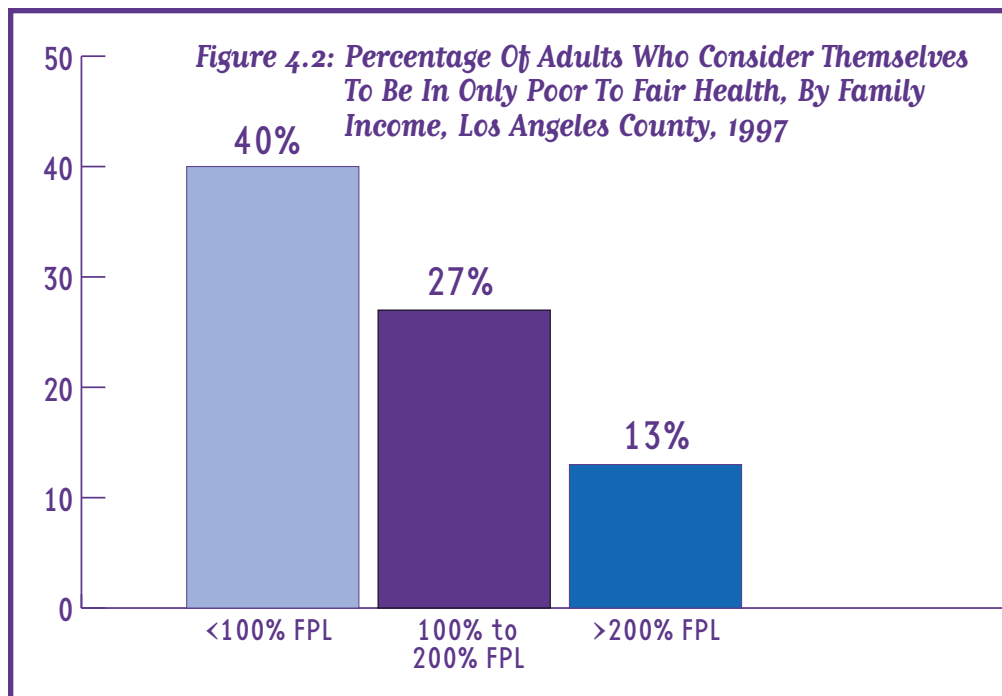


→ The percentage that consider their health to be only poor to fair is higher among those with family incomes below 100% of the 1997 federal poverty level (40%) than among those with family incomes between 100% to 200% of the federal poverty level (27%) or greater than 200% of the federal poverty level (13%) (see Figure 4.2).²



Source: 1997 LACHS.

→ The percentage that consider their health to be only poor to fair is higher among those who are severely overweight (31%) and mildly to moderately overweight (21%) than among those who are not overweight (16%).³

Self-Perceived Health Status—Data Sources

Los Angeles County Department of Health Services—Public Health
Office of Health Assessment and Epidemiology
1997 Los Angeles County Health Survey

California Department of Health Services
Cancer Surveillance Section
CATI Unit
California Behavioral Risk Factor Survey

See Appendix for complete references on these and other data resources.

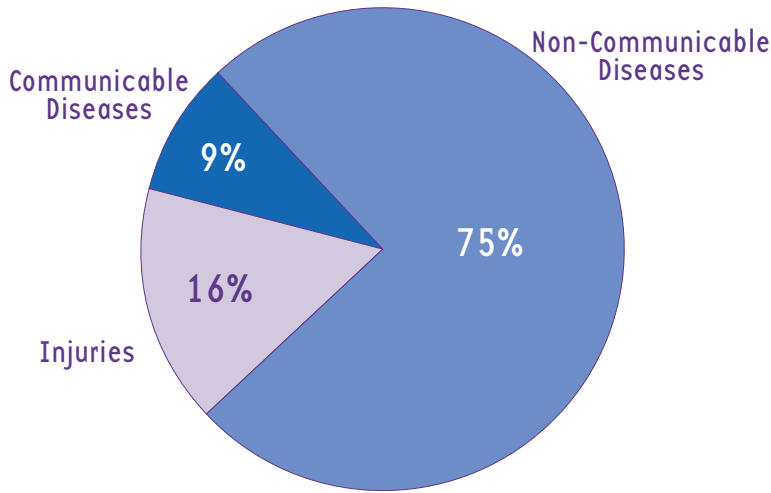
See page 83 for endnotes.

