

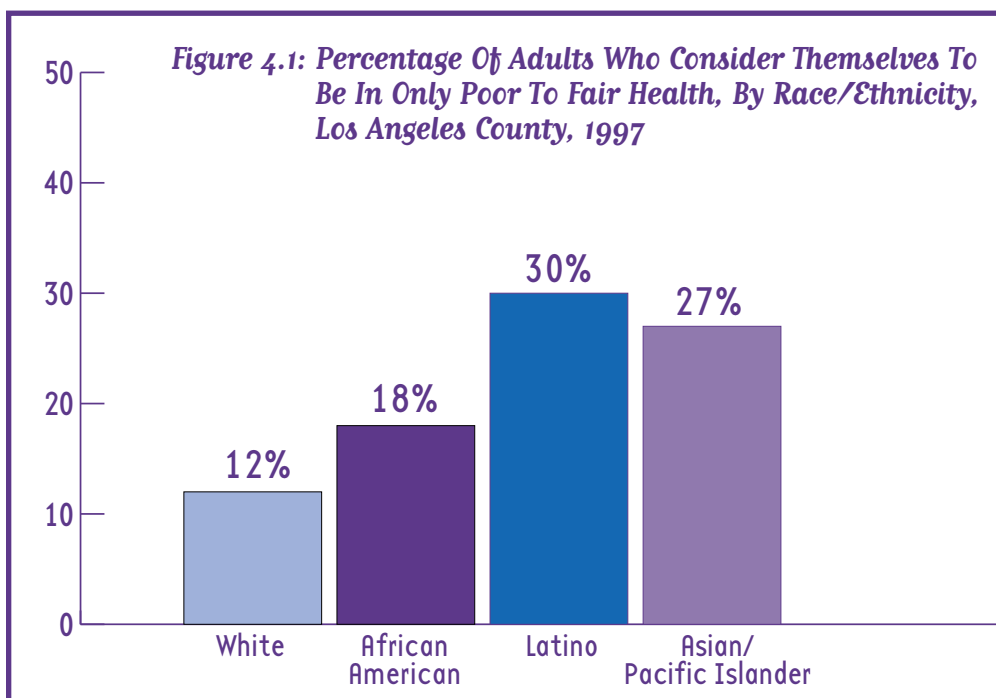
# HEALTH OUTCOMES

The health of Angelenos cannot be assessed without considering how Los Angeles County residents perceive their own health or illness and also examining the incidence of particular diseases. To that end, this chapter will address the following issues: self-perceived health status; burden of disease and injury; maternal and infant health; chronic disease; communicable disease; injury and violence; and, leading causes of mortality.

## Self-Perceived Health Status

How people view their own health is an important indicator of health status. As defined by the Institute of Medicine, health encompasses not only the absence of disease but also “a state of well-being and the capability to function in the face of changing circumstances.”<sup>1</sup>

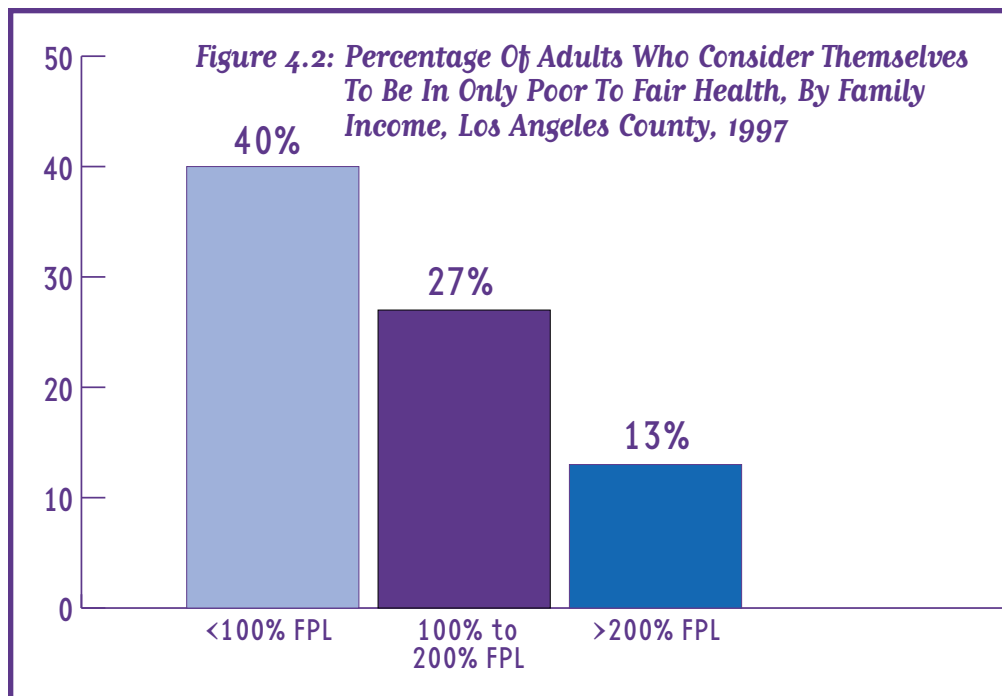
Although health status is strongly associated with the presence or absence of disease, health is by definition a subjective state. Moreover, this subjective state has important ramifications. For example, persons who consider themselves to be in poor health may be more likely to be depressed, to have impaired function, and to lead less productive and fulfilling lives. In addition, self-perceived health status is an important determinant of perceived need (and demand) for health care and other health-related services.



Source: 1997 LACHS.

- According to the 1997 Los Angeles County Health Survey (1997 LACHS), 52% of adults in the county consider their health to be very good to excellent, 27% consider their health to be good, and 21% consider their health to be poor to fair.
- The percentage that consider their health to be only poor to fair is highest among Latinos (30%) and Asians (27%), intermediate among African-Americans (18%), and lowest among whites (12%) (see Figure 4.1).
- The percentage that consider their health to be only poor to fair is higher among women (24%) than men (17%) (1997 LACHS).

→ 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).<sup>2</sup>



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%).<sup>3</sup>

## 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