



**THE HEALTH OF THE RESIDENTS
IN THE SOUTH SERVICE PLANNING AREA
OF LOS ANGELES COUNTY**

Spring 2007

**COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH
COMMUNITY HEALTH SERVICES
SOUTH SERVICE PLANNING AREA**

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EXECUTIVE SUMMARY

The Health of the Residents in the South Service Planning Area, 2007 is our third health assessment report addressing the socio-demographic characteristics as well as the physical and mental health status of the residents in the South Service Planning Area (SPA 6) of Los Angeles County, California. This report provides a snapshot of the health status in SPA 6, describing health outcomes and data trends. The report focuses on a select group of health indicators addressing maternal and infant health, births, hospitalizations, morbidity and mortality due to communicable and chronic diseases, as well as mental health.

The data included in this report were collected from various County, State and community agencies. Though the presented data covers different years, the most recent year's data were used for this report at all times. Data included in the report is presented at the SPA level or Health District level data, based on census tracts.

This report is intended to assist program directors in targeting their programs to the appropriate population sub-groups. It is our hope that this information enables public and private organizations to define health-related priorities and formulate new or revised policies and programs. Highlights of the data included in the report are presented below.

Population

- a) Estimates for 2005 project that 1,036,466 persons resided in SPA 6, representing 10% of the Los Angeles County's 10,223,477 population. Population growth in SPA 6 during 2000-2005 was estimated at 8%.
- b) Overall, Latinos represented 62.7% of the population in SPA 6. African Americans were the second largest racial/ethnic group, constituting 33.4% of the population. The area's population also included over 2% Caucasians and less than 2% Asians/Pacific Islanders and Native Americans.
- c) Children 0-17 represented 361,505 persons or 35.0% of the population.
- d) Adults 18 to 64 years and 65 or older constituted about 58% (599,860 persons) and 7% (75,101 persons) of the population respectively.

Persons Living Below the Federal Poverty Level

- a) In 2004, the 100% FPL for a family of two adults and two children was determined to be \$19,157. A total of 289,337 people in SPA 6 were living below 100% FPL in 2001, representing 28% of the SPA population. This indicated an improvement from

31% in 2001 to 28% in 2005.

- b) Of the 289,337 SPA 6 residents living below the federal poverty level, 49% were children and youth 0 to 17 years of age, 46% were 18 to 64 years old, and 5% were seniors 65 years and over.

Persons Receiving Public Assistance

- a) In December 2006, there were 88,843 persons receiving public assistance through the CalWORKs program. An estimated 80% of these recipients were eligible for food stamps. Total number of persons receiving Medi-Cal only, was 293,771; General Relief recipients totaled 9,502 and 148,885 persons received food stamps. An overall 20,393 persons received In-Home Support Services.
- b) Residents 60 years and over, constituted 5.2% of all Medi-Cal recipients, 1.3% of Food Stamp and 5.4% of In-Home Support Service recipients.

The Homeless Population

- a) It was estimated that during 2005 there were 16,787 homeless persons in SPA 6. Over 20% of the Los Angeles homeless population stayed in SPA 6 in 2005. Although the majority of the homeless persons are individuals (80%) a notable 20% of the homeless are families.
- b) Substance abusers constituted 46% of homeless persons living individually and 32% of those living with families. In addition, dually diagnosed persons with alcohol/drug problems as well as mental illness made up 23% of homeless persons living individually and 5% of those living with family members. Nine percent of homeless persons living individually were victims of domestic violence, while 34% of those living with families were victims of domestic violence.

Maternal and Infant Health

- a) During 2004, there were 22,418 total live births in SPA 6. The racial/ethnic composition of live births was approximately 76% Latino, 21% African American, 1.3% White, 1% Asian/Pacific Islander, and 0.1% American Indian and other racial/ethnic groups.
- b) A total of 3,354 births were among adolescents 15-18 years of age (15.0% of total live births). Teen births more than doubled since 1999 (7%).
- c) There were 1,854 low birth-weight babies (8.3% of total live births) and 3,010 mothers

receiving prenatal care after the first trimester or not receiving prenatal care at all (13.4% of all delivering mothers).

- d) African Americans had the highest proportion of low birth-weight babies (13.3%). They were followed by whites with 9.3%, Asians with 7.1%, Latino's with 6.8%, and Native Americans 5.6% of live births born to adolescent mothers.
- e) African Americans had the highest proportion of births to adolescents (15.6%). Latina's followed closely with 15%, whites with 11.6%, Native Americans with 11.1%, and Asians with 5.3%.
- f) Births to mothers receiving late or no prenatal care were highest among whites (19.6%), followed by Native Americans (16.7%), African Americans (16%), Asians (13.3%) and Latino's (12.5%).
- g) There were 135 infant deaths (less than one year old) in SPA 6 during 2001. There were 132 Fetal deaths in SPA 6 for the same period.

Acquired Immune Deficiency Syndrome (AIDS)

- a) As of December 31, 2005, the cumulative number of persons diagnosed with AIDS in SPA 6 was 4,961. This cumulative number includes all persons who were diagnosed with AIDS since 1982 when Los Angeles County started counting AIDS cases, whether these persons have died or are still living with AIDS.
- b) Of the total AIDS cases in SPA 6, 4,117 (83%) were males and 844 (17%) were females. Sixty-four percent of SPA 6 residents diagnosed with AIDS were African American and 30% were Latino.
- c) Male-to-male sexual contact (MSM) was the likely mode of transmission for 57% of the men diagnosed with AIDS, while injection drug use (IDU) was the likely mode of transmission for 11% of males diagnosed with AIDS. The number of persons diagnosed with AIDS who acquired the disease through a heterosexual contact was 518 (10%).

Sexually Transmitted Diseases (STDs)

- a) During 2005, there were 12,067 SPA 6 residents diagnosed with sexually transmitted diseases (STDs), representing a case rate of 1164.2 per 100,000 population. Of these 12,067 cases, 7,409 (67.6%) were females and 3,538 (32.3%) were males.
- b) Seventy-four percent of persons diagnosed with a sexually transmitted disease suffered

from Chlamydia, 25% had Gonorrhea, and less than 1% had Syphilis. In addition, Chlamydia cases accounted for 86% of sexually transmitted diseases among women and 72% of STD cases among men.

- c) During 2005, a total of 2,411 cases of Gonorrhea were diagnosed in SPA 6, representing a case rate of 244 per 100,000 persons. The highest case rate of Gonorrhea however was observed among the African American residents with 632 cases per 100,000 persons.
- d) There were 157 cases of Syphilis infections diagnosed in SPA 6 during 2005, representing a case rate of 14.7 per 100,000 persons (more than doubled since 2002). The highest Syphilis rate was seen among the white residents (27 cases/100,000 persons) immediately followed by African Americans with 26 cases per 100,000 persons.

Tuberculosis (TB)

- a) A total of 124 persons were diagnosed with Tuberculosis in SPA 6 during 2005, representing an estimated case rate of 12.0 per 100,000 persons.
- b) The racial/ethnic distribution of TB cases in this area was 68% Latino, 30% African American, and about 2% other.
- c) Sixty percent of TB cases diagnosed among residents of SPA 6 occurred among persons who were foreign-born. Of these, 39.5% were from Mexico, 6% from El Salvador, 4% from Honduras, and the remaining 9% were other countries.

Burden of Disease and Injury

- a) Combining premature mortality and morbidity into a single measure of disease burden known as Disability Adjusted Life Years (DALYs), indicated that for SPA 6 residents, homicide/violence was the leading cause of disease burden (9,899 years lost to premature death and disability), followed by heart disease (7,676 years), Alcohol Dependence (7,422), Diabetes Mellitus (6,575), and Stroke (4,945).

Hospitalization

- a) During 2005, the top five causes of hospitalization for area residents were Psychosis with 6,923 hospitalizations, followed by Congestive heart failure with 5,030 hospitalizations, Chest Pain with 2,903, Neonatal Complications with 2,847 and Pneumonia with 2,564 hospitalizations.

- b) There were 3,256 asthma-related hospital discharges in SPA 6 during 2005. The majority of hospitalizations (65%) were among residents 0-17 years of age and 8% were among the adults 65 years or older.

Mortality

- a) During 2004, the leading causes of death among men were heart disease (695), Homicides (328), Cancer of trachea, bronchus, lung (168), Stroke (157), and Diabetes (129).
- b) The leading causes of death among women included heart disease (748), Stroke (250), Cancer of trachea, bronchus, lung (129) and Diabetes (129), Cancer, breast (113), and complications due to Influenza or pneumonia (108).
- c) Homicide claimed 16727 years of potential life (see table 18) in SPA 6 during 2004; twice as much as heart disease (8730) and four times as much as vehicular accidents (4254).
- d) During 2004, there were 692 unintentional injury deaths in SPA 6, including 333 firearm deaths and 23 piercing related homicides.

