

Chronic Disease

Heart disease, cancer, diabetes, and stroke are major causes of mortality in the United States and other industrialized nations. In addition, these and other chronic conditions, such as arthritis and depression, are leading causes of disability and diminished quality of life. Measuring the incidence and prevalence of these conditions in the population represents a significant challenge. The 1997 Los Angeles County Health Survey (1997 LACHS) is a random-digit-dial telephone survey of 8,004 households in the county intended to provide health information on Los Angeles County residents currently living with several of these chronic conditions. Additionally, data on the incidence of various forms of cancer is available from the Cancer Surveillance Program at the University of Southern California School of Medicine. The impact of many of these conditions on life expectancy will be described at the end of this chapter.

Table 4.2: Chronic Disease, Adults, 18 Years And Older

	L.A. County ¹	California ²
Heart disease		
Total	5%	*
White	6%	*
African-American	6%	*
Latino	3%	*
Asian	6%	*
Diabetes		
Total	6%	6%
White	5%	5%
African-American	9%	7%
Latino	6%	7%
Asian	5%	*
Hypertension		
Total	16%	21%
White	17%	22%
African-American	28%	27%
Latino	12%	14%
Asian	14%	*

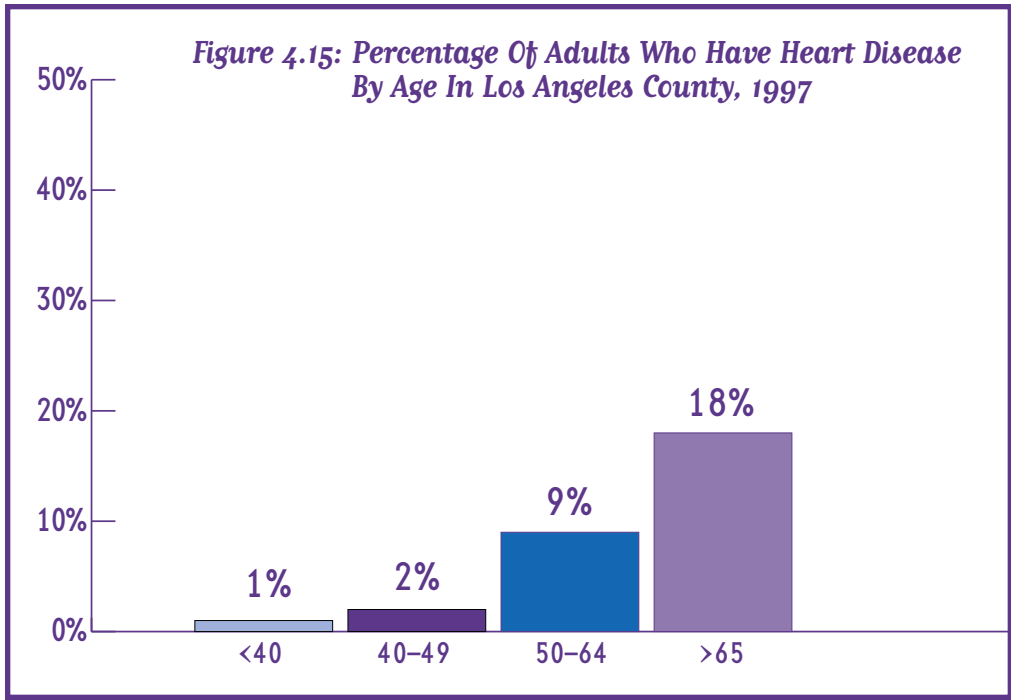
* Data not available

1. 1997 LACHS.

2. California Behavioral Risk Factor Survey, 1998.

Heart Disease

Although deaths from heart disease have declined in the United States and many other industrialized countries over the past 30 years, heart disease remains the leading cause of death in the United States. Risk factors for heart disease that can be addressed through prevention programs include smoking, obesity, lack of physical activity, personal stress, diabetes, high blood pressure, and high serum cholesterol levels.



Source: 1997 LACHS, Los Angeles County Department of Health Services.

