

May Health Note – Women’s Health Month

A new report released in February, “Health Indicators for Women in Los Angeles County: Highlighting Disparities by Ethnicity and Poverty Level,” presents strong evidence of the health inequities among women and the role that social determinants of health play in these inequities.¹ The report, compiled by the Department of Public Health’s Office of Women’s Health and Office of Health Assessment and Epidemiology, contains the latest data on health status, access to care, health behaviors, social and physical environment, and health outcomes for women in Los Angeles County by race/ethnicity and poverty level. Unique to this report, a special health topics section highlights data for women 65 years and older, uninsured women, women with disabilities, and lesbian and bisexual women.

Among the report’s findings:

- The influence of poverty level on the health of women is dramatic, with poorer health outcomes associated with decreasing poverty levels. For example, rates of diabetes and obesity are over two times higher among the poorest women compared with women living at greater than 300% of the federal poverty level (FPL). In addition, women living in households less than 100% FPL are four times more likely to report fair or poor health status compared to women living at the highest poverty level.
- African American women have far higher mortality rates than other ethnic groups for chronic diseases such as coronary heart disease, stroke, diabetes, and breast cancer despite reporting better access to care and a higher self-rated health status. Black women also report high rates of smoking, communicable disease and exposure to violence. Emerging evidence indicates that factors such as racial inequality, discrimination, and stress are important contributors to health disparities among black women.
- Latinas report the poorest self-rated health status, and compared with all other groups, they report poorer access to care. Over one-third lack health insurance and 40% report difficulty accessing medical care. Latinas were found to have higher rates of obesity and diabetes compared to other ethnic groups and they had disproportionately higher death rates from diabetes (31 per 100,000), compared with all women (21 per 100,000). Latinas are the youngest population compared to other ethnic groups and as they continue to age it is likely that their disease prevalence and mortality will rise significantly.
- Asian/Pacific Islander women report low rates of receiving recommended preventive services such as breast, cervical and colorectal cancer screening and pneumococcal vaccination despite rates of health insurance above the overall rate among women in the County. Given the heterogeneity of this population, far more health disparities would be apparent if individual ethnic groups within the larger population were examined. For example, Vietnamese women have higher rates of poverty and Korean women have the poorest self-rated health status compared to other Asian ethnic groups.²

To hear more about the findings from this report, please join the Department of Public Health’s Office of Women’s Health at a Community Dialogue/Panel Discussion being held on May 18, 2010 from 9-11 am at the Dorothy Chandler Pavilion. Please see attached flyer with RSVP instructions.

The full report can be accessed at: <http://www.publichealth.lacounty.gov/owh/docs/Health-Indicators-2010.pdf>. For hard copies of the report, please contact Dr. Rita Singhal at rsinghal@ph.lacounty.gov or 626-569-3816.

1. Los Angeles County Department of Public Health, Office of Women's Health. *Health Indicators for Women in Los Angeles County: Highlighting Disparities by Ethnicity and Poverty Level*, February 2010.
2. Los Angeles County Department of Public Health, Office of Women's Health. *Health Indicators for Women in Los Angeles County: Highlighting Disparities by Ethnicity and Insurance Status*, May 2007.