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FOREWORD

We are pleased to present our latest women’s health data report titled, “Health Indicators for Women in Los Angeles County: Highlighting Disparities by Ethnicity and Poverty Level, 2017.” This report offers a current and comprehensive snapshot of women’s health in Los Angeles County using a variety of health indicators. Women compose slightly more than half of the population in the county, and comparing these indicators by race/ethnicity and poverty level provides a powerful filter that reveals challenges and opportunities for health improvement.

The health and well-being of women in Los Angeles County is influenced by a unique set of factors that include biological differences as well as social, economic, and environmental circumstances. For instance, compared to men, women report lower income, increased caregiving responsibilities, and poorer self-reported health status. Understanding and addressing the causes of these gender differences in health is critical in promoting gender health equity.

Further, the rich racial and ethnic diversity among women in Los Angeles County highlights the need to better understand and address differences in health status and determinants of health among these diverse groups of women. Certain communities have higher exposure to violence, discrimination, and institutional racism, which result in an unequal burden of poorer health and more vulnerable populations.

Promoting community health is an essential service of public health. While this report provides a variety of health data, solving community health issues is a goal that can only be achieved through collaboration with a wide range of community stakeholders. We hope that this latest data report will raise awareness of issues and disparities in women’s health and also provide guidance and support to help solve these issues and enhance health equity through the development and implementation of policies, programs, and services to improve the health and well-being of women, their families and their communities throughout Los Angeles County.

Cynthia A. Harding, MPH
INTERIM DIRECTOR

Ellen Eidem, MS
DIRECTOR, OFFICE OF WOMEN’S HEALTH

Introduction

This report describes the current status of women’s health and well-being in Los Angeles County using standard indicators that measure social and economic health determinants, health status, health care access, health behaviors, incidence and prevalence of selected health conditions, and cause-specific mortality rates. Data are stratified by race/ethnicity and by Federal Poverty Level (FPL) to better understand disparities that exist. Where available and appropriate, Los Angeles County health indicators are compared to Healthy People 2020 targets, which are the benchmarks that our nation is striving to achieve.

This 4th edition of the report includes some important changes and new topics/indicators. One significant change is that the Asian/Pacific Islander race/ethnicity category previously used throughout the report has been replaced with an Asian alone category due to changes in how data is categorized and reported, and due to input from the Native Hawaiian and Other Pacific Islander community advocating to be removed from the Asian grouping. Examples of new topic areas include discrimination, emotional well-being, and access to health coverage. In addition, new indicators are included on access to family planning, use of e-cigarettes, depression, skin cancer, and chronic liver disease.

Finally, in the Special Health Topics section, the health of American Indian/Alaskan Native and Homeless women is highlighted. Other special health topics focus on important determinants of health in the Economic Security and Well-Being, Trauma and Stress Among Mothers, and Educational Level and Health pages.

User Guide

Data for each race/ethnic group and FPL category are represented, as in the previous edition, by colored columns used uniformly throughout the main sections of this report. The columns in shades of purple give the Healthy People 2020 targets, followed by data for all LA County men and women combined, and then LA County women alone. Data presented are for adults 18 years and older, unless otherwise noted in the Data Sources and Notes.

Where statistical significance testing was possible and appropriate, each group was compared to the other three groups combined in that category. Groups that fare statistically better are designated with a green underline; groups faring statistically worse are designated with a red underline. When statistical comparisons were not conducted, the indicator row is marked with a “*”. No statistical comparisons were performed for Demographics, Health Conditions – Mortality, and the Special Health Topics, except in the Trauma and Stress Among Mothers section.

Please note, this edition of the report includes data from several new data sources using various methodologies. It is important to review the Data Sources and Notes to understand the data source and year data was collected for each indicator. Not all data will be comparable across the report. Some indicators in the Special Health Topics sections are the same or similar to indicators in the main section of the report, but due to differences in the data sources, the data will not always be consistent. For example, insurance status data in the American Indian/Alaskan Native special topics section comes from a different data source than the insurance status data in the Health Care Access section of the main report. Similarly, data in this report may not be comparable to data in previous editions of the report due to data source changes and methodology changes. For additional methodology questions, please see the website for the data source in question.
Racial/Ethnic Disparities
Los Angeles continues to be an increasingly diverse county, with women of color now representing almost 70% of women in the county. Latinas, representing the largest proportion of women, experience important socioeconomic challenges that put them at risk for health disparities. Latinas are more likely to have less than a high school education, the lowest rates of obtaining four-year college degrees, and the lowest median annual earnings compared to women of other race/ethnic groups. These conditions impact the health of Latinas as noted by their high rates of obesity, diabetes-related mortality, and self-reported fair or poor health status. Without adequate intervention, aging Latinas may experience higher disease rates and poorer health outcomes.

Black women in LA County face unique factors that adversely affect their health. They are more likely to be single with children in the household, and among households headed by single women with children, black women have the highest poverty rates. They struggle with the highest unemployment rates and are much more likely to be homeless than women from other race/ethnic groups. In addition, black women are more likely to experience discrimination and violence. These serve as significant barriers to attaining optimal health despite black women having high rates of health insurance. Poor health outcomes are apparent by the high rates of smoking, obesity, diabetes, heart disease, cancer, and maternal and infant mortality. Addressing entrenched factors such as discrimination, institutional racism, violence, and trauma are needed to make significant gains in black women’s health.

Asian women have the longest life expectancy among all race/ethnic groups and this number has steadily increased over the last decade. Although they may not encounter the same socioeconomic challenges of other groups, Asian women are more likely to speak English less than "very well" and have significant gaps in access to care, reporting difficulties in accessing care and experiencing low rates of receiving clinical preventive services. Most important, to understand the true health disparities apparent among Asian women, data for this heterogeneous group needs to be disaggregated and strengthened.

For the first time, in this edition of the report, the health of American Indian/Alaskan Native (AI/AN) women is examined as a special health topic. The findings are significant, with this group reporting the highest rates of overweight/obesity and high blood pressure; and higher death rates from coronary heart disease and diabetes compared to other race/ethnic groups. They are also more likely to report their health as being fair or poor, smoke cigarettes, and seriously think about committing suicide. The health of AI/AN women is challenged by a high rate of poverty, low level of education, and high rate of having experienced intimate partner violence. These factors, combined with decreased access to health care and low health insurance enrollment rates, make this group of women one of the most vulnerable in the county.

White women have high rates of high school and college graduation, highest median employment earnings, and lowest poverty rates. Additionally, they are least likely to report a fair or poor health status and only 5% report being uninsured. However, almost 1 in 4 have ever experienced intimate partner violence and they have the highest rates of depression, suicide mortality and Alzheimer’s disease mortality. A larger proportion of white women are 65 years or older and, therefore, represent a large proportion of chronic disease prevalence and mortality.

Poverty and Education
Poverty is a key determinant of health. In Los Angeles County, low-income women have poorer health behaviors, health care access and health outcomes. Women living in poverty are four times more likely to report a fair or poor health status compared to women living at the highest income level. Poverty is linked to other health determinants and a lower percentage of low-income women report having food security, living in safe neighborhoods and owning their homes. A closer look at the economic security and well-being of women reveals that LA County women tend to have lower median employment earnings than California women and LA County men. The gender wage gap, which...
Poverty and Education (continued)

compares median earnings between women and men as a ratio, is 0.954 for LA County women but is as low as 0.381 for Latinas when compared to white men.

Level of education serves as an important social determinant of health and has a significant impact on health status and quality of life. Approximately one-fourth of LA County women have less than a high school education, and only 1 in 7 have a college degree. Women with lower education report higher rates of fair or poor health compared to women with higher education levels. Women with less than a college degree are also much more likely to be obese and have diabetes than women with a college degree. Programs that promote and assist with literacy, high school or GED completion, and college attendance are needed to reduce educational inequity. Improvements in education levels will also expand the type of employment opportunities that make it possible to reduce the proportion of women living in poverty.

Stressors Impacting Health

As additional research is available, it is apparent that less-studied factors such as homelessness, trauma and discrimination are important determinants of health. These factors are examined in the special health topic pages Homeless Women, and Trauma and Stress Among Mothers. Homelessness among women in LA County has increased dramatically over the last several years, with more than 14,000 homeless women reported in 2016. Homeless women are more likely to report having mental illness, a history of substance abuse and experiencing domestic violence. Lack of affordable housing in Los Angeles County is contributing to homelessness. A staggering 70% of households headed by single female renters report spending over 30% of their income on rent, and only half of women in LA County report owning homes.