Alcohol- and Drug-Related Referrals

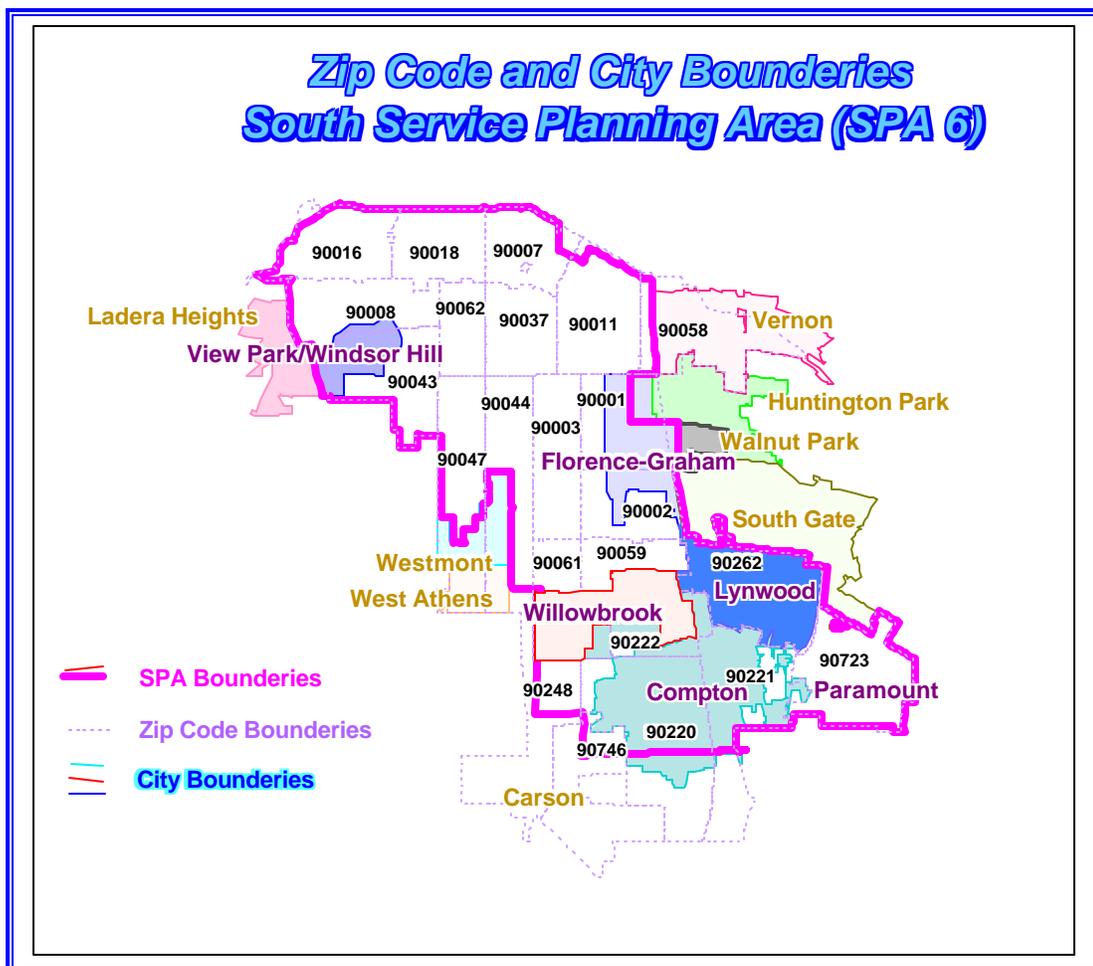
- a) Between 7/1/2005-6/30-2006, there were 10,294 clients referred for alcohol-related services among residents of SPA 6. African Americans constituted 55% of the clients, followed by Latino's with 33%, and whites with less than 9%.
- b) Children 0-17 constituted 14% of all clients referred for alcohol related services.
- c) Eighty-four percent of these clients received out-patient services and the remaining 16% received in-patient care.

Mental Health

- a) The majority of mental health recipients in SPA 6 were diagnosed with Disorders Usually diagnosed in infancy or childhood/adolescence (34%). Substance abuse related disorders followed with 27%, Mood disorders (18%), Anxiety Disorders (15%), and Schizophrenia and other forms of Psychotic Disorders with 6%.

I. Introduction

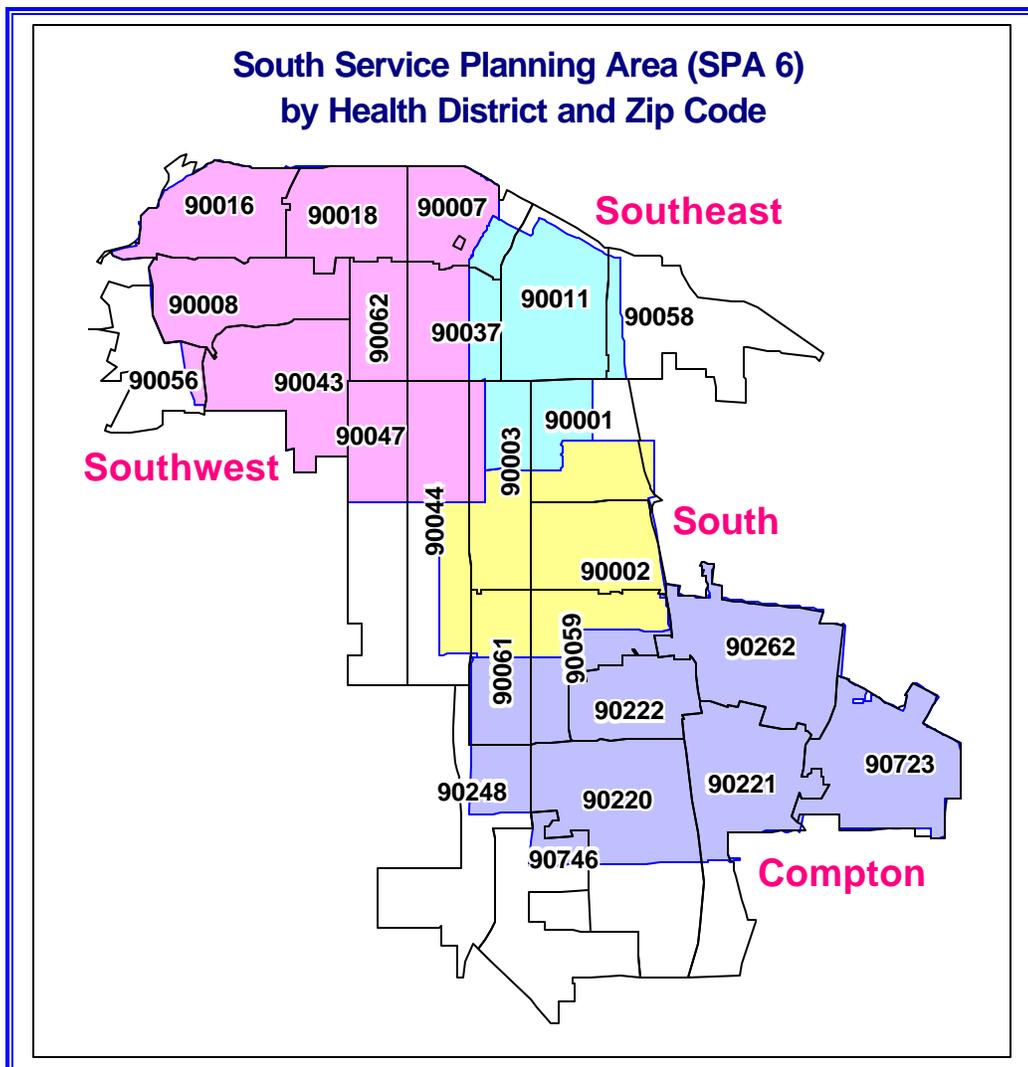
The South Service Planning Area (SPA 6) of Los Angeles County stretches from Washington Boulevard on the north to Artesia Boulevard (the 91 Freeway) on the south, and has irregular boundary lines. On the north, SPA 6 borders Los Angeles City communities such as Mid-City, Country Club Park, Pico Union, and Korea town. The southern tip of downtown Los Angeles and the city boundaries of Vernon, Huntington Park, South Gate, Downey, and Bellflower form the SPA's eastern border. Southern borders align with the city boundaries of Carson and Long Beach, and the unincorporated area of Rancho Dominguez; the southern tip of Compton extends into the South Bay/Harbor Service Planning Area (SPA 8). SPA 6's western boundary proceeds along the borders of neighboring cities of Inglewood and Culver City, extending south and east along portions of La Cienega Boulevard, Fairfax Avenue, Van Ness Avenue, Vermont Avenue, and Figueroa Street. The Harbor Freeway (110) and the Santa Monica Freeway (10) are major north-south and east-west arteries crossing the SPA.¹



1 Profiles of Los Angeles County: Service Planning Area Resources for Children, Youth, and Families; Los Angeles County Children's Planning Council, Los Angeles, California, May 1996.

SPA 6 is comprised of four Health Districts. These Health Districts are divided into 16 communities as follows:

- ? South Health District: Florence (90001), Watts (90002), Willowbrook (90059), and West Compton/Los Angeles County (90061).
- ? Southeast Health District: South Central Los Angeles (90011), and Humphry (90003).
- ? Southwest Health District: Adams (90016), Jefferson Park (90018), Exposition Park (90007, 90037), Crenshaw District (90008), Leimert Park (90062), Hyde Park (90043, 90047), and South Vermont (90044).
- ? Compton Health District: Compton (90220, 90221, 90222), Lynwood (90262), and Paramount (90723).



The Area Health Office of SPA 6 provides public health leadership in the area. One of the major goals of the office is to work in partnership with the community to ensure the optimal health and well being of the area residents. As part of a continuing effort to improve the quality of life for all residents, the staff of the SPA 6 Area Health Office informs the public about the current health status of the SPA residents through developing and disseminating health-related statistics to the community. The staff prepares health assessment reports to provide information on the health of the SPA residents and the factors that influence it.



This report is the third health assessment report for SPA 6. It is developed from population-based data to describe health outcomes and indicators, demographic characteristics of the population, maternal and infant health, communicable diseases, hospitalizations, mortality, alcohol and drug problems, and mental health. Data included in the report were obtained from County and State agencies covering different years as data were available. It is hoped that the report will be of assistance to people in the community, policy makers, agencies, government entities, and businesses who are involved in program planning and affecting the health and quality of life for the community residents.

