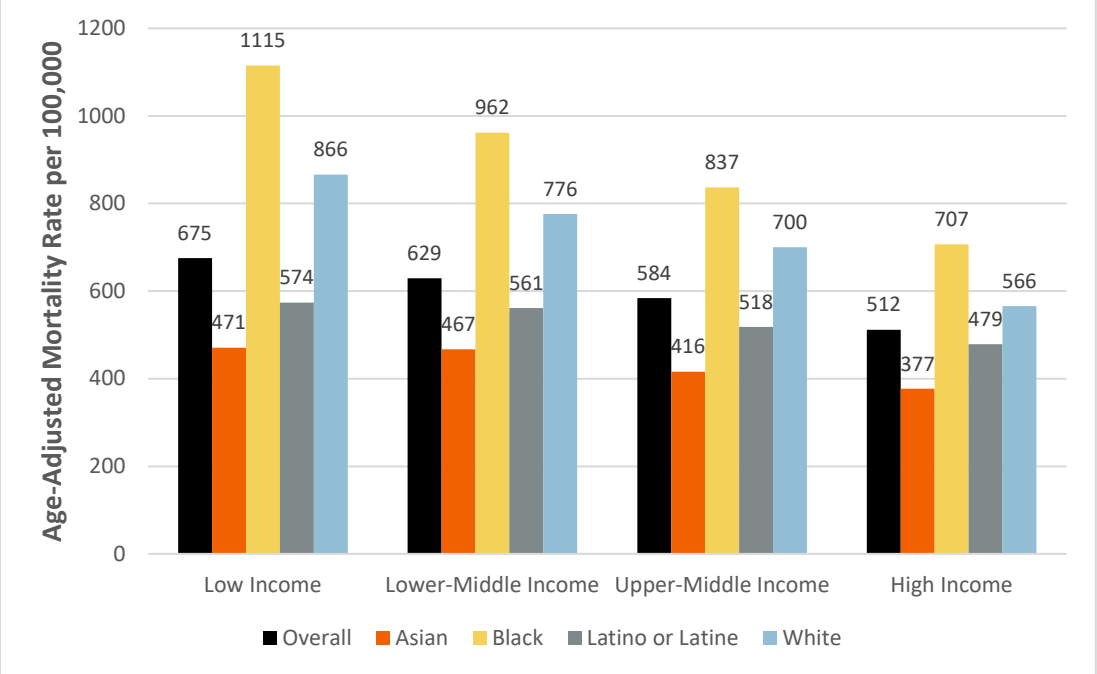
By Age Group

- All age groups experienced increases in all-cause mortality during the pandemic, with rates remaining elevated in 2023 compared to 2019, except among older adults (65+ years) whose mortality rates in 2023 fell to 5% lower than pre-pandemic levels.
- The increase in all-cause mortality among children (0–17 years) during the pandemic was smaller than among the other age groups, however, the mortality rate among children was still 12% higher in 2023 than it was in 2019.
- All-cause mortality rates among 18–44-year-olds increased the most of any age-group during the pandemic (58% higher in 2021 compared to 2019) and remained the most elevated in 2023, with rates 36% higher as compared to 2019 rates.
- Rates among those aged 45–64 years also remained 15% higher in 2023 compared to 2019.

By Median Household Income

- From 2019 to 2023, the all-cause mortality rate remained highest among those in the lowest income group and lowest among those in the highest income group, continuing a longstanding pattern. Notably, the gap in mortality rates between income groups widened during the pandemic, with the lowest-income group experiencing a rate that was 56% higher than that of the highest-income group in 2020. By 2023, the gap had narrowed to 32%, though it remained wider than the pre-pandemic gap of 25%. This pattern for household income was seen in the four largest racial and ethnic groups but was most pronounced among Black and White residents.
- Within income groups, large disparities in mortality by race and ethnicity were observed. For example, among the lowest income group in 2023, the mortality rate was highest among Black residents (1,115 deaths per 100,000), followed by White residents (866 deaths per 100,000), Latino or Latine residents (574 deaths per 100,000), and Asian residents (471 deaths per 100,000) (Figure 2).

Figure 2. Mortality Rate, by Race and Ethnicity and Median Household Income, Los Angeles County, 2023



Low	Lower-Middle	Upper-Middle	High
< $66k	$66k - $87k	>$87k - $110.9k	> $110.9k

Mortality rates are age-adjusted using the 2000 U.S. standard population
2023 income for these categories is as follows:

- When averaged over a three-year period, the all-cause mortality rates in 2020-2022 and 2021-2023 were highest among NHPI residents compared to all other race and ethnicity groups across the three highest income groups. In the lowest income group for the same time periods, three-year mortality rates among Black residents were higher.
- Similar to all-cause mortality, life expectancy closely correlated with median household income, with higher income groups experiencing longer life expectancies, and lower income groups experiencing progressively shorter life expectancies.
- The impact of income on life expectancy varied across racial and ethnic groups. In 2023, Black residents experienced the greatest disparity in life expectancy by income, with a 7.9-year gap between the highest and lowest income levels. By contrast, the difference in life expectancy across income levels was less pronounced for Asian and Latino or Latine residents (approximately 2.5 years between the highest and lowest income levels).
- Asian residents had the highest life expectancy across all four income groups compared to other racial and ethnic groups in 2023. Notably, Asian residents with the lowest income had a longer life expectancy (85.3 years) than Latino or Latine, White, and Black residents with the highest income (84.7, 82.9, and 79.3 years, respectively).
- Estimates of life expectancy by median household income could not be reliably determined for AIAN and NHPI residents due to the relatively small size of these populations.[2]

By Service Planning Area

- Trends in all-cause mortality varied by Service Planning Area (SPA). In the majority of SPAs, including Antelope Valley (SPA 1), San Fernando Valley (SPA 2), San Gabriel Valley (SPA 3), Metro (SPA 4), South (SPA 6), and South Bay (SPA 8), the all-cause mortality rate in 2023 remained elevated compared to the 2019 levels. In East (SPA 7), the mortality rate nearly returned to 2019 levels, and in West (SPA 5), the mortality rate decreased to below what it had been in 2019.
- Among the SPAs, Antelope Valley (SPA 1) had the highest all-cause mortality rate in 2023 (799 deaths per 100,000), followed by South (SPA 6; 772 deaths per 100,000); West (SPA 5) had the lowest mortality rate (467 per 100,000).
- Life expectancy decreased across all SPAs during the peak of the pandemic, with the largest decline of 5.6 years for Metro (SPA 4) residents from 2019 to 2021.
- While life expectancy rebounded for all SPAs after 2021, it remained lower in 2023 than pre-pandemic levels before 2020 for most SPAs.
- In 2023, West (SPA 5) had the highest life expectancy at 85.2 years, while Antelope Valley (SPA 1) had the lowest at 77.3 years, a disparity of almost 8 years.

[2] Due to small population sizes for American Indian and Alaska Native (AIAN) and Native Hawaiian and Pacific Islander (NHPI) populations, life-expectancy estimates for these groups are not presented by single-year. When possible, life expectancy estimates for these groups are presented as an average of a three-year period. In this case, three-year life expectancy estimates for AIAN and NHPI are also statistically unreliable and so are not presented.