Pregnancy is a particularly important time in women’s lives when optimal health will not only impact the mother’s future health but also that of her baby throughout its life. Exposure to trauma and stress during this period is significantly more of a factor for black and Latina mothers than other race/ethnic groups. Black and Latina mothers are significantly less likely to report their neighborhoods being safe from violence, being clean, and having good police protection. Although black mothers are more likely to report experiencing a stressful event during pregnancy, Latina mothers report less social support during pregnancy. Exposure to discrimination during their lifetime is reported for over half of black mothers compared to 38% of mothers overall.

Impact of Affordable Care Act and Medi-Cal Expansion

As a result of the Affordable Care Act and Medi-Cal expansion, the percentage of uninsured women decreased by more than 60% from 2011 to 2015. However, the degree of improvement was not consistent across all race/ethnic groups, and disparities in insurance status still exist. Latinas experienced the largest decrease; however, they still account for the highest percentage of uninsured women. Despite the large overall decrease in the percent of uninsured women, the proportion of those with ‘no regular source of care’ only decreased slightly, indicating that work is still needed to ensure the newly insured are using their insurance effectively. Efforts to assist the remaining uninsured women need to be redoubled through targeted outreach and enrollment strategies. Most important, united efforts are needed to protect the policies that have been implemented to ensure the gains made are not lost.

Looking to the Future

The proportion of LA County women who are 65 years or older continues to rise, and the proportion of those reaching age 85 years has increased. With the continued increase in women’s longevity, this represents new challenges for the health care system as older women tend to experience a higher prevalence of functional limitations and higher rates of chronic diseases compared to younger women. Not only will expansion and improvement of health services for older women be needed, but also increased availability of chronic disease self-management programs, and prevention activities over the lifespan.

Equally important as the expansion and improvement of health care and prevention services, addressing important socioeconomic determinants for low-income women and women of color is also key for reducing health disparities. Additional research is needed on how social determinants such as discrimination, violence, housing and education are affecting health and what policy, systems and environmental strategies are needed to address them. The hope is that the data contained in this report effectively highlights the social and economic factors that affect the health of LA County women and the disparities that still exist despite substantial improvements in some areas. Ideally, the data in this report should help in program planning, resource allocation, and policy making to help improve the health status of women throughout Los Angeles County.
## Demographics

### Age Group
- Percent of adults who are 18 to 39 years
- Percent of adults who are 40 to 64 years
- Percent of adults who are 65 years or older

### Race/Ethnicity
- Percent of adults who are American Indian/Alaskan Native
- Percent of adults who are Asian
- Percent of adults who are black
- Percent of adults who are Latino
- Percent of adults who are Native Hawaiian and Other Pacific Islander (NHOPI)
- Percent of adults who are white

### Sexual Orientation
- Percent of adults (18–70 years) who self-identify as straight or heterosexual
- Percent of adults (18–70 years) who self-identify as gay, lesbian, homosexual or bisexual
- Percent of adults (18–70 years) who self-identify as not sexual, celibate, none or other

### Income
- Percent of adults with household incomes < 100% of the Federal Poverty Level
- Percent of adults with household incomes 100 to 199% of the Federal Poverty Level
- Percent of adults with household incomes 200 to 299% of the Federal Poverty Level
- Percent of adults with household incomes 300 to 399% of the Federal Poverty Level
- Percent of adults with household incomes ≥ 400% of the Federal Poverty Level

### Disability
- Percent of adults with a disability

### Foreign Born
- Percent of adults who were not born in the United States

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Years in the United States (U.S.) among Foreign Born
- Percent of foreign-born adults living in the U.S. < 5 years
- Percent of foreign-born adults living in the U.S. 5 to 9 years
- Percent of foreign-born adults living in the U.S. ≥ 10 years

Language Used Most Often at Home
- Percent of adults who mostly speak English at home
- Percent of adults who mostly speak Spanish at home
- Percent of adults who mostly speak an Asian language at home
- Percent of adults who mostly speak some other language at home

Relationship Status
- Percent of adults who are coupled
- Percent of adults who are single

Household Type
- Percent of households where adults are single with children

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### Women in Los Angeles County by Age and Race/Ethnicity, 2015

- **Latinas** continue to make up the largest proportion of women in Los Angeles County (46%), followed by **white** (30%), **Asian** (14%), **black** (9%), **Native Hawaiian and Other Pacific Islander** (0.4%), and **American Indian/Alaskan Native** (0.2%) women.

- Half of Latinas (50%) are **18 to 39 years of age** while 30% of white women are **65 years of age or older**.

- Latinas are almost three times (72%) more likely to report **household incomes less than 200% FPL** compared to white women (24%).

- A higher percentage of black women (31%) and white women (31%) report a **disability** compared to Latinas (18%) and Asian women (12%).

- About 76% of Asian women and 64% of Latinas are **foreign born**; among those, 92% of foreign-born Latinas report **living in the U.S. for 10 years or longer** compared to 72% of foreign-born Asian women.

- Overall, about 62% of women in Los Angeles County report **mostly speaking English at home**, and the percentage is lower among Latinas (38%) and Asian women (38%) compared to black women (99%) and white women (94%).

- A higher percentage of black women (72%) report being **single** compared to Asian women (44%), white women (43%) and Latinas (43%).
## DETERMINANTS OF HEALTH

### Education
- Percent of adults with less than a high school education
- Percent of adults who completed high school
- Percent of adults who completed some college, trade school, or associate's degree
- Percent of adults with a college degree
- Percent of adults with a postgraduate degree

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<th>Los Angeles County Men and Women</th>
<th>Los Angeles County Women</th>
<th>Asian</th>
<th>Black</th>
<th>Latina</th>
<th>White</th>
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<th>100-199% FPL</th>
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### Employment Status
- Percent of adults who are employed
- Percent of adults who are unemployed (and looking for work)
- Percent of adults not in the labor force (includes retired, disabled, and unable to work)

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<th>Healthy People 2020 Target</th>
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<th>Los Angeles County Women</th>
<th>Asian</th>
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### Housing
- Percent of adults who report owning their home
- Percent of adults who report housing instability (homeless or not having their own place to live or sleep in the past 5 years)

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<th>Healthy People 2020 Target</th>
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<th>Los Angeles County Women</th>
<th>Asian</th>
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### Food
- Percent of adults with household incomes < 300% FPL who are food insecure
- Percent of adults with household incomes < 185% FPL who participate in the Supplemental Nutrition Assistance Program (SNAP)
- Percent of adults who eat and have access to fresh fruit and vegetables in their neighborhood that report the fruit and vegetables are always or usually affordable

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<th>Los Angeles County Men and Women</th>
<th>Los Angeles County Women</th>
<th>Asian</th>
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### Neighborhood
- Percent of adults who believe their neighborhood is safe from crime
- Percent of adults who report their neighborhoods do not have walking paths, parks, playgrounds, or sports fields
- Percent of adults who consider tap water safe for drinking in their community

<table>
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<th>Healthy People 2020 Target</th>
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### Violence
- Percent of adults who report ever experiencing physical and/or sexual violence by an intimate partner

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<th>Los Angeles County Women</th>
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</table>
• Percent of women with a recent live birth who report experiencing physical and/or sexual violence during their pregnancy\(^3\)
• Rate of emergency room visits (treated and released) for intimate partner violence injuries per 100,000 adults\(^4\)
• Rate of emergency room visits (treated and released) for assault injuries per 100,000 adults\(^4\)
• Rate of hospitalizations for non-fatal assault injuries per 100,000 adults\(^4\)

**Discrimination**
• Percent of women with a recent live birth who report experiencing at least one incident of discrimination over her lifetime\(^2\)

**Social Support**
• Percent of adults who report receiving the social and emotional support they need\(^1\)

**Caregiver**
• Percent of adults who provided care or assistance during the past month to another adult who is aging or living with a long-term illness or disability\(^1\)
• Percent of caregivers who cared for a person with memory loss or Alzheimer’s disease in the past month\(^1\)