II. Population

Racial/Ethnic Distribution of the Population

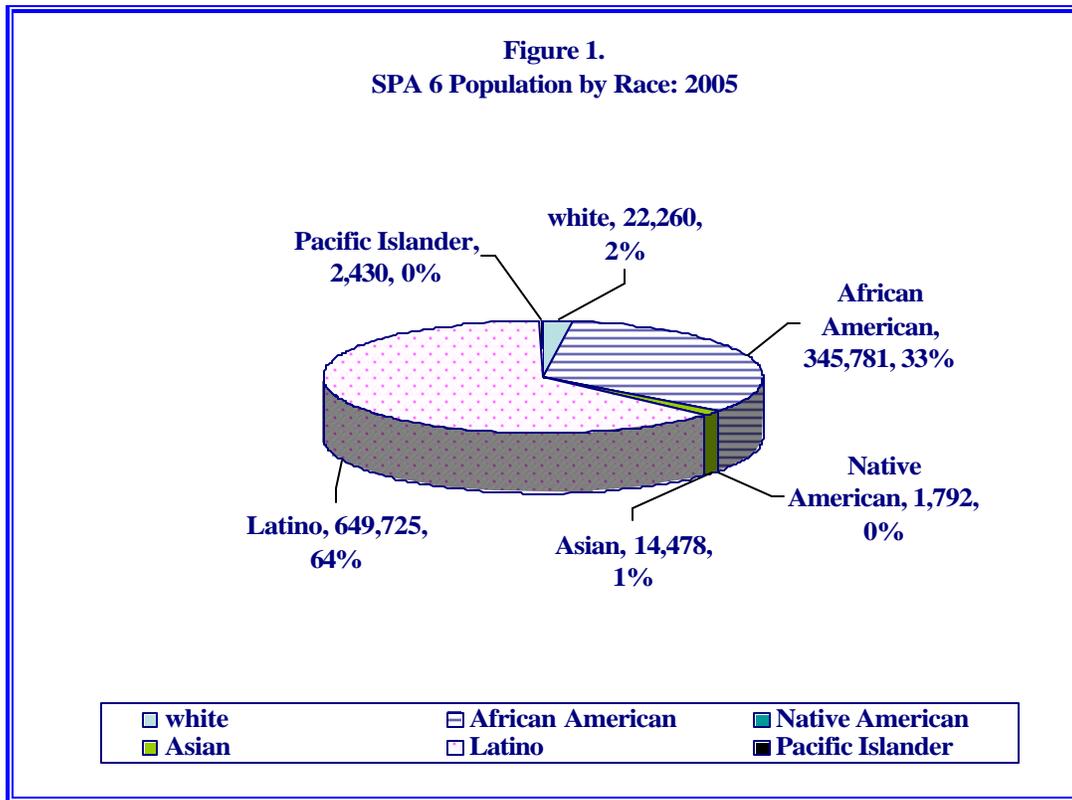
According to 2005 population estimates, 1,036,466 persons resided in SPA 6, representing approximately 10% of the Los Angeles County's estimated population. Overall, Latinos represented about 63% of the population. African Americans were the second largest racial/ethnic group in the SPA, constituting slightly over 33% of the population. The area's population also included about 2% Whites, 1% Asians/Pacific Islanders, and less than % American Indians and persons from other racial/ethnic groups.

Table 1: Population by Race, South SPA: 2005

Geographic Area	Birth to 17 Years		18 to 64 Years		65 Years and Over		Total Population	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
white	3546.0	15.93%	15,894	71.40%	2820.0	12.67%	22,260	2.15%
African American	96179.0	27.82%	199,334	57.65%	50268.0	14.54%	345,781	33.36%
Native American	503.0	28.07%	1,075	59.99%	214.0	11.94%	1,792	0.17%
Asian	1690.0	11.67%	10,064	69.51%	2724.0	18.81%	14,478	1.40%
Latino	258695.0	39.82%	372,070	57.27%	18960.0	2.92%	649,725	62.69%
Pacific Islander	892.0	36.71%	1,423	58.56%	115.0	4.73%	2,430	0.23%
Total	361505.0	34.88%	599,860	57.88%	75101.0	7.25%	1,036,466	100.00%

2005 Population by SPA is based on census 2000 population. To view population data by city, please visit http://www.unitedwayla.org/pfdfiles/spa_data/SPA6_2005_cen_data_final.pdf.

Figure 1: SPA 6 population by Race, 2005



Age Distribution of the Population

In SPA 6 an estimated 35% (361,505 persons) of the population is under the age of 17. This vulnerable population has grown from 18% in 2002 to 35% in 2005. Adults aged 18 to 64 years old (599,860 persons) constituted 58% of the population. Older adults, 65 years and over, were 75,101 representing 7% of the total population in SPA 6.

Racial/Ethnic Distribution of Persons Living Below the Federal Poverty Level

During 2004, a total of 289,337 persons were living below the 100% federal poverty levels. This total represented 28% of the SPA population. Population living below 100% of poverty lines decreased from 37% in 2001 to 28% in 2004.

Latino's included the largest number of poverty population, with 198,068 persons or 69% of SPA residents who were living below the poverty levels. African Americans constituted the second largest racial/ethnic group, with 83,702 persons or 29% of the SPA population living below the FPL. Overall, 28% of the SPA population lived in poverty during 2004.

Forty nine percent of children 0-17 and 5% of adults 65 or older living in SPA 6, were below the poverty lines in 2004.

Figure 2: SPA 6 population living below 100% federal poverty level by Race, 2004

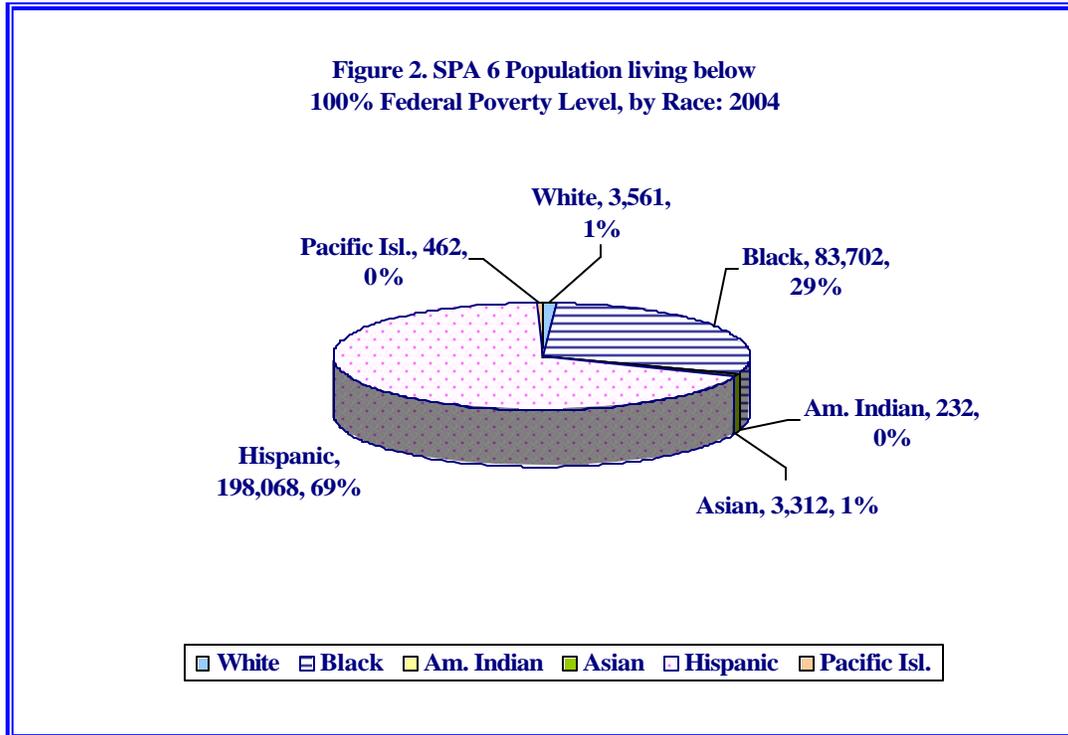


Table 2: Poverty in SPA 6, by Race: 2004

Table 2. Racial/Ethnic Distribution of Estimated 2004 SPA 6 Population and Population below 100% Federal Poverty Level				
Race	2004 SPA Population		2004 Poverty Population	
	Number	Percent	Number	Percent
<i>white</i>	24,253	2.35%	3,561	1.23%
<i>African American</i>	352,518	34.17%	83,702	28.93%
<i>Native American</i>	1,852	0.18%	232	0.08%
<i>Asian</i>	14,788	1.43%	3,312	1.14%
<i>Latino</i>	635,713	61.62%	198,068	68.46%
<i>Pacific Islander</i>	2,576	0.25%	462	0.16%
Total	1,031,700	100.00%	289,337	28.0%

Source: Poverty Estimates 2004, WRMA

Table 3: Poverty in SPA 6, by Race and Age Group: 2004

Race	Birth to 17 Years		18 to 64 Years		65 Years and Over		Total below FPL	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<i>white</i>	165	0.2	1,510	2.6	76	1.8	80	1.8
<i>African American</i>	17,439	24.2	15,036	25.8	2,968	68.7	3,062	67.7
<i>Native American</i>	43	0.1	45	0.1	0	0.0	0	0.0
<i>Asian</i>	56	0.1	1,482	2.5	68	1.6	72	1.6
<i>Latino</i>	54,267	75.3	40,064	68.8	1,208	28.0	1,305	28.9
<i>Pacific Islander</i>	76	0.1	126	0.2	1	0.0	1	0.0
Total	72,046	100.0	58,263	100.0	4,321	100.0	4,521	100.0

Poverty Estimates 2004, WRMA
 Note: In 2004, the 100% FPL for a family of two adults and two children was \$ 19,157.

Persons Receiving Public Assistance

Table 4 reports persons receiving public assistance in SPA 6 as of December 2006. A total of 88,843 persons received CalWORKs, 9,502 received General Relief, 6 Persons received refugee benefits, 174 received CAPI, and 20,393 received In-Home Support services. Overall, 293,771 persons received Medi-Cal benefits and 148,885 received food stamps.

The majority of CalWORKs (84%), Medi-Cal (52%), and Food Stamp (69%) recipients were children 0-17 years of age. The majority of In-Home Support services were offered to adults 65 years or older (54%). An estimated 5% of residents between the ages of 0-17 received in home support services as well.

The primary languages of public assistance recipients are reported in Table 5. Approximately 55% of public assistance recipients were English speaking, while Spanish was the primary language for about 45%. Less than .5% of public assistance recipients spoke other primary languages.

Table 4 and 5 represent SPA 6 residents receiving public assistance.

Table 4: Age Distribution of Persons Receiving Public Assistance in SPA 6, December 2006

Table 5: Primary Language of Persons Receiving Public Assistance in SPA 6, December 2006

Table 4. Age Distribution of Persons Receiving Public Assistance in SPA 6 - December 2006

Age Group	Type of Public Assistance Program													
	CalWORKs		General Relief		Refugee		CAPI		Medi-Cal		Food Stamps		In-Home Support Services	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0 - 17 Years	74,664	84.0	0	0.0	0	0.0	1.0	0.6	153,132	52.1	102,938	69.1	924	4.5
18 - 59 Years	14,040	15.8	8,844	93.1	6	100.0	13.0	7.5	125,413	42.7	43,456	29.2	8,384	41.1
60 Years and Over	139	0.2	658	6.9	0	0.0	160.0	92.0	15,226	5.2	2,491	1.7	11,085	54.4
TOTAL	88,843	100.0	9,502	100.0	6	100.0	174	100.0	293,771	100.0	148,885	100.0	20,393	100.0

Table 5. Primary Language of Persons Receiving Public Assistance in SPA 6 - December 2006

Primary Language	Type of Public Assistance Program													
	CalWORKs		General Relief		Refugee		CAPI		Medi-Cal		Food Stamps		In-Home Support Services	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
English	23,158	61.3	8,596	90.8	1	16.7	12.0	6.9	42,510	40.4	36,848	60.2	16,575	81.3
Spanish	14,542	38.5	842	8.9	3	50.0	141.0	81.0	62,362	59.3	24,236	39.6	3,437	16.9
Other languages	54	0.1	29	0.3	2	33.3	21.0	12.1	322	0.3	127	0.2	381	1.9
TOTAL	37,754	100.0	9,467	100.0	6	100.0	174	100.0	105,194	100.0	61,211	100.0	20,393	100.0

Total number of persons or percent of SPA residents receiving public assistance is not available.