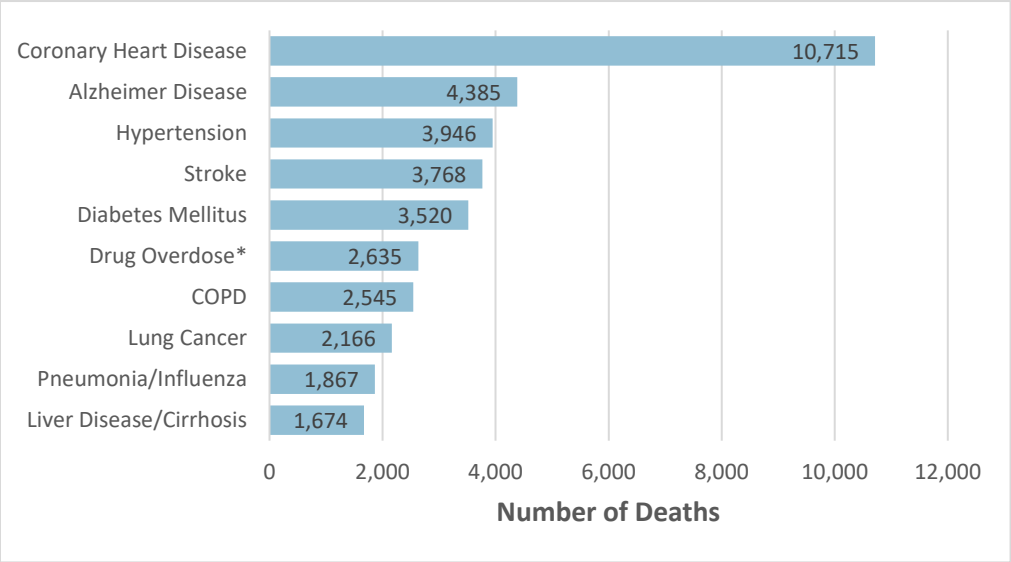
By Supervisorial District

- The all-cause mortality rate in all Supervisorial Districts (SDs) in 2023, except for District 5, remained elevated compared to pre-pandemic rates in 2019. The mortality rate in District 5 fell below pre-pandemic levels in 2019 (600 to 597 per 100,000).
- The range of mortality rates among SDs was not as wide as among SPAs. Among the SDs, District 2 had the highest all-cause mortality rate in 2023 (659 deaths per 100,000), while District 3 had the lowest (564 per 100,000).
- Life expectancy decreased for all SDs during the peak of the pandemic, with District 1 residents having the largest decrease of 4.5 years from 2019 to 2021.
- In 2023, life expectancy also varied by SD, with District 3 residents having the highest at 82.7 years and District 2 residents having the lowest at 80.3 years, a 2.4-year gap.

Leading and Selected Causes of Death

- The leading cause of death in Los Angeles County in 2023 was coronary heart disease (Figure 3), as it has been for nine of the past ten years, accounting for 10,715 (15%) of the 70,525 total resident deaths and a mortality rate of 90 deaths per 100,000 persons. The exception was in 2021, when COVID-19 was the leading cause of death with 13,983 deaths compared to 11,435 coronary heart disease deaths.
- After coronary heart disease, the other leading causes of death in 2023 were Alzheimer Disease (38 deaths per 100,000), hypertension (33 deaths per 100,000), stroke (32 deaths per 100,000), and diabetes mellitus (30 deaths per 100,000), all of which saw increases to varying degrees during the pandemic compared to 2019 and earlier.

Figure 3. Leading Causes of Death, Los Angeles County, 2023



*Drug overdose deaths include both unintentional and intentional deaths

- Mortality rates for some other causes of death continued their pre-pandemic trends throughout the pandemic, including lung cancer, which continued its downward trend through the pandemic and into 2023.
- The leading causes of death varied by age group. For those 75 years of age and older, the leading causes of death were similar to the overall county's leading causes of death in 2023. Among persons 65–74 years and 45–64 years, coronary heart disease was the leading cause of death. However, the second leading cause of death among those 65-74 years was diabetes mellitus, while among persons 45-64 years, it was drug overdose.
- In 2023, for those aged 15–44 years, the top four leading causes of death were drug overdose, motor vehicle crash, homicide, and suicide.
- Motor vehicle crashes were the leading cause of death for children 5-14 years, in 2023.
- While not a rankable cause of death (see methodology report), firearm-related mortality[3] was responsible for 488 Los Angeles County resident deaths among those aged 18–44 years in 2023 (13 deaths per 100,000); the highest among all other age groups.

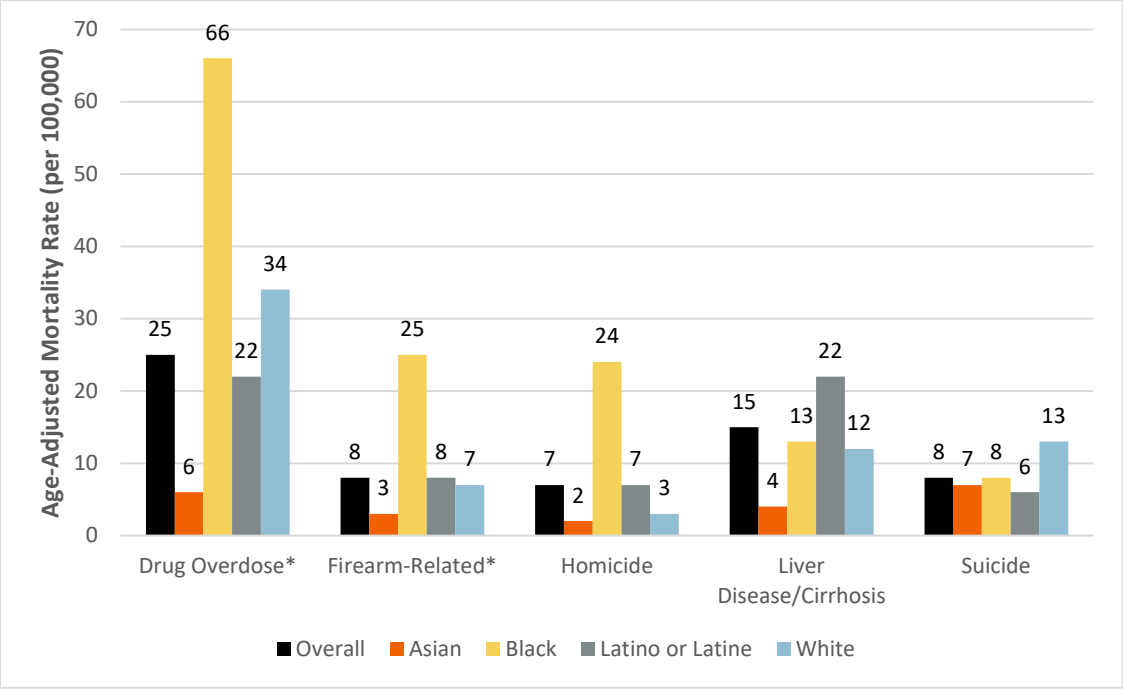
[3] Firearm-related mortality includes both unintentional and intentional deaths. Firearm-related deaths due to suicide and homicide are included in the death count.