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### Determinants of Health among Women in Los Angeles County by Federal Poverty Level (FPL), 2015\(^1\)

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<td>58</td>
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N/A = Data not available where noted
*Estimate is statistically unstable
**Cell size less than 5 - data not reported due to confidentiality

- Latinas are at least four times (45%) more likely to have less than a high school education than Asian (10%), black (10%), and white (5%) women.\(^1\)
- The percent of black women who are unemployed and looking for work only minimally decreased from 17% in 2011 to 16% in 2015.\(^1\)
- Only 1 in 4 women with household incomes less than 100% FPL report owning their home (23%), compared to 77% of women with household incomes 300% FPL or above.\(^1\)
- A higher percent of black women (37%) and Latinas (36%) with household incomes less than 300% of FPL are food insecure compared to white (23%) and Asian (14%) women.\(^1\)
- A significantly lower percent of Latinas (75%) and black women (66%) report their neighborhood is safe from crime compared to white (95%) and Asian (86%) women.\(^1\)
- A significantly higher percent of black women (25%) and white women (24%) report ever experiencing physical and/or sexual violence by an intimate partner compared to Latinas (13%) and Asian women (7%).\(^1\)
- Rate of hospitalizations (42/100,000) and emergency room visits (617/100,000) for non-fatal assault injuries is three to four times greater for black women compared to Los Angeles County women overall (12/100,000 and 181/100,000 respectively).\(^4\)
### HEALTH STATUS

#### Self-Rated Health
- Percent of adults who report their health to be fair or poor\(^1\)

#### Poor Health Days
- Average number of poor mental health days reported by adults in the past month\(^1\)
- Average number of poor physical health days reported by adults in the past month\(^1\)

#### Days of Activity Limitation
- Average number of days in the past month for which adults reported their regular daily activities were limited due to poor mental or physical health\(^1\)

#### Emotional Well-Being
- Percent of adults with moderate to severe psychological distress who report social life impairment in the past year\(^{2a,2b}\)
- Percent of working adults 70 years or younger with moderate to severe psychological distress who report work life impairment in the past year\(^{2a,2b}\)
- Percent of adults with moderate to severe psychological distress who report family life impairment in the past year\(^{2a,2b}\)

#### Life Expectancy
- Average life expectancy at birth (in years)\(^5\)
- Percent of population who are expected to live to age 25 years\(^5\)
- Percent of population who are expected to live to age 65 years\(^5\)
- Percent of population who are expected to live to age 85 years\(^5\)

---

\(^1\) In Los Angeles County, an estimated 872,000 or 22% of women report their health status to be fair or poor.\(^1\)

\(^5\) Life expectancy at birth for women has increased from 81.4 years in 2000 to 84.5 years in 2013, and in 2013 it was 5 years longer than life expectancy for men (79.5 years).\(^5\)
Women with household incomes less than 100% FPL are over four times more likely to report fair or poor health status (37%) compared to women with household incomes 300% FPL or above (9%).

Women with household incomes less than 100% FPL report significantly more poor mental health days (4.5) and poor physical health days (5.0) in the past month compared to women with all other household incomes combined.

A higher percent of Latinas and white women with moderate to severe psychological distress report that their emotions interfered moderately or severely with their social life in the past year (both 20%) compared to black (13%) and Asian (12%) women.

Asian women have a life expectancy at birth of 89 years; 10 years longer than that for black women (79 years).

About 58% of women are expected to live to age 85 years compared to 43% of men.

Almost 70% of Asian women are expected to live to age 85 years compared to 62% of Latinas, 54% of white women and 43% of black women.

Life Expectancy at Birth among Females in Los Angeles County, 2004-2013

Data includes NHOPI, not just Asian women alone

Life Impairment among Women with Psychological Distress in Los Angeles County by Federal Poverty Level (FPL), 2013-2014

- 100% FPL
- 100-199% FPL
- 200-299% FPL
- ≥300% FPL

Percent of Women

Social life impairment

Work life impairment

Family life impairment
### HEALTH CARE ACCESS

#### Insurance
- Percent of adults 18 to 64 years who are uninsured\(^1\)
- Percent of adults 18 to 64 years who have Medi-Cal\(^1\)
- Percent of adults 18 to 64 years who have other insurance (private, Medicare or other public)\(^1\)

#### Access to Health Coverage
- Percent of employed adults 18 to 64 years who report their employer does not offer health benefits\(^2\)
- Percent of adults 18 to 64 years in an HMO\(^2\)
- Percent of adults 18 to 64 years who were uninsured for any time in the past year\(^2\)

#### Access to Medical Care
- Percent of adults with no regular source of health care\(^5\)
- Percent of adults who reported difficulty accessing medical care\(^1\)
- Percent of adults who reported seeing a doctor, nurse or other health care provider for any reason in the past year\(^1\)
- Percent of adults who reported a delay or not getting medical care that was needed in the past year\(^2\)
- Percent of adults who reported a delay or not getting medicine prescribed by doctor in the past year\(^2\)

#### Access to Dental Care
- Percent of adults who had a dental visit (for any reason) in the past year\(^9\)

#### Access to Mental Health Care
- Percent of adults who tried to get mental health care in the past year\(^3\)
- Percent of adults who reported difficulty accessing mental health care in the past year\(^1\)

#### Pregnancy and Birth
- Percent of women with a recent live birth who received preconception counseling during the six months before pregnancy\(^2,3\)
- Percent of all live births where mother received prenatal care in the first trimester of pregnancy\(^6\)
- Percent of women with a recent live birth who received a postpartum checkup\(^3\)

#### Healthy People 2020 Target

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<th>Women: Race/Ethnicity</th>
<th>Women: Federal Poverty Level (FPL)</th>
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**Family Planning**

- Percent of women 18 to 44 years who report receiving counseling or information about birth control from a doctor or medical provider in the past year
- Percent of women 18 to 44 years who received a birth control method or prescription for birth control from a doctor or medical provider in the past year
- Percent of women 18 to 44 years who received a birth control method or prescription for birth control from a doctor or medical provider in the past year who report the following as the main place where birth control was received:
  - A private doctor's office, HMO facility, hospital or hospital clinic
  - A county health department, family planning or community clinic, or Planned Parenthood
  - Other clinic or some other place
- Percent of women with a recent live birth who received a postpartum checkup who report discussing birth control at the postpartum visit

**Immunizations**

- Percent of adults 18 to 64 years vaccinated for influenza in the past year
- Percent of adults 65 years or older vaccinated for influenza in the past year
- Percent of adults 65 years or older ever vaccinated for pneumococcal disease

**Clinical Preventive Screenings**

- Percent of women 21 to 65 years who had a Pap test within the past 3 years
- Percent of women 50 to 74 years who had a mammogram within the past 2 years
- Percent of adults 50 to 74 years who met recommended guidelines for colorectal cancer screening

![Percent of Women (18-64 years) who are Uninsured in Los Angeles County by Race/Ethnicity, 2011, 2015](image)

- The percent of uninsured women in Los Angeles County has decreased by approximately 62%, from 26% in 2011 to 10% in 2015.
- Almost 1 in 4 women with household incomes less than 100% FPL report no regular source of care, and 41% report difficulty accessing medical care.
- Only 72% of live births among black women received prenatal care in the first trimester of pregnancy, lower than the Healthy People 2020 target of 78%.
- Only 69% of Asian women 50 to 74 years report receiving a mammogram in the past 2 years compared to 89% of black women, 79% of Latinas and 76% of white women 50 to 74 years.
- The rate of colorectal cancer screening among women 50 to 74 years (61%) remains below the Healthy People target of 71%, with only 52% of women 50 to 74 years with household incomes less than 100% FPL meeting guidelines for screening.
**HEALTH BEHAVIORS**

### Tobacco, Alcohol and Drug Use
- **Percent of adults who smoke cigarettes**
- **Percent of women with a recent live birth who report smoking during their pregnancy**
- **Percent of adults who smoked an electronic cigarette in the past month**
- **Percent of adults who binge drink (women who had 4 or more alcoholic drinks, men 5 or more, on at least one occasion in the past 30 days)**
- **Percent of adults who misused prescription drugs in the past year**