The Homeless Population

It was estimated that in December of 2005 there were 91,000 homeless persons in Los Angeles County on a given night. Long Beach and Pasadena cities contained 4,475 and 1,217 homeless persons respectively. It was projected that about 221,363 persons were homeless in Los Angeles County each year. Of these people, 128,617 were men, 54,047 were women, and about 2,927 were transgender individuals. Only 26,572 persons were sheltered, with the remaining 194,791 unsheltered. An overwhelming 35,772 were children (0-17 years). Over nineteen thousand of these homeless individuals are accompanied by their children. An estimated 3,750 are unaccompanied youth.

Over 41,000 of the homeless individuals in Los Angeles area are veterans, 79,000 have mental illness, and over 25,000 are victims of domestic abuse. At least 19,000 persons were elderly (56 years of age or older), and over 46,000 of these individuals have been homeless for a long time.

Homeless persons by Service Planning Area		
Service Planning Area	Number	Percent
SPA 1-Antelope Valley	3544	4.3
SPA 2-San Fernando Valley	11275	13.7
SPA 3-San Gabriel Valley	9254	11.2
SPA 4-Metro Los Angeles	20023	24.3
SPA 5-West Los Angeles	6860	8.3
SPA 6-South Los Angeles	16787	20.4
SPA 7-East Los Angeles	7178	8.7
SPA 8-South Bay/Harbor	7369	9.0

III. Maternal and Infant Health

Birth Outcomes and Prenatal Health

During 2004, there were 22,418 live births in SPA 6 (Table 7). The racial/ethnic composition of live births was about 76% Latino, 21% African American, 1% White, 1% Asian/Pacific Islander, and 0.1% Native American.

There were 1,854 low birth-weight babies (8.3% of total live births), 3,354 births to adolescents (15-19) representing 15% of total live births in SPA 6. A total of 3,010 mothers received late or no prenatal care (13.4% of all delivering mothers). Babies may be in more than one category.

African American mothers and mothers from other racial/ethnic groups had the highest percentage of low birth-weight babies (13.3%). They were followed by whites (9.3%) and Asians/Pacific Islanders (7.1%); Latina mothers gave birth to less than 6.8% of low birth-weight babies.

There were 135 infant deaths (less than one year old) in SPA 6 during 2004. The majority of deaths were among Latino babies (67%), followed by African American babies (58%). Infant mortality rate in SPA 6 during 2004 was 6.0 per 1,000 live births, while the rate in Los Angeles County was 5.0 per 1,000 live births.

Table 7 (below) depicts total live Births in SPA 6 during 2004.

Table 7. Total Live Births, Births with Special Conditions, Fetal Deaths, and Infant Deaths in SPA 6 by Race/Ethnicity of Mother - 2004

Race/Ethnicity of Mother	Total Live Births			Births with Special Conditions							
				Low Birth Weight Babies (<2500 grams or 5.5 pounds)			Births to Teen Mothers (Females aged 15-19)			Births to Mothers Receiving Late or No Prenatal Care	
	Number	Percent	Rate	Number	Row %	Rate	Number	Row %	Rate	Number	Row %
African American	4,674	20.8	13.3	620	13.3	1.8	731	15.6	47.4	749	16.0
Asian/Pacific Islander	226	1.0	13.0	16	7.1	0.9	12	5.3	19.2	30	13.3
Latina	17,123	76.4	26.9	1,172	6.8	1.8	2,565	15.0	90.6	2,146	12.5
Native American	18	0.1	9.7	1	5.6	0.5	2	11.1	N/A	3	16.7
White	301	1.3	12.4	28	9.3	1.2	35	11.6	29.7	59	19.6
Other	76	0.3	N/A	17	22.4	N/A	9	11.8	N/A	23	30.3
TOTAL	22,418	100.0		1,854	8.3	1.8	3,354	15.0	73.5	3,010	13.4
	Infant Deaths (<365 days of age)		Fetal Deaths (>= 20 wks)								
	Number	Rate	Number	Rate							
Total	135	6	132	5.9							
Gender											
Male	88	7.7	70	6.1							
Female	47	4.3	59	5.3							
Race/Ethnicity											
African American	58	12.4	46	9.7							
Asian/Pacific Islander	1	N/A	1	N/A							
Latina	67	3.9	79	4.6							
Native American	0	N/A	0	N/A							
White	8	26.6	3	N/A							
Other	1	N/A	3	N/A							

Early prenatal care is during the first trimester (first three months) of pregnancy. Late prenatal care is during the second or third trimesters. The percent for low birth weight babies, births to adolescent mothers, and births to mothers receiving late prenatal care are calculated by dividing the number for each category by the number of total live births for each racial/ethnic group and multiplying by 100 percent.

IV. Communicable Diseases

Table 8 reflects some of the more common reportable diseases among SPA 6 residents during 2004 and 2005. Disease rates for both years are given.

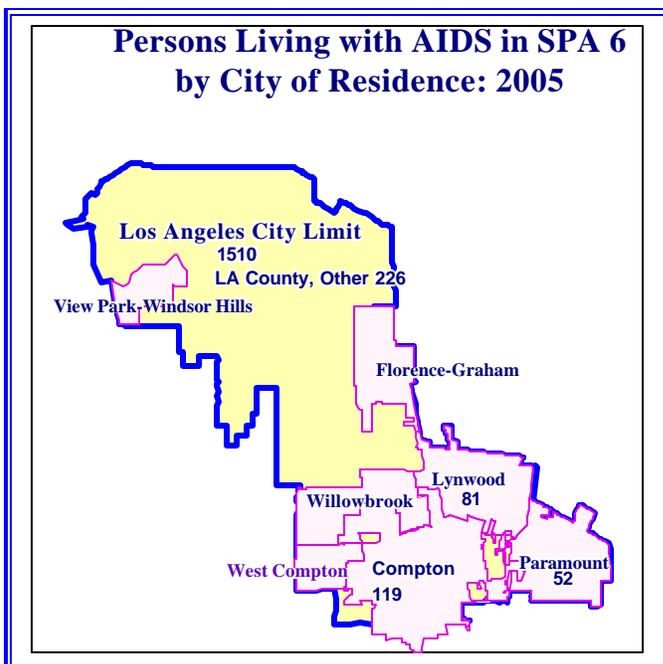
Table 8 portrays selected Communicable Diseases in the South SPA in 2004 and 2005.

**Table 8. Selected Communicable Diseases
South SPA (SPA 6): 2004, 2005**

DISEASE	2004		2005	
	Cases	Rates	Cases	Rates
Amebiasis	114	11.0	114	11.0
Campylobacteriosis	884	85.7	725	69.9
Encephalitis	133	12.9	57	5.5
Giardiasis	320	31.0	313	30.2
Hepatitis Type A	321	31.1	480	46.3
Hepatitis Type B	72	7.0	57	5.5
Hepatitis Type C	5	0.5	3	0.3
Measles	1	0.1	0	0.0
Meningitis, viral	807	78.2	515	49.7
Meningococcal Infections	28	2.7	37	3.6
Mumps	5	0.5	10	1.0
Pertussis	156	15.1	438	42.3
Salmonellosis	1205	116.8	1085	104.7
Shigellosis	625	60.6	710	68.5

*Case rate is the number of cases per 100,000 persons.

Acquired Immune Deficiency Syndrome (AIDS)



There were 144 new cases of AIDS in SPA 6 in 2005. Of these cases, 25 were living in the Compton Health District, 31 lived in the South Health District and 29 and 59 were residing in the Southeast and Southwest Health Districts respectively.

As of December 2005, there were 2,040 persons living with AIDS in SPA 6 (79% male, 21% female). Figure 3 shows the distribution of live AIDS cases in SPA 6 by city during 2005.

Table 9 presents cumulative numbers of persons diagnosed with Acquired Immune Deficiency Syndrome (AIDS) in SPA 6 as of December 31, 2005. These numbers include persons who were diagnosed with AIDS since 1982 when Los Angeles County started counting AIDS cases, whether these persons have died of AIDS or are still living with AIDS. In the entire SPA, the cumulative number of persons diagnosed with AIDS was 4,961. Figure 4 presents the trend in AIDS case rates (cases per 100,000 persons) during 2001-2005.

Table 9. Cumulative AIDS Cases in SPA 6 by Gender, Age Group, and Exposure Category Through December 31, 2005