By Sex, Race and Ethnicity, and Median Household Income

- Coronary heart disease mortality was the leading cause of death for both males and females in 2023.
- For most causes of death, males had higher mortality rates than females, with one notable exception, Alzheimer Disease, for which females had a 28% higher mortality rate than males in 2023 (41 deaths per 100,000 vs. 32 deaths per 100,000, respectively).
- Coronary heart disease was also the leading cause of death among all racial and ethnic groups in 2023. Other selected causes of death for the same year varied greatly by race and ethnicity (Figure 4):
    - One notable exception was drug overdose,[4] which ranked as the 4th leading cause of death among the Black population, 5th among the Latino or Latine population, and 7th among the White population, but was not in the top ten among the Asian population.
    - The rate of homicide deaths over 20 times higher among Black males (44 deaths per 100,000) than among Asian males (2 deaths per 100,000).
    - Liver disease/cirrhosis mortality was nearly twice as high among Latino or Latine residents (22 deaths per 100,000) than among Black or White residents (13 and 12 deaths per 100,000, respectively), and more than five times higher than among Asian residents (4 deaths per 100,000).
    - The rate of suicide was nearly two times higher among White residents (13 deaths per 100,000) than among Latino or Latine, Asian, and Black residents (6, 7 and 8 deaths per 100,000, respectively).
    - The number of deaths for Native Hawaiians and Pacific Islanders (NHPI) and American Indians and Alaska Natives (AIAN) were combined for 3 years (2021-2023) due to their smaller population sizes compared to the other four largest racial and ethnic groups featured on the dashboards. The three leading causes of death from 2021-2023 among both NHPI and AIAN were coronary heart disease, COVID-19, and diabetes mellitus.
    - AIAN residents had the highest three-year rates of liver disease/cirrhosis (38 deaths per 100,000 in 2021-2023) compared to all other race and ethnicity groups.

[4] Drug overdose deaths include both unintentional and intentional deaths. As such, homicide and suicide deaths involving drugs were also counted in the drug overdose category and thus are not mutually exclusive.

Figure 4. Selected Causes of Death, by Race and Ethnicity, Los Angeles County, 2023



Mortality rates are age-adjusted using the 2000 U.S. standard population
*Drug overdose deaths and firearm-related deaths include both unintentional and intentional deaths and are not mutually exclusive with homicide nor suicide

- While coronary heart disease was the leading cause of death among all income groups, the rankings of other causes of death varied as the income category increased: drug overdose dropped out of the top ten list for the highest income group but ranked 5th for the lowest group, while Alzheimer Disease ranked 2nd among those in the highest group compared to 6th in the lowest.

By Geographic Area

- Antelope Valley (SPA 1) and South (SPA 6) frequently had the highest mortality rates for many selected causes of death.
- In 2023, drug overdose was a top ten leading cause of death in many SPAs: 3rd in Metro (SPA 4), 5th in South (SPA 6), 7th in West (SPA 5), and 8th in Antelope Valley (SPA 1), San Fernando (SPA 2), and South Bay (SPA 8).
- The rates of homicide were highest in South (SPA 6; 16 deaths per 100,000) and Antelope Valley (SPA 1; 13 deaths per 100,000), with rates that were approximately two to eight times higher than in other SPAs.
- Motor vehicle crash mortality was highest in Antelope Valley (SPA 1; 22 deaths per 100,000) and South (SPA 6; 16 deaths per 100,000) compared to all other SPAs.

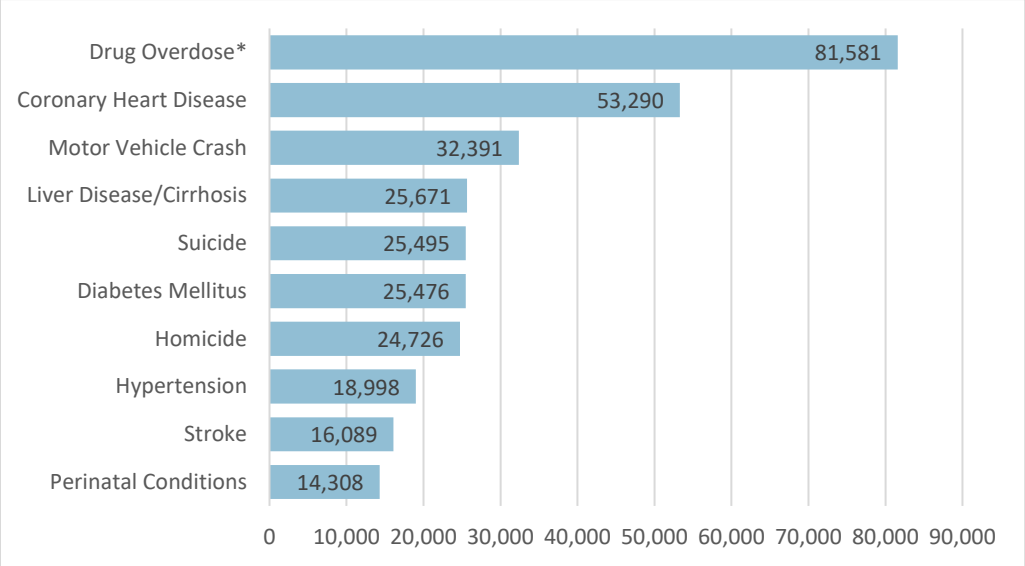
- Most of the Supervisorial Districts had similar top ten leading causes of death as Los Angeles County overall, with slight variations in rankings.
- Among Supervisorial Districts, the rate of homicide in 2023 was nearly two times higher in District 2 (11 deaths per 100,000) compared to all other districts.

Leading Causes of Premature Death

Premature death is defined as a death before 75 years of age, a standard cut-off used in mortality analyses. Notable findings for the leading causes of premature death, or years of potential life lost (YPLL), were as follows:

- In 2023, of the 70,525 resident deaths in Los Angeles County, 32,129 (46%) occurred before the age of 75.
- In 2023, the leading causes of premature death in the county overall were drug overdose, followed by coronary heart disease, motor vehicle crash, and liver disease/cirrhosis (Figure 5).

Figure 5. Leading Causes of Premature Mortality, Los Angeles County, 2023



Years of potential life lost before age 75 years
*Drug overdose deaths include both unintentional and intentional deaths and are not mutually exclusive with homicide and suicide

- Rankings varied by sex, race and ethnicity, and geographic region in 2023. For example:
  - Drug overdose and coronary heart disease were the top two leading causes of premature death among both sexes, though the years of potential life lost was far greater for males than females.
  - The next leading causes of premature death among males were motor vehicle crashes and homicide, compared to breast cancer and diabetes mellitus among females.

- Drug overdose was also the leading cause of premature death among three of the four largest racial and ethnic groups (Black, Latino or Latine, and White), while among the Asian population, it was coronary heart disease, followed by suicide, then drug overdose.
- Among the Service Planning Areas (SPAs), drug overdose was the leading cause of premature death in all eight SPAs in 2023. Except for Antelope Valley (SPA 1) where the second leading cause of premature death was motor vehicle crash, the second leading cause of premature death was coronary heart disease in all other SPAs.
- Among the Supervisorial Districts (SDs), drug overdose and coronary heart disease, respectively, were the top two leading causes of premature death in all five districts, but the third leading cause of premature death differed: it was motor vehicle crash for SDs 1, 4, and 5; homicide for SD 2; and suicide for SD 3.