### Physical Activity
- **Percent of adults who meet recommended guidelines for aerobic physical activity (≥ 150 minutes/wk of moderate activity, or ≥ 75 minutes/wk of vigorous activity)**
- **Percent of adults who meet recommended guidelines for muscle-strengthening activities (at least 2 days/wk)**
- **Percent of adults who meet recommended guidelines for aerobic physical activity and muscle-strengthening activities**
- **Percent of adults who do not participate in any weekly aerobic activity**

### Nutrition
- **Percent of adults who consume five or more servings of fruits and vegetables a day**
- **Percent of adults who ate fast food at least twice in the last week**
- **Percent of adults who drink at least one soda or sweetened drink a day**

### Breastfeeding
- **Percent of children 0 to 5 years whose mothers initiated breastfeeding**
- **Percent of children 6 months to 5 years whose mothers breastfed at least 6 months**
- **Percent of women with a recent live birth who report exclusively breastfeeding at 3 months**

### Contraception
- **Percent of women 18 to 49 years at risk for unintended pregnancy who used an effective birth control method the last time they had sex**
- **Percent of women with a recent live birth from an unplanned pregnancy who reported not using or only sometimes using birth control at the time of becoming pregnant**
- **Percent of women with a recent live birth who report ever using emergency contraception**

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Sexual Practices

• Percent of adults who report having two or more sexual partners in the past year.

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<th>N/A</th>
<th>9.7</th>
<th>5.1</th>
<th>3.8*</th>
<th>10.3</th>
<th>4.3</th>
<th>5.2</th>
<th>4.8</th>
<th>5.6</th>
<th>6.4*</th>
<th>4.5</th>
</tr>
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<tbody>
<tr>
<td>Place of residence</td>
<td></td>
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</tr>
</tbody>
</table>
|• Cigarette smoking among women in Los Angeles County declined from 10% in 2011 to 8% in 2015 but continues to be significantly higher among black (14%) and white (13%) women.
|• A significantly higher percent of Latinas (6%) report having misused prescription drugs in the past year compared to all other race/ethnic groups combined.
|• Only 28% of women meet recommended guidelines for physical activity (aerobic and muscle-strengthening) compared to 40% of men.
|• A significantly lower percent of Asian women (22%) meet recommended guidelines for physical activity (aerobic and muscle-strengthening) compared to other race/ethnic groups combined.

• Women with household incomes less than 100% FPL are significantly less likely to report consuming five or more servings of fruits and vegetables a day (12%) and more likely to drink at least one soda or sweetened drink a day (32%) compared to all other incomes combined.

• A lower percent of Asian (29%) and white (31%) women report eating fast food at least twice in the last week compared to black women (54%) and Latinas (49%).

• Black women (37%) and Latinas (30%) report significantly higher percentages of drinking at least one soda or sweetened drink a day compared to Asian (16%) and white (16%) women.

• Breastfeeding initiation among black women increased from 68% in 2011 to 76% in 2015.

• Exclusive breastfeeding at 3 months among women with a recent live birth was significantly lower among Latinas (30%) and black women (32%) compared to other groups combined.

• A significantly higher percent of Latinas at risk for unintended pregnancy report using an effective birth control method the last time they had sex (85%) compared to other race/ethnic groups combined.
### HEALTH CONDITIONS

#### Incidence/Prevalence

<table>
<thead>
<tr>
<th>HEALTH CONDITIONS</th>
<th>Healthy People 2020 Target</th>
<th>Los Angeles County Men and Women</th>
<th>Los Angeles County Women</th>
<th>Women: Race/Ethnicity</th>
<th>Women: Federal Poverty Level (FPL)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardiovascular Disease</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Percent of adults ever diagnosed with heart disease</td>
<td>N/A</td>
<td>5.1</td>
<td>4.8</td>
<td>4.2*</td>
<td>5.4*</td>
</tr>
<tr>
<td>• Percent of adults at risk (≥ 2 out of 6 risk factors) for heart disease</td>
<td>N/A</td>
<td>29.3</td>
<td>27.7</td>
<td>22.8</td>
<td>43.2</td>
</tr>
<tr>
<td>• Percent of adults ever diagnosed with hypertension</td>
<td>N/A</td>
<td>26.9</td>
<td>22.5</td>
<td>19.3</td>
<td>32.7</td>
</tr>
<tr>
<td>• Percent of adults ever diagnosed with high cholesterol</td>
<td>N/A</td>
<td>25.2</td>
<td>23.9</td>
<td>23.0</td>
<td>21.5</td>
</tr>
<tr>
<td><strong>Obesity and Overweight</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Percent of adults who are obese (BMI ≥ 30.0)</td>
<td>N/A</td>
<td>30.5*</td>
<td>23.5</td>
<td>24.4</td>
<td>8.2</td>
</tr>
<tr>
<td>• Percent of adults who are overweight (25.0 ≤ BMI &lt; 30.0)</td>
<td>N/A</td>
<td>35.9</td>
<td>30.0</td>
<td>23.8</td>
<td>28.4</td>
</tr>
<tr>
<td>• Percent of women with a recent live birth who were obese prior to pregnancy</td>
<td>N/A</td>
<td>---</td>
<td>22.3</td>
<td>---</td>
<td>4.2</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Percent of adults ever diagnosed with diabetes</td>
<td>N/A</td>
<td>9.8</td>
<td>10.0</td>
<td>7.1</td>
<td>15.1</td>
</tr>
<tr>
<td>• Percent of women with a recent live birth who had gestational diabetes</td>
<td>N/A</td>
<td>---</td>
<td>11.0</td>
<td>---</td>
<td>16.3</td>
</tr>
<tr>
<td><strong>Asthma</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Percent of adults ever diagnosed with asthma</td>
<td>N/A</td>
<td>12.2</td>
<td>12.7</td>
<td>5.8</td>
<td>19.4</td>
</tr>
<tr>
<td>• Percent of current asthmatics who report an emergency room or urgent care visit in the past year</td>
<td>N/A</td>
<td>10.9</td>
<td>14.9</td>
<td>5.9*</td>
<td>4.9*</td>
</tr>
<tr>
<td><strong>Musculoskeletal Disease</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Percent of adults 65 years or older who have fallen in the past year</td>
<td>N/A</td>
<td>27.1</td>
<td>29.6</td>
<td>22.7</td>
<td>28.5</td>
</tr>
<tr>
<td>• Percent of adults 65 years or older who were injured due to fall in the past year</td>
<td>N/A</td>
<td>11.3</td>
<td>13.9</td>
<td>9.0*</td>
<td>13.8</td>
</tr>
<tr>
<td><strong>Cancer Incidence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Incidence of all cancers (age-adjusted per 100,000 population)</td>
<td>N/A</td>
<td>434.9</td>
<td>431.2</td>
<td>334.0</td>
<td>462.0</td>
</tr>
<tr>
<td>• Incidence of invasive breast cancer (age-adjusted per 100,000 female population)</td>
<td>N/A</td>
<td>---</td>
<td>145.3</td>
<td>125.7</td>
<td>166.4</td>
</tr>
<tr>
<td>• Incidence of cervical cancer (age-adjusted per 100,000 female population)</td>
<td>N/A</td>
<td>7.2</td>
<td>---</td>
<td>7.7</td>
<td>6.5</td>
</tr>
<tr>
<td>• Incidence of colorectal cancer (age-adjusted per 100,000 population)</td>
<td>N/A</td>
<td>39.9</td>
<td>39.0</td>
<td>33.8</td>
<td>31.6</td>
</tr>
<tr>
<td>• Incidence of lung and bronchus cancer (age-adjusted per 100,000 population)</td>
<td>N/A</td>
<td>38.0</td>
<td>32.8</td>
<td>24.1</td>
<td>48.0</td>
</tr>
<tr>
<td>• Incidence of skin (excluding basal and squamous) cancer (age-adjusted per 100,000 population)</td>
<td>N/A</td>
<td>23.2</td>
<td>16.5</td>
<td>**</td>
<td>**</td>
</tr>
</tbody>
</table>
### Mental Health
- Percent of adults ever diagnosed with depression\(^1\)
- Percent of adults with current depression\(^1\)
- Percent of adults at risk for major depression\(^1\)
- Percent of adults who had serious psychological distress during the past year\(^2\)
- Percent of adults who have ever seriously thought about committing suicide\(^2\)
- Percent of women with a recent live birth who report experiencing depressive symptoms during or after a live birth\(^3\)