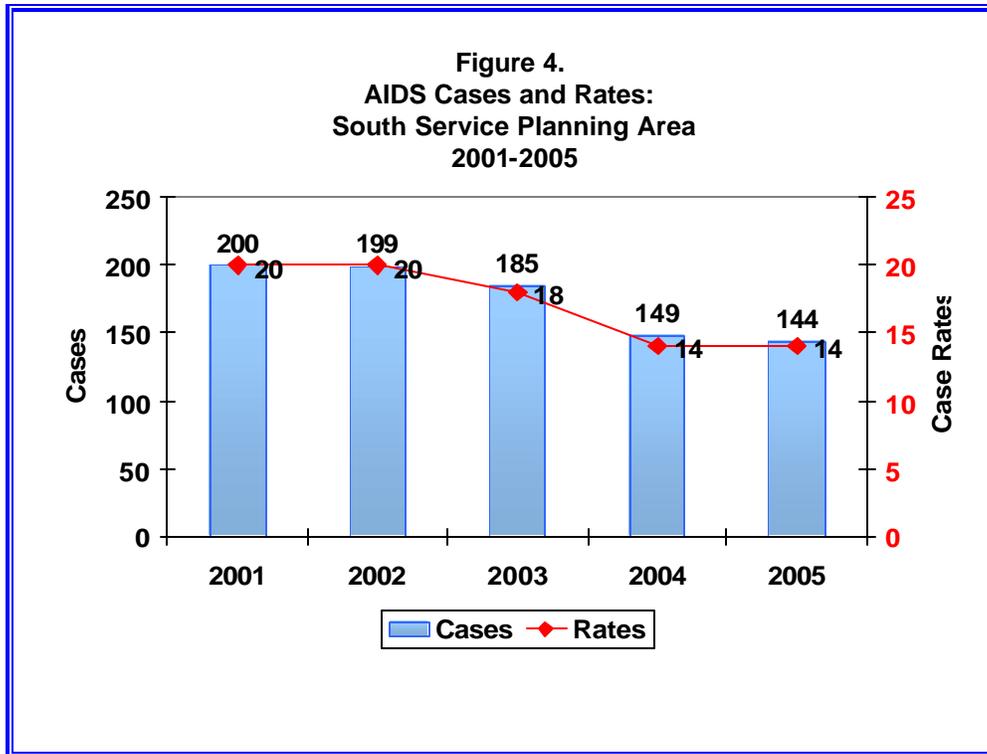
Gender	AIDS Cases 1982-2006		Race	AIDS Cases 1982-2006	
	Number	Percent		Number	Percent
MALE	4,117	83.0	White African American Latino Asian Native American	250	5.0
FEMALE	844	17.0		3,192	64.3
Total	4,961	100.0		1,485	29.9
				22	0.4
				9	0.2
Age Group	Male	Percent			
<13	40	<1			
13-19	49	<1			
20-29	989	14.0			
30-39	1,991	45.0			
40-49	1,246	26.0			
50-59	460	10.0			
60+	186	4.0			
Exposure Category: Adults					
Male to Male Sex (MSM)	2,537	51.1			
Injection drug user (IDU)	561	11.3			
MSM/IDU	313	6.3			
Hemophilia/Transfusion Recipient	103	2.1			
Heterosexual contact (*)	518	10.4			
Mother w/at HIV risk	34	0.7			
Other/Undetermined.	895	18.0			

Other race/ethnicity includes persons who have multiple, unknown, or missing race/ethnicities.

* Heterosexual contact with a person who is HIV-infected or at increased risk for HIV infection.

Male-to-male sexual contact (MSM) was the likely mode of transmission for 51% of the men diagnosed with AIDS, while injection drug use (IDU) was the likely mode of transmission for 11% of all persons diagnosed with AIDS. Over 6% of the transmission occurred among men practicing male-to-male sex and injection drug use combined. Heterosexual contact accounted for 518 (10%) of the AIDS cases in SPA 6.

Figure 4: AIDS cases in SPA 6: 2001-2005



Sexually Transmitted Diseases (STDs)

The legally reportable sexually transmitted diseases (STDs) in the State of California include Chlamydia, Gonorrhea, and Syphilis. During 2005, a total of 12,067 SPA 6 residents were diagnosed with a sexually transmitted disease (Table 10). Of these cases, 3,538 (29.3%) were among males and 7409 (68%) were among females. Gender was missing for 3.1% of our sexually transmitted disease cases in SPA 6.

There were 8905 cases of Chlamydia at a rate of 859.5 cases per 100,000 persons in SPA 6. There was a slight drop in Chlamydia cases in the SPA in 2005; there was however an increase in Gonorrhea cases, from 2,934 to 3,007 cases.

Seventy-four percent of the persons diagnosed with sexually transmitted diseases suffered from Chlamydia, 25% had Gonorrhea, and over 1% had Syphilis. Annual trends in sexually transmitted disease cases and rates in SPA 6 during 2001-2005 have been presented in figures, 5 (Chlamydia), 6 (Gonorrhea), and 7 (Syphilis).

During 2005, African Americans represented 49% of Chlamydia cases, 73% of Gonorrhea cases, and 46% of Syphilis cases in SPA 6. They were followed by Latinos constituting 35% of Chlamydia cases, 12% of Gonorrhea cases, and 44% of Syphilis cases.

Table 10: Sexually Transmitted Diseases in South SPA: 2005

Table 10. Sexually Transmitted Diseases in SPA 6 by Gender and Ethnicity - 2005

Gender and Ethnicity	Disease										
	Chlamydia			Gonorrhea			Syphilis (Prim., Sec., Early Lat.)			Total*	
	Number	Percent	Rate**	Number	Percent	Rate**	Number	Percent	Rate**	Number *	Percent
Male	2,556	27.8	505.5	1,432	47.0	283.2	106	73.0	21.0	3538.0	29.3
Female	6,343	72.2	1195.0	1,571	53.0	296.0	46	27.0	8.7	7409.0	67.6
TOTAL*	8,908	100.0	859.5	3,007	100.0	244.4	152	100.0	14.7	12,067.0	100.0
White	130	1.5	584.0	57	1.9	256.1	6	3.9	27.0	193.0	24.5
African American	4,398	49.4	1271.9	2,186	72.7	632.2	89	46.0	25.7	6673.0	16.2
Latino	3,102	34.8	477.4	375	12.5	57.7	49	44.4	7.5	3526.0	19.8
Asian/Pacific Islander	36	0.4	212.9	11	0.4	65.1	0	0.0	0.0	47.0	7.5
Other/Unknown	1,242	13.9	N/A	378	12.6	N/A	8	1.6	N/A	1628.0	N/A
TOTAL	8,908	100.0	859.5	3,007	100.0		152	100.0		12,067.0	100.0

*missing data

California state law mandates that all laboratories and physicians report cases of Chlamydia, gonorrhea, and syphilis to the local Health Department.

Physicians must also report cases of pelvic inflammatory disease (PID), Chancroid, and Non-Gonococcal Urethritis (NGU).

Only the numbers of Chlamydia, gonorrhea, and syphilis (primary, secondary, early latent) are large enough to be shown in this table.

