Building Health Equity

January 31, 2018

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Presentation At-a-Glance

• Population health snapshot
• Inequities in health outcomes
• Opportunities for collaboration
Population Health Snapshot—Los Angeles County
Women in LA County

Percent of adult women in LA County by Age

- 17% 65 years or older
- 42% 40-64 years
- 41% 18-39 years

25%
Percent of adult women who have less than a high school graduation
Latina 45% | Black 10% | Asian 10% | White 5%

27%
Percent of adult women with household incomes <100% of the FPL
Latina 38% | Black 35% | Asian 22% | White 10%

10%
Percent of adult women ages 18-64 who are uninsured
Latina 14% | Black 3% | Asian 8% | White 5%
Trend in Life Expectancy, LA County, 1991-2013
Life Expectancy at Birth by Gender and Race/Ethnicity, LA County, 2013

- All: Male 79.5, Female 84.5
- White: Male 79.0, Female 83.5
- Latino: Male 80.5, Female 86.1
- African American: Male 72.4, Female 79.1
- Asian: Male 85.5, Female 89.1

Source: Mortality In Los Angeles County 2013 Leading Causes of Death and Premature Death with Trends for 2004-2013
## Ten Leading Causes of Death & Premature Death For Women, LA County, 2013

<table>
<thead>
<tr>
<th>Leading causes of death</th>
<th>Leading causes of premature death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coronary heart disease</td>
<td>1. Coronary heart disease</td>
</tr>
<tr>
<td>2. Stroke</td>
<td>2. Breast cancer</td>
</tr>
<tr>
<td>3. Alzheimer’s disease</td>
<td>3. Lung cancer</td>
</tr>
<tr>
<td>4. COPD</td>
<td>4. Drug overdose</td>
</tr>
<tr>
<td>5. Lung cancer</td>
<td>5. Stroke</td>
</tr>
<tr>
<td>8. Diabetes</td>
<td>8. Liver disease/cirrhosis</td>
</tr>
<tr>
<td>10. Colorectal cancer</td>
<td>10. Suicide</td>
</tr>
</tbody>
</table>

Coronary Heart Disease Death Rate for Women
LA County, 2013 (age adjusted per 100,000 population)

Stroke Death Rate for Women,
LA County, 2013 (age adjusted per 100,000 population)

- All: 31
- White: 30.6
- Latina: 26.9
- Black: 48.2
- Asian: 26.8

Breast Cancer Death Rate, LA County, 2013
(age adjusted per 100,000 female population)

Lung Cancer Death Rate for Women, LA County, 2013 (age adjusted per 100,000 population)

Cervical Cancer Death Rate, LA County, 2013 (age adjusted per 100,000 female population)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Death Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>3</td>
</tr>
<tr>
<td>White</td>
<td>2.6</td>
</tr>
<tr>
<td>Latina</td>
<td>3.1</td>
</tr>
<tr>
<td>Black</td>
<td>4.1</td>
</tr>
<tr>
<td>Asian</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Drug Overdose Death Rate in Women, LA County, 2013 (age adjusted per 100,000 population)

Pair Share

What factors do you believe contribute to inequities in health outcomes?
Percent of Adult Women who are Obese (BMI ≥ 30.0), LA County, 2013

Percent of Adult Women Ever Diagnosed with Diabetes, LA County, 2013

- All: 10.0%
- White: 7.1%
- Latina: 11.5%
- Black: 15.1%
- Asian: 7.1%

Percent of Adults Ever Diagnosed with Diabetes by Service Planning Area, LA County, 2013

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

Inequities in Health Outcomes
### Infant Mortality by Race/Ethnicity

**LA County, 2014**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Infant Death Rate per 1,000 Live Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>HP 2020</td>
<td>6</td>
</tr>
<tr>
<td>LA County</td>
<td>4</td>
</tr>
<tr>
<td>Asian</td>
<td>2.4</td>
</tr>
<tr>
<td>Latino</td>
<td>4.3</td>
</tr>
<tr>
<td>Black</td>
<td>9</td>
</tr>
<tr>
<td>White</td>
<td>2.7</td>
</tr>
</tbody>
</table>

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
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 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 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
Opportunities for Collaboration
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

Increasing Population Impact

Increasing Individual Effort Needed

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 launched 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;
  - 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
- Cultural & Linguistic Competency
Partnership Opportunities

• Ensure access for women and families to enhanced systems of care
  – Reproductive health
  – Culturally responsive healthcare services
  – Coordinated/integrated care

• Improve environments in which women and families live
  – Environmental justice
  – Built environment

• Strengthen support systems for women and families in communities
  – Parenting support
  – Trauma support/recovery services
  – Supports for other social/economic needs (e.g. transportation, housing)

• Advocate for policy changes that improve lives
  – Educational investments
  – Economic opportunities (paid leave)
  – Reproductive rights
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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