

Los Angeles County Health Profile

UCLA Clinical Translational Science Institute (CTSI)

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Local health data have the potential to inspire communities and inform investigators, which collectively can drive change toward improved health in Los Angeles County (LAC). This report details results of initial efforts by the UCLA CTSI Community Engagement Research Program (CERP)'s Health Services Data Subcommittee to engage with communities and identify and quantify disease prevalence and health care utilization, along with associated social determinants of health.

Using data from the UCLA-based California Health Interview Survey (CHIS) and state collected hospital discharge and emergency department encounter data from the Office of State Health Planning and Development (OSHPD), investigators of the data subcommittee created profiles of health and health care outcomes covering the six core areas, plus related risk behaviors of the UCLA CTSI consortium mapped to the 26 health districts (HDs), which comprise the 8 Service Planning Areas (SPAs) in Los Angeles County (Figure 1, page 2).

Examining the hospital-based care outcomes in relation to population level disease prevalence and risk factors provide important context to the descriptive health status of each LAC district. It is possible that individuals living in certain health districts may have better access to health care and chronic disease management, reflected by average or relatively high overall disease prevalence, coupled with lower hospital utilization. Other districts have disproportionately greater disease severity (based on high rates of hospital-utilization for a given condition) and comparably high disease prevalence in the population. Finally, there are some districts where disease prevalence is reported as very low, while hospital-based care measures are high. The data in this case could reflect a lack of awareness of the underlying illness among individuals living in these areas and presents a noteworthy opportunity to examine whether improved access to quality ambulatory care would improve health.

Taken together, results of the community engagement and analytic portions create a roadmap for moving forward. Plans include:

- Further focus estimates for community partners to more granular regions (e. g. , cities, neighborhoods) defined by zip code or census tracts as the most granular level of data available (see Appendix C for map of proposed neighborhoods)
- Use results to engage community partners in areas where awareness of a health condition appears to be low, but hospital-based care is high
- Implications of health care reform and expanded coverage of insurance on possible increase in diagnosis of health conditions and/or changes in rates of preventable hospitalizations
- Explore dynamic (interactive) mapping of estimates that could be linked to local resource availability
- Supplement area use estimates with mortality estimates from the state death master file
- Supplement area use estimates with cancer incidence rates from the state cancer registry
- Report back to community collaborators to share, interpret, and translate findings into meaningful solutions to address health concerns

As part of these early stages of the UCLA CTSI, this LAC Community Health Profile project report responds to the critically important need to assess and identify the communities that could most benefit from UCLA's innovation and research, and where key synergies could be formed with the CTSI. The results of this community collaborative

process will ensure that the information about inequities in health, along with possible roadmap of solutions on how to improve matters, will reach those communities that are most affected and are the very people who can drive dramatic and sustainable change.

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The UCLA Clinical Translational Science Institute’s Health Services Research Data Subcommittee of the Community Engagement Research Program (CERP) acknowledges this project as the brainchild of Dr. Rick Brown, a passionate advocate for evidence-based policies and programs. He envisioned the synthesis of various data sources at the local level as an opportunity to inform the UCLA CTSI and drive real sustainable change for those communities in Los Angeles County that need it most.

We also acknowledge Sitaram Vangala, M.S., Senior Statistician, Department of Medicine Statistics Core, David Geffen School of Medicine at UCLA who analyzed the hospital discharge data and calculated the Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators, Inpatient Quality Indicators and additional quality measures under the direction and leadership of Dr. David Zingmond. Hongjian Yu, Ph.D., Director of Statistical Support at the UCLA Center for Health Policy Research, and his colleagues Yueyan Wang, Ph.D., Statistician, and Melanie Levy, M.S., Assistant Statistician, produced the small area estimates from the California Health Interview Survey (CHIS) for the 26 Los Angeles County health districts. In addition, we recognize the time and effort put forth by Héctor Alcalá, Ph.D. candidate, and Diane Tan, Ph.D. candidate and UCLA CTSI fellow, who helped prepare data tables and maps for this report. None of this work would have been possible without support from the UCLA CTSI.

SUGGESTED CITATION

INTRODUCTION

The UCLA Clinical Translational Science Institute (CTSI) Health Services Research Data Subcommittee, as part of the Community Engagement Research Program (CERP), engaged with community collaborators to assemble local data for the purpose of improving health in Los Angeles County (LAC).

We engaged with communities to analyze and examine health survey and hospital discharge data and identified variations in health and hospital-based care outcomes for LAC health districts. The Data Subcommittee consulted with various community stakeholders including representatives from health clinics and systems, community-based organizations, academic-community partnerships and the health department to identify measures of health that would serve as valuable evidence to shape community plans, health initiatives, local health policies and the evaluation of programs.

Feedback received from this collaborative process informed the final list and definition of indicators and refined the data analyses designed to quantify the health status of and illustrate geographic variation among LAC health districts. The syntheses of these data, as summarized in this Los Angeles County Community Health Profile, illustrate the burden of disease and preventable hospitalizations for six clinical domains of the CTSI (diabetes/obesity, cardiovascular and cerebrovascular disease, cancer, addiction, mental health, and HIV). Results of this initial exploratory phase of the project (supported by one-year of CTSI funding) address the following proposed project aims:

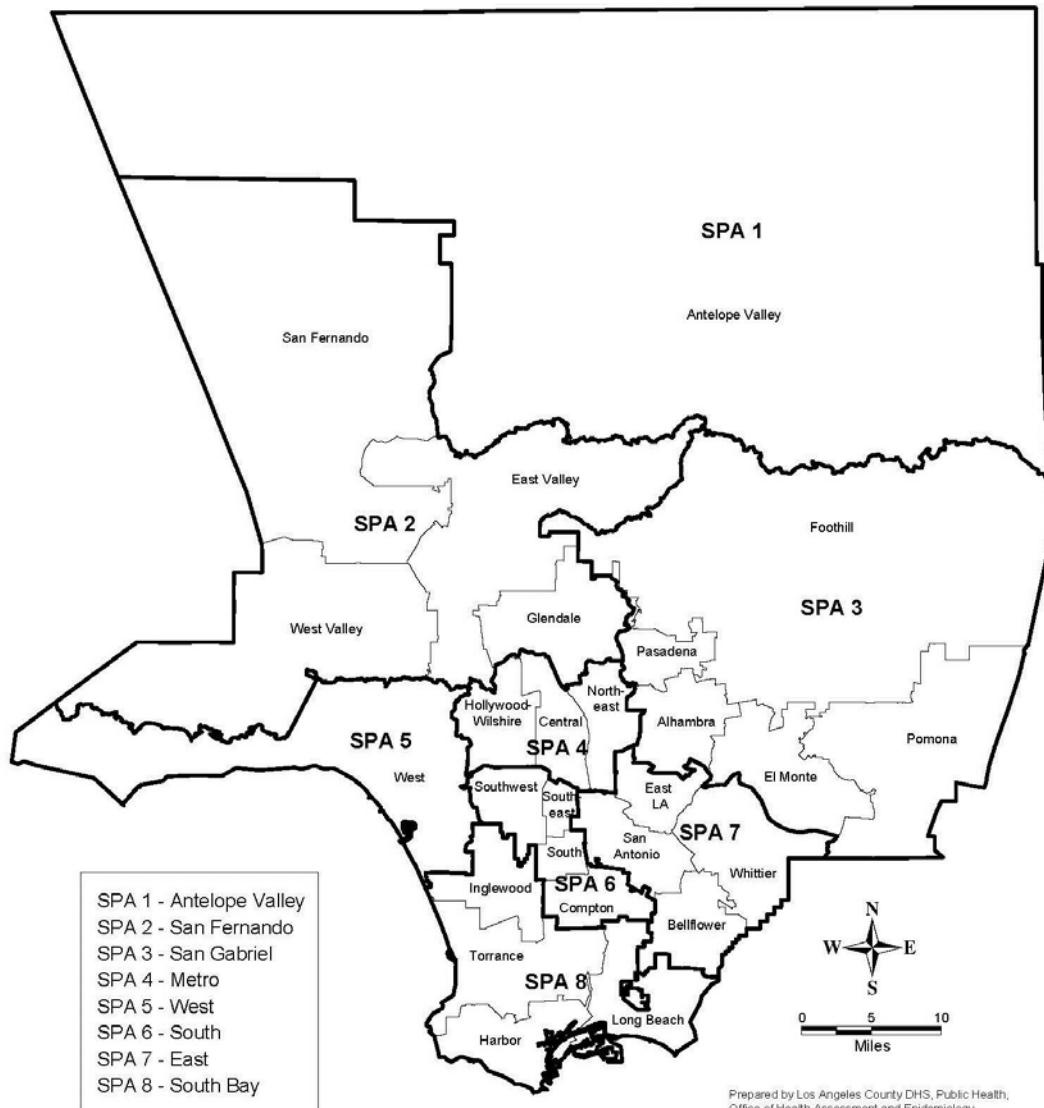
1. *Engage with community stakeholders in an iterative process to inform and refine data analysis plans to produce health data that are relevant and meaningful to community-based improvement efforts*
2. *Develop an analysis plan based on community engagement efforts outlined in Aim 1 to examine population health and healthcare*
3. *Develop an analysis plan based on community engagement efforts outlined in Aim 1 to examine disease-specific preventable hospitalizations and emergency department (ED) encounters*
4. *Produce a report that incorporates the profile of LAC communities, with focused analyses of key geographic areas engaged in per Aim 1*

The evidence outlined in this Los Angeles County Community Health Profile may serve as an empirical guide for investigators, community providers, policy makers and other stakeholders to:

(1) identify culturally tailored and community driven solutions for the specific population health and healthcare needs identified; (2) recommend evidence-based solutions on how to meet these needs; and (3) direct greater resources to those communities most in need.

Preliminary findings have already begun to inform the work of CTSI investigators and community collaborators while enabling the Data Subcommittee to build relationships with additional community partners. This level of engagement has enhanced our analyses and we anticipate will mobilize community stakeholders in all of the health districts, with support from the UCLA CTSI, to begin discussions on how to address high rates of preventable hospitalizations and poor population health, while shaping CTSI's strategies on how to move toward improved health and health care in LAC.

Figure 1. Map of Los Angeles County Service Planning Areas and Health Districts



DATA FINDINGS

This section provides a brief description of the data tables and maps produced for this report. First, we summarize the general demographic and socioeconomic characteristics of the 26 health districts, and then we describe hospital-utilization rates and disease prevalence estimates profiling the districts based on the CTSI core measures, when available.

Measures of disease prevalence and hospital utilization (based on definitions of preventable hospitalizations) are included for the following conditions: diabetes; hypertension; coronary heart failure and related heart attacks and

chest pain; heart disease and cardiovascular disease risk; procedures to treat ischemic heart disease; pulmonary diseases – including asthma and COPD (chronic obstructive pulmonary disease); acute mental illness and serious psychological distress; and a summary measure ranking all chronic disease related hospitalizations. In addition, measures of cancer screening and mortality and obesity and sedentary behavior along with structural measures of the built environment are included. Definitions of all measures and the methods employed to produce these final outcomes are detailed in Appendix B, page 25-42.

Tables and maps are also presented within this section to highlight selected findings and illustrate those districts with the greatest hospital-case for ambulatory care sensitive conditions (ACSCs) and disease prevalence. Data are presented in relative terms to show differences across health districts and ranked for certain outcomes. It is our intention that these data help inform CTSI investigators and community collaborators and to encourage further exploration of *where, why and how* there may be opportunities to intervene, and ultimately improve patient outcomes and community health.

DATA SOURCES AND METHODS

Disease prevalence estimates are modeled based on the 2011-2012 California Health Interview Survey (CHIS), which is a state-wide random digit-dial telephone survey. Most measures come from asking whether a respondent reported ever having been diagnosed with a particular condition (e.g., “Have you ever been told by a doctor that you have diabetes?”). For a list of all the CHIS constructs and details small area estimation procedures employed see Appendix B.