Figure 5: Chlamydia Cases in SPA 6 in 2005

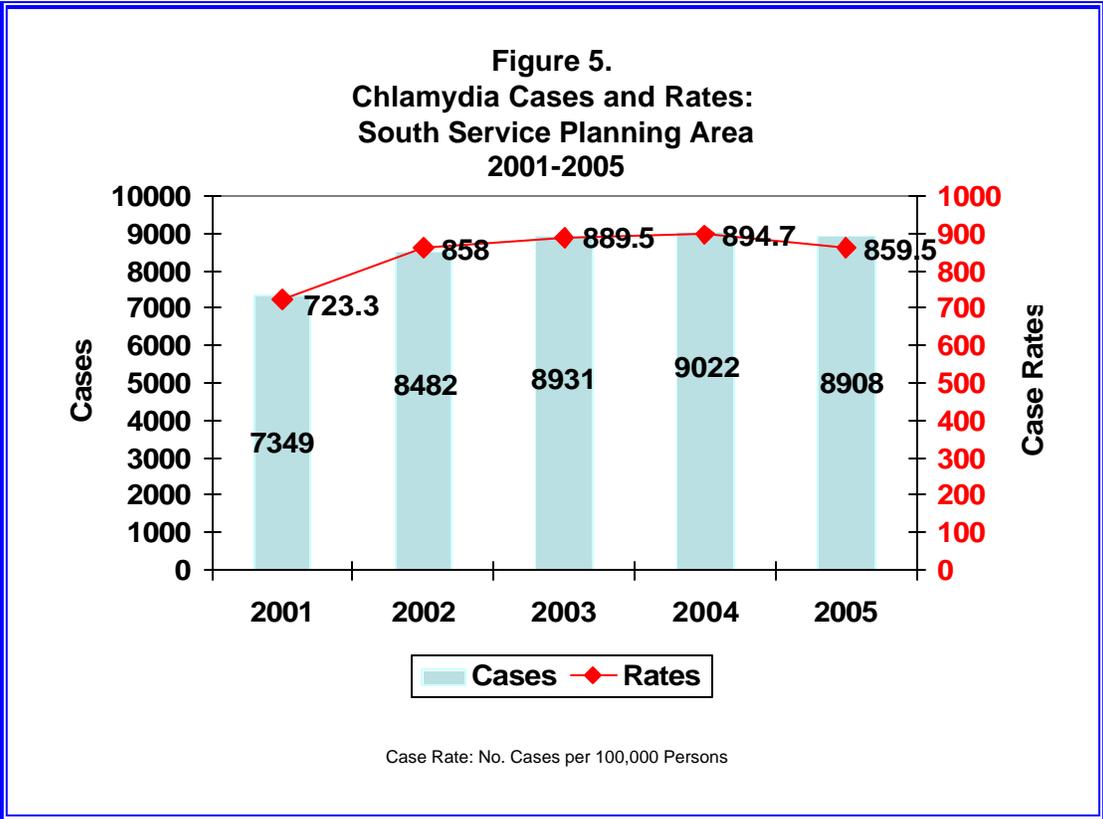


Figure 6: Gonorrhea Cases in SPA 6 in 2005

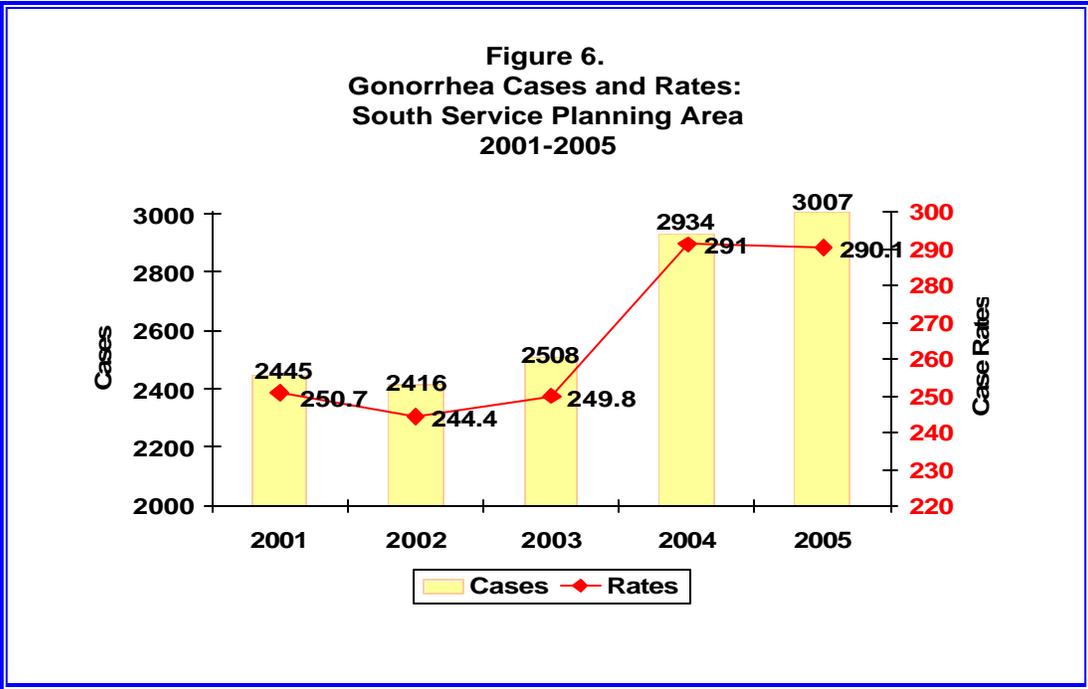


Figure 7: Syphilis Cases in SPA 6 in 2005

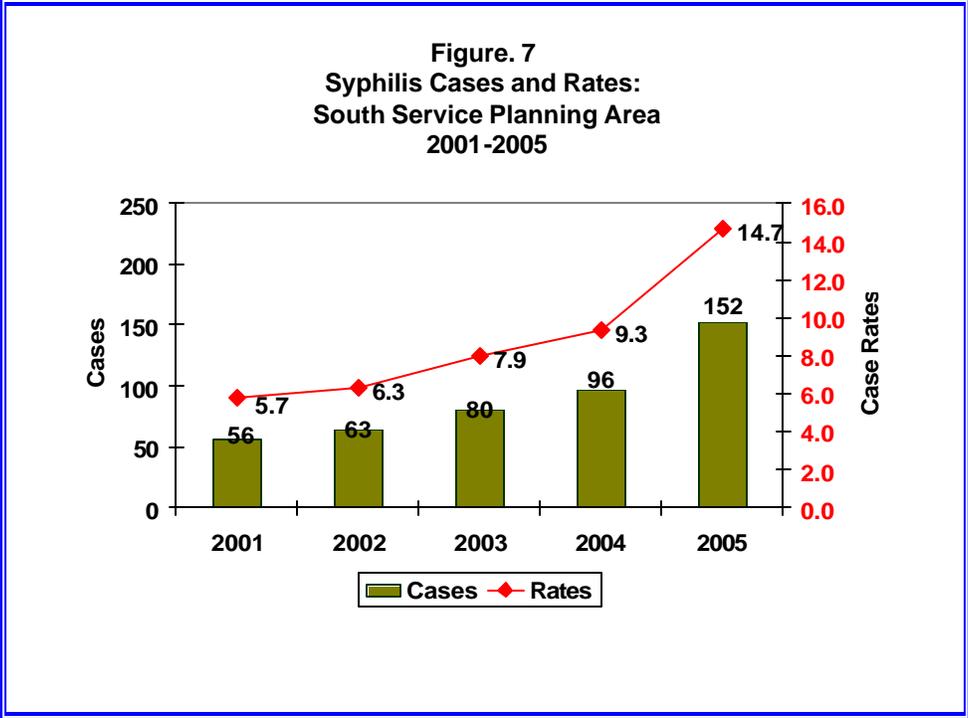


Figure 8: Distribution of Chlamydia cases in SPA 6: 2005

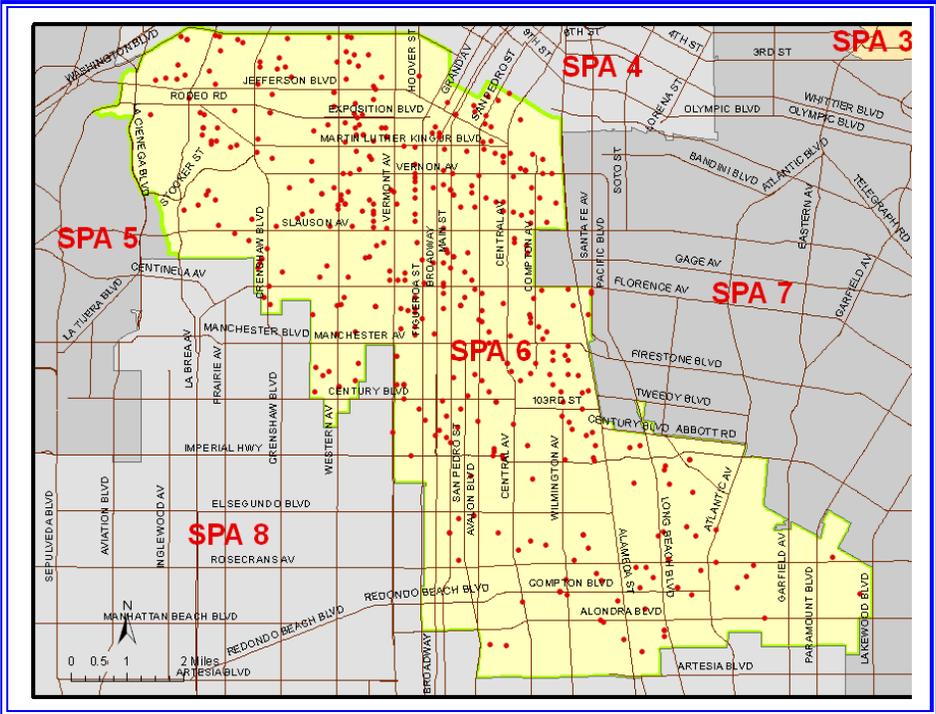


Figure 9: Distribution of Gonorrhea Cases in SPA 6: 2005

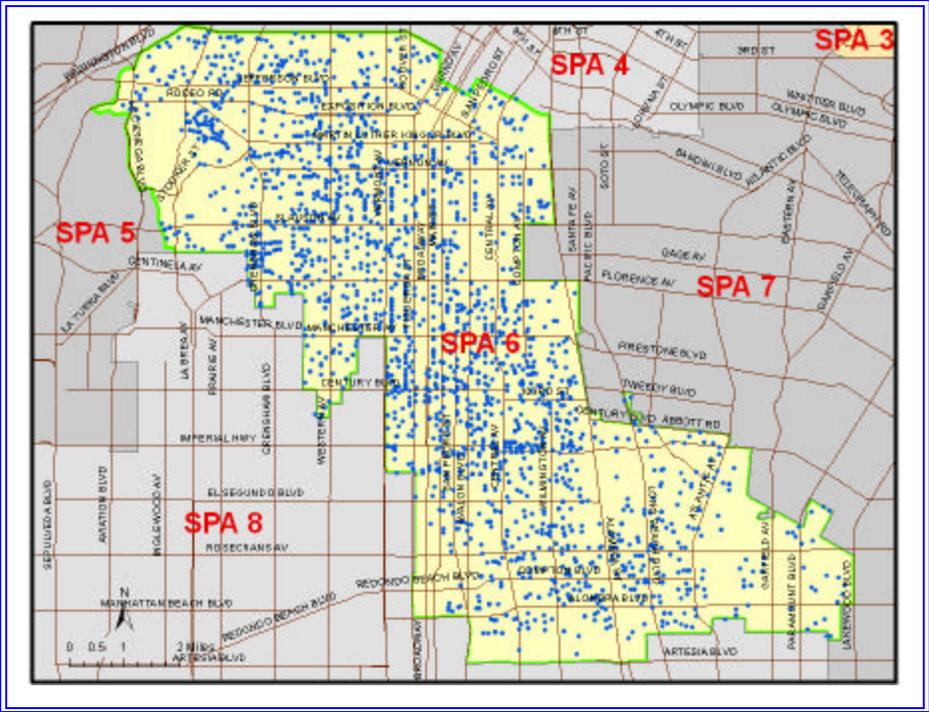
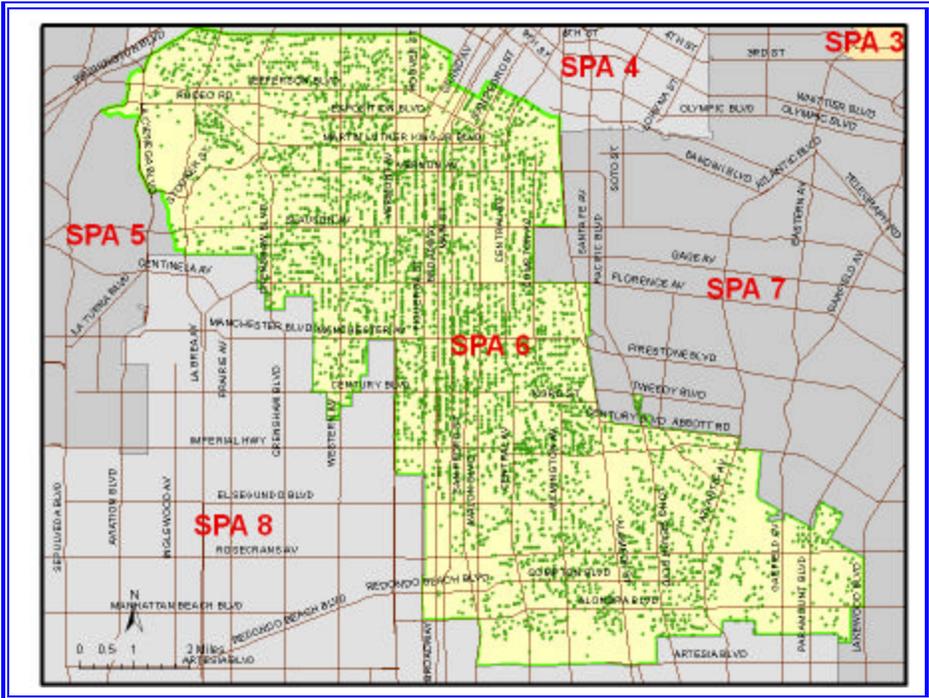


Figure 10: Distribution of Syphilis Cases in SPA 6: 2005



Tuberculosis (TB)

In 2005, there were a total of 124 cases of tuberculosis (TB) in SPA 6, showing no change from the previous year (2004, 124 cases). The majority of 2005 cases (56%) were among men and the most concentrated age group was 15-34 with 47 cases. There were 9 cases of TB among children 0-15 and 13 among adults 65 years of age or older.

Thirty percent of the cases in SPA 6 were African American and 68% were Latino. About 2% of the tuberculosis cases in SPA 6 were Asian. Country of birth for 40% of TB cases was the United States and Mexico (40%), followed by El Salvador (6%), Guatemala (4%) and Honduras (2%).