Burden of Disease and Injury

Ongoing assessment of the burden of disease and injury in the population is essential for planning public health programs and health care services and for evaluating their effectiveness. In the past, disease and injury burden has most often been assessed by examining patterns of mortality in the general population and in various subpopulations such as racial/ethnic groups, age groups, and residents of particular locales. A major limitation of this approach, however, is that it does not account for illness and disability associated with conditions that do not typically cause death. For example, the important contributions of depression and other mental illness on overall disease burden would be greatly underestimated by looking only at mortality data. Similarly, the impact of chronic disabling conditions such as arthritis is not adequately reflected in mortality statistics.

To address this limitation, a new measure of disease and injury burden, referred to as the disability-adjusted life year (DALY), has recently been developed. The DALY is a

Figure 4.3: Burden Of Disease And Injury Among Males, Los Angeles County, 1996



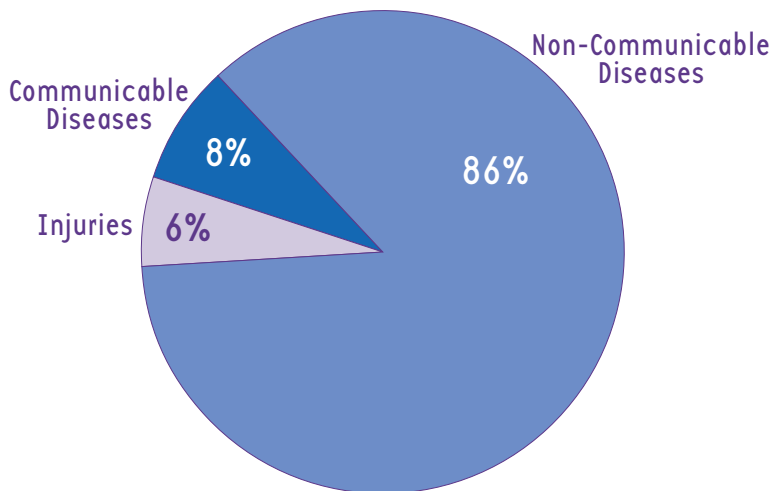
Source: 1997 Los Angeles County Mortality Statistics; supplemental data provided by the Harvard University Burden of Disease Unit.

and disability worldwide were respiratory infections, infections causing diarrhea and dehydration, and conditions arising during the birth period. By the year 2020, however, they project a dramatic shift in the leading causes of premature death and disability worldwide and that heart disease, depression and motor vehicle-related injuries will rise to the top of the list.

The Los Angeles County Department of Health Services is currently developing DALY estimates for the total county population and for the eight service planning areas (SPAs) using a modified version of the methodology employed by WHO and

the Harvard University Burden of Disease Unit. The preliminary results indicate that, in 1997, non-communicable diseases (such as cancer, heart disease, diabetes, and birth defects) accounted for 75% of the total disease and injury burden among males and 86% among females in the county (see Figures 4.3 and 4.4). Communicable (infectious) diseases accounted for 9% of the burden in males and 8% in females. Injuries accounted for the remaining 16% in males and 6% in females.

Figure 4.4: Burden Of Disease And Injury Among Females, Los Angeles County, 1997



Source: 1997 Los Angeles County Mortality Statistics; supplemental data provided by the Harvard University Burden of Disease Unit.

The leading cause of DALYs in men in 1997 was coronary heart disease, followed by homicide and other violence, alcohol dependence, drug overdose, and depression. In women, the leading cause of DALYs was also coronary heart disease, followed by alcohol dependence, diabetes, depression, and osteoarthritis.