Hospital utilization is defined by the Agency for Healthcare Research and Quality (AHRQ)’s prevention quality indicators (PQIs) and inpatient quality indicators (IQIs). PQIs are a set of measures that identify conditions for which good outpatient care or early intervention can prevent complications or more severe disease and potential hospitalizations. IQIs are a set of measures that reflect the quality of care inside hospitals and utilization of procedures that may be associated with lower mortality. Counts of hospital admissions and ER encounters were produced and PQIs and IQIs were calculated as rates per 100,000 based on data from Office of Statewide Health Planning and Development (OSHPD) for the 26 LAC health districts. For more

I. Population Characteristics (from previous report)

Tables B2a and B2b (in Appendix B) present some general characteristics of Los Angeles County (page 30-31). More than 15% of adults in 12 out of 26 of the health districts (HDs) are age 65 and over. Alhambra and Harbor have the highest proportion of older adults and Southeast and Compton have the lowest. The proportion of low-income adults (under 100% FPL) ranges from 7% in Torrance to 39% in Southeast. In 9 of the 26 HDs, less than $\frac{3}{4}$ of adults (age 25 and over) have a high school education. The lowest estimated percentage of adults with a high school education is 37% (Southeast) and 48% (South). HDs with the highest proportion of adults with limited English proficiency (LEP) are Southeast (48%), Central (44%), San Antonio (43%), and East LA (42%), followed by Northeast, El Monte, and Alhambra (38%).

LAC is a diverse region with a majority-minority demographic breakdown. Non-Hispanic Whites form the majority of residents (West and Glendale) in only two health districts (HDs) and constitute less than 10% of residents in

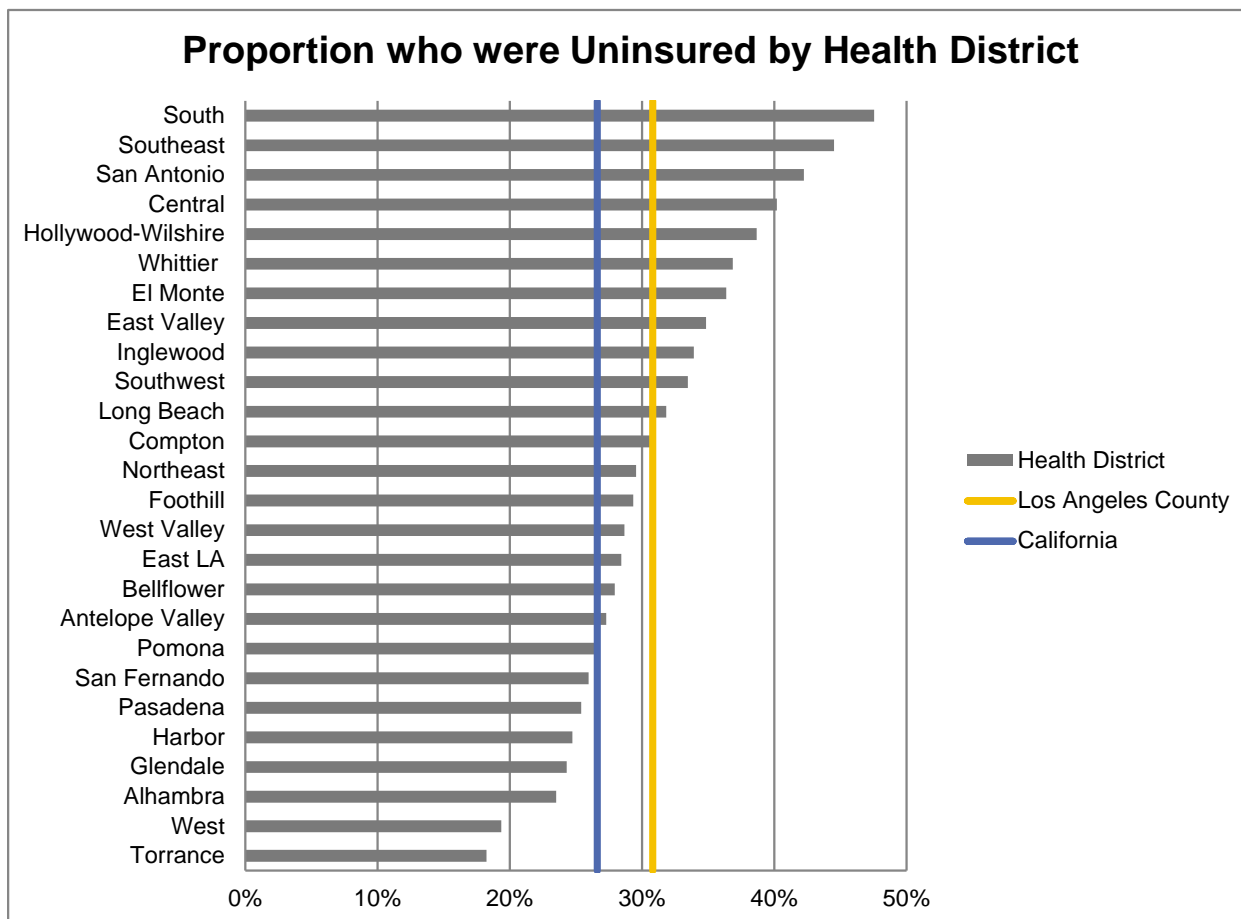
seven HDs (Table B2). In five of these HDs, Compton, East LA, South, Southeast, and Southwest, less than 5% of the residents are non-Hispanic Whites. In 16 of the 26 HDs, Hispanic individuals are at least 40% of the population in the respective districts. In five HDs, Hispanic individuals are at least 70% of the population in the HDs. The lowest estimated percentage of Hispanic individuals is 14% (West) and the highest is 89% (East LA).

II. Findings from California Health Interview Survey (CHIS)

Uninsured in Past Year

From 2011-2012, more than 6 million California adults ages 18-64 reported that they had been uninsured at some point in the past year. A third of those adults reside in Los Angeles County. The proportion of uninsured adults under 65 was 4% higher, at 31%, than the overall state proportion of 27%. A third or more adults in Metro, South, and East SPAs were uninsured, giving these SPAs the highest proportions of uninsured adults under 65. The proportion of uninsured by health district varied widely from 18% in Torrance to 48% in South. Twelve of the 26 health districts had at least 30% of respondents report that they had been uninsured at some point in the past year. For more details, see Tables 3 and 4 in the Appendix.

Figure 2. Proportion of Those who were Uninsured in Past Year by Health District, Los Angeles County, Adults 18-64, 2011-2012

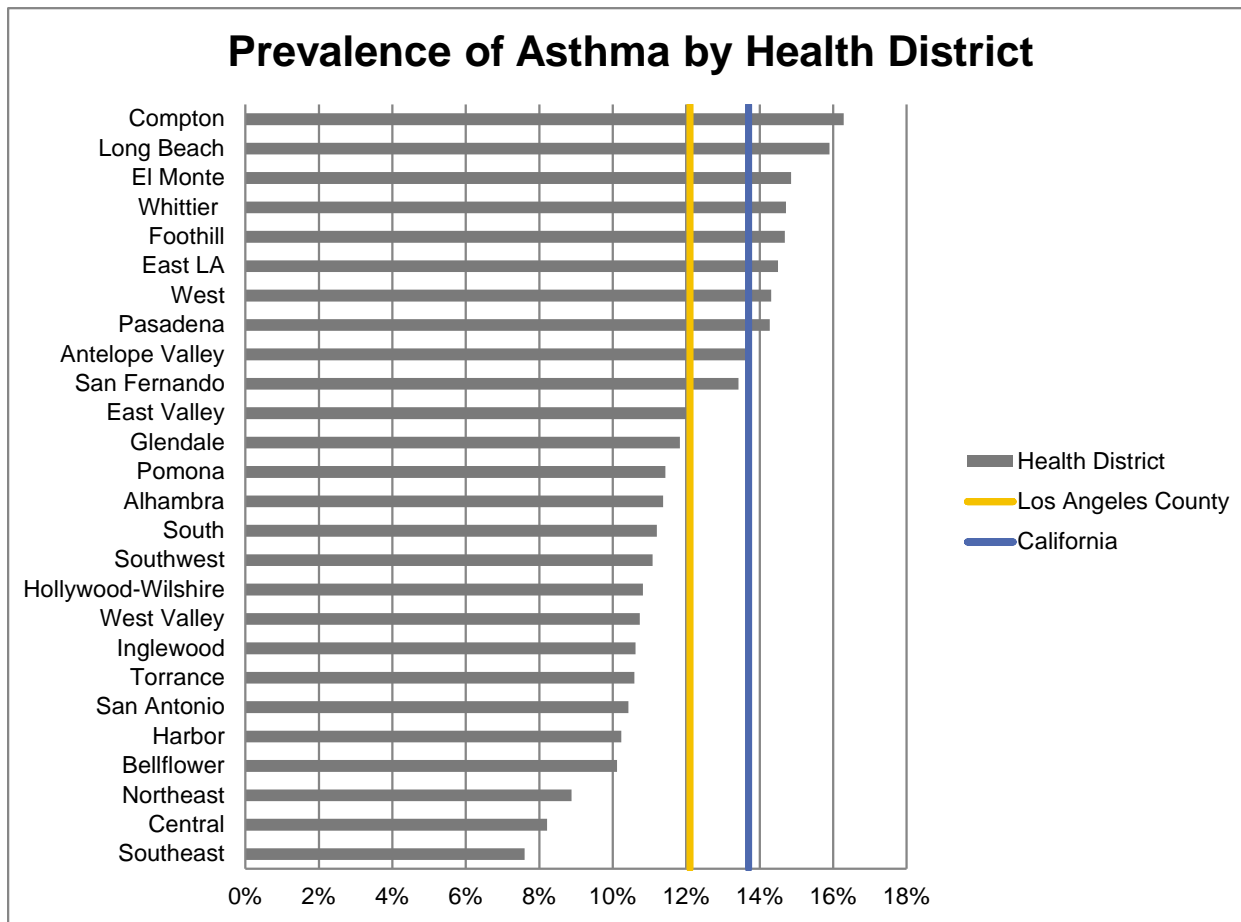


Data Source: California Health Interview Survey (CHIS) 2011-2012

Asthma

In California, 14% of adults ages 18 and older, 3.8 million people, have been told by a physician that they have asthma, nearly one-fourth of those people (897,000) reside in Los Angeles County. More than 1 in 10 people in Los Angeles County have received an asthma diagnosis. Prevalence of asthma ranged from 8% in the Metro SPA to 15% in the West SPA. When comparing prevalence of asthma by health district, the two HDs with the highest prevalence at 16%, Compton and Long Beach, had prevalence nearly twice that of the HDs with the lowest prevalence at 8%, Southeast and Central. For more details, see Tables 1 and 2 in the Appendix.

Figure 2. Prevalence of Asthma by Health District, Los Angeles County, Adults 18+, 2011-2012



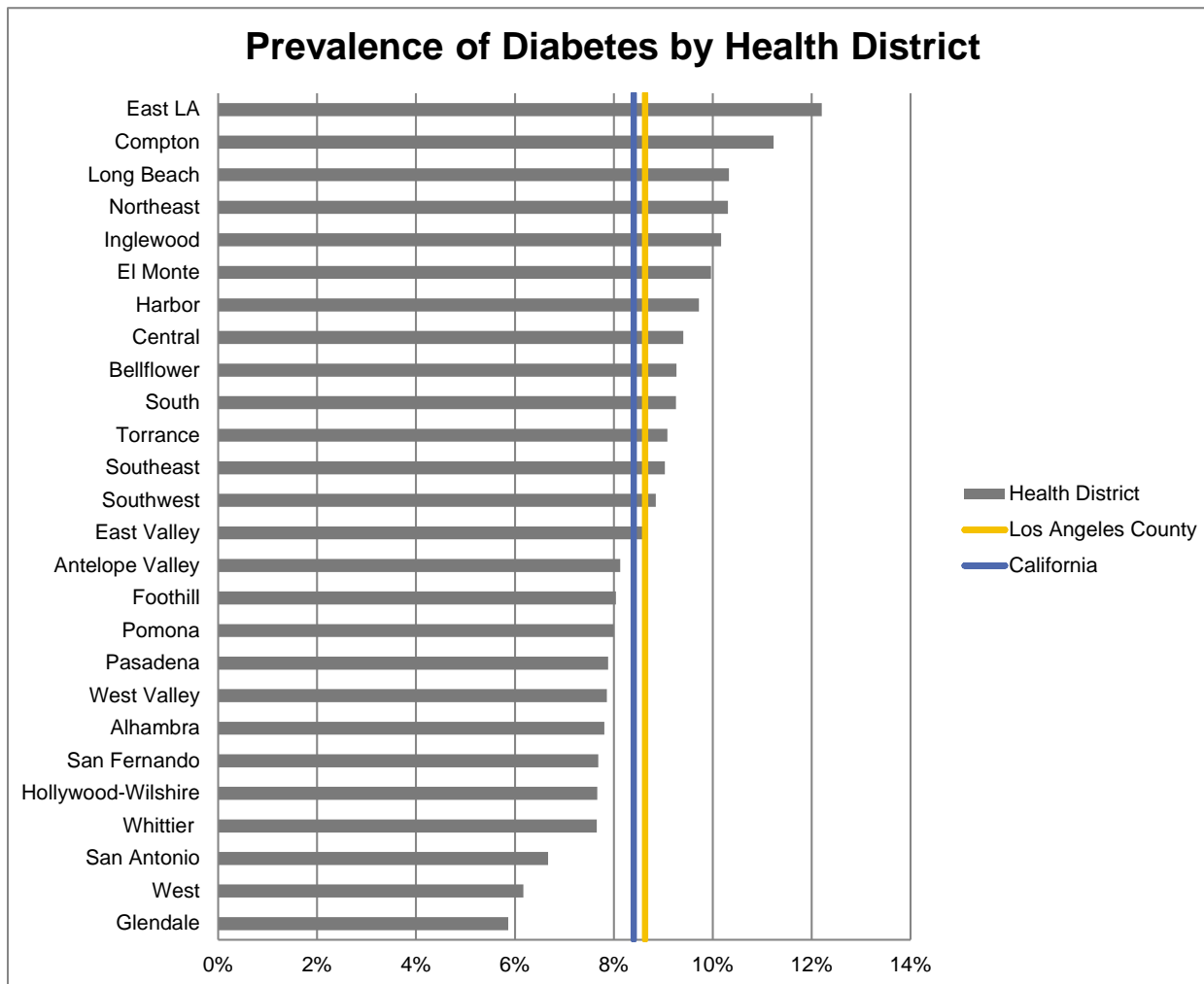
Data Source: California Health Interview Survey (CHIS) 2011-2012