### Maternal and Infant Health
- Percent of low weight (<2,500 grams) births per 100 live births\(^5\)
- Percent of preterm births (17 to 37 weeks gestation) per 100 live births\(^5\)
- Birth rate for females 15 to 19 years (per 1,000 females 15 to 19 years)\(^6\)
- Percent of women with a recent live birth who report the pregnancy was unplanned\(^3\)

### Communicable Diseases
- Diagnoses of HIV/AIDS (annual diagnosed cases per 100,000 population)\(^9\)
- Incidence of chlamydia (annual new cases per 100,000 population)\(^5\)
- Incidence of gonorrhea (annual new cases per 100,000 population)\(^5\)
- Incidence of early (primary, secondary and early latent) syphilis (annual new cases per 100,000 population)\(^5\)
- Incidence of tuberculosis (annual new cases per 100,000 population)\(^10\)

---

**Percent of Women in Los Angeles County with Obesity, 1997-2015\(^1\)**

- A higher percent of black women are at risk for heart disease (43%) and have been diagnosed with hypertension (33%) compared to other race/ethnic groups.\(^1\)
- Almost 14% of women with household incomes less than 100% FPL have diabetes compared to 6% of women with household incomes 300% FPL or above.\(^1\)
- Among women with a recent live birth, a significantly higher percent of Asian women (16%) had gestational diabetes than Latinas (11%), black women (9%) and white women (7%).\(^3\)
- Although a higher percent of white women have ever been diagnosed with depression (22%) or currently have depression (16%), a higher percent of black women (15%) and Latinas (14%) are at risk for major depression.\(^1,10\)
- A significantly higher percent of black women (38%) and Latinas (35%) report experiencing depressive symptoms during or after a live birth than Asian (25%) and white (25%) women.\(^3\)
- About 48% of chlamydia cases in women occur among Latinas (674/100,000), but rates, although declining, remain highest among black women (1,331/100,000).\(^2\)
# HEALTH CONDITIONS

## Mortality

### All-Cause Mortality
- Death rate from all causes (age-adjusted per 100,000 population)\(^\text{11}\)

### Cardiovascular Disease Mortality
- Coronary heart disease death rate (age-adjusted per 100,000 population)\(^\text{11}\)
- Stroke death rate (age-adjusted per 100,000 population)\(^\text{11}\)
- Hypertension death rate (age-adjusted per 100,000 population)\(^\text{11}\)

### Diabetes Mortality
- Diabetes death rate (age-adjusted per 100,000 population)\(^\text{11}\)

### Respiratory Disease Mortality
- Chronic Obstructive Pulmonary Disease death rate (age-adjusted per 100,000 population)\(^\text{11}\)
- Pneumonia and influenza death rate (age-adjusted per 100,000 population)\(^\text{11}\)

### Chronic Liver Disease
- Chronic liver disease death rate (age-adjusted per 100,000 population)\(^\text{11}\)

### Cancer Mortality
- All-cancer death rate (age-adjusted per 100,000 population)\(^\text{11}\)
- Breast cancer death rate (age-adjusted per 100,000 female population)\(^\text{11}\)
- Cervical cancer death rate (age-adjusted per 100,000 female population)\(^\text{11}\)
- Colorectal cancer death rate (age-adjusted per 100,000 population)\(^\text{11}\)
- Lung cancer death rate (age-adjusted per 100,000 population)\(^\text{11}\)

### Alzheimer's Disease Mortality
- Alzheimer's disease death rate (age-adjusted per 100,000 population)\(^\text{11}\)

### HIV Death Rate
- HIV infection-related death rate (age-adjusted per 100,000 population)\(^\text{11}\)

### Injury Mortality
- Suicide rate (age-adjusted per 100,000 population)\(^\text{11}\)
- Homicide rate (age-adjusted per 100,000 population)\(^\text{11}\)

### Table: Healthy People 2020 Target

<table>
<thead>
<tr>
<th></th>
<th>Among Women in LA County, Ranking of Ten Leading Causes of:</th>
<th>Healthy People 2020 Target</th>
<th>Los Angeles County Men and Women</th>
<th>Los Angeles County Women</th>
<th>Asian</th>
<th>Black</th>
<th>Latina</th>
<th>White</th>
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<tbody>
<tr>
<td></td>
<td>Death</td>
<td>Premature Death(^\text{1})</td>
<td>Healthy People 2020 Target</td>
<td>Los Angeles County Men and Women</td>
<td>Los Angeles County Women</td>
<td>Asian</td>
<td>Black</td>
<td>Latina</td>
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<tr>
<td>All-Cause Mortality</td>
<td>---</td>
<td>---</td>
<td>103.4 116.7 88.6 58.8 141.4 70.3 98.3</td>
<td>--- 37.5 707.4 425.5 556.8</td>
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<tr>
<td>Cardiovascular Disease Mortality</td>
<td>1 1</td>
<td>--- 103.4 116.7 88.6 58.8 141.4 70.3 98.3</td>
<td>--- 37.5 707.4 425.5 556.8</td>
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<tr>
<td>Diabetes Mortality</td>
<td>8 6</td>
<td>N/A</td>
<td>21.9 18.4 16.0 25.1 25.9 11.9</td>
<td>--- 37.5 707.4 425.5 556.8</td>
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<tr>
<td>Respiratory Disease Mortality</td>
<td>4 4</td>
<td>--- 29.2 25.0 9.4 28.9 13.1 38.0</td>
<td>--- 37.5 707.4 425.5 556.8</td>
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<tr>
<td>Chronic Liver Disease</td>
<td>--- 8</td>
<td>8.2</td>
<td>12.8 7.7 3.4 7.3 10.1 8.0</td>
<td>--- 37.5 707.4 425.5 556.8</td>
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<tr>
<td>Cancer Mortality</td>
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<td>161.4</td>
<td>140.1 124.1 93.5 103.2 140.2</td>
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<tr>
<td>Alzheimer's Disease Mortality</td>
<td>3 3</td>
<td>--- 25.1 27.0 11.6 35.8 22.4 33.2</td>
<td>--- 37.5 707.4 425.5 556.8</td>
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<tr>
<td>HIV Death Rate</td>
<td>---</td>
<td>3.3</td>
<td>2.2 0.5 ** 2.9* 0.4* **</td>
<td>--- 37.5 707.4 425.5 556.8</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Injury Mortality</td>
<td>--- 10</td>
<td>10.2</td>
<td>7.7 3.3 2.8 2.6* 1.2 6.4</td>
<td>--- 37.5 707.4 425.5 556.8</td>
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<tr>
<td></td>
<td>---</td>
<td>5.5</td>
<td>5.7 1.4 0.7* 4.3 1.4 0.7*</td>
<td>--- 37.5 707.4 425.5 556.8</td>
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</tr>
</tbody>
</table>
• Unintentional injury death rate (age-adjusted per 100,000 population)\(^{11}\)
• Unintentional drug overdose death rate (age-adjusted per 100,000 population)\(^{11}\)
• Fall-related death rate among adults 65 years or older (age-specific per 100,000 population)\(^{11}\)
• Death rate attributed to motor vehicle crashes (age-adjusted per 100,000 population)\(^{11}\)

Maternal and Infant Mortality

• Maternal death rate per 100,000 live births\(^6\)
• Infant death rate per 1,000 live births\(^6\)

Selected Leading Causes of Death among Women in Los Angeles County, 2004-2013\(^{11}\)