Four percent of our TB cases were homeless. Eighty three percent of our cases were tested for HIV and of these people 13% were positive. Eight percent of the patients approached for testing refused to be HIV tested.

TB case and rates (1999-2003) have been presented in Figure 11. Figure 12 shows a distribution of TB cases in SPA 6 during 2005.

Figure 11: Tuberculosis cases in SPA 6: 2001-2005

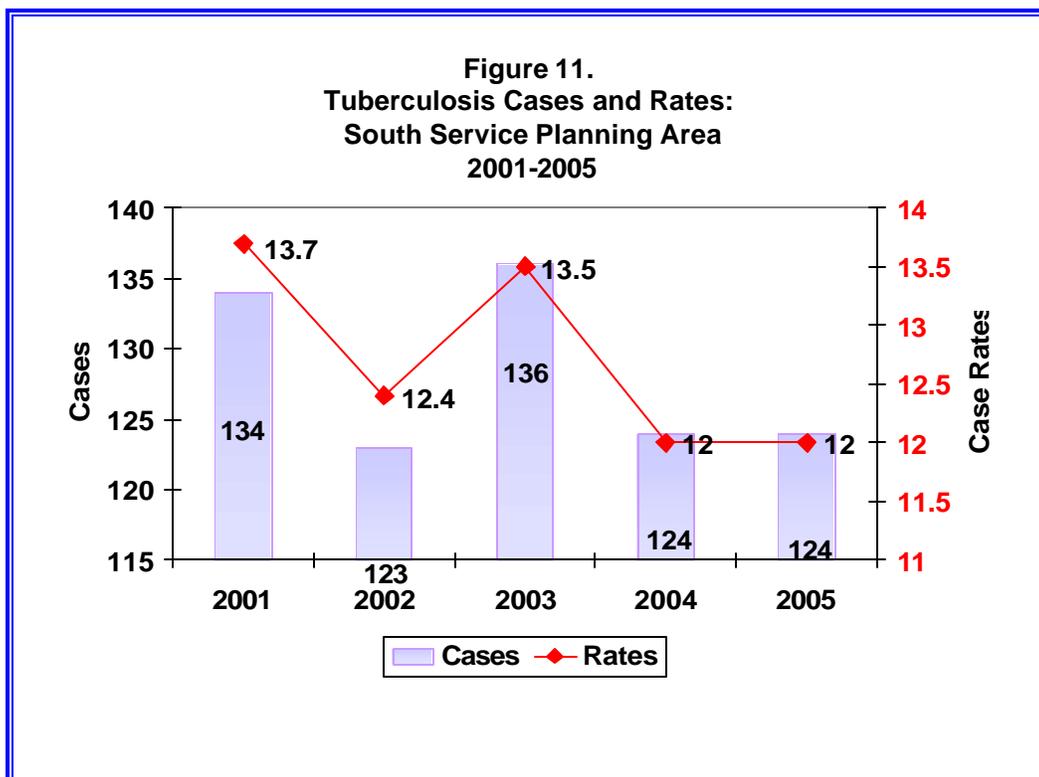
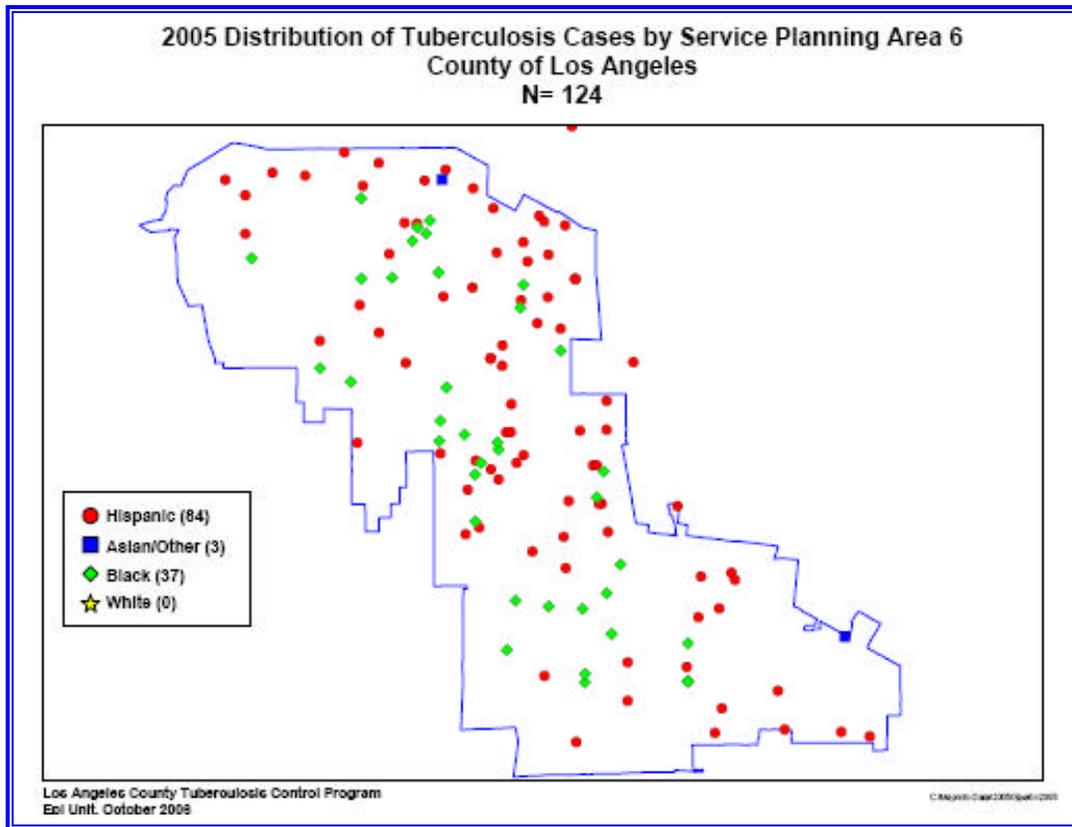


Table 11:
Tuberculosis cases and Rates in SPA 6 by Gender, Race, and Country of Birth: 2005

Demographic Variable	Cases		
	Number	Percent	Case Rate
Gender			
Male	69	55.6	13.6
Female	55	44.4	10.4
Total	124	100.0	12.0
Age Group			
00 - 04 Years	5	4.0	
05 - 14 Years	4	3.2	
15 - 34 Years	47	37.9	
35 - 44 Years	23	18.5	
45 - 54 Years	25	20.2	
55 - 64 Years	7	5.6	
65 Years and Over	13	10.5	
Total	124	100.00	
Race/Ethnicity			
White	0	0.0	0.0
African American	37	29.8	10.7
Latino	84	67.7	12.9
Asian/Pacific Islander	3	2.4	17.7
Other	0	0.0	N/A
Total	124	100.00	
Country of Birth			
United States of America	49	39.5	N/A
Mexico	49	39.5	N/A
El Salvador	7	5.6	N/A
Guatemala	5	4.0	N/A
Honduras	3	2.4	N/A
Other	11	8.9	N/A
Total	124	100.00	

Figure 12. Distribution of TB Cases in South SPA (SPA 6) in 2005



V. Burden of Disease and Injury

Disability-Adjusted Life Years (DALYs)

In January 2000, the Los Angeles County Department of Health Services completed a report titled *The Burden of Disease in Los Angeles County: A Study of the Patterns of Morbidity and Mortality in the County Population*. The report covered 1997 and employed a new method - the Global Burden of Disease - to assess the total burden of disease and injury among Los Angeles County residents. The method combined premature mortality (measured using Years of Life Lost, or YLLs) and morbidity (measured using Years Lived with Disability, or YLDs) into a single measure of burden known as Disability Adjusted Life Years (DALYs). The most important finding of the report was that DALYs produce a substantially different ranking of disease burden within Los Angeles County than do mortality rates alone.

The 1998 updated report (Table 12) presents the ten leading causes of disease burden in SPA 6. Homicide/violence was the leading cause of disease burden (9,899 years lost to premature death and disability), followed by heart disease (7,676 years), Alcohol Dependence (7,422), Diabetes Mellitus (6,575), and Stroke (4,945).

1998 has been the **last update** we have received due to discrepancies in calculating burden of disease in smaller populations such as counties and cities.

Table 12. Leading Causes of Disease Burden in SPA 6 Population - 1998

Rank	Cause of premature death and disability	DALYs	
		Years	Rate
1	Homicides & Violence	9,899	9.90
2	Coronary Heart Disease	7,676	7.67
3	Alcohol Dependence	7,422	7.42
4	Diabetes Mellitus	6,575	6.58
5	Stroke	4,945	4.95
6	Depression	4,532	4.53
7	Asthma	4,275	4.28
8	Drug Overdose/Other Intoxication	3,831	3.83
9	Osteoarthritis	3,561	3.56
10	TracheaBronchus/Lung Cancer	3,369	337.00
	All Causes	119,273	119.30

VI. Hospitalization

Leading Causes of Hospitalization

During 2005, excluding childbirth (vaginal and cesarean section), psychosis was the primary diagnosis for 4.4% of hospitalizations, followed by heart failure and shock (3.2%) and chest pain (1.9%). Other diagnoses included neonatal problems (1.8%), Pneumonia and Pleurisy (1.6%), Chronic Obstructive Pulmonary disease 1.6%, Bronchitis and Asthma (1.4%).

Table 13 shows diagnoses for 2005 hospitalizations throughout South SPA. In SPA 6, the majority of hospitalization (49.1%) was paid by Medi-Cal, followed by Medi-Care (23.5%), and private insurance (17.3%). A total of 11,345 hospitalized patients (7.2% of all hospitalizations) were indigents.

Table 13. Top 5 Diagnosis Related Groups for SPA 6 Hospitalizations, 2005

Rank	Principal Diagnosis at Discharge	Hospital Discharges		
		Number	Percent	Rate
1	Psychoses	6,923	4.40	66.8
2	Heart Failure ad Shock	5,030	4.10	48.5
3	Chest Pain	2,903	3.20	28.0
4	Neonate with Significant Problems	2,847	1.90	27.5
5	Simple Pneumonia and Pleurisy	2,564	1.80	24.7

note: Percent is percent of all hospitalizations in the SPA

Rate is per 10,000 individuals

Diagnoses are based on 4-digit ICD-9 codes

Rates are per 10,000 population. The total population in SPA 6 during 2005 was 1,036,466 persons.