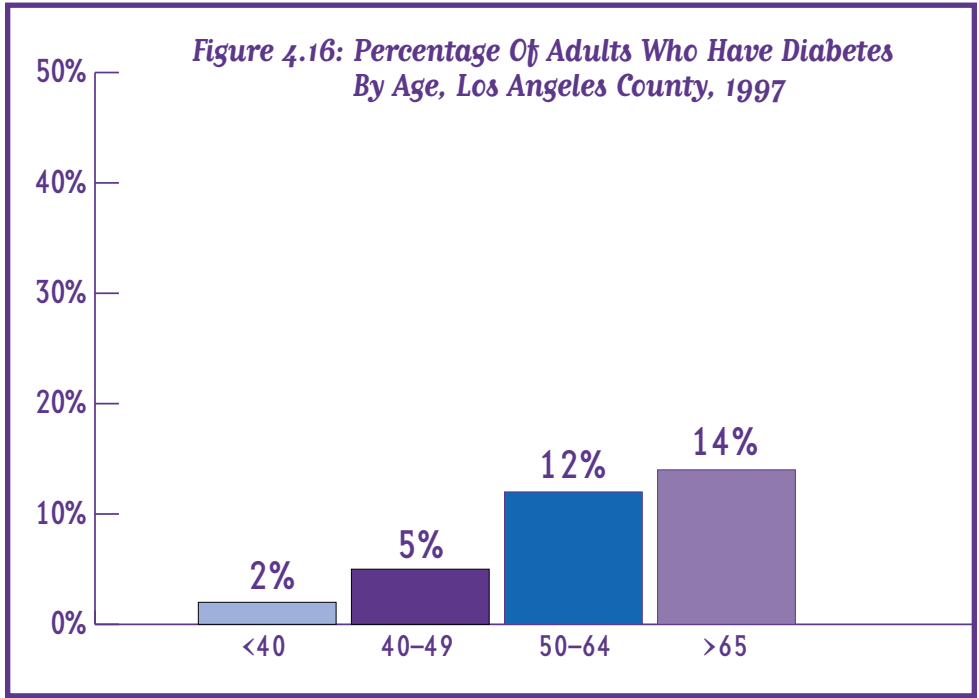
- An estimated 5% of the county adult population report having heart disease.
- The percentage that reports heart disease increases with age, from 1% among those under 40 to 18% among those 65 and older (see Figure 4.15).
- Of those who report having heart disease, 77% report currently being treated by a physician for this condition (1997 LACHS).

Diabetes

Diabetes was the seventh leading cause of death in the United States in 1995. In addition, diabetes is the leading cause of kidney failure and blindness among adults in the United States, and an important cause of heart disease, neurologic disease (e.g., loss of sensation and weakness), and peripheral vascular disease (e.g., stroke, poor circulation, and loss of limbs).

- An estimated 6% of the county adult population (18 and older) report having diabetes (1997). Similarly, 6% of the California population report having been diagnosed with diabetes (see Table 4.2). The estimated prevalence of diabetes

nationally is 4.8%.⁹ *The Healthy People 2000* goal is to reduce the prevalence of diabetes nationally to 2.5%.¹⁰



Source: 1997 LACHS, Los Angeles County Department of Health Services.