Diabetes

The prevalence of diabetes in Los Angeles County is 9%, representing 639,000 California adults over 18. Prevalence varies by SPA, from 5% in West to 11% in South and South Bay. When looking at prevalence by HD, at least one in 10 people had diabetes in six different HDs (El Monte, Inglewood, Northeast, Long Beach, Compton, and East LA). Compton and East LA, the two HDs with the highest diabetes prevalence (11% and 12%, respectively), had

percentages that were nearly twice that of the two HDs with the lowest prevalence, Glendale and West at 6%. For more details, see Tables 1 and 2 in the Appendix.

Figure 3. Prevalence of Diabetes by Health District, Los Angeles County, Adults 18+, 2011-2012

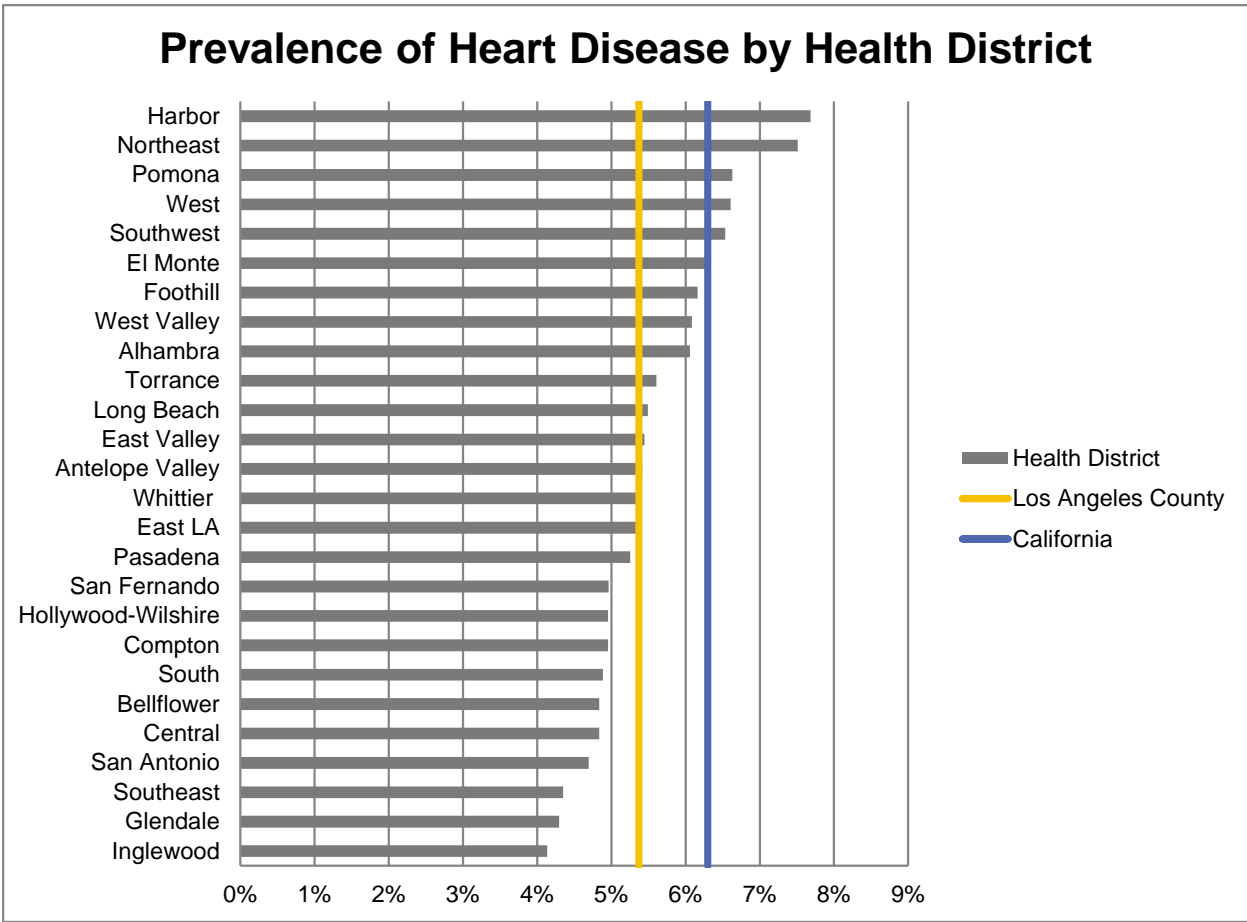


Data Source: California Health Interview Survey (CHIS) 2011-2012

Heart Disease

In California, 6% of adults 18 and older, or approximately 1.8 million people, have been told they have heart disease; 415,000 of them live in Los Angeles County. The burden of heart disease is relatively equally distributed across SPAs and HDs. The East and South SPAs had the lowest prevalence of heart disease at 5%, while West SPA had the highest prevalence at 7%. When looking at variation in prevalence by HD, Inglewood, Glendale and Southeast HDs had the lowest prevalence at 4%, and Northeast and Harbor had the highest prevalence at 8%. For more details, see Tables 1 and 2 in the Appendix.

Figure 4. Prevalence of Heart Disease by Health District, Los Angeles County, Adults 18+, 2011-2012

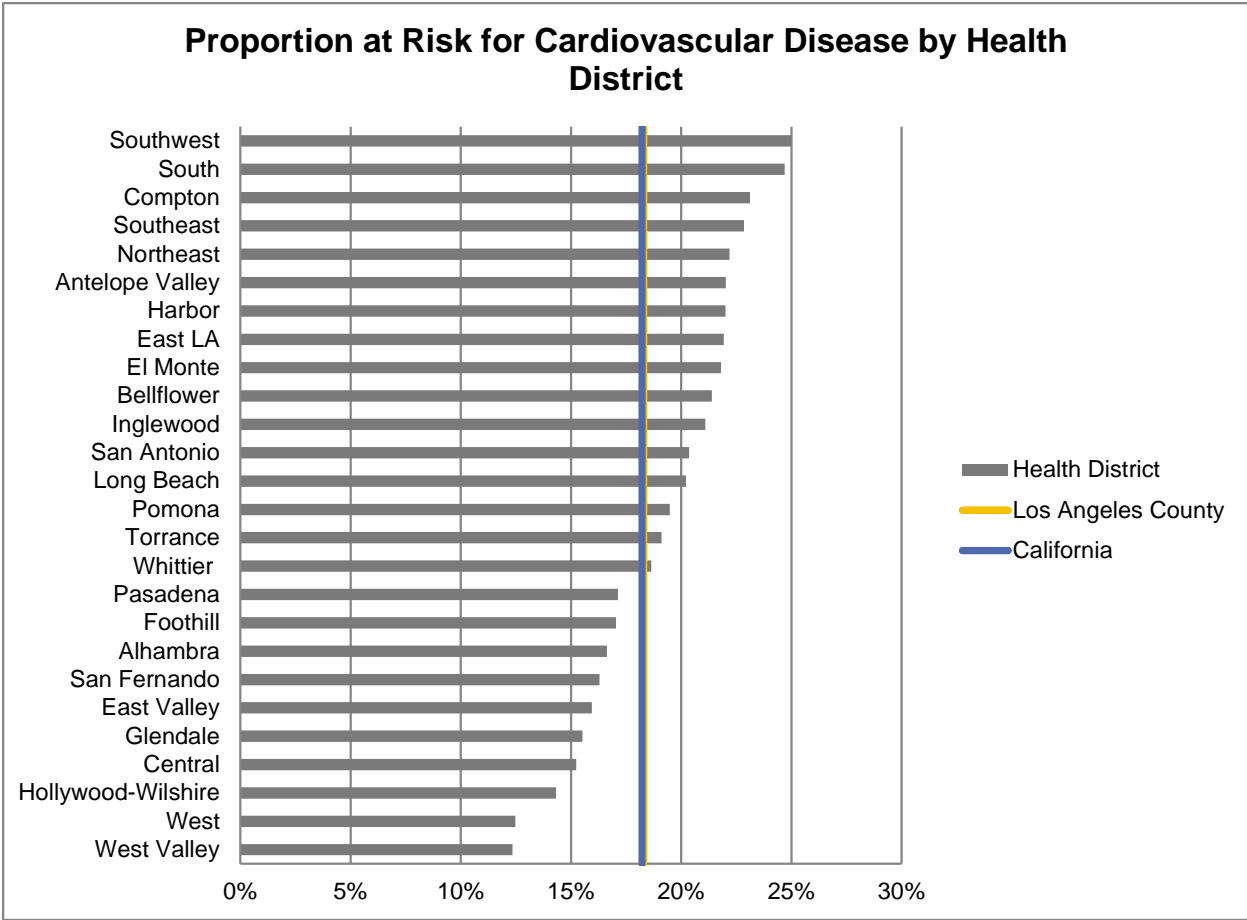


Data Source: California Health Interview Survey (CHIS) 2011-2012

Risk of Cardiovascular Disease (CVD)

In 2011-2012, nearly 1 in 5 adults in Los Angeles County was at risk for CVD, meaning they have at least two risk factors associated with CVD, including high blood pressure, diabetes, smoking, or obesity. The proportion of people at risk for CVD varied by SPA from 14% in San Fernando Valley to 25% in South. Variations in risk of CVD were also apparent across HDs. While just over 1 in 10 adults were at risk for CVD in West Valley and West, 1 in 4 adults were at risk in South and Southwest HDs. For more details, see Tables 3 and 4 in the Appendix.