Asthma-Related Hospitalization

Table 14 presents asthma-related hospitalizations in SPA 6 during 2005. Although the highest rates of Asthma were seen in the 1-17 age-group, newborns had the highest percentage and rate in that group. Eight percent of all asthma related hospitalizations were among the adults 65 years of age or older.

Table 14. Asthma Diagnosis and Hospitalizations, SPA 6: 2005

Asthma Diagnosis and Hospitalizations			
Age Group	Number	Percent	Rate
Under 1 year	1,030	31.6	99.4
1-17	1,058	32.5	102.1
18-34	201	6.2	19.4
35-64	550	16.90	53.1
65+	260	8.00	25.1
Unknown	157	4.80	15.1

VII. Mortality

Leading Causes of Death

Top 10 leading causes of death in 2004 are shown in table 15. For most communities, heart disease and cancers are predominant causes of death. However, for SPA 6, homicide is the 2nd leading cause of death among men.

Death rates per 100,000 persons are calculated for the top ten causes of death in SPA 6. Heart Disease and stroke death rates were highest among females cancer rates were higher among males.

Table 15. Leading Causes of Death in SPA 6 - 2004

Rank	Cause of Death (Male)	Deaths	Death Rate
1	Heart Disease	695	147.0
2	Homicide	328	69.4
3	Cancer, trachea, bronchus, lung	168	35.5
4	Cerebrovascular Diseases (Stroke)	157	33.2
5	Diabetes	129	27.3
6	Chronic Lower Respiratory Disease, Emphasema	116	24.5
7	Cancer, prostate	94	19.9
8	Chronic Liver Disease and Cirrhosis	88	18.6
9	HIV/AIDS	81	17.1
10	Accidents/vehicular	75	15.9

Rank	Cause of Death (Female)	Deaths	Death Rate
1	Heart Disease	748	154.9
2	Cerebrovascular Diseases (Stroke)	250	51.8
3	Cancer, trachea, bronchus, lung	129	26.7
4	Diabetes Mellitus	129	26.7
5	Cancer, breast	113	23.4
6	Pneumonia and Influenza	108	22.4
7	Chronic Lower Respiratory Disease, Emphasema	89	18.4
8	Primary Hypertension & Hypertensive Renal Disease	80	16.6
9	Cancer, colorectal	77	15.9
10	Alzheimer	76	15.7

Unintentional Injury Deaths, Suicides, and Homicides

The leading causes of injury-deaths during 2004, are presented in Table 16 below. The most frequently causes of injury-deaths included Homicide (firearm), vehicular accidents, poisoning, falls, and homicide (cut/piercing).

Average age at death was 26 for Homicides, 44 for motor vehicle accidents, 36 for unintentional poisoning, and 65 for falls. The majority of deaths (84.7% or 586 out of 692 total deaths) were among men. Total death toll among women in SPA6 during 2004 was 106.

Racial/ethnic breakdown of injury-deaths included 384 (55.5%) African-American, 276 (39.9%) were Latino, less than 4% white and 1% Asian (table 17).

The highest death rates occurred in the 20-24 (132), followed by 25-29 (111) and 15-19 (110.5). Death rates among 30-34 year age group was 105; adults 65 or older had a rate of 59 deaths per 100,000 persons.

Table 16. Unintentional Injury Deaths: Leading Causes, 2004

Race/Ethnicity	Injury Deaths		
	Number	Percent	Rate
Homicide-Firearm	333	48.1	29
Motor Vehicle Accidents	107	15.5	11
Unintentional Poisoning	50	7.2	6
Unintentional Falls	30	4.3	4
Homicide-Cut/Piercing	23	3.3	3
TOTAL	692	75.1	

Table 17. Racial/Ethnic Distribution of Injury Deaths in SPA 6 - 2004

Race/Ethnicity	Injury Deaths		
	Number	Percent	Rate
African American	384	55.5	113
Latino	276	39.9	44
white	25	3.6	104
Asian/other	7	1.0	32
TOTAL	692	100.0	

Years of Potential Life Lost (YPLL)

Years of potential life lost (YPLL) due to death prior to reaching the age of 65 are presented in Table 18. Years of potential life lost for homicides were substantially higher than for other causes of deaths, with 16,727 years compared to all other conditions, the highest of which is heart disease with 8730 years of potential life lost.

**Table 18. Years of Potential Life Lost
by Leading Cause of Death in SPA 6 - 2004**

Rank	Cause of Death	YPLL	
		Years	Rate
1	Homicide	16727	17.5
2	Heart Disease	8730	9.1
3	Motor Vehicle Accidents	4254	4.5
4	HIV/AIDS	3302	3.5
5	Stroke	2921	3.1
6	Diabetes	2638	2.8
7	Cancer, trachea, bronchus, lung	2454	2.6
8	Cancer, breast	1918	2.0
9	Chronic Liver Disease	1747	1.8
10	Cancer, colorectal	1495	1.6
11	Suicide	1264	1.3
12	Accidental poisoning	991	1.0

Years of Potential Life Lost (YPLL) = sum of years lost because of premature death before age 65; A death at a younger age will contribute more YPLL than a death at an older age. All rates shown are crude (unadjusted) rates.

Rates are years lost per 1,000 population at risk (population less than 65 years of age).

The population of SPA 6 during 2004 included 955,640 persons less than 65 years of age. There were a total of 6,058 deaths in SPA 6 during 2004.

**Table 19. Alcohol and Drug Services
SPS 6, Fiscal Year 2005-2006**

Race/Ethnicity	Number	Percent
White	880	8.5
African American	5,610	54.5
Latino	3,356	32.6
Asian/Pacific		
Islander	145	1.4
Native American	41	0.4
Other	262	2.5
Age Group		
0-17	1,436	13.9
18-64	8,709	84.6
65+	149	1.4
Type of Service		
Outpatient	8,656	84.1
Residential	1,638	15.9
TOTAL	10,294	223.2

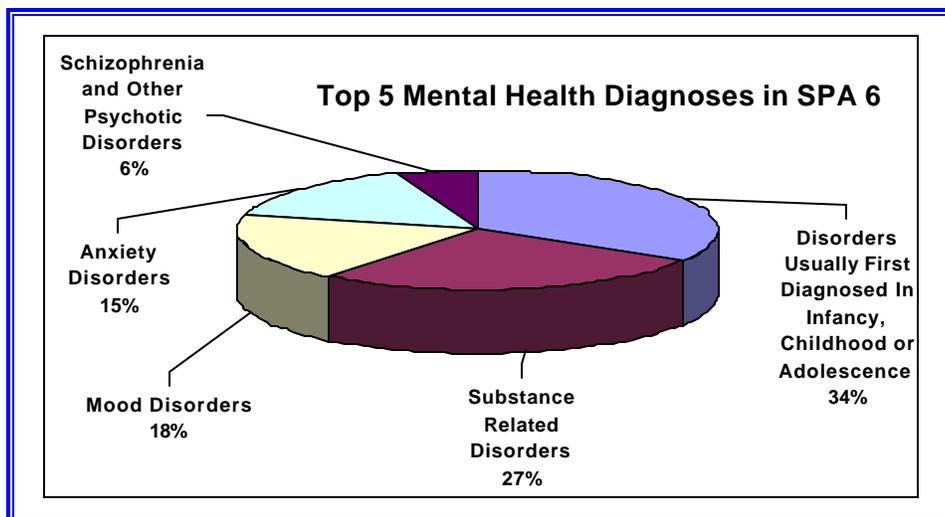
VIII. Alcohol and Drug Services

During July 2005-June 2006, there were 10,294 referrals for alcohol and drug related services among residents of SPA 6 (Table 19). The majority of services were offered in out-patient settings (84%). African American received 54.5% of the services while Latino's received 32.6%, followed by whites (8.5%).

According to a previous assessment, persons reporting Heroin as their primary drug problem represented the largest group of SPA 6 residents attending alcohol and drug programs, followed by Crack/Cocaine, Alcohol, Marijuana/Hashish, and Methamphetamines.

IX. Mental Health

Figure 13 shows the highest diagnosed mental health conditions in SPA 6. Mood disorders constituted the largest proportion of all mental health conditions diagnosed in SPA 6, followed by schizophrenia and other psychotic disorders. Adjustment disorders and anxiety disorders were some of the most prevalent primary diagnoses among the SPA residents.



APPENDICES

Appendix A: Data Sources

Appendix B: Map of the South Service Planning Area.

DATA SOURCES

- ? Estimated 2005 population: Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, Los Angeles, California.
- ? Estimated 2004 population living below the federal poverty level: Office of Planning, Los Angeles County Department of Health Services, Los Angeles, California.
- ? Recipients of public assistance: Research and Evaluation Section, Los Angeles County Department of Public Social Services, Los Angeles, California.
- ? Estimated homeless population for 2005: Los Angeles Homeless Service Authority and the City of Glendale, California.
- ? Births: 2004 Maternal, Child, & Adolescent Health Program, Los Angeles County Department of Health Services, Los Angeles, California.
- ? Cumulative AIDS cases, persons living with AIDS: HIV Epidemiology Program, Los Angeles County Department of Health Services, Los Angeles, California.
- ? Sexually transmitted disease cases: Sexually Transmitted Disease Program, Los Angeles County Department of Public Health, Los Angeles, California.
- ? Tuberculosis cases: Tuberculosis Control Program, Los Angeles County Department of Public Health, Los Angeles, California.
- ? Burden of disease and injury: Data Collection and Analysis Unit, Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, Los Angeles, California.
- ? Hospital discharges from acute care hospitals: Office of Ambulatory Care, Los Angeles County Department of Health Services, Los Angeles, California.
- ? Deaths: 2004 Death File, Data Collection and Analysis Unit, Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health, Los Angeles, California.
- ? Persons receiving alcohol and drug services: Alcohol and Drug Program Administration, Los Angeles County Department of Public Health, Los Angeles, California.

? Persons receiving mental health services: Planning Division, Los Angeles County
Department of Mental Health, Los Angeles, California.

Los Angeles County

New Health District and Service Planning Area Boundaries



LEGEND

2002 Health Districts

2002 Service Planning Areas

- SPA 1 - Antelope Valley
- SPA 2 - San Fernando
- SPA 3 - San Gabriel
- SPA 4 - Metro
- SPA 5 - West
- SPA 6 - South
- SPA 7 - East
- SPA 8 - South Bay

Source: US Census Bureau, Redistricting Census 2000 TIGER/Line files

Prepared by Los Angeles County DHS, Public Health, Office of Health Assessment and Epidemiology, September 2002