Conclusion

This report highlights trends in mortality and life expectancy among Los Angeles County residents during the pre-pandemic (2019), peak pandemic (2020-2022), and pandemic recovery (2023) periods. While both overall all-cause mortality and life expectancy improved in 2023 compared to the peak pandemic years, neither returned to its pre-pandemic baseline. Compared to 2019, all-cause mortality remained 5% higher, while life expectancy remained 0.9 years lower. Drug overdose, COVID-19, hypertension, and diabetes were the leading contributors to excess deaths in 2023 compared to 2019 and were the primary drivers of the observed trends.

Long-standing disparities in mortality and life expectancy persist across demographic groups and geographic regions in Los Angeles County. In 2023, disproportionately higher mortality rates and lower life expectancies were observed among Native Hawaiian and Pacific Islander (NHPI), Black, and American Indian and Alaska Native (AIAN) populations, as well as in Service Planning Areas 1 (Antelope Valley) and 6 (South). These disparities are largely driven by systemic inequities that are beyond the control of individuals. Many of these inequities are rooted in racism and persist in our societal institutions and include factors like inequitable access to high quality housing, education, health care services, or healthy foods. Thus, many of the observed sociodemographic and geographic disparities in life expectancy and mortality reflect longstanding underinvestment in certain communities and regions in Los Angeles County. Improving health outcomes for disproportionately impacted groups will require addressing these root causes.

These data have several limitations. First, causes of death are based on the underlying cause of death listed on death certificates and do not include contributing causes of death. Second, the

analyses by race and ethnicity use broad categories to ensure large enough numbers of deaths in each group to allow for analysis of trends. However, these analyses do not account for ethnic variation in mortality within these groups. For example, the report does not provide separate analyses for distinct Asian subgroups. Third, as mentioned previously, due to the relatively smaller sizes of the AIAN and NHPI populations, data for these groups are presented as an average of a three-year period (with the exception of single year data for all-cause mortality), when possible. Fourth, for demographic groups with small population sizes and low numbers of deaths, rates may be statistically unreliable and therefore are not presented. Additionally, counts fewer than 10 are suppressed to protect individual confidentiality. Lastly, while we strive to present data with as much demographic detail as possible (e.g., for two demographic categories simultaneously, such as median household income group by race and ethnicity), we acknowledge that this level of detail may still not adequately capture the many interrelated economic, social, and environmental factors that influence life expectancy and mortality.

Despite these limitations, the data highlight important trends and disparities in mortality and life expectancy. Combined with perspectives from residents and community partners, these findings can inform equity-focused public health planning, health care prioritization, community health improvement, and policy decisions to reduce disparities and improve the health and wellbeing of everyone across Los Angeles County.

Information About Selected Causes of Death

Eighteen selected causes of death are featured in this report and on the accompanying dashboard. These causes of death were selected for various reasons, including public health relevance and/or alignment with Healthy People initiatives. The list includes: Alzheimer Disease, Breast Cancer, Chronic Obstructive Pulmonary Disease (COPD), Colorectal Cancer, Coronary Heart Disease, COVID-19, Diabetes Mellitus, Drug Overdose, Firearm-Related Mortality, HIV, Homicide, Hypertension, Liver Disease/Cirrhosis, Lung Cancer, Motor Vehicle Crash, Pneumonia/Influenza, Stroke, and Suicide.

Alzheimer Disease

Alzheimer disease is an irreversible, progressive brain disease that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks of daily living. Alzheimer disease is the most common cause of dementia in older people. Increasing age is a known risk factor for Alzheimer disease. Additional risk factors include family history, head injury, poor diet, smoking, and limited physical activity. Women, people living with Down syndrome, and White and Black individuals are at a higher risk than Asian and Latino or Latine individuals for developing the disease. Among Black individuals, a possible explanation for this increased risk is the higher rates of diabetes, high blood pressure, and stroke, which are all conditions associated with Alzheimer disease.

It is important to note that the higher rates of diabetes, high blood pressure, and stroke that may contribute to the increased Alzheimer disease risk experienced by communities of color are not solely the result of individual behavior, but instead, are largely driven by systemic inequities that are beyond the control of individuals. Many of these inequities are rooted in racism and persist in our societal institutions and include factors like inequitable access to quality health care services, healthy foods, or opportunities to safely engage in physical activity. Thus, meaningfully eliminating disparities in Alzheimer disease mortality for disproportionately impacted groups will require addressing these root causes.

The Los Angeles County Strategic Plan for Alzheimer Disease and Related Dementias focuses on three key areas for community-wide prevention efforts: hypertension prevention and management, early detection, and advance care planning. Individual-level prevention strategies include adopting healthy habits like exercising, maintaining a balanced diet, and managing health conditions like high blood pressure.

The Healthy Brain LA program within the Los Angeles County Department of Public Health's Division of Chronic Disease and Injury Prevention is a leader in local efforts to encourage individuals and communities to prioritize brain health and address the impact of Alzheimer disease and related dementias in Los Angeles County.

Healthy People 2030 Target: None

Breast Cancer

Breast cancer occurs when abnormal cells form in the tissues of the breast, which can then spread if they are not detected and treated. Risk factors include age, having a BRCA1 or BRCA2 gene mutation, being overweight, lack of physical activity, and excessive alcohol consumption. Published studies also support a link between breast cancer and environmental toxins, such as those involved in the production of plastics, cosmetics, and pesticides.

It is important to note that Native Hawaiian and Pacific Islander and Black women are at higher risk of dying from breast cancer than White women. This elevated risk is not solely the result of individual behavior. Instead, it is largely driven by structural inequities, many of which are rooted in racism and persist in our societal institutions. These include things like inequitable access to high quality health care services, such as screening mammograms, healthy foods, or opportunities to safely engage in physical activity. In addition, exposure to environmental toxins that may increase the risk of breast cancer also varies depending on where people live and their occupation, with low-income and historically marginalized communities often disproportionately affected. Thus, meaningfully eliminating disparities in breast cancer mortality will require addressing these root causes.

Promoting healthy food retail and physical activity and improving access to preventive care services are important measures that cities and communities can take to prevent breast cancer. Individuals can avoid or limit alcohol consumption, eat a nutritious diet, engage in regular physical activity, and follow recommended guidelines for breast cancer screening to reduce their risk of breast cancer. The United States Preventive Services Task Force recommends that women ages 40 to 74 years who are at average risk for breast cancer obtain routine screening mammograms every other year.

The Los Angeles County Department of Public Health's Office of Women's Health provides education and resources regarding breast cancer. The Nutrition and Physical Activity Program leads a variety of initiatives, in collaboration with community partners and stakeholders, to promote environments that support healthy eating and physical activity in the county.

Healthy People 2030 Target: 15.3 deaths per 100,000 females (C-04)

Chronic Obstructive Pulmonary Disease (COPD)

COPD is a leading cause of death in the United States (U.S.) and refers to a group of diseases, including emphysema and chronic bronchitis, that interfere with the flow of air into and out of the lungs, making it difficult to breathe. Exposure to tobacco smoke is an important risk factor for COPD. Other risk factors include asthma and exposure to air pollution, chemical fumes, and dust.

People can reduce their risk of developing COPD by avoiding smoking. However, some communities in the County have much higher rates of tobacco use than others, fueled in part by the marketing tactics of the tobacco industry that target communities of color and the lesbian, gay, bisexual, transgender, and queer communities. Cities and communities must play an active role in supporting public health efforts to reduce the toll of smoking and other forms of tobacco use. Cities and communities can help curb tobacco use and reduce COPD by adopting policies to regulate tobacco retail; reducing exposure to secondhand smoke in outdoor public spaces, such as parks, restaurants, or multi-unit housing; and improving access to tobacco cessation programs and other preventive services. If you smoke, you can get help to quit by calling 1-800-NO-BUTTS.