Figure 5. Proportion of Those at Risk for Cardiovascular Disease by Health District, Los Angeles County, Adults 18+, 2011-2012



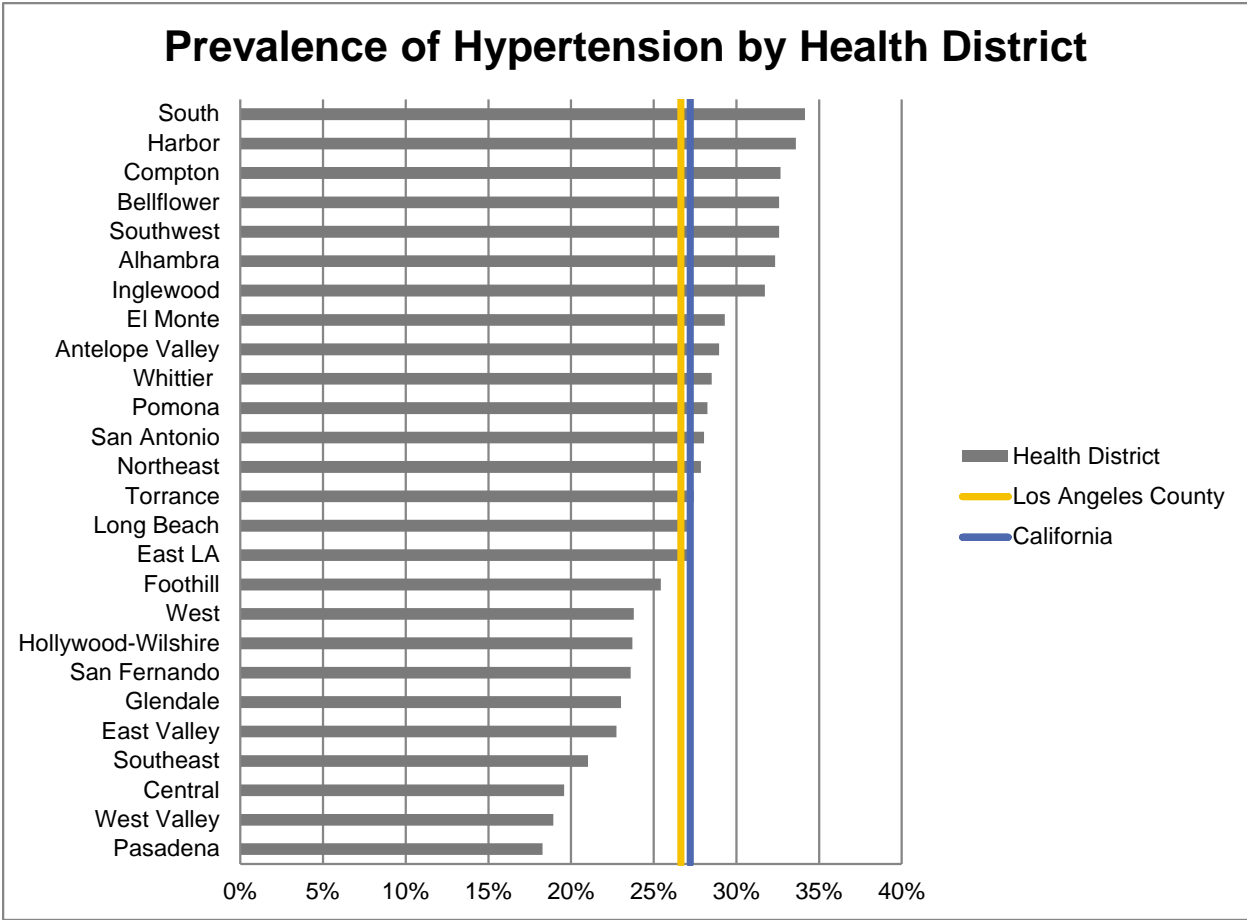
Data Source: California Health Interview Survey (CHIS) 2011-2012

For more details, see Table 3 and 4 in the Appendix.

Hypertension

More than a quarter, 7.6 million, of California adults have hypertension, 2 million of which live in Los Angeles County. In more than half of Los Angeles’s SPAs, nearly one in three people have hypertension (San Gabriel Valley, Antelope Valley, East, South Bay, and South). Disparities in prevalence of hypertension existed between SPAs, as the percentage of people with hypertension in South, the SPA with the highest prevalence, was more than ten percentage points greater than that of the SPA with the lowest prevalence, San Fernando Valley. Disparities between HDs were even more apparent. In the South HD, 34% of adults had hypertension, giving it the highest prevalence in Los Angeles. However, six other HDs were not far behind-- Harbor, Compton, Bellflower, Southwest, Alhambra, and Inglewood all had prevalence greater than 31%. Compare that to other HDs, such as Pasadena, West Valley and Central, where the prevalence was less than 20%. Although the burden of hypertension is greater in some HDs than others, all HDs are in need of improvements. For more details, see Tables 1 and 2 in the Appendix.

Figure 6. Prevalence of Hypertension by Health District, Los Angeles County, Adults 18+, 2011-2012



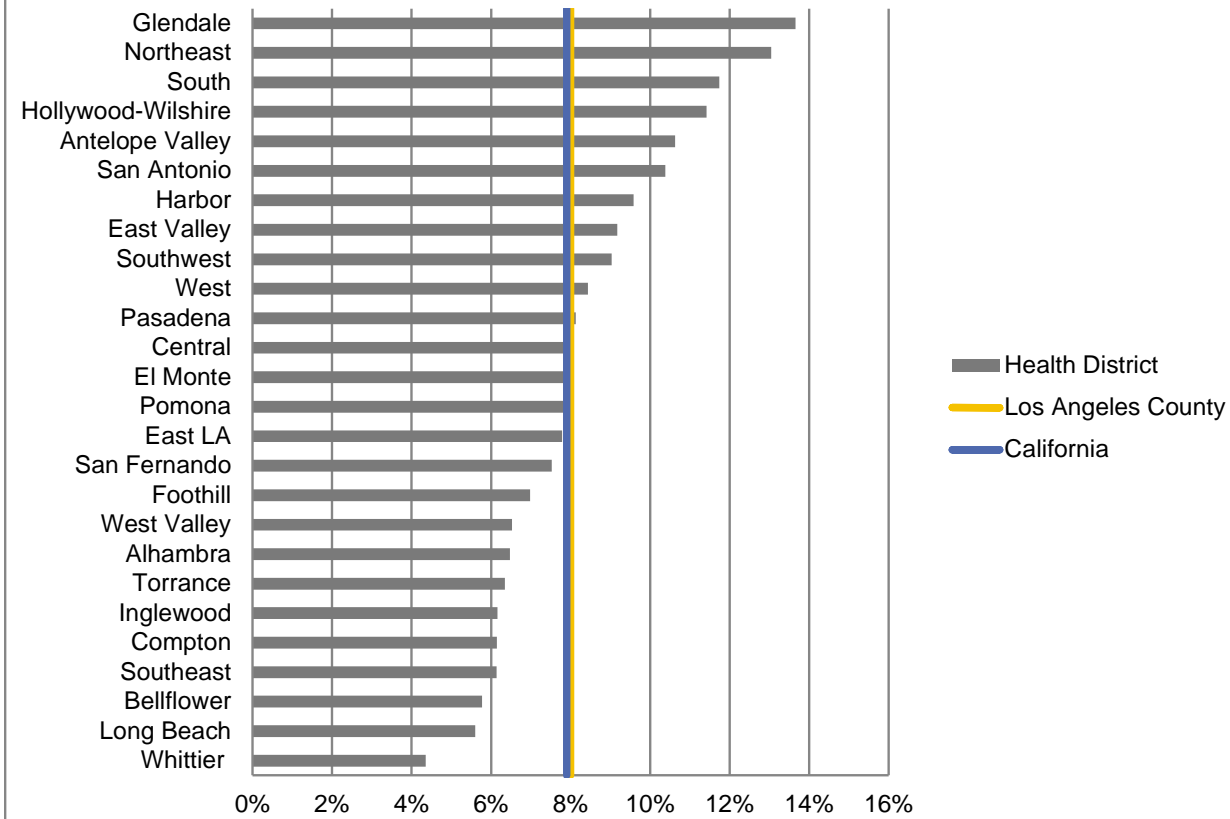
Data Source: California Health Interview Survey (CHIS) 2011-2012

Psychological Distress

More than 2 million California adults were determined to have experienced psychological distress in the past year; more than a quarter of these adults live in Los Angeles County. Psychological distress is defined using the "Kessler 6 (K6)." Responses to the six K6 items are combined into a composite score, with a score of 13 or greater indicating serious psychological distress during a 30-day period in the past year. The prevalence of psychological distress ranged from 6% in East SPA to 11% in Antelope Valley SPA. The range of prevalence of psychological distress was greater across health districts. The health district with the lowest prevalence of psychological distress at 4% was Whittier, while the highest prevalence was found in Glendale HD at 14%. For more details, see Tables 1 and 2 in the Appendix.

Figure 7. Prevalence of Psychological Distress by Health District, Los Angeles County, Adults 18+, 2011-2012

Prevalence of Psychological Distress in Past Year by Health District



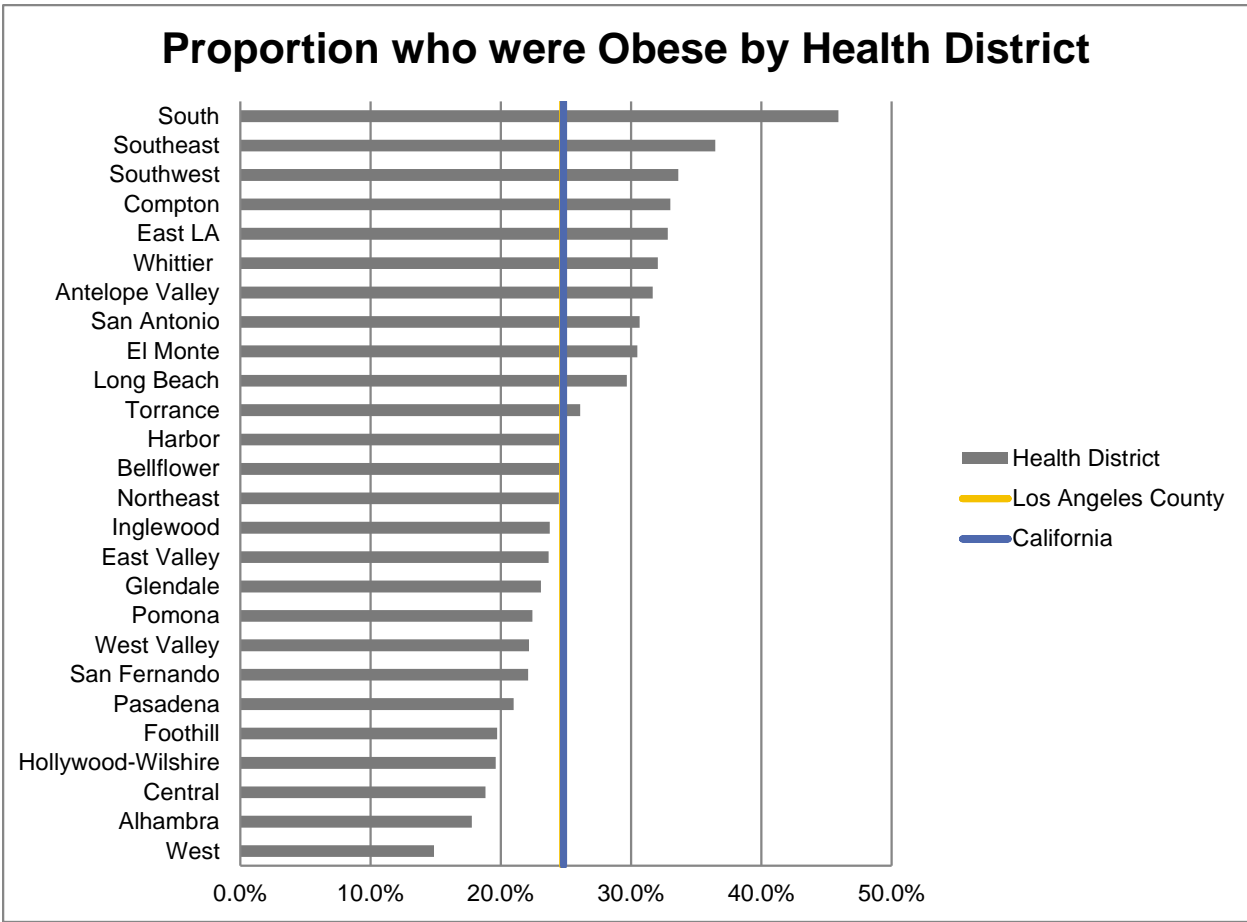
Data Source:

California Health Interview Survey (CHIS) 2011-2012

Obesity

A quarter of adults in Los Angeles County were obese, a health state that puts them at risk for many chronic diseases; however the proportion of obese adults varied widely by both SPA and HD. The SPAs with the highest proportion of obese adults were South and Antelope Valley, in which at least 1 in 3 adults were obese. Their proportions were nearly 2.5 times greater than that of the SPA with the lowest proportion of obese adults, West at 14%. When looking at obesity by health district, the differences were even more distinct. Thirty percent or more of adults in nine of the 26 HDs were obese. All four of the HDs in the South SPA had the highest proportion of adults who were obese. In South HD, the district with the highest proportion of obese adults, the proportion was three times greater, at 46%, than the proportion in West, the district with the lowest proportion at 15%. For more details, see Table 3 and 4 in the Appendix.