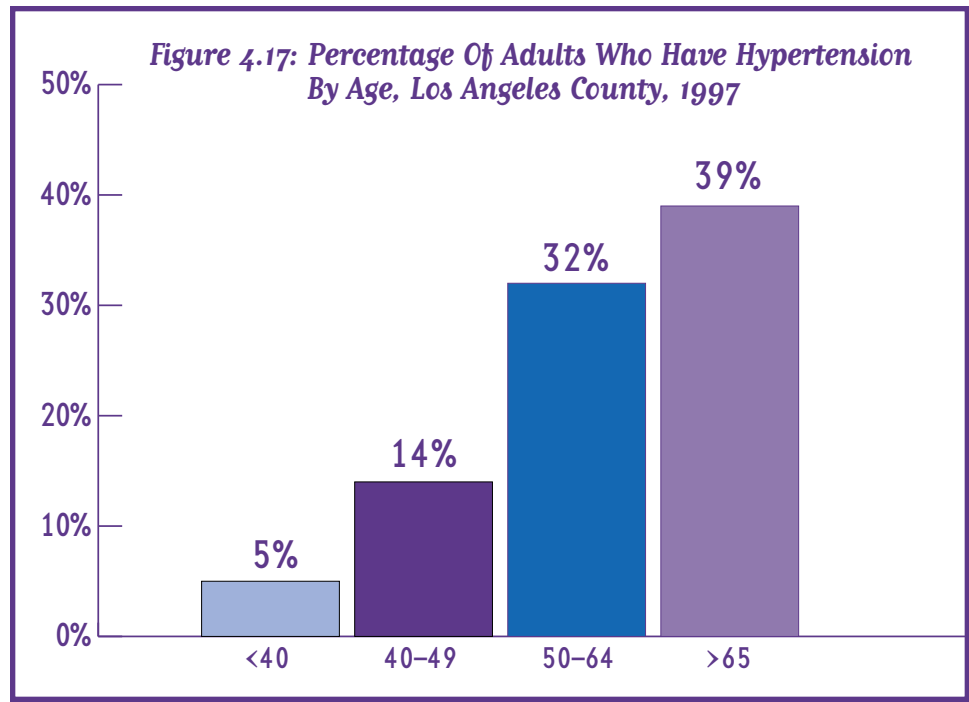
- The percentage of people who report diabetes increases with age, from 2% among those 40 years old to 14% among those 65 years and older (see Figure 4.16).
- Of those who report having diabetes, 86% report currently being treated by a physician for this condition (1997 LACHS).

Hypertension

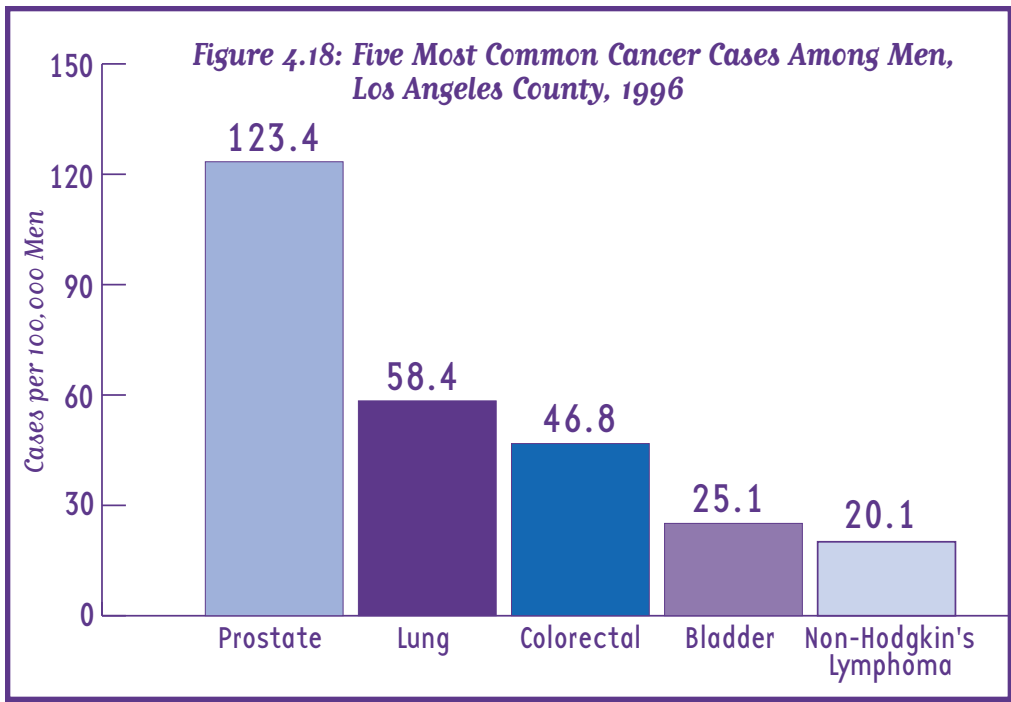
During 1988-94, hypertension, or high blood pressure, affected nearly 25% of adults 20 years and older in the United States.¹¹ *The Healthy People 2000* goal is for 50% of persons with hypertension (40% of hypertensive men) to be successfully controlling their hypertension.¹² Hypertension is a leading cause of heart disease and stroke. Early diagnosis and treatment of hypertension is critically important in preventing these complications.