The Los Angeles County Department of Public Health's Tobacco Control and Prevention Program leads local efforts to increase access to smoking cessation services, reduce youth access to tobacco products, and reduce exposure to secondhand smoke across the County.

Healthy People 2030 Target: 107.2 deaths per 100,000 adults aged 45 years and over (RD-05)

Colorectal Cancer

Colorectal cancer is a disease in which cells in the colon or rectum grow out of control. Risk factors include age, family history of colorectal cancer, being overweight, lack of physical activity, poor diet, and excessive alcohol consumption. The United States Preventive Services Task Force recommends adults who are at average risk to undergo routine screening for colon cancer starting at age 45 years.

There are notable racial and ethnic disparities in colorectal cancer risk and mortality, with Native Hawaiian and Pacific Islander and Black individuals experiencing the highest risk of developing and dying from colorectal cancer. In addition, while Asian and Latino or Latine individuals experience lower colorectal cancer mortality compared to White individuals, they are less likely to have undergone adequate screening. These disparities in colorectal cancer risk and mortality are not solely the result of individual behavior, but instead, are largely driven by systemic inequities that are beyond the control of individuals. Many of these inequities are rooted in racism and persist in our societal institutions and include factors like inequitable access to quality health care services, healthy foods, or opportunities to safely engage in physical activity. Thus, meaningfully eliminating disparities in colorectal cancer mortality for disproportionately impacted groups will require addressing these root causes.

Promoting healthy food retail and access to preventive care services are important measures that cities and communities can take to prevent colorectal cancer. At the individual level, following recommended guidelines for colorectal cancer screening, being physically active, and eating a diet that is rich in fruits, vegetables, whole grains, and fiber can reduce the risk of colorectal cancer.

The Los Angeles County Department of Public Health's Nutrition and Physical Activity Program leads a variety of initiatives, in collaboration with community partners and stakeholders, to promote environments that support healthy eating and physical activity in the county.

Healthy People 2030 Target: 8.9 deaths per 100,000 population (C-06)

Coronary Heart Disease

Coronary heart disease is a condition in which the arteries of the heart cannot deliver enough oxygen-rich blood to the heart muscle. Over time, this reduced blood flow can weaken the heart muscle and may lead to heart attack or heart failure. It is the most common type of heart disease in the U.S. and except for COVID-19 in 2021, has been the leading cause of death in Los Angeles County for the last two decades. Poor diet, sedentary lifestyle, tobacco exposure, and chronic stress are all important risk factors for coronary heart disease.

Although the risk factors for coronary heart disease are often addressed on an individual level, it is important to note that significant disparities by race and ethnicity and socioeconomic factors exist, with Black and Brown individuals and low-income adults experiencing some of the highest risk. These disparities are largely driven by systemic inequities that are beyond the control of individuals. Many of these inequities are rooted in racism and persist in our societal institutions and include factors like inequitable access to quality health care services, healthy foods, or opportunities to safely engage in physical activity. Thus, meaningfully eliminating disparities in coronary heart disease mortality will require addressing these root causes.

Cities and communities can mitigate these risks by improving local food environments and making neighborhoods safer and easier to walk in to encourage physical activity. Individuals can mitigate these risks by eating a healthy diet, making time to be physically active, and avoiding smoking.

The Los Angeles County Department of Public Health's Cardiovascular and School Health Program, Nutrition and Physical Activity Program, Policies for Livable Active Communities and Environments (PLACE) Program, and Tobacco Control and Prevention Program all work toward creating healthy living conditions that protect against coronary heart disease.

Healthy People 2030 Target: 71.1 deaths per 100,000 population (HDS-02)

COVID-19

COVID-19 is an infectious disease that emerged in 2019 and spread rapidly around the world, resulting in significant illness and death. COVID-19 can also cause long term symptoms after

infection known as “Long COVID.” Certain preventable chronic health conditions, including diabetes, coronary artery disease, HIV, and obesity, can increase the risk of death due to COVID-19.

There have been documented inequities in COVID-19 mortality rates by demographic and geographic factors. Black and Brown residents, seniors, and those living in areas with higher rates of poverty have all been disproportionately impacted. Social determinants of health, such as low income, housing insecurity leading to high household density, inadequate healthcare access, food insecurity, and experienced racism, have significantly contributed to these disparities in COVID-19 mortality. Thus, it is important to address COVID-19 not only at the individual level but also at the systemic and community levels.

Cities and communities can take steps to reduce the impact of COVID-19 by providing easily accessible and low-cost vaccinations and treatments, promoting good ventilation in buildings, and implementing policies for protected sick leave so people can stay home when they are sick. Individuals can protect themselves by staying up to date on COVID-19 vaccines, practicing good hand hygiene, and, if infected, talking to a healthcare provider right away about treatment options.

The Los Angeles County Department of Public Health (Public Health) is committed to working to reduce illness and death from COVID-19, especially in disproportionately affected communities. Public Health programs offer vaccinations and treatment, monitor the spread of COVID-19, address outbreaks, and provide guidance and education. For more information, visit Public Health’s respiratory illness website and data dashboard.

Healthy People 2030 Target: None

Diabetes Mellitus

Diabetes is a disease in which the body either does not produce insulin, does not use it properly, or has trouble responding to it. If diabetes is not managed, it can cause high levels of sugar in the blood, which can cause serious health problems, such as heart disease, vision loss, and kidney disease. Risk factors for diabetes include overweight, obesity, lack of physical activity, and a family history of diabetes.

There are notable racial and ethnic disparities in diabetes risk and mortality, with Native Hawaiian and Pacific Islander, Black, American Indian and Alaska Native, and Latino or Latine individuals experiencing the highest risk of dying from diabetes. These disparities in diabetes mortality are not solely the result of individual behavior, but instead, are largely driven by systemic inequities that are beyond the control of individuals. Many of these inequities are rooted in racism and persist in our societal institutions and include factors like inequitable access to quality health care services, healthy foods, or opportunities to safely engage in physical activity. Thus, meaningfully eliminating disparities in diabetes will require addressing these root causes.

Cities and communities can help prevent diabetes by adopting policies that support healthy food retail and physical activity and improve access to preventive care services. Individuals can lower their risk for diabetes by eating a healthy diet and making time to be physically active.

The Los Angeles County Department of Public Health's Nutrition and Physical Activity Program leads a variety of initiatives, in collaboration with community partners and stakeholders, to promote environments that support healthy eating and physical activity in the county.

Healthy People 2030 Target: 13.7 deaths per 1,000 (D-09)

Drug Overdose

Drug overdose refers to any death from an overdose of illegal drugs, prescription, or over-the-counter medications. These deaths include unintentional overdoses, homicides, and suicides. Drug overdose deaths have increased dramatically in the U.S. over the past two decades. Opioids have been the primary driver of this epidemic, with consistent increases and particularly sharp rises in recent years, often described as occurring in three distinctive waves. The first wave, beginning in the late 1990s, largely involved prescription opioids following increased prescribing by medical providers. The second wave, starting around 2010, was marked by a surge in the number of deaths involving heroin. The third and current wave that started in 2013 has been dominated by synthetic opioids, particularly illicitly manufactured fentanyl, often mixed with heroin, counterfeit pills, cocaine, and other drugs. In Los Angeles County, the majority of recent overdose deaths have involved fentanyl. After years of sustained increases, 2024 data show a notable decline in overall overdose deaths, particularly those involving fentanyl, reflecting the impact of intensified prevention, harm reduction, and treatment efforts.