Figure 8. Proportion of Those who were Obese by Health District, Los Angeles County, Adults 18+, 2011-2012



Data Source: California Health Interview Survey (CHIS) 2011-2012

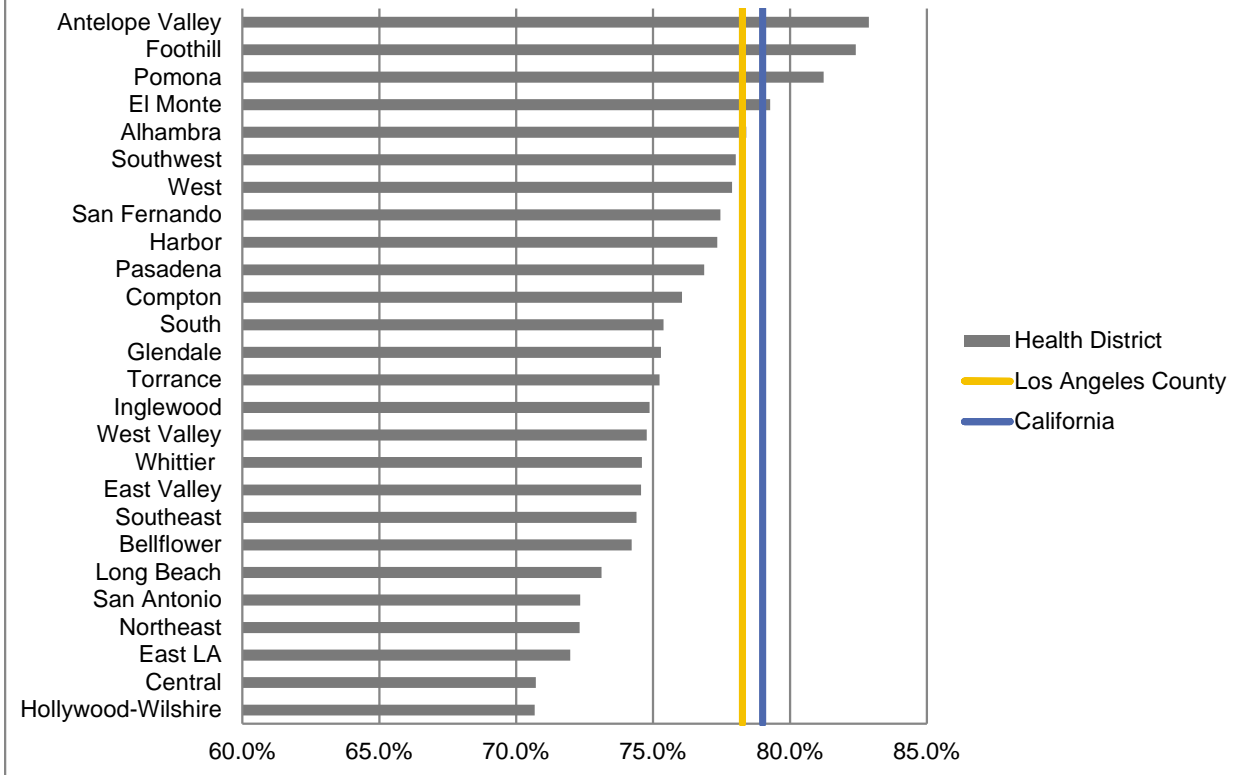
Note: Overall rate for LA County overlaps with California's.

Mammogram

Though the majority of women ages 40 and older in Los Angeles County had received a mammogram in the past two years, more than one in five had not received the test. The proportion of women who had received a mammogram was approximately similar across SPAs and health districts. Within health districts, the proportion of women who had obtained a mammogram in the last two years ranged from 71% in Hollywood-Wilshire to 83% in Antelope Valley; however, differences were not statistically significant. For more details, see Table 3 and 4 in the Appendix.

Figure 9. Proportion of Those who Received a Mammogram by Health District, Los Angeles County, Adults 18+, 2011-2012

Proportion who had Mammogram in Past Two Years by Health District



Data Source: California Health Interview Survey (CHIS) 2011-2012

III. Findings from OSHPD data

Diabetes related preventable hospitalizations and prevalence

We examined the four AHRQ-defined diabetes measures – short-term complications, long-term complications, uncontrolled diabetes, and diabetic lower extremity amputation. Table Bx.

Preventable hospitalizations due to diabetes and related complications by Los Angeles County Health Districts, OSHPD 2012

HD#	Health District	PQ#01 Short term Complication	PQ#03 Long term Complication	PQ#14 Uncontrolled	PQ#16 Lower Extremity Amputation	PQ#80 Any Diabetes Complication
		rate per 100,000	rate per 100,000	rate per 100,000	rate per 100,000	rate per 100,000
3	Alhambra	46.6	139.6	26.4	10.3	217.5
5	Antelope Valley	90.1	116.1	13.6	12.2	225.2
6	Bellflower	72.0	153.6	19.9	17.0	251.2
9	Central	47.4	118.1	16.8	13.8	192.3
12	Compton	168.2	529.0	38.5	46.0	754.8
16	East LA	33.2	231.5	31.7	18.7	309.2
19	East Valley	36.9	107.0	15.6	8.9	163.7
23	El Monte	61.9	159.4	20.5	14.6	248.8
25	Boothill	36.6	83.2	8.8	8.2	133.4
27	Glendale	39.2	76.1	14.7	10.6	134.7
31	Harbor	63.6	103.3	6.7	16.4	184.0
34	Hollywood/Wilshire	38.7	84.1	11.8	8.4	139.1
37	Inglewood	42.6	136.6	14.4	12.6	199.4
40	Long Beach	54.1	137.3	18.7	16.0	218.4
47	NorthEast	25.6	112.1	20.6	16.9	170.2
50	Pasadena	57.0	84.8	12.9	8.0	161.8
54	Pomona	54.5	105.0	10.2	9.7	173.8
58	San Antonio	50.2	190.8	23.1	24.0	275.6
62	San Fernando	53.8	93.6	5.5	8.1	156.9
69	South	63.2	360.6	37.1	42.4	470.6
72	Southeast	142.2	184.9	49.0	11.3	381.9
75	Southwest	132.5	318.8	37.9	53.9	517.6
79	Torrance	34.5	98.8	7.3	9.8	144.8
84	West	24.6	70.1	8.4	5.2	106.4
86	West Valley	48.0	96.3	9.6	10.6	159.6
91	Whittier	23.4	81.6	17.6	10.6	126.9

Sources: OSHPD 2012 adjusted estimates of AHRQ Quality Indicator definitions, counts per 100,000 population based on Census 2010 population.

Table Bx. Preventable emergency department visits due to diabetes by Los Angeles County Health Districts, OSHPD 2012

HD#	Health District	PQ#01	PQ#03	PQ#14	PQ#16	PQ#80
		Short term Complication	Long term Complication	Uncontrolled	Lower Extremity Amputation	Any Diabetes Complication
		rate per 100,000	rate per 100,000	rate per 100,000	rate per 100,000	rate per 100,000
3	Alhambra	3.1	119.5	29.9	12.2	164.5
5	Antelope Valley	4.9	161.7	14.9	3.7	185.2
6	Bellflower	13.4	148.8	34.2	13.3	209.5
9	Central	5.8	106.6	35.9	14.8	163.1
12	Compton	14.4	437.9	85.1	19.7	557.2
16	East LA	13.9	157.1	15.7	30.6	216.6
19	East Valley	5.0	100.9	21.0	20.0	146.5
23	El Monte	2.7	147.6	21.3	26.6	195.2
25	Foothill	4.3	70.1	9.5	.6	84.6
27	Glendale	2.2	103.5	26.4	12.6	141.6
31	Harbor	5.4	109.3	27.6	1.3	143.6
34	Hollywood/Wilshire	3.6	67.9	14.6	31.7	116.8
37	Inglewood	4.4	87.6	15.8	5.4	113.1
40	Long Beach	5.9	115.8	34.7	16.1	171.7
47	North East	6.9	139.6	45.7	9.7	201.5
50	Pasadena	2.6	87.8	12.0	3.3	105.6
54	Pomona	6.0	113.1	19.1	17.1	153.9
58	San Antonio	4.2	163.4	39.0	4.7	211.3
62	San Fernando	4.0	87.7	7.8	24.7	121.4
69	South	17.0	205.6	57.6	23.9	304.2
72	Southeast	10.4	230.9	26.6	22.7	290.5
75	Southwest	16.4	292.2	83.0	40.7	432.2
79	Torrance	3.4	84.3	17.3	3.7	108.5
84	West	4.1	56.3	8.9	72.6	138.0
86	West Valley	5.2	104.1	16.5	37.3	161.7
91	Whittier	5.5	86.4	14.3	91.6	190.9

Table Bx. Preventable hospitalizations due to COPD and Asthma in Older Adults by Los Angeles County Health Districts, OSHPD 2012

HD #	Health District	PQ# 05	PQ# 05	Total COPD
		Inpatient	ER	and Asthma
		Admissions	Encounters	Visits Among
		rate per 100,000	rate per 100,000	Older Adults
				rate per 100,000
3	Alhambra	343.7	387.6	731.3
5	Antelope Valley	536.1	704.7	1240.8
6	Bellflower	348.9	458.6	807.5
9	Central	488.7	696.2	1184.9
12	Compton	1322.8	1193.9	2516.7
16	East LA	442.8	477.1	919.9
19	East Valley	351.3	450.2	801.4
23	El Monte	480.2	433.6	913.8
25	Foothill	231.7	247.8	479.6
27	Glendale	283.5	344.7	628.2
31	Harbor	232.2	381.6	613.8
34	Hollywood/Wilshire	350.3	333.6	683.8
37	Inglewood	271.5	309.8	581.3
40	Long Beach	402.5	547.7	950.2
47	Northeast	324.7	659.3	984.1
50	Pasadena	278.2	264.7	542.9
54	Pomona	244.7	334.0	578.7
58	San Antonio	491.0	555.8	1046.8
62	San Fernando	273.9	352.1	626.0
69	South	1091.5	809.8	1901.4
72	Southeast	681.3	941.1	1622.4
75	Southwest	1346.6	1449.3	2795.9
79	Torrance	237.9	306.9	544.8
84	West	186.3	225.5	411.8
86	West Valley	291.2	478.3	769.6
91	Whittier	197.9	293.8	491.7

Table Bx. Preventable hospitalizations due to Asthma in Younger Adults by Los Angeles County Health Districts, OSHPD 2012

HD #	Health District	PQ15 Inpatient Admissions	PQ15 ED Encounters	Total Asthma visits among younger adults
		rate per 100,000	rate per 100,000	rate per 100,000
3	Alhambra	10.0	441.0	451.0
5	Antelope Valley	39.1	491.5	530.5
6	Bellflower	35.8	393.4	429.2
9	Central	24.1	287.0	311.1
12	Compton	159.0	584.6	743.7
16	East LA	12.7	444.8	457.5
19	East Valley	22.6	353.6	376.2
23	El Monte	44.3	449.2	493.5
25	Foothill	23.8	290.7	314.5
27	Glendale	17.0	376.1	393.0
31	Harbor	28.2	438.9	467.1
34	Hollywood/Wilshire	26.8	253.1	280.0
37	Inglewood	48.0	294.4	342.4
40	Long Beach	33.4	352.6	386.0
47	Northeast	40.3	405.3	445.6
50	Pasadena	27.5	248.7	276.2
54	Pomona	29.5	352.7	382.2
58	San Antonio	52.8	540.5	593.2
62	San Fernando	21.2	305.6	326.7
69	South	25.3	515.3	540.6
72	Southeast	43.7	350.8	394.6
75	Southwest	34.6	296.5	331.1
79	Torrance	20.5	259.4	280.0
84	West	12.2	198.1	210.3
86	West Valley	26.0	399.1	425.1
91	Whittier	18.8	235.9	254.7

Hypertension – prevalence and related hospitalizations

Hypertension-derived hospital encounters were broken out between ED encounters not leading to hospitalization, admissions, and total encounters (ED encounters plus admissions). Admissions reflect hypertensive-related complications (hypertension, hypertensive emergency, hypertension plus heart failure, hypertension plus renal failure), while ED encounters are qualitatively different (AHRQ PQI#7).