- Alzheimer's disease has become the third leading cause of death among women in Los Angeles County with coronary heart disease and stroke remaining at number one and two respectively.\(^{11}\)
- Among black women, mortality from all causes decreased 20% from 880/100,000 in 2000 to 707/100,000 in 2013 but remains 42% higher than for women overall (499/100,000).\(^{11}\)
- Diabetes mortality rates are higher among Latinas (26/100,000) and black women (25/100,000) than Asian women (16/100,000) and white women (12/100,000).\(^{11}\)
- Mortality from all cancers decreased 16% from 148/100,000 in 2000 to 124/100,000 in 2013, with the largest decrease (21%) seen among black women.\(^{11}\)
- From 2000 to 2013, the Alzheimer's disease mortality among women has more than doubled from 11/100,000 to 27/100,000, and currently accounts for 11% of deaths among women.\(^{11}\)
- Suicide mortality is almost twice as high among white women (6/100,000) compared to Los Angeles County women overall (3/100,000).\(^{11}\)
- Unintentional drug overdose is now the 4\textsuperscript{th} leading cause of premature death among women in Los Angeles County.\(^{11}\)
- Maternal mortality rates among black women (86/100,000) are over four times higher than rates for women overall (18/100,000).\(^6\)
- Infant mortality rates are more than twice as high among black women (10/1,000) compared to women overall (4/1,000).\(^6\)
### Poverty
- Percent of families living in poverty that are headed by a single householder (no spouse present) and have related children in household\(^{12a,12b}\)
- Percent of families headed by a single householder (no spouse present) who participate in the **Supplemental Nutrition Assistance Program** (SNAP)\(^{12b}\)

### Housing
- Percent of single family householder (no spouse present) renters who spend 30% or more of their income on gross rent\(^{12b}\)
- Percent of single family householder (no spouse present) homeowners who spend 30% or more of their income on housing costs\(^{12b}\)

### Education
- Percent of adults 25 years and older who have a high school education or higher education level\(^{12}\)
- Percent of adults 25 years and older who have a bachelor’s degree or higher educational level\(^{12}\)

### Employment
- Unemployment rate for the civilian population 16 to 64 years in the labor force\(^{12c}\)
- Labor force participation rate for the civilian population 16 to 64 years\(^{12c}\)

### Occupations
- Percent of civilian employed population 16 years and older that work in managerial and professional occupations\(^{12c,12d}\)
- Percent of civilian employed population 16 years and older that work in sales and office occupations\(^{12c,12d}\)
- Percent of civilian employed population 16 years and older that work in service occupations\(^{12c,12d}\)
- Percent of civilian employed population 16 years and older that work in production, transportation, and material moving occupations\(^{12c,12d}\)
- Percent of civilian employed population 16 years and older that work in natural resources, construction, and maintenance occupations\(^{12c,12d}\)

### Wages and Wage Gap
- Median earnings in dollars for civilian population 16 years and older that worked full-time, year-round in the past 12 months\(^{12c}\)

### ECONOMIC SECURITY AND WELL-BEING

<table>
<thead>
<tr>
<th>U.S. Women</th>
<th>California Women</th>
<th>Los Angeles County Woman</th>
<th>Los Angeles County Man</th>
<th>Asian</th>
<th>Black</th>
<th>Latina</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45.5</td>
<td>38.5</td>
<td>37.8</td>
<td>8.8</td>
<td>18.2</td>
<td>60.5</td>
<td>39.5</td>
<td>22.6</td>
</tr>
</tbody>
</table>

- A higher percent of families living in poverty with related children in the household are headed by single women (38%) than single men (9%).\(^{12a,12b}\)

| Housing    |                 |                          |                        |       |       |        |       |
|------------|-----------------|--------------------------|                        |       |       |        |       |
| 64.2       | 69.6            | 70.0                     | 57.9                   | 57.3  | 72.4  | 72.3   | 63.3  |

- Over 72% of single black female and Latina household renters spend more than 30% of their income on gross rent, compared to 63% of white and 57% of Asian single female household renters.\(^{12b}\)

| Education  |                 |                          |                        |       |       |        |       |
|------------|-----------------|--------------------------|                        |       |       |        |       |
| 87.5       | 82.4            | 77.4                     | 77.5                   | 86.3  | 90.6  | 58.1   | 94.1  |

- A lower percent of Latinas 25 years and older (58%) have a high school education or higher compared to Asian (86%), black (91%), and white (94%) women.\(^{12}\)

| Employment |                 |                          |                        |       |       |        |       |
|------------|-----------------|--------------------------|                        |       |       |        |       |
| 7.2        | 8.7             | 9.2                      | 8.6                    | 5.7   | 14.4  | 10.4   | 7.4   |

- A higher percent of women (38%) work in managerial and professional occupations than men (34%), but only 23% of Latinas work in these occupations, compared to 55% of white women, 50% of Asian women, and 37% of black women.\(^{12c,12d}\)

| Occupations|                 |                          |                        |       |       |        |       |
|------------|-----------------|--------------------------|                        |       |       |        |       |
| 40.8       | 40.3            | 38.4                     | 33.8                   | 49.6  | 37.4  | 22.9   | 54.9  |

- Percent of civilian employed population 16 years and older that work in managerial and professional occupations\(^{12c,12d}\)

| Wages and Wage Gap |               |                           |                           |       |       |        |       |
|--------------------|---------------|---------------------------|---------------------------|       |       |        |       |
| 39,054             | 42,704        | 40,219                    | 42,163                    | 47,882| 41,532| 27,339 | 57,432|

- Median earnings in dollars for civilian population 16 years and older that worked full-time, year-round in the past 12 months\(^{12c}\)
• Ratio of women's to men's median earnings (wage gap) for civilian population 16 years and older that worked full-time, year-round in past 12 months (by race/ethnicity ratio is to white men's earnings)12c,12e

Commuting Time
• Percent of workers 16 years and older who commute less than 15 minutes to work12

Language
• Percent of population 5 years and older who speak English less than very well12
## Maternal Resiliency
- Percent of women with a recent live birth who report high maternal resiliency during pregnancy

<table>
<thead>
<tr>
<th>Women: Race/Ethnicity</th>
<th>91.8</th>
<th>88.4</th>
<th>92.6</th>
<th>92.1</th>
<th>94.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles County</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Social Support During Pregnancy
- Percent of women with a recent live birth who report having someone to help if sick and need to be in bed during pregnancy
- Percent of women with a recent live birth who report having someone to take her to the clinic or doctor if a ride was needed during pregnancy
- Percent of women with a recent live birth who report having someone to help with child care if needed during pregnancy

<table>
<thead>
<tr>
<th>Women: Race/Ethnicity</th>
<th>87.2</th>
<th>87.5</th>
<th>88.3</th>
<th>83.9</th>
<th>95.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles County</td>
<td>87.2</td>
<td>88.3</td>
<td>83.9</td>
<td>95.9</td>
<td></td>
</tr>
</tbody>
</table>

## Neighborhood
- Percent of women with a recent live birth who report the neighborhood they were living in during their pregnancy was safe from violence
- Percent of women with a recent live birth who report the neighborhood they were living in during their pregnancy was clean
- Percent of women with a recent live birth who report the neighborhood they were living in during their pregnancy had good police protection

<table>
<thead>
<tr>
<th>Women: Race/Ethnicity</th>
<th>55.8</th>
<th>63.1</th>
<th>45.7</th>
<th>48.1</th>
<th>75.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles County</td>
<td>55.8</td>
<td>63.1</td>
<td>45.7</td>
<td>48.1</td>
<td>75.1</td>
</tr>
</tbody>
</table>

## Intimate Partner Violence
- Percent of women with a recent live birth who report experiencing physical and/or sexual violence during pregnancy
- Percent of women with a recent live birth who report experiencing emotional and/or verbal abuse during pregnancy

<table>
<thead>
<tr>
<th>Women: Race/Ethnicity</th>
<th>2.1</th>
<th>2.0*</th>
<th>4.5</th>
<th>1.9</th>
<th>1.8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles County</td>
<td>2.1</td>
<td>2.0*</td>
<td>4.5</td>
<td>1.9</td>
<td>1.8</td>
</tr>
</tbody>
</table>

## Stressful Events
- Percent of women with a recent live birth who report experiencing any stressful event during pregnancy
- Percent of women with a recent live birth who report the following stressful event during pregnancy:
  - Getting separated or divorced from husband/partner
  - Husband/partner or self went to jail
  - Death of someone important to them
  - Being homeless
  - Someone close having a drinking or drug problem
  - Husband/partner lost their job
  - Losing their job, even if they wanted to continue working
  - Difficulty paying bills

<table>
<thead>
<tr>
<th>Women: Race/Ethnicity</th>
<th>63.8</th>
<th>54.9</th>
<th>78.5</th>
<th>66.2</th>
<th>58.7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles County</td>
<td>63.8</td>
<td>54.9</td>
<td>78.5</td>
<td>66.2</td>
<td>58.7</td>
</tr>
</tbody>
</table>