Despite the overall decline in drug overdose deaths, inequities still persist, with low-income, American Indian and Alaska Native, and Black individuals experiencing the highest overdose death rates. These disparities are not solely the result of individual action but instead stem largely from systemic factors, including inequitable access to harm reduction services and substance use treatment providers and higher rates of criminalization among Black and Brown communities compared to White communities. Thus, meaningfully eliminating disparities in drug overdose mortality will require addressing these root causes.

Cities and communities can take an active role in preventing drug overdose deaths by promoting prevention and supporting evidence-based harm reduction and treatment strategies. Individuals in need can call the Substance Abuse Service Helpline at 1-844-804-7500 to access screening, resources, and referrals to alcohol/drug treatment providers.

The Los Angeles County Department of Public Health's Bureau of Substance Abuse Prevention and Control leads and facilitates the delivery of a full spectrum of prevention, treatment, harm reduction, and recovery services to reduce the impact of substance use and abuse in Los Angeles County.

Healthy People 2030 Target: 20.7 deaths per 100,000 population (SU-03)

Firearm Mortality

Violence is a public health crisis in the U.S., with gun violence being a major driver. In the U.S., more than half of all firearm deaths are from suicide and the age-adjusted homicide rate from firearms is more than 20 times higher than in the European Union or in Australia. Significant disparities by age, sex, and race and ethnicity exist, with young adults (ages 18- 44 years), males, and Black individuals disproportionately impacted. Firearm-related suicides disproportionately impact older (ages 65+) White men.

Everyone has a role in decreasing gun violence and promoting community safety. It requires everyone working together to create conditions for all people to feel a sense of belonging and to access the resources they need. Comprehensive prevention strategies work to address the underlying physical, social, economic, and structural conditions known to increase risk. Strengthening gun laws can also reduce mortality from firearms; states with stronger gun laws have lower rates of firearm deaths. Individual-level opportunities for prevention include increasing awareness through education and unloading and locking firearms in the home with the ammunition stored and locked separately.

The Los Angeles County Department of Public Health's Office of Violence Prevention (OVP) launched the Gun Violence Prevention Platform focused on four key areas to decrease gun violence deaths, life-altering injuries, and their social-emotional impacts: legislation, social connection and healing services, gun safety education training and tools, and school safety and services. To learn more, please visit the Gun Violence Prevention Platform website, OVP's data page, and the OVP website.

Healthy People 2030 Target: 10.7 deaths per 100,000 population (IVP-13)

HIV

HIV (human immunodeficiency virus) affects the body's ability to fight infections and certain cancers by damaging the immune system. Certain communities, including Black individuals, men who have sex with men (MSM), and transgender individuals, are disproportionately affected, further exacerbating the health disparities faced by these groups.

The Ending the HIV Epidemic national initiative strives to eliminate the U.S. HIV epidemic by 2030, focusing on four key strategies: Diagnose, Treat, Prevent, and Respond. Achieving this goal requires a collaborative effort involving cities, community organizations, faith-based institutions, healthcare professionals, and businesses. Together, they can create an environment that promotes prevention, reduces stigma, and empowers individuals to safeguard themselves and their partners from HIV. Stakeholders can advance health equity by focusing on the most affected communities and sub-populations. Individuals can reduce their risk of HIV infection by utilizing biomedical interventions such as PrEP and PEP, using latex condoms consistently and correctly, not sharing drug needles or syringes, and learning their HIV status by getting tested for antibodies for HIV.

The Los Angeles County Department of Public Health's Division of HIV and STD Programs work in collaboration with community partners to prevent and control the spread of HIV through epidemiological surveillance, implementation of evidence-based programs, coordination of prevention, care, and treatment services, and the creation of policies that promote health. To learn more and to access in-depth HIV and STD surveillance and prevention data, including HIV and STD Epidemiologic Profiles by Health District, please visit the Division of HIV and STD Programs' website.

Healthy People 2030 Target: None

Homicide

Violence is a public health crisis in the U.S., with gun violence being a major driver. Almost three quarters of homicides involve firearms. In the U.S., the age-adjusted homicide rate from firearms is more than 20 times higher than in the European Union or in Australia. Significant disparities by age, sex, and race and ethnicity exist, with young adults (ages 18- 44 years), males, and Black individuals most disproportionately impacted. While females account for a relatively small proportion of homicide deaths, they are more likely to be killed by someone they know; recent data showed that 34% of female homicide victims were killed by an intimate partner, compared to just 6% of male homicide victims.

In Los Angeles County, communities of color and low-income neighborhoods are disproportionately impacted by neighborhood violence and crime. Due to historical oppression, racism, and discrimination, people of color are often not provided the opportunities and resources needed to thrive. Comprehensive prevention strategies work to address the underlying physical, social, economic, and structural conditions known to increase risk. This includes addressing multiple forms of violence including gang violence, firearm violence, domestic/intimate partner violence, child abuse, and sexual violence.

The Los Angeles County Department of Public Health's Office of Violence Prevention (OVP) works to promote community safety by strengthening coordination, capacity, and partnerships to address the root causes of violence in the county; advancing policies and practices rooted in health equity to prevent all forms of violence; and facilitating healing within communities impacted by violence.

OVP's Trauma Prevention Initiative (TPI), launched in 2016, provides a place-based, community-driven approach to violence prevention in nine communities across Los Angeles County. To learn more, please visit the OVP website and the TPI website. Through the OVP website, you can also access in-depth surveillance and prevention data.

Healthy People 2030 Target: 5.5 homicides per 100,000 population (IVP-09)

Hypertension

Hypertension, or high blood pressure, happens when the force of blood against artery walls is too strong. When uncontrolled, hypertension can increase an individual's risk for heart attack, stroke, and kidney disease, and it can also impair brain function and vision. Lifestyle factors such as an unhealthy diet, physical inactivity, smoking, and excessive alcohol use contribute greatly to this condition.

In Los Angeles County, hypertension mortality has been on the rise since 2014, with rates peaking in 2022. Significant disparities by race and ethnicity and socioeconomic factors exist, with Black, American Indian and Alaska Native, Native Hawaiian and Pacific Islander, and low-income individuals experiencing the highest risk. These disparities are largely driven by systemic inequities that are beyond the control of individuals. Many of these inequities are rooted in racism and persist in our societal institutions and include factors like inequitable access to quality health care services, healthy foods, or opportunities to safely engage in physical activity. Thus, meaningfully eliminating disparities in hypertension mortality will require addressing these root causes.

Cities and communities can play an essential role in mitigating hypertension risk factors by improving local food environments and making neighborhoods safer and easier to walk in to encourage physical activity. Individuals can protect against hypertension by eating a healthy diet, reducing their intake of added salt (specifically sodium), being physically active, avoiding smoking, limiting alcohol consumption, and finding healthy ways to manage stress.

The Los Angeles County Department of Public Health's Cardiovascular and School Health Program, Nutrition and Physical Activity Program, Policies for Livable Active Communities and Environments (PLACE) Program, and Tobacco Control and Prevention Program all work toward creating healthy living conditions that protect against hypertension.