Table Bx. Preventable hospitalizations due to Hypertension by Los Angeles County Health Districts, OSHPD 2012

HD #	Health District	PQ07	PQ07	Inpatient and ED
		Inpatient Admissions	ED Encounters	Total
		rate per 100,000	rate per 100,000	rate per 100,000
3	Alhambra	53.2	218.9	272.1
5	Antelope Valley	45.9	276.8	322.7
6	Bellflower	60.1	260.5	320.6
9	Central	54.1	286.3	340.3
12	Compton	154.4	412.6	567.0
16	East LA	50.2	179.5	229.7
19	East Valley	38.3	262.3	300.6
23	El Monte	31.2	208.4	239.7
25	Foothill	25.1	121.3	146.4
27	Glendale	44.5	278.8	323.4
31	Harbor	21.9	229.0	250.9
34	Hollywood/Wilshire	45.0	196.6	241.6
37	Inglewood	49.9	168.9	218.7
40	Long Beach	55.1	230.1	285.1
47	Northeast	52.9	309.5	362.4
50	Pasadena	46.9	155.0	201.9
54	Pomona	27.0	178.4	205.4
58	San Antonio	51.9	281.2	333.1
62	San Fernando	36.5	255.0	291.5
69	South	108.3	311.3	419.6
72	Southeast	43.4	324.5	367.9
75	Southwest	112.6	359.4	472.0
79	Torrance	23.6	198.5	222.1
84	West	27.4	144.4	171.8
86	West Valley	41.0	273.2	314.2
91	Whittier	17.4	159.1	176.6

Cardiac Disease – estimated prevalence, occurrence and treatment of ischemic heart disease, and heart failure related hospitalizations

Occurrence of ischemic heart disease hospitalizations contrasts between rates of acute illness (acute myocardial infarction (AMI) and angina (chest pain)) and procedures to treat ischemic heart disease (bypass surgery and coronary angioplasty).

Table Bx. Preventable hospitalizations due to congestive heart failure (CHF PQI#8) and Angina (PQI #13) by Los Angeles County Health Districts, OSHPD 2012

HD #	Health District	PQ08 Inpatient admissions rate per 100,000	PQ08 ED encounters rate per 100,000	CHF Inpatient and ED Total rate per 100,000	PQ13 Angina Inpatient admissions rate per 100,000	PQ13 Angina ED encounters rate per 100,000	Angina Inpatient and ED Total rate per 100,000
3	Alhambra	273.2	67.4	340.6	22.1	23.0	45.2
5	Antelope Valley	235.1	79.6	314.7	24.3	35.4	59.7
6	Bellflower	268.6	83.9	352.4	33.2	21.2	54.4
9	Central	313.8	54.5	368.3	26.5	18.0	44.4
12	Compton	678.2	112.1	790.3	119.7	79.2	198.9
16	East LA	454.6	63.2	517.7	52.5	27.0	79.5
19	East Valley	258.8	55.5	314.3	22.0	17.8	39.8
23	El Monte	288.8	66.7	355.5	16.9	11.2	28.0
25	Foothill	198.2	38.7	236.9	13.2	11.7	24.8
27	Glendale	236.7	45.7	282.5	27.9	18.0	45.9
31	Harbor	228.1	87.9	316.0	15.6	14.0	29.6
34	Hollywood/Wilshire	232.8	46.2	278.9	19.8	11.9	31.8
37	Inglewood	210.6	38.1	248.7	32.4	12.9	45.4
40	Long Beach	230.2	53.9	284.1	27.2	24.3	51.4
47	Northeast	239.7	76.5	316.1	43.0	13.0	56.1
50	Pasadena	158.2	35.9	194.0	21.3	14.6	35.9
54	Pomona	232.5	56.5	288.9	17.0	22.1	39.1
58	San Antonio	353.3	73.9	427.2	40.5	18.4	59.0
62	San Fernando	254.1	52.6	306.6	18.6	18.7	37.4
69	South	578.9	108.3	687.1	123.8	24.7	148.5
72	Southeast	434.1	64.7	498.8	51.8	21.4	73.3
75	Southwest	538.5	109.1	647.6	81.1	35.9	117.0
79	Torrance	205.2	53.6	258.7	16.6	12.1	28.7
84	West	180.5	29.8	210.3	12.5	12.7	25.1
86	West Valley	262.6	48.8	311.4	19.8	18.1	38.0
91	Whittier	170.4	50.9	221.2	8.5	10.3	18.8

HD #	Health District	PQ10 Inpatient admissions	PQ10 ED Encounters	Inpatient and ED Total
		rate per 100,000	rate per 100,000	rate per 100,000
3	Alhambra	79.0	139.2	218.2
5	Antelope Valley	95.8	143.9	239.7
6	Bellflower	79.2	101.5	180.6
9	Central	98.4	141.6	240.0
12	Compton	222.0	228.6	450.6
16	East LA	122.2	195.4	317.6
19	East Valley	85.9	134.5	220.4
23	El Monte	84.2	104.6	188.8
25	Foothill	65.7	106.9	172.6
27	Glendale	79.8	127.1	207.0
31	Harbor	75.1	200.4	275.6
34	Hollywood/Wilshire	92.3	124.5	216.9
37	Inglewood	74.2	96.4	170.6
40	Long Beach	94.5	133.9	228.5
47	Northeast	74.5	139.9	214.4
50	Pasadena	103.1	130.2	233.3
54	Pomona	72.2	83.4	155.6
58	San Antonio	116.8	121.0	237.7
62	San Fernando	81.9	133.9	215.8
69	South	113.7	146.1	259.8
72	Southeast	172.4	186.2	358.7
75	Southwest	239.8	174.0	413.8
79	Torrance	69.5	145.8	215.3
84	West	70.0	112.8	182.9
86	West Valley	89.5	143.6	233.2
91	Whittier	49.2	56.0	105.2

Table Bx. Preventable hospitalizations due to dehydration by Los Angeles County Health Districts, OSHPD 2012

Table Bx. Preventable hospitalizations due to bacterial pneumonia by Los Angeles County Health Districts, OSHPD 2012

HD #	Health District	PQ11 Inpatient admissions	PQ11 ED encounters	Inpatient and ED total
		rate per 100,000	rate per 100,000	rate per 100,000
3	Alhambra	172.1	114.4	286.4
5	Antelope Valley	201.9	153.7	355.5
6	Bellflower	199.3	119.5	318.8
9	Central	193.2	131.4	324.5
12	Compton	369.2	282.2	651.4
16	East LA	260.1	173.2	433.3
19	East Valley	161.4	125.8	287.2
23	El Monte	176.4	126.1	302.5
25	Foothill	126.9	82.3	209.1
27	Glendale	180.2	112.1	292.3
31	Harbor	154.0	161.9	315.9
34	Hollywood/Wilshire	155.7	96.9	252.5
37	Inglewood	120.1	107.7	227.8
40	Long Beach	187.7	142.1	329.8
47	Northeast	175.0	119.2	294.1
50	Pasadena	155.4	72.5	227.9
54	Pomona	143.6	104.9	248.5
58	San Antonio	225.9	132.7	358.6
62	San Fernando	195.0	124.8	319.9
69	South	238.1	269.1	507.2
72	Southeast	225.8	231.0	456.8
75	Southwest	339.4	194.5	533.8
79	Torrance	144.2	118.0	262.1
84	West	134.7	81.0	215.7
86	West Valley	171.6	123.2	294.9
91	Whittier	99.1	86.5	185.6

Table Bx. Preventable hospitalizations due to urinary infection by Los Angeles County Health Districts, OSHPD 2012

HD #	Health District	PQ12	PQ12 ED	Inpatient and
		Inpatient Admissions	Encounters	ED total
		rate per 100,000	rate per 100,000	rate per 100,000
3	Alhambra	142.7	728.0	870.8
5	Antelope Valley	180.0	974.0	1154.0
6	Bellflower	172.1	901.6	1073.7
9	Central	183.3	712.2	895.5
12	Compton	463.1	1833.9	2297.0
16	East LA	244.7	999.1	1243.7
19	East Valley	144.9	791.7	936.6
23	El Monte	153.2	719.1	872.3
25	Foothill	128.1	443.7	571.8
27	Glendale	144.6	624.1	768.7
31	Harbor	116.3	809.3	925.6
34	Hollywood/Wilshire	176.8	559.0	735.8
37	Inglewood	140.1	526.1	666.2
40	Long Beach	176.9	824.8	1001.7
47	Northeast	150.8	741.6	892.4
50	Pasadena	150.6	451.1	601.8
54	Pomona	113.2	635.4	748.6
58	San Antonio	284.2	957.6	1241.8
62	San Fernando	150.1	721.5	871.6
69	South	249.1	1090.7	1339.8
72	Southeast	193.2	854.6	1047.8
75	Southwest	409.7	1301.5	1711.1
79	Torrance	110.4	481.2	591.6
84	West	136.8	459.4	596.1
86	West Valley	150.1	765.3	915.3
91	Whittier	96.4	534.8	631.2

Table Bx. Preventable Inpatient Admissions due to acute (PQ#91) and chronic (PQ #92) conditions by Los Angeles County Health Districts, OSHPD 2012

HD #	Health District	PQ91	PQ92	PQ90
		ACUTE PQI	CHRONIC PQI	OVERALL PQI
		rate per 100,000	rate per 100,000	rate per 100,000
3	Alhambra	393.8	768.8	1162.5
5	Antelope Valley	477.6	856.6	1334.2
6	Bellflower	450.6	829.7	1280.3
9	Central	474.8	878.9	1353.7
12	Compton	1054.3	2537.6	3591.9
16	East LA	627.0	1127.5	1754.5
19	East Valley	392.2	695.0	1087.1
23	El Monte	413.8	881.7	1295.5
25	Foothill	320.7	513.6	834.0
27	Glendale	404.6	614.7	1019.4
31	Harbor	345.5	595.7	941.1
34	Hollywood/Wilshire	424.8	650.3	1075.1
37	Inglewood	334.3	669.4	1003.7
40	Long Beach	459.1	777.3	1236.5
47	Northeast	400.3	710.1	1110.5
50	Pasadena	409.1	560.5	969.6
54	Pomona	329.0	603.8	932.8
58	San Antonio	626.8	1027.1	1653.9
62	San Fernando	427.1	633.2	1060.3
69	South	600.9	1922.6	2523.5
72	Southeast	591.5	1322.8	1914.2
75	Southwest	988.9	2042.0	3030.8
79	Torrance	324.1	536.2	860.3
84	West	341.4	439.5	781.0
86	West Valley	411.3	662.2	1073.5
91	Whittier	244.6	445.4	690.0

Table Bx. Preventable ED visits due to acute (PQ#91) and chronic (PQ #92) conditions by Los Angeles County Health Districts, OSHPD 2012

HD #	Health District	PQ91	PQ92 Chronic	PQ90 Overall
		Acute		
		rate per 100,000	rate per 100,000	rate per 100,000
3	Alhambra	981.6	882.3	1862.7
5	Antelope Valley	1271.6	1191.6	2462.8
6	Bellflower	1122.5	1005.9	2127.0
9	Central	985.2	1044.8	2029.9
12	Compton	2344.6	2097.4	4442.1
16	East LA	1367.6	949.3	2316.3
19	East Valley	1052.0	890.6	1941.4
23	El Monte	949.8	919.6	1869.3
25	Foothill	632.9	522.2	1155.0
27	Glendale	863.3	842.1	1705.4
31	Harbor	1171.6	880.3	2051.9
34	Hollywood/Wilshire	780.4	669.5	1448.1
37	Inglewood	730.3	636.2	1366.3
40	Long Beach	1100.8	945.2	2045.6
47	Northeast	1000.7	1152.3	2152.6
50	Pasadena	653.8	569.0	1222.8
54	Pomona	823.7	751.4	1574.8
58	San Antonio	1211.3	1134.1	2343.9
62	San Fernando	980.2	778.9	1758.8
69	South	1505.9	1433.7	2939.4
72	Southeast	1271.8	1392.8	2664.6
75	Southwest	1669.9	1898.3	3567.1
79	Torrance	745.0	659.6	1404.5
84	West	653.2	535.1	1184.3
86	West Valley	1032.1	943.8	1974.4
91	Whittier	677.4	675.4	1348.9

Table Bx. Inpatient admissions due to HIV/AIDS by Los Angeles County Health Districts, OSHPD 2012

HD #	Health District	CQ01 Inpatient Admissions rate per 100,000
3	Alhambra	64.2
5	Antelope Valley	22.0
6	Bellflower	20.8
9	Central	175.4
12	Compton	64.6
16	East LA	48.2
19	East Valley	40.6
23	El Monte	15.5
25	Foothill	16.4
27	Glendale	51.1
31	Harbor	24.7
34	Hollywood/Wilshire	158.9
37	Inglewood	27.6
40	Long Beach	69.3
47	Northeast	112.3
50	Pasadena	18.7
54	Pomona	14.1
58	San Antonio	48.9
62	San Fernando	11.5
69	South	186.1
72	Southeast	89.0
75	Southwest	282.9
79	Torrance	15.1
84	West	38.7
86	West Valley	28.0
91	Whittier	17.7

Table Bx. Inpatient admissions due to cervical cancer (CQ#3), uterine cancer (CQ#4) and ovarian cancer (CQ#5) by Los Angeles County Health Districts, OSHPD 2012

HD #	Health District	CQ03	CQ04	CQ05
		Cervical Cancer	Uterine Cancer	Ovarian Cancer
		rate per 100,000	rate per 100,000	rate per 100,000
3	Alhambra	3.7	24.2	12.5
5	Antelope Valley	3.8	24.8	14.7
6	Bellflower	2.9	17.8	10.3
9	Central	7.4	27.4	17.6
12	Compton	1.0	55.8	4.9
16	East LA	1.9	52.2	21.0
19	East Valley	5.8	25.1	15.4
23	El Monte	6.5	26.5	9.1
25	Foothill	4.6	25.6	11.2
27	Glendale	4.8	24.1	11.3
31	Harbor	10.0	21.0	16.1
34	Hollywood/Wilshire	7.0	32.5	16.7
37	Inglewood	2.6	14.3	10.3
40	Long Beach	3.3	26.2	18.4
47	Northeast	5.2	33.8	8.6
50	Pasadena	4.1	17.5	19.8
54	Pomona	5.6	21.5	13.5
58	San Antonio	7.6	20.1	19.7
62	San Fernando	2.2	30.7	13.4
69	South	14.9	41.0	9.3
72	Southeast	10.5	39.9	3.5
75	Southwest	2.3	29.3	7.5
79	Torrance	4.3	24.3	27.6
84	West	2.3	24.4	17.3
86	West Valley	6.6	18.9	14.0
91	Whittier	10.6	19.5	11.4

Table Bx. Inpatient Admissions due to breast cancer, colon cancer, rectal cancer, and lung cancer by Los Angeles Health Districts, OSHPD 2012.