- White women with a recent live birth are significantly more likely to report high maternal resiliency and social support during pregnancy, compared to Latinas, Asian and black women.
- A significantly lower percent of Latinas and black women with a recent live birth report neighborhoods being safe from violence, being clean and having good police protection compared to Asian and white women.
- Over 60% of women with a recent live birth in Los Angeles County report experiencing a stressful event during their last pregnancy.
- A higher percent of black women (13%) and Latinas (9%) with a recent live birth report getting separated or divorced during pregnancy compared to white women (3%) and Asian women (2%).
Discrimination over Lifetime
• Percent of women with a recent live birth who report experiencing at least one incident of any discrimination over her lifetime

Circumstances of Discrimination
• Percent of women with a recent live birth who report experiencing discrimination:
  • Getting a job
  • At work
  • Getting medical care
  • Getting housing
  • From police/courts
  • In stores/restaurants

Reasons for Discrimination
• Percent of women with a recent live birth who report experiencing discrimination because of:
  • Race/color
  • Language
  • Income
  • Gender
  • Breastfeeding
  • Pregnancy

- Over half of black women with a recent live birth report experiencing at least one incident of discrimination over her lifetime (54%), compared to 38% of Latinas, 35% of white, and 32% of Asian women.
- Almost 60% of women with a recent live birth report experiencing at least one incident of discrimination at work over her lifetime.
- About 19% of black and 16% of white women with a recent live birth report ever experiencing discrimination because of gender compared to 9% of Latinas and 9% of Asian women with a recent live birth.

N/A = Data not available where noted
* Estimate is statistically unstable
### AMERICAN INDIAN/ALASKAN NATIVE

#### Determinants of Health
- Percent of adults who report household incomes less than 200% of the Federal Poverty Level (FPL)\(^2\)
- Percent of adults with high school education or less\(^2\)
- Percent of adults (18-65 years) who report ever experiencing physical and/or sexual violence by an intimate partner since age 18\(^2\)

#### Health Status
- Percent of adults who report their health to be fair or poor\(^2\)
- Percent of adults with a disability\(^2\)

#### Health Care Access
- Percent of adults 18 to 64 years who are uninsured\(^1^2\)
- Percent of all live births where mother received prenatal care in the first trimester of pregnancy\(^6\)

#### Health Behaviors
- Percent of adults who smoke cigarettes\(^2\)
- Percent of adults who ate fast food at least twice in the last week\(^2\)

#### Health Conditions - Incidence/Prevalence
- Percent of adults ever diagnosed with high blood pressure\(^2\)
- Percent of adults who are overweight or obese (BMI ≥ 25.0)\(^2\)
- Percent of adults ever diagnosed with diabetes\(^2\)
- Percent of adults who ever seriously thought about committing suicide\(^2\)
- Percent of low weight (< 2,500 grams) births per 100 live births\(^6\)
- Percent of preterm births (17 to 37 weeks gestation) per 100 live births\(^6\)
- Birth rate for females 15 to 19 years (per 1,000 females 15 to 19 years)\(^6\)

#### Health Conditions - Mortality
- Death rate from all causes (age-adjusted per 100,000 population)\(^1^1^a\)
- Coronary heart disease death rate (age-adjusted per 100,000 population)\(^1^1^a\)
- Diabetes death rate (age-adjusted per 100,000 population)\(^1^1^a\)
- All-cancer death rate (age-adjusted per 100,000 population)\(^1^1^a\)

---

<table>
<thead>
<tr>
<th>Healthy People 2020 Target</th>
<th>Los Angeles County Men and Women</th>
<th>Los Angeles County Women</th>
<th>American Indian/Alaskan Native</th>
<th>Asian</th>
<th>Black</th>
<th>Latina</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>41.4</td>
<td>56.2</td>
<td>43.7</td>
<td>57.2</td>
<td>35.8</td>
<td>46.0</td>
<td>64.0</td>
</tr>
<tr>
<td>N/A</td>
<td>43.8</td>
<td>41.3</td>
<td>42.9</td>
<td>56.7</td>
<td>30.9</td>
<td>30.0</td>
<td>62.2</td>
</tr>
<tr>
<td>N/A</td>
<td>14.2</td>
<td>19.3</td>
<td>18.2</td>
<td>26.6</td>
<td>7.7</td>
<td>25.9</td>
<td>17.1</td>
</tr>
</tbody>
</table>

*Women: Race/Ethnicity

- Over half of American Indian/Alaskan Native women (57%) report household incomes of less than 200% FPL.\(^2\)
- A higher percentage of American Indian/Alaskan Native women (37%) report their health to be fair or poor than Latinas (31%), Asian (24%), black (22%), and white (14%) women.\(^2\)
- Over 31% of American Indian/Alaskan Native women 18 to 64 years are uninsured compared to 19% of women overall.\(^1^2\)
- Rates of low birthweight (14/100 live births) and preterm births (16/100 live births) are higher among American Indian/Alaskan Native women than other race/ethnic groups.\(^6\)
- Mortality rates from coronary heart disease (145/100,000) and diabetes (65/100,000) are higher among American Indian/Alaskan Native women compared to other race/ethnic groups.\(^1^1^a\)
## Determinants of Health
- Percent of adults who are employed
- Percent of adults who report owning their home
- Percent of adults who report ever experiencing physical and/or sexual violence by an intimate partner

## Health Status
- Percent of adults who report their health to be fair or poor

## Health Care Access
- Percent of adults 18 to 64 years who are uninsured
- Percent of adults with no regular source of health care
- Percent of adults 18 to 64 years vaccinated for influenza in the past year
- Percent of women 50 to 74 years who had a mammogram within the past 2 years

## Health Behaviors
- Percent of adults who smoke cigarettes
- Percent of adults who binge drink (women who had 4 or more alcoholic drinks, men 5 or more, on at least one occasion in the past 30 days)
- Percent of adults who meet recommended guidelines for aerobic physical activity and muscle-strengthening activities
- Percent of adults who consume five or more servings of fruits and vegetables a day
- Percent of children 0 to 5 years whose mothers initiated breastfeeding
- Percent of women 18 to 49 years at risk for unintended pregnancy who used an effective birth control method the last time they had sex

## Health Conditions
- Percent of adults at risk (≥ 2 out of 6 risk factors) for heart disease
- Percent of adults who are obese (BMI ≥ 30.0)
- Percent of adults ever diagnosed with diabetes

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### EDUCATIONAL LEVEL AND HEALTH

<table>
<thead>
<tr>
<th>Healthy People 2020 Target</th>
<th>Los Angeles County Men and Women</th>
<th>Los Angeles County Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>56.6</td>
<td>48.2</td>
</tr>
<tr>
<td>N/A</td>
<td>51.3</td>
<td>51.1</td>
</tr>
<tr>
<td>N/A</td>
<td>13.4</td>
<td>16.7</td>
</tr>
<tr>
<td>31.9</td>
<td>42.8</td>
<td>51.3</td>
</tr>
<tr>
<td>29.7</td>
<td>47.1</td>
<td>56.1</td>
</tr>
<tr>
<td>13.8</td>
<td>12.9</td>
<td>21.3</td>
</tr>
</tbody>
</table>

- Only 1 in 3 women with less than a high school education (32%) are employed compared to 70% of women with a postgraduate degree.

- Women with less than a high school education are four times more likely to report a fair or poor health status (42%) compared to women with a postgraduate degree.

- There is little variability by education for women 50 to 74 years who had a mammogram in the past 2 years.

- Only 16% of women with less than a high school education meet the recommended guidelines for physical activity compared to 38% of women with a postgraduate degree.