- An estimated 16% of the county adult population report having hypertension or high blood pressure compared to 21% of the population in California (see Table 4.2).
- In Los Angeles County, the percentage that reports hypertension or high blood pressure is 28% among African-Americans, 17% among whites, 14% among Asians, and 12% among Latinos (see Table 4.2).
- The percentage that reports hypertension or high blood pressure increases with age, from 5% among those younger than 40 to 39% among those 65 and older (see Figure 4.17).
- Of those who report having hypertension, 75% report currently being treated by a physician for this condition. However, the data do not indicate whether this treatment has been effective in controlling their hypertension (1997 LACHS).

The prevalence estimates reported for the chronic conditions listed above are limited in the following ways. First, participants in the 1997 LACHS were asked if they had any of these conditions, but were not asked if they had ever been diagnosed with the condition by a health care provider. As a result, some reports may reflect symptoms or self-perceived health problems that are caused by other unrelated diseases or other factors. Second, some chronic conditions such as diabetes and hypertension may be underreported because they remain unrecognized for long periods of time, especially in persons who do not utilize or have access to health care services.

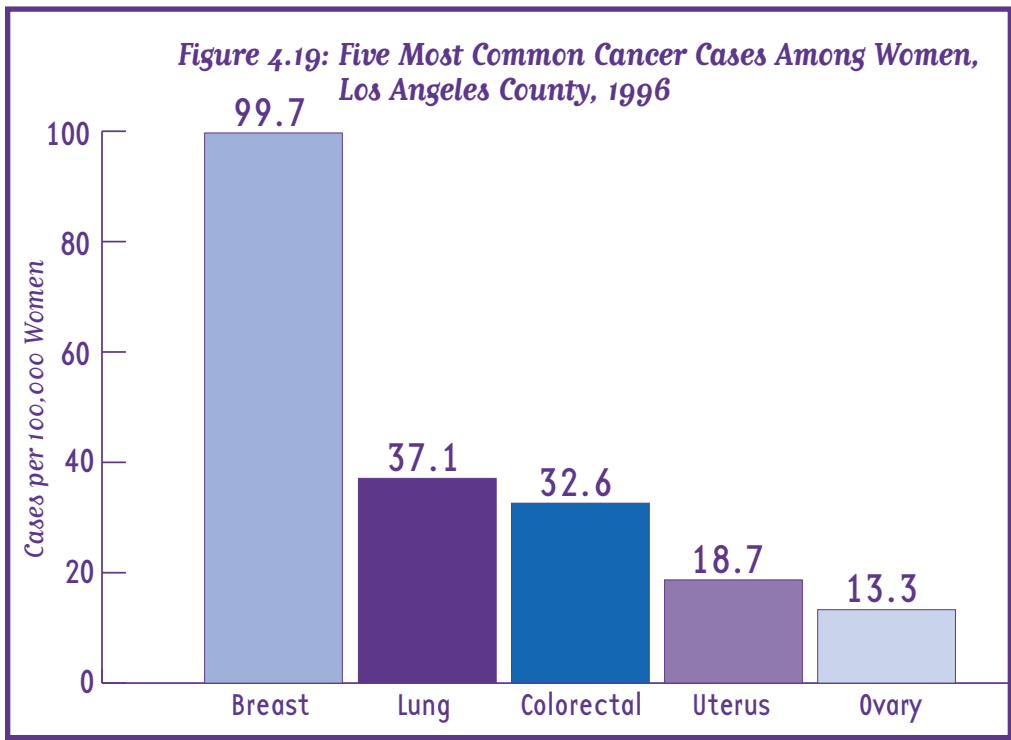


Source: 1997 LACHS, Los Angeles County Department of Health Services.