HD #	Health District	CQ02	CQ06	CQ07	CQ08
		Breast Cancer rate per 100,000	Colon Cancer rate per 100,000	Rectal Cancer rate per 100,000	Lung Cancer rate per 100,000
3	Alhambra	28.3	23.1	8.2	6.5
5	Antelope Valley	30.5	27.1	7.5	9.9
6	Bellflower	30.5	27.0	8.4	10.3
9	Central	29.8	24.1	6.7	5.2
12	Compton	22.5	48.3	2.2	1.7
16	East LA	21.8	45.4	14.4	20.5
19	East Valley	20.8	25.1	5.3	13.3
23	El Monte	30.2	24.8	5.7	6.8
25	Foothill	26.1	26.1	7.6	7.1
27	Glendale	27.1	35.6	9.1	8.0
31	Harbor	29.3	23.5	8.7	10.2
34	Hollywood/Wilshire	24.9	24.7	8.6	15.8
37	Inglewood	16.8	14.7	4.1	10.1
40	Long Beach	39.4	23.2	10.2	8.8
47	Northeast	18.9	22.6	5.4	5.4
50	Pasadena	41.8	29.4	7.2	6.1
54	Pomona	16.8	29.9	8.7	7.4
58	San Antonio	26.0	22.9	12.5	1.2
62	San Fernando	33.3	30.7	9.5	11.6
69	South	10.3	13.0	.9	.4
72	Southeast	7.2	12.2	8.0	.8
75	Southwest	28.2	30.8	22.8	4.0
79	Torrance	21.7	22.0	5.9	12.7
84	West	22.3	23.0	10.4	15.9
86	West Valley	27.1	29.1	8.3	10.8
91	Whittier	13.5	13.0	8.6	6.0

I.

Appendix A. Sociodemographic Characteristics

Table Bxa: Demographics characteristics by Los Angeles County health district, 18yrs and older, Census 2010 (1)

		Total Population (#)	18-64yrs (%)	65yrs+ (%)	Female (%)	Latino (%)	NH White (%)	NH Black (%)	NH Asian (%)	Other (2) (%)
3	Alhambra	270,500	81.1	18.9	52.9	25.2	15.2	1.0	57.3	1.3
5	Antelope Valley	267,000	88.2	11.8	50.9	39.6	39.5	14.0	4.2	2.9
6	Bellflower	261,500	85.1	14.9	51.9	42.1	25.2	7.4	22.7	2.6
9	Central	271,000	87.5	12.5	45.8	49.9	19.1	7.0	22.0	2.0
12	Compton	187,000	89.8	10.2	52.4	69.4	2.7	25.4	1.0	1.5
16	East LA	143,500	85.2	14.8	51.4	88.8	4.6	0.5	5.5	0.6
19	East Valley	335,000	87.3	12.7	50.2	48.9	37.7	4.0	7.2	2.2
23	El Monte	314,000	85.9	14.1	50.9	64.9	8.3	1.2	24.6	1.0
25	Foothill	230,500	83.0	17.0	52.6	33.7	38.9	6.2	19.0	2.2
27	Glendale	269,000	81.6	18.4	52.8	17.0	62.7	1.5	15.8	3.0
31	Harbor	144,000	81.3	18.7	51.4	43.8	37.9	4.4	11.4	2.5
34	Hollywood-Wilshire	400,500	87.1	12.9	49.0	30.4	41.1	7.3	18.6	2.6
37	Inglewood	297,500	87.3	12.7	52.4	46.8	11.9	29.3	9.4	2.7
40	Long Beach	349,000	87.6	12.4	51.6	35.5	34.4	12.8	13.6	3.7
47	Northeast	222,500	86.4	13.6	51.0	71.0	12.2	1.6	14.0	1.3
50	Pasadena	112,000	83.1	16.9	51.7	29.6	42.3	10.1	15.3	2.7
54	Pomona	401,000	84.7	15.3	52.0	42.0	28.1	4.6	23.2	2.1
58	San Antonio	290,000	89.2	10.8	51.2	87.0	8.2	1.4	2.7	0.8
62	San Fernando	365,000	86.8	13.2	50.4	37.3	44.9	3.8	11.7	2.3
69	South	119,500	91.2	8.8	52.3	70.1	0.8	27.9	0.2	1.0
72	Southeast	108,000	92.8	7.2	49.5	85.0	0.8	12.9	0.6	0.7
75	Southwest	275,500	86.4	13.6	53.3	46.6	5.1	41.5	4.4	2.5
79	Torrance	351,500	82.8	17.2	51.6	21.2	44.1	7.5	23.6	3.6
84	West	535,000	83.3	16.7	52.1	14.3	63.1	5.6	13.4	3.7
86	West Valley	656,500	84.7	15.3	51.3	34.3	47.7	4.0	11.3	2.7
91	Whittier	236,000	83.8	16.2	52.0	66.1	24.9	1.2	6.4	1.4

Notes: (1) All estimates are based on 2012 health district boundaries; (2) "Other" includes American Indian, Alaska Native, Native Hawaiian and

other Pacific Islander, other race and two or more races

Table Bxb. Socioeconomic status by Los Angeles County health district

3	Alhambra	11.4	78.3	38.0	23.5	18.8	28.2
5	Antelope Valley	18.0	77.7	14.9	27.3	22.3	32.3
6	Bellflower	9.5	80.4	23.5	27.9	22.9	32.9
9	Central	29.3	63.8	44.0	40.2	35.0	45.3
12	Compton	21.2	56.3	33.1	31.0	25.7	36.2
16	East LA	20.7	53.9	41.9	28.4	22.2	34.6
19	East Valley	15.4	72.2	30.7	34.8	29.9	39.8
23	El Monte	14.2	63.4	38.1	36.4	31.3	41.4
25	Foothill	9.8	84.8	18.4	29.3	23.7	35.0
27	Glendale	10.5	87.2	27.0	24.3	18.7	29.9
31	Harbor	15.3	78.6	22.6	24.7	19.1	30.4
34	Hollywood-Wilshire	18.7	81.2	34.5	38.7	33.0	44.3
37	Inglewood	18.4	73.8	26.0	33.9	28.8	39.1
40	Long Beach	19.0	78.6	21.7	31.8	26.3	37.3
47	Northeast	20.6	61.5	38.2	29.6	22.6	36.5
50	Pasadena	13.3	83.5	18.6	25.4	17.4	33.3
54	Pomona	10.3	81.3	21.4	26.4	21.3	31.5
58	San Antonio	18.8	53.4	43.1	42.2	35.0	49.5
62	San Fernando	8.2	83.2	17.0	26.0	21.1	30.8
69	South	32.3	47.6	36.0	47.6	38.1	57.1
72	Southeast	38.7	36.6	47.8	44.5	36.7	52.4
75	Southwest	27.1	64.9	27.6	33.5	27.6	39.3
79	Torrance	7.0	89.1	16.9	18.2	13.1	23.4
84	West	11.1	93.2	11.5	19.3	15.5	23.2
86	West Valley	13.7	81.5	24.9	28.7	24.3	33.1
91	Whittier	9.2	75.9	20.2	36.9	30.0	43.7

Source: (1) 5-year American Community Survey Estimates 2010; and (2) California Health Interview Survey 2011-2012 Small Areas Estimates

Table Bx. Prevalence of Chronic Diseases by Service Planning Area (SPA)

Label	SPA	Asthma % (95% CI)	Hypertension % (95% CI)	Diabetes % (95% CI)	Heart Disease % (95% CI)	Psychological Distress % (95% CI)
CALIFORNIA		13.7%	27.2%	8.4%	6.3%	7.9%
		13.1% - 14.3%	26.6% - 27.9%	7.9% - 8.8%	6.0% - 6.7%	7.5% - 8.4%
LOS ANGELES COUNTY		12.1%	26.6%	8.6%	5.4%	8.0%
		11.1% - 13.2%	25.3% - 28.0%	7.8% - 9.4%	5.0% - 6.2%	7.1% - 8.9%
SPA 1	Antelope Valley	14.3%	29.3%	7.9%	5.4%	11.1%
		8.7% - 19.8%	23.3% - 35.2%	4.8% - 11.0%	2.9% - 7.9%	6.0% - 16.3%
SPA 2	San Fernando Valley	11.9%	21.0%	7.3%	5.2%	8.6%
		9.6% - 14.3%	18.4% - 23.5%	5.6% - 9.0%	3.9% - 6.5%	6.4% - 10.8%
SPA 3	San Gabriel Valley	13.7%	28.6%	8.4%	6.7%	7.3%
		11.3% - 16.0%	25.4% - 31.7%	6.7% - 10.1%	5.1% - 8.3%	5.4% - 9.2%
SPA 4	Metro	8.4%	21.8%	9.2%	5.4%	10.6%
		6.2% - 10.6%	18.4% - 25.1%	6.6% - 11.7%	3.2% - 7.6%	7.5% - 13.6%
SPA 5	West	14.7%	23.5%	5.3%	7.1%	8.5%
		10.0% - 19.5%	18.7% - 28.3%	2.4% - 8.2%	4.2% - 10.1%	5.0% - 12.0%
SPA 6	South	12.3%	31.7%	10.6%	4.9%	7.6%
		9.2% - 15.5%	27.3% - 36.1%	7.9% - 13.4%	3.4% - 6.4%	5.2% - 10.1%
SPA 7	East	12.2%	30.3%	9.2%	4.5%	6.2%
		9.1% - 15.3%	25.8% - 34.7%	6.9% - 11.4%	3.1% - 6.0%	4.2% - 8.3%
SPA 8	South Bay	11.7%	30.9%	10.6%	5.6%	6.4%
		9.1% - 14.4%	27.2% - 34.6%	8.1% - 13.0%	4.1% - 7.0%	4.5% - 8.3%