Age-adjusted rates of premature death (YLLs), disability (YLDs), and overall disease/injury burden (DALYs) in the county population, show marked differences by gender and race/ethnicity. The rate of DALYs is higher in males (119 per 1,000) than females (94 per 1,000). This difference is attributable to a 50% higher rate of premature death among men (67 per 1,000) than women (44 per 1,000). The DALYs rate is highest among African-Americans (190 per 1,000), followed by American Indians/Alaska Natives (149 per 1,000), whites (113 per 1,000), Latinos (94 per 1,000), and Asians/Pacific Islanders (77 per 1,000).

A more detailed report recently released by the Los Angeles County Department of Health Services includes DALYs estimates for the eight SPAs and information on the leading causes of premature death and disability in each of these areas.⁵

Burden of Disease—Data Sources

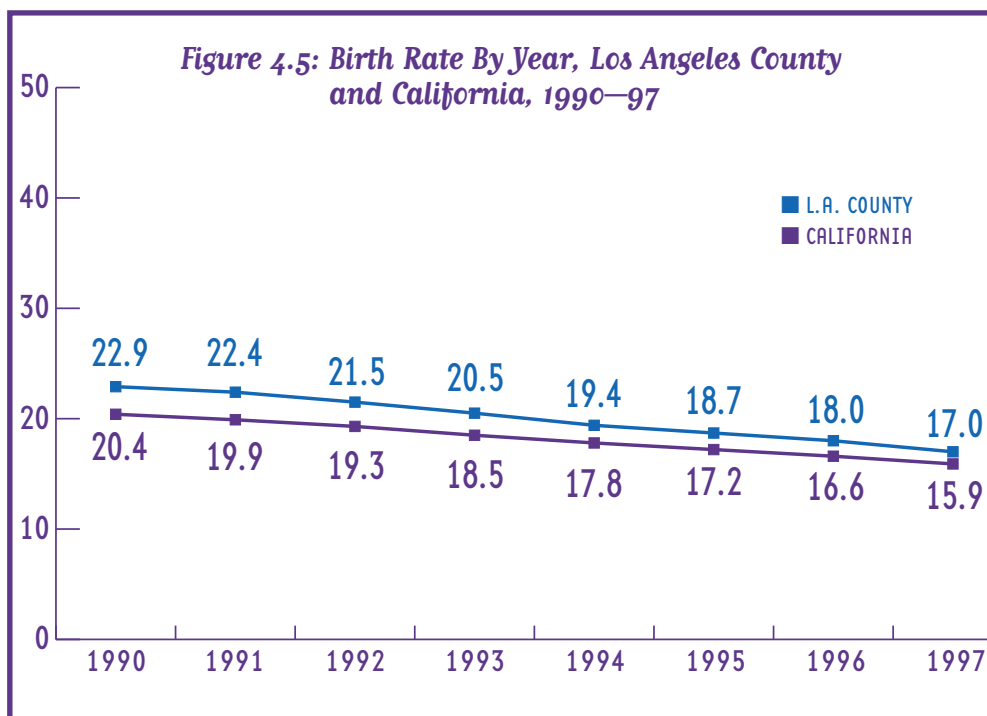
1. Los Angeles County Department of Health Services—Public Health
Office of Health Assessment and Epidemiology
Epidemiology Unit

2. Harvard University School of Public Health
Center for Population and Development Studies
Burden of Disease Unit

*See Appendix for complete references on these and other data resources.
See page 83 for endnotes.*

Maternal and Infant Health

Los Angeles County and California, especially in the 1990s, have seen significant improvements in the amount of early prenatal care received and in the reduction of infant mortality, a testament to the results that can be achieved when focused interventions are applied. Maternal and infant health is considered an index of overall health within a community. Thus, improvement in the health of mothers and infants is an important priority and opportunity for elevating a community's health status. Indicators most often used to assess maternal and infant health are receipt



Source: Los Angeles County Department of Health Services, MCAH Program, Perinatal Indicators, Los Angeles County, 1997.