Healthy People 2030 Target: None

Liver Disease/Cirrhosis

There are many causes of liver injury, but the most common are heavy alcohol consumption, buildup of fat in the liver, and long-term infection with hepatitis B and C viruses. Left untreated, these causes of sustained liver injury can lead to cirrhosis, which refers to replacement of normal liver cells with scar tissue. The scar tissue interferes with the flow of blood through the liver and prevents the liver from carrying out its normal functions. Cirrhosis cannot be reversed and can progress to liver failure, requiring a liver transplant or resulting in death. Cirrhosis is also a risk factor for liver cancer.

Significant disparities in liver disease/cirrhosis mortality exist by race and ethnicity and socioeconomic status, with American Indian and Alaska Native and Latino or Latine residents experiencing higher mortality rates than White residents. Mortality is also higher among low-income residents compared to more affluent residents. These disparities are largely driven by systemic inequities that are beyond the control of individuals, many of which are rooted in racism and persist in our societal institutions and include factors like inequitable access to quality health care services, healthy foods, or opportunities to safely engage in physical activity. Thus, meaningfully eliminating disparities in liver disease/cirrhosis mortality will require addressing these root causes.

Cities and communities can help reduce the risk of chronic liver disease by promoting SBIRT (Screening, Brief Intervention, and Referral to Treatment) for alcohol use disorder in primary care settings, providing access to alcohol prevention and treatment programs, increasing access to healthy nutrition and green spaces for exercise, promoting hepatitis B vaccination for groups at high risk, and providing hepatitis B and hepatitis C screening for high-risk populations. Individuals can protect themselves from liver disease by limiting alcohol intake, eating a healthy diet, exercising, maintaining a healthy weight, getting vaccinated against hepatitis B, and avoiding behaviors that spread hepatitis B and C, such as sharing needles. People with cirrhosis can also benefit from lifelong liver cancer screening, which can be curable when detected at an early stage.

The Los Angeles County Department of Public Health's Substance Abuse Prevention and Control program leads and facilitates the delivery of a full spectrum of prevention, treatment, harm reduction, and recovery services to reduce the impact of alcohol use and abuse in Los Angeles County. In addition, the Acute Communicable Disease Control program has a Viral Hepatitis Prevention Coordinator who works to strengthen the coordination of activities for prevention, control, and care of viral hepatitis. The Nutrition and Physical Activity Program leads a variety of initiatives, in collaboration with community partners and stakeholders, to promote healthy eating and physical activity in the county.

Healthy People 2030 Target: 10.9 deaths per 100,000 population (SU-02)

Lung Cancer

Lung cancer is a leading cause of cancer-related death in the U.S. People who smoke have the greatest risk of lung cancer, though lung cancer can also occur in people who have never smoked. Most cases are due to long-term tobacco smoking or exposure to secondhand tobacco smoke. Among non-smokers, exposure to radon gas in their homes or places of work is the main risk factor for developing lung cancer.

Importantly, communities of color experience disproportionately higher lung cancer incidence and mortality, with Native Hawaiian and Pacific Islander and Black men experiencing the highest rates. These differences are in large part due to inequitable marketing practices by the tobacco industry that target Black and other marginalized communities, particularly through the promotion of menthol cigarettes. Systemic factors like structural racism and inequitable healthcare access also contribute to these disparities, thus, meaningfully eliminating disparities in lung cancer mortality will require addressing these root causes.

Cities and communities can take an active role in curbing tobacco use and reducing lung cancer by adopting policies to regulate tobacco retail; reducing exposure to secondhand smoke in outdoor public spaces, such as parks, restaurants, or in multi-unit housing; and improving access to tobacco cessation programs and other preventive services. Individuals can lower their risk of lung cancer by avoiding smoking. If you smoke, get help to quit by calling 1-800-NO-BUTTS. The Los Angeles County Department of Public Health's Tobacco Control and Prevention Program leads local efforts to increase access to smoking cessation services, reduce youth access to tobacco products, and reduce exposure to secondhand smoke across the County.

Individuals can also lower their risk of lung cancer by testing their home for radon. You can't see, smell, or taste radon, so testing is the only way to know the radon level in your home. You can purchase an easy-to-use radon test kit that meets Environmental Protection Agency requirements or have your home tested by a state-certified expert. The California Department of Public Health Indoor Radon Program partners with a laboratory to offer discounted radon tests to California residents that can be ordered online. For more information, visit the Indoor Radon Program's testing website or call 1-800-745-7236. The Community Protection Branch in the division of Environmental Health in the Los Angeles County Department of Public Health provides additional information about the hazards of radon exposure and how to detect and reduce that exposure.

Healthy People 2030 Target: 25.1 deaths per 100,000 population (C-02)

Motor Vehicle Crash

Motor vehicle crashes are a leading cause of death in the U.S., causing more than 40,000 deaths annually. According to the Centers for Disease Control and Prevention, rates of U.S. traffic deaths

(per 100,000 population) increased by 22.5% during 2013 to 2022, while in 27 other high-income countries, these rates decreased by a median of 19.4% in the same period.

While many factors contribute to motor vehicle crash mortality, the built environment plays a critical role. Communities that are exposed to heavy traffic or that lack adequate walking infrastructure for pedestrians have higher rates of motor vehicle crash-related injuries and deaths. They are also more impacted by traffic-related environmental hazards, such as vehicle emissions and air pollution. In Los Angeles County, many of these communities are also home to many low-income residents. Thus, motor vehicle crash mortality is an environmental justice issue.

Vision Zero is an international movement that aims to achieve zero traffic deaths through systematic, data-driven decision-making that prioritizes safety improvements where they have the greatest chance of saving lives. In 2020, the County of Los Angeles Board of Supervisors adopted a Vision Zero Action Plan and directed the Departments of Public Works and Public Health to co-lead its implementation. Public Health's PLACE Program actively partners with Public Works to implement these planned infrastructure and programmatic solutions, prioritizing interventions on streets with the highest concentrations of traffic deaths and severe injuries. PLACE leads developments of pedestrian plans for high-need unincorporated communities throughout Los Angeles County. This work often includes educational and advocacy efforts involving participation by high-risk community members such as seniors.

To address reckless and distracted driving, Public Health's Injury Prevention Program leads motor vehicle safety efforts that work with youth and early inexperienced drivers. The program also oversees the child passenger safety initiative, which provides workshops, education, free car seats, and assistance with installation to low-income families from high-need communities. The initiative distributes educational videos and materials for use by providers, hospitals, and clinics.

Finally, Public Health's Substance Abuse Prevention and Control program leads efforts to prevent impaired driving, including tracking the "place of last drink" where offenders last obtained alcohol before their arrest—an initiative that promotes responsible business practices. To support these various efforts, the program conducts data collection and analysis and prepares briefs about impaired driving, implements social media campaigns to raise public awareness about the problem, and distributes educational resources through their network of providers.