Data Source: California Health Interview Survey (CHIS) 2011-2012

Label	SPA	Health District	Asthma % (95% CI)	Hypertension % (95% CI)	Diabetes % (95% CI)	Heart Disease % (95% CI)	Psychological Distress % (95% CI)
HD 3	San Gabriel	Alhambra	11.4%	32.3%	7.8%	6.1%	6.5%
			8.6% - 14.1%	27.8% - 36.8%	5.7% - 9.9%	4.2% - 7.9%	4.3% - 8.6%
HD 5	Antelope Valley	Antelope Valley	13.8%	29.0%	8.1%	5.4%	10.6%
			10.8% - 16.8%	24.6% - 33.3%	5.9% - 10.3%	3.7% - 7.1%	7.7% - 13.6%
HD 6	East	Bellflower	10.1%	32.6%	9.3%	4.8%	5.8%
			7.6% - 12.6%	28.1% - 37.0%	6.9% - 11.6%	3.3% - 6.4%	3.8% - 7.8%
HD 9	Metro	Central	8.2%	19.6%	9.4%	4.8%	8.1%
			6.2% - 10.3%	16.2% - 22.9%	7.2% - 11.6%	3.4% - 6.3%	5.8% - 10.3%
HD 12	South	Compton	16.3%	32.7%	11.2%	5.0%	6.1%
			12.9% - 19.7%	28.0% - 37.3%	8.4% - 14.0%	3.3% - 6.6%	3.9% - 8.3%
HD 16	East	East LA	14.5%	27.0%	12.2%	5.3%	7.8%
			10.6% - 18.4%	21.9% - 32.2%	8.8% - 15.6%	3.3% - 7.3%	4.8% - 10.7%
HD 19	San Fernando	East Valley	12.1%	22.8%	8.6%	5.4%	9.2%
			9.5% - 14.7%	19.2% - 26.3%	6.5% - 10.7%	3.9% - 7.0%	6.7% - 11.7%
HD 23	San Gabriel	El Monte	14.9%	29.3%	10.0%	6.3%	8.0%
			12.0% - 17.7%	25.3% - 33.3%	7.7% - 12.2%	4.6% - 8.0%	5.8% - 10.2%
HD 25	San Gabriel	Foothill	14.7%	25.4%	8.0%	6.2%	7.0%
			11.1% - 18.2%	20.8% - 30.0%	5.6% - 10.5%	4.1% - 8.2%	4.4% - 9.5%
HD 27	San Fernando	Glendale	11.8%	23.0%	5.9%	4.3%	13.7%
			8.5% - 15.2%	18.3% - 27.7%	3.8% - 7.9%	2.6% - 6.0%	9.6% - 17.7%
HD 31	South Bay	Harbor	10.2%	33.6%	9.7%	7.7%	9.6%
			7.3% - 13.2%	28.2% - 39.0%	6.9% - 12.5%	5.2% - 10.1%	6.3% - 12.8%
HD 34	Metro	Hollywood-Wilshire	10.8%	23.7%	7.7%	5.0%	11.4%
			8.0% - 13.6%	19.6% - 27.8%	5.6% - 9.8%	3.3% - 6.6%	8.3% - 14.5%
HD 37	South Bay	Inglewood	10.6%	31.7%	10.2%	4.1%	6.2%
			8.1% - 13.1%	27.4% - 36.0%	7.8% - 12.5%	2.8% - 5.5%	4.2% - 8.1%
HD 40	South Bay	Long Beach	15.9%	27.4%	10.3%	5.5%	5.6%
			12.3% - 19.5%	22.7% - 32.0%	7.6% - 13.1%	3.6% - 7.4%	3.4% - 7.8%
HD 47	Metro	Northeast	8.9%	27.8%	10.3%	7.5%	13.0%
			5.8% - 12.0%	22.2% - 33.5%	7.0% - 13.6%	4.8% - 10.2%	8.6% - 17.5%
HD 50	San Gabriel	Pasadena	14.3%	18.3%	7.9%	5.3%	8.1%
			9.4% - 19.2%	12.5% - 24.0%	4.8% - 11.0%	3.0% - 7.5%	4.1% - 12.1%
HD 54	San Gabriel	Pomona	11.4%	28.2%	8.0%	6.6%	7.9%
			8.5% - 14.3%	23.7% - 32.8%	5.7% - 10.3%	4.5% - 8.7%	5.3% - 10.4%
HD 58	East	San Antonio	10.4%	28.0%	6.7%	4.7%	10.4%
			7.1% - 13.7%	22.4% - 33.7%	4.3% - 9.1%	2.8% - 6.6%	6.7% - 14.1%
HD 62	San Fernando	San Fernando	13.4%	23.6%	7.7%	5.0%	7.5%
			10.3% - 16.5%	19.5% - 27.7%	5.5% - 9.8%	3.3% - 6.7%	5.2% - 9.8%
HD 69	South	South	11.2%	34.1%	9.3%	4.9%	11.7%
			6.9% - 15.5%	26.5% - 41.8%	5.8% - 12.7%	2.8% - 7.0%	6.5% - 16.9%
HD 72	South	Southeast	7.6%	21.0%	9.0%	4.3%	6.1%
			4.7% - 10.5%	15.6% - 26.4%	5.9% - 12.2%	2.6% - 6.1%	3.1% - 9.2%
HD 75	South	Southwest	11.1%	32.6%	8.8%	6.5%	9.0%
			8.1% - 14.1%	27.7% - 37.5%	6.3% - 11.4%	4.4% - 8.6%	6.1% - 11.9%
HD 79	South Bay	Torrance	10.6%	27.4%	9.1%	5.6%	6.3%
			7.4% - 13.8%	22.2% - 32.7%	6.3% - 11.9%	3.5% - 7.7%	3.7% - 9.0%
HD 84	West	West	14.3%	23.8%	6.2%	6.6%	8.4%
			11.5% - 17.1%	20.2% - 27.4%	4.5% - 7.8%	4.8% - 8.4%	6.2% - 10.7%
HD 86	San Fernando	West Valley	10.7%	18.9%	7.9%	6.1%	6.5%
			8.5% - 13.0%	15.9% - 22.0%	6.0% - 9.7%	4.5% - 7.7%	4.7% - 8.4%
HD 91	East	Whittier	14.7%	28.5%	7.7%	5.3%	4.4%
			10.8% - 18.6%	23.3% - 33.7%	5.1% - 10.2%	3.4% - 7.3%	2.3% - 6.4%

Table B2. Prevalence of Chronic Diseases by Health District (HD)

Data Source: California Health Interview Survey (CHIS) 2011-2012

Table B3. Proportion of Those with Risk Factors by Service Planning Area (SPA)

Label	SPA	At Risk for Cardiovascular			
		Uninsured % (95% CI)	Obesity % (95% CI)	Disease % (95% CI)	Mammogram % (95% CI)
CALIFORNIA		26.6%	24.8%	18.2%	79.0%
		25.7% - 27.4%	24.1% - 25.5%	17.6% - 18.8%	78.1% - 80.0%
LOS ANGELES COUNTY		30.8%	24.8%	18.3%	79.0%
		29.0% - 32.5%	23.3% - 26.2%	17.1% - 19.5%	73.3% - 88.3%
SPA 1	Antelope Valley	27.0%	32.1%	22.5%	80.8%
		19.1% - 34.9%	25.7% - 38.5%	17.0% - 28.1%	74.4% - 87.1%
SPA 2	San Fernando Valley	29.1%	22.5%	14.0%	77.6%
		25.0% - 33.3%	19.2% - 25.8%	11.7% - 16.3%	72.8% - 82.5%
SPA 3	San Gabriel Valley	29.2%	23.0%	18.9%	82.5%
		25.3% - 33.1%	19.9% - 26.1%	16.1% - 21.7%	77.9% - 87.1%
SPA 4	Metro	38.6%	19.5%	15.6%	81.2%
		33.4% - 43.7%	16.0% - 23.0%	12.4% - 18.7%	76.6% - 85.7%
SPA 5	West	18.6%	14.1%	11.5%	83.7%
		13.6% - 23.5%	10.0% - 18.3%	7.5% - 15.5%	75.3% - 92.2%
SPA 6	South	36.7%	36.4%	25.3%	79.1%
		31.1% - 42.3%	31.4% - 41.3%	21.2% - 29.5%	72.7% - 85.6%
SPA 7	East	32.9%	29.4%	21.2%	76.2%
		25.7% - 27.4%	25.1% - 33.7%	17.5% - 24.9%	68.6% - 83.8%
SPA 8	South Bay	28.7%	25.8%	21.1%	81.5%
		24.2% - 33.1%	22.1% - 29.5%	17.8% - 24.4%	77.0% - 86.0%

Data Source: California Health Interview Survey (CHIS) 2011-2012

Label	SPA	Health District	At Risk for Cardiovascular			
			Uninsured % (95% CI)	Obesity % (95% CI)	Disease % (95% CI)	Mammogram % (95% CI)
HD 3	San Gabriel	Alhambra	23.5%	17.8%	16.6%	78.4%
			18.8% - 28.2%	14.0% - 21.5%	13.3% - 20.0%	71.0% - 85.8%
HD 5	Antelope Valley	Antelope Valley	27.3%	31.7%	22.0%	82.9%
			22.3% - 32.3%	26.7% - 36.6%	18.2% - 25.8%	69.9% - 95.9%
HD 6	East	Bellflower	27.9%	24.6%	21.4%	74.2%
			22.9% - 32.9%	20.1% - 29.1%	17.7% - 25.1%	67.8% - 80.6%
HD 9	Metro	Central	40.2%	18.8%	15.2%	70.7%
			35.0% - 45.3%	15.2% - 22.5%	12.4% - 18.1%	66.5% - 75.0%
HD 12	South	Compton	31.0%	33.0%	23.1%	76.1%
			25.7% - 36.2%	27.7% - 38.3%	19.1% - 27.1%	72.1% - 80.0%
HD 16	East	East LA	28.4%	32.8%	21.9%	72.0%
			22.2% - 34.6%	26.6% - 39.0%	17.2% - 26.7%	60.7% - 83.2%
HD 19	San Fernando	East Valley	34.8%	23.7%	15.9%	74.6%
			29.9% - 39.8%	19.6% - 27.7%	12.9% - 18.9%	70.7% - 78.5%
HD 23	San Gabriel	El Monte	36.4%	30.5%	21.8%	79.3%
			31.3% - 41.4%	25.9% - 35.1%	18.3% - 25.3%	72.4% - 86.1%
HD 25	San Gabriel	Foothill	29.3%	19.7%	17.0%	82.4%
			23.7% - 35.0%	15.2% - 24.2%	13.2% - 20.9%	73.7% - 91.1%
HD 27	San Fernando	Glendale	24.3%	23.1%	15.5%	75.3%
			18.7% - 29.9%	17.8% - 28.3%	11.7% - 19.4%	72.3% - 78.2%
HD 31	South Bay	Harbor	24.7%	24.7%	22.0%	77.3%
			19.1% - 30.4%	19.7% - 29.8%	17.5% - 26.6%	73.4% - 81.3%
HD 34	Metro	Hollywood-Wilshire	38.7%	19.6%	14.3%	70.7%
			33.0% - 44.3%	15.5% - 23.7%	11.1% - 17.6%	65.0% - 76.4%
HD 37	South Bay	Inglewood	33.9%	23.8%	21.1%	74.9%
			28.8% - 39.1%	19.5% - 28.0%	17.5% - 24.7%	69.6% - 80.1%
HD 40	South Bay	Long Beach	31.8%	29.7%	20.2%	73.1%
			26.3% - 37.3%	24.2% - 35.1%	16.1% - 24.3%	69.3% - 76.9%
HD 47	Metro	Northeast	29.6%	24.4%	22.2%	72.3%
			22.6% - 36.5%	18.6% - 30.3%	17.0% - 27.4%	66.0% - 78.6%
HD 50	San Gabriel	Pasadena	25.4%	21.0%	17.1%	76.9%
			17.4% - 33.3%	14.0% - 28.0%	11.7% - 22.6%	68.7% - 85.1%
HD 54	San Gabriel	Pomona	26.4%	22.4%	19.5%	81.2%
			21.3% - 31.5%	17.9% - 27.0%	15.7% - 23.3%	74.4% - 88.0%
HD 58	East	San Antonio	42.2%	30.7%	20.4%	72.3%
			35.0% - 49.5%	24.2% - 37.1%	15.5% - 25.2%	61.3% - 83.4%
HD 62	San Fernando	San Fernando	26.0%	22.1%	16.3%	77.5%
			21.1% - 30.8%	17.8% - 26.4%	13.0% - 19.6%	74.4% - 80.5%
HD 69	South	South	47.6%	45.9%	24.7%	75.4%
			38.1% - 57.1%	36.8% - 55.0%	17.9% - 31.5%	70.3% - 80.5%
HD 72	South	Southeast	44.5%	36.5%	22.8%	74.4%
			36.7% - 52.4%	28.9% - 44.0%	17.4% - 28.3%	68.0% - 80.8%
HD 75	South	Southwest	33.5%	33.6%	25.0%	78.0%
			27.6% - 39.3%	27.9% - 39.3%	20.5% - 29.5%	72.1% - 84.0%
HD 79	South Bay	Torrance	18.2%	26.1%	19.1%	75.2%
			13.1% - 23.4%	20.4% - 31.8%	14.7% - 23.5%	70.7% - 79.8%
HD 84	West	West	19.3%	14.9%	12.5%	77.9%
			15.5% - 23.2%	11.7% - 18.0%	9.9% - 15.0%	71.6% - 84.2%
HD 86	San Fernando	West Valley	28.7%	22.2%	12.4%	74.8%
			24.3% - 33.1%	18.4% - 25.9%	9.9% - 14.8%	71.4% - 78.2%
HD 91	East	Whittier	36.9%	32.0%	18.6%	74.6%

Data Source: California Health Interview Survey (CHIS) 2011-2012