- Women with less than a high school education are more than twice as likely to be obese (36%) and have diabetes (15%) compared to women with a postgraduate degree (14% and 7% respectively).
## HOMELESS WOMEN

### Total Number of Homeless

<table>
<thead>
<tr>
<th></th>
<th>Los Angeles County Men and Women</th>
<th>Los Angeles County Women</th>
<th>Sheltered</th>
<th>Unsheltered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Homeless</td>
<td>43,374</td>
<td>14,461</td>
<td>4,538</td>
<td>9,923</td>
</tr>
</tbody>
</table>

### Age Group

- Percent of homeless who are less than 18 years: 8.3%
- Percent of homeless who are 18 to 24 years: 7.6%
- Percent of homeless who are 25 to 54 years: 59.7%
- Percent of homeless who are 55 to 61 years: 15.7%
- Percent of homeless who are 62 years and older: 8.6%

### Ethnicity

- Percent of homeless who are African American/black: 39.3%
- Percent of homeless who are American Indian/Alaskan Native: 2.1%
- Percent of homeless who are Asian: 1.1%
- Percent of homeless who are Hispanic/Latino: 27.1%
- Percent of homeless who are Native Hawaiian and Other Pacific Islander: 0.5%
- Percent of homeless who are white: 26.2%
- Percent of homeless who are multi-racial/other: 3.7%

### Household Type

- Percent of homeless who are single adults: 85.6%
- Percent of homeless who are adults in families: 6.1%
- Percent of homeless who are children in families: 8.0%
- Percent of homeless who are unaccompanied minors: 0.3%

### Characteristics

- Percent of homeless who are veterans: 6.2%
- Percent of homeless who are chronically homeless individuals: 29.4%
- Percent of homeless who are chronically homeless family members: 1.1%
- Percent of homeless who report substance abuse: 22.5%
- Percent of homeless who have a mental illness: 29.7%
- Percent of homeless with HIV/AIDS: 1.4%
- Percent of homeless who have experienced domestic violence: 17.9%
- Percent of homeless who are physically disabled: 16.8%

### Notes

- The number of women experiencing homelessness in Los Angeles County has increased by 55% from 9,348 in 2013 to 14,461 in 2015.
- Approximately one-third (33%) of the homeless population in the Los Angeles County are women.
- Although the majority of homeless women are between 25 and 54 years (58%), 16% are less than 18 years and 18% are 55 years or older.
- Black women compose the majority of homeless women (40%) but are only 9% of the general population of women in Los Angeles County.
- Among unsheltered homeless women, about 3,695 or 37% report having a mental illness, 2,526 or 26% report substance abuse, and 3,453 or 35% have experienced domestic violence.
b. Disability: Defined as a positive response to any one of the following: 1) Limited activity because of physical, mental, or emotional problem(s), 2) Health problem requiring use of special equipment, 3) Self-perception of being disabled.

c. Language Used Most Often at Home: Asian includes: Burmese, Cantonese, Chinese unspecified, Filipino, Indian languages, Indonesian, Japanese, Korean, Mandarin, Sinhalese (Sri Lankan), Tagalog, and Vietnamese. Other includes: European (Armenian, French, German, Hungarian, Italian, Lao, Ladino, Persian, Romanian, Russian), Middle Eastern (Arabic, Egyptian, Farsi/Persian, Greek, Hebrew, Turkish), African (Ethiopian, Nigerian), and Other (American Indian, Patois (Jamaican)).

d. Relationship Status: Coupled is defined as married, domestic partner, not married but living together; and single is defined as never married, separated, divorced, widowed.


f. Effective Birth Control Use: Restricted to women 18-49 years who 1) Had at least one male sex partner in the past year, 2) Did not have hysterectomy, 3) Were not pregnant, 4) Were not trying to get pregnant, 5) Were not infertile or menopausal. Effective birth control methods include condom, tubal ligation, birth control pill/patch/ring, shot, implant, and diaphragm/cervical cap/spoon.

I. Risk of Heart Disease: Defined by having two or more of the following factors—obesity, diabetes, hypertension, high cholesterol, current cigarette smoking, and no aerobic physical activity.

j. Current Depression: Defined as ever diagnosed with depression AND either currently being treated for depression or currently having symptoms of depression.

B. Patient Depression Questionnaire: Based on responses to the Patient Health Questionnaire-2 (PHQ-2), used as the initial screening test for major depressive episode. [REFERENCE: Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. Med Care 2003; 41:1284-92.]

1. Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. 2015 Los Angeles County Health Survey. Estimates for adults based on self-reported data by a random representative sample of 8,008 Los Angeles County adults. Estimates for children based on a representative sample of 5,982 Los Angeles County parents/guardians/decision makers. A relative standard error (RSE) >30% was used to determine whether an estimate was statistically unstable.

2. Poverty: Based on U.S. Census 2013 Federal Poverty Levels. In 2013, 2013 Population Estimates, prepared for County of Los Angeles, Internal Services Department, Social Services Systems Division. All rates are per 100,000, and are age-adjusted to the 2000 U.S. Census. NOTE: For inpatient hospitalization data, Asian category includes both Asian and Native Hawaiian and Other Pacific Islanders (NHOPI) as NHOPI could not be separated out.

a. Intimate Partner Violence (IPV): Include injuries with a primary e-code of E967.3 = “child and adult battering and other maltreatment by spouse or partner.”

b. Assault: Include injuries with a primary e-code between E960 and E969.

3. Los Angeles County Department of Public Health, Division of Chronic Disease and Injury Prevention, Injury and Violence Prevention Program. 2013 Office of Statewide Health Planning and Development Emergency Medical Services and Trauma System, Los Angeles Regional Trauma Center. 2013 Los Angeles Regional Trauma Center Data. Data is for all ages.


5. Los Angeles County Department of Public Health, Maternal, Child and Adolescent Health Programs. 2013 birth and death record data obtained from the California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section.


7. Los Angeles County Department of Public Health (DPH). Office of Health Assessment and Epidemiology. Linked California DPH Death Statistical Master File for Los Angeles County Residents. Rates adjusted to the 2000 U.S. standard population by 5-year age intervals. Data is for all ages.

8. Los Angeles County Cancer Surveillance Program, University of Southern California, 2013 data (DEC15R). Rates adjusted to 2000 U.S. standard population by 5-year age intervals. Data is for all ages.


a. HIV/AIDS Diagnoses: 2013 data as reported by December 31, 2014. Data are provisional due to reporting delay.

b. Chlamydia, Gonorrhea and Early Syphilis: 2014 data. Data are provisional due to reporting delay.

c. Does not include cases reported in the cities of Long Beach and Pasadena. Data is for all ages.

10. Los Angeles County Department of Public Health, Tuberculosis Control Program. Los Angeles County Tuberculosis Registry, Information Management System (TRIMS), 2014 data. Excludes cases from Pasadena and Long Beach. Data is for ages 15 years and older.

11. Los Angeles County Department of Public Health (DPH). Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, Tuberculosis Control Program, Tuberculosis Registry Information Management System (TRIMS), 2014 data. Excludes cases from Pasadena and Long Beach. Data is for ages 15 years and older.


a. Poverty: Defined as at or below 100% Federal Poverty Level (FPL); 2014 U.S. Census Bureau threshold for a family of four (2 adults, 2 dependents) corresponds to annual income of $24,008.

b. Families/Householders: Families are defined as 1) Married couple - family in which householder and their spouse are members of same household (includes same-sex married couples), or 2) Single household - family with either male or female household member where no spouse is present. Related child is defined as child under 18 years old who is related to the household by birth, marriage, or adoption.

c. Civilian population: Excludes those in armed forces and those institutionalized.


e. Wage gap: White men’s median earnings used to calculate wage gap for women by race/ethnicity.

13. Los Angeles Homeless Services Authority, 2016 Homeless Count. Data does not include numbers for Long Beach, Glendale, and Pasadena. All ages included. Excludes 480 individuals who identified as transgender and living in a temporary shelter, such as emergency shelter, transitional housing, and safe haven, and unsheltered is defined as living in a place not meant for human habitation.

a. Chronically homeless: Defined as (i) been homeless for a duration of one year or longer or experienced four episodes of homelessness that add up to one year; (ii) has one or more disabling conditions (HIV/AIDS, alcohol abuse, drug abuse, mental illness, physical disability, physical illness, depression, post-traumatic stress disorder, traumatic brain injury, and developmental disability); (iii) disabling condition(s) is long-term.
DATA REPORT FUNDED BY
Los Angeles County Department of Public Health
Kaiser Permanente

FOR MORE INFORMATION
Office of Women’s Health
www.publichealth.lacounty.gov/owh

Office of Health Assessment & Epidemiology
Health Assessment Unit
www.publichealth.lacounty.gov/ha

Suggested Citation: 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, January 2017.