Source: 1996 data obtained from *Cancer in Los Angeles County: Incidence and Mortality by Race/Ethnicity 1988–1996*, Los Angeles County Cancer Surveillance Program, University of Southern California, 1999, and from *Cancer in California: 1988–1996*, California Department of Health Services, Cancer Surveillance Sect., March 1999. All incidence rates were age-adjusted and standardized to the 1970 Census population.

→ The most frequently diagnosed cancer in Los Angeles County men in 1996 was prostate cancer (123 per 100,000 men), followed by lung cancer (58 per 100,000), colorectal cancer (47 per 100,000), bladder cancer (25 per 100,000), and non-Hodgkin's lymphoma (20 per 100,000) (see Figure 4.18).



Source: 1996 data obtained from *Cancer in Los Angeles County: Incidence and Mortality by Race/Ethnicity 1988–1996*, Los Angeles County Cancer Surveillance Program, University of Southern California, 1999, and from *Cancer in California: 1988–1996*, California Department of Health Services, Cancer Surveillance Sect., March 1999. All incidence rates were age-adjusted and standardized to the 1970 Census population.

Cancer

Cancer is the second leading cause of death in the United States, accounting for 23% of all deaths in 1994. Many of these cancer deaths are preventable. For example, eliminating cigarette smoking could prevent an estimated 85% of all lung cancer deaths. Many other cancer deaths could be prevented through more widespread use of screening procedures, such as mammography and pap smears, that facilitate early diagnosis and treatment.

The Cancer Surveillance Program, University of Southern California School of Medicine, reports these key findings:

→ The most frequently diagnosed cancer in Los Angeles County women in 1996 was breast cancer (100 per 100,000 women), followed by lung cancer (37 per 100,000), colorectal cancer (33 per 100,000), uterine cancer (19 per 100,000), and ovarian cancer (13 per 100,000) (see Figure 4.19).

→ The prostate and lung cancer incidence rates among African-American men were higher compared to rates among men in other racial/ethnic groups (see Table 4.2b).

Table 4.2b: Incidence Of Cancer

	L.A. County	California
Male (cases per 100,000 men)		
Prostate	123.4	122.7
White	131.2	120.6
African-American	198.5	199.9
Latino	87.5	93.6
Asian/Pacific Islander	57.8	64.4
Lung	58.4	62.1
White	65.3	67.3
African-American	107.2	100.5
Latino	29.1	32.2
Asian/Pacific Islander	43.7	48.2
Female (cases per 100,000 women)		
Breast	99.7	107.8
White	123.3	121.6
African-American	99.6	99.0
Latino	63.6	68.5
Asian/Pacific Islander	73.6	72.7
Lung	37.1	41.2
White	48.1	48.6
African-American	44.0	45.6
Latino	16.5	18.1
Asian/Pacific Islander	20.9	20.9

Source: 1996 data obtained from *Cancer in Los Angeles County: Incidence and Mortality by Race/Ethnicity 1988-1996*, Los Angeles County Cancer Surveillance Program, University of Southern California, 1999, and from *Cancer in California: 1988-1996*, California Department of Health Services, Cancer Surveillance Sect., March 1999. All incidence rates were age-adjusted and standardized to the 1970 Census population.

→ The breast and lung cancer incidence rates among white women were higher compared to rates among women in other racial/ethnic groups (see Table 4.2b).

Chronic Disease—Data Sources

1. Los Angeles County Department of Health Services—Public Health

Office of Health Assessment and Epidemiology

1997 Los Angeles County Health Survey

2. Los Angeles County Cancer Surveillance Program

University of Southern California

Department of Preventive Medicine

3. California Department of Health Services

Cancer Surveillance Section

CATI Unit

California Behavioral Risk Factor Survey

4. California Department of Health Services

Cancer Surveillance Section

Cancer Control Branch

Division of Chronic Disease and Injury Control

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

See page 83 for endnotes.