Healthy People 2030 Target: 10.1 deaths per 100,000 population (IVP-06)

Pneumonia/Influenza

Pneumonia is an inflammatory condition of the lungs. Many germs (bacteria, fungi, parasites, and viruses) can cause pneumonia. Non-infectious conditions may also cause pneumonia. Influenza viruses can cause pneumonia by directly infecting the lungs and by making people more susceptible

to secondary infections with bacteria like *Streptococcus pneumoniae* or *Staphylococcus aureus.* COVID-19 can also cause pneumonia. Healthcare providers are not always able to find out which germ caused someone to get sick with pneumonia. Risk factors for pneumonia include being older than 65 years or younger than 5 years, having a weakened immune system, and having one or more underlying chronic medical conditions such as diabetes, heart disease, or chronic lung disease. Environmental factors such as poor air quality, secondhand smoke exposure, and exposure to wildfire smoke can also impact the risk of developing pneumonia.

Systemic factors are important drivers in observed sociodemographic differences in pneumonia/influenza outcomes, with low income and Black residents experiencing some of the highest morality rates. These factors include inequitable healthcare access, including access to vaccines as well as timely diagnosis and treatment. Cities and communities can play an essential role in mitigating pneumonia and influenza by providing information about vaccines and the availability of free or low-cost options. Individuals can protect themselves by following recommended guidelines for vaccinations against bacteria and viruses that can cause pneumonia, including vaccines for pertussis, pneumococcal disease, influenza, COVID-19, measles, *Haemophilus influenzae* type B and RSV. Since influenza is known to make people more susceptible to bacterial pneumonia, receiving a seasonal influenza vaccine can also help protect people from getting sick from other bacteria and viruses. In addition, data suggest that influenza vaccines can prevent against cardiovascular complications from influenza including heart attacks and strokes.

Other ways cities and communities can mitigate the burden of pneumonia and influenza include providing support for smoking cessation campaigns and improving indoor and outdoor air quality.

The Los Angeles County Department of Public Health's Acute Communicable Disease Control Program works to prevent and control many of the infectious diseases that can cause pneumonia by implementing tools for surveillance, outbreak response, education, and preparedness activities. The Vaccine Preventable Disease Control Program provides information on vaccinations and where to get them, including for influenza. The Department also operates several Public Health Centers across Los Angeles County that provide vaccinations. For more information, visit Public Health's respiratory illness website.

Healthy People 2030 Target: None

Stroke

A stroke occurs when the blood supply to part of the brain is suddenly blocked or when a blood vessel in the brain bursts. This stops oxygen from reaching brain cells, which can cause damage very quickly. Risk factors for a stroke include high blood pressure, exposure to tobacco smoke, diabetes, high cholesterol, being overweight, and excessive alcohol use.

Significant disparities in stroke mortality exist by race and ethnicity and socioeconomic status, with Native Hawaiian and Pacific Islander and Black individuals experiencing the highest stroke mortality. These disparities are largely driven by systemic inequities that are beyond the control of individuals, many of which are rooted in racism and persist in our societal institutions and include factors like inequitable access to quality health care services, healthy foods, or opportunities to safely engage in physical activity. Thus, meaningfully eliminating disparities in stroke mortality will require addressing these root causes.

Community-level opportunities for prevention include promoting physical activity by providing access to safe places like parks and schools to walk, play, and exercise as well as implementing policies to decrease exposure to indoor and outdoor secondhand smoke. Individual opportunities for prevention include working with a health care provider to control blood pressure and manage diabetes, not smoking, eating a healthy diet, and making time to be physically active.

The Los Angeles County Department of Public Health's Cardiovascular and School Health Program, Nutrition and Physical Activity Program, Policies for Livable Active Communities and Environments (PLACE) Program, and Tobacco Control and Prevention Program all work toward creating healthy living conditions that protect against a stroke.

Healthy People 2030 Target: 33.4 deaths per 100,000 population (HDS-03)

Suicide

Suicide is a leading cause of preventable death in Los Angeles County, affecting individuals of all ages, races, and ethnicities. While there is a strong association between suicide and health conditions, such as mood and anxiety disorders or substance use disorders, suicide is rarely caused by a single circumstance and is more often due to a combination of individual, relational, and environmental factors. Individual factors can include history of mental illness, previous suicide attempts, adverse childhood experiences, or financial hardship. Relational factors include experiences of bullying, loss of relationships, or social isolation. Environmental factors include lack of access to healthcare, community violence, or social stigma associated with seeking help for a mental illness.

Effective suicide prevention prioritizes opportunities to teach, uplift, and optimize physical, emotional, and mental wellbeing for all. This begins with normalizing conversations about mental health and wellbeing and ending the stigma around mental health services and seeking help from others. It also includes addressing systemic issues responsible for increasing an individual's risk, for example, prioritizing access to and distribution of community resources that help meet basic needs. Communities can take an active role in fostering behavioral health and overall wellbeing by ensuring community safety, promoting employment opportunities and economic security, and expanding affordable housing. Individuals can learn about suicide warning signs and what to do in moments of

crisis. To talk to someone about self-harm and/or suicide or to get help for either yourself or someone else, call or text 988.

The Los Angeles County Department of Public Health's Office of Violence Prevention offers resources to get support, get educated, and get data on suicide prevention. OVP's Open Data Portal also includes a dashboard with data on suicide deaths and attempts among youth.

Healthy People 2030 Target: 12.8 suicides per 100,000 population (MHMD-01)

Information about the Social Determinants of Health

The social determinants of health (SDOH) are significant drivers of nearly all health outcomes and account for the differences that we see in health, quality of life, life expectancy, and mortality among different groups and regions in Los Angeles County. The SDOH are the conditions in which people are born, grow, live, learn, work, play, worship, and age. They also include broader societal structures, such as the economy, policies, laws, social norms and practices, and structural racism and bias. Combined, these conditions and structures shape people's health, wellbeing, and quality of life, moving beyond individual-level or medical explanations of health. The SDOH encompass factors like employment opportunities and status, income, economic stability and growth, secure and inclusive housing, reliable transportation, safe and connected neighborhoods, and quality of and access to nutritious food, outdoor spaces, education, health care, and other local services.

Everyone in Los Angeles County should have a fair and just opportunity to achieve optimal health, longevity, and wellbeing. Unfortunately, due to the lasting effects of historical and systemic injustices, not all groups and communities have equitable access to high quality resources or safe living conditions and neighborhoods that are needed to thrive. Furthermore, experiences of discrimination and bias based on multiple aspects of an individual's identity, including but not limited to a person's race, ethnicity, gender, income level, and age, can have a profound impact on the health and wellbeing of individuals and communities across Los Angeles County. By understanding and addressing SDOH, working to remove systemic barriers, and providing necessary supports to meet people where they are at in their circumstances and conditions, we can all work together to create a society in which all individuals, regardless of their race, gender, class, language, disability, or any other social or cultural characteristic, can thrive and realize their full health potentials.

For more information on SDOH and their impact on health outcomes, please see the following resources:

- Healthy People 2030 - SDOH & Topic Specific Literature Summaries with linkages to health
- Centers for Disease Control and Prevention - SDOH
- World Health Organization - SDOH
- Let's Get Healthy California - SDOH
- County Health Rankings & Roadmaps' Model of Health
- Kaiser Family Foundation - Beyond Health Care: The Role of Social Determinants
- RAND Health - Understanding the Upstream SDOH
- National Committee on Vital & Health Statistics - Well-being in the Nation (WIN) measures
- Prevention Institute - Measuring What Works to Achieve Health Equity
- Los Angeles County Department of Public Health - Health Equity
- Los Angeles County SDOH Briefs (Social and Economic Factors, Housing, and Food Security)

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