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Chief Operating Officer

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-8101

January 13, 2005

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

Jonathan E. Fielding, M.D., M.P.H.
Director of Public Health and Health Officer

SUBJECT: **LOS ANGELES COUNTY HEALTH SURVEYS**
[Board agenda item #52, January 18, 2005]

On November 16, 2004, the Board of Supervisors approved the agreement with Field Research Corporation to conduct the 2005 and 2007 Los Angeles County Health Surveys. As part of that action, the Board approved a motion by Supervisor Molina, instructing the Department to report back to the Board with 1) a detailed examination of the recommendations of the 1997, 1999, and 2002 Los Angeles County Health Surveys, 2) an analysis of how many recommendations have been effectively implemented in succeeding years, and 3) what policy implications have flowed from the recommendations.

Attached are an executive summary and the full report.

If you have any questions or need additional information, please let us know.

TLG:JEF:cw
412:005

Attachments

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

Recommendations and Actions From the Los Angeles County Health Survey

Executive Summary

January 11, 2005

Data from the Los Angeles County Health Survey cover a broad range of health issues for which few other data are available. The data are used to 1) identify health problems and health disparities, 2) support funding requests, advocacy efforts, and planning of programs, 3) inform policies to improve health, and 4) evaluate the impact of programs and policies. Many DHS programs and other organizations throughout the county rely on the survey for these activities.

Listed below are some of the key areas covered by the survey with accompanying examples of recommendations made and actions taken:

1) ***Increasing access to healthcare.*** The survey has been used to increase enrollment in public health insurance programs by determining where outreach and enrollment efforts should be directed and identifying barriers to enrollment. DHS used the survey data to develop a needs-based formula to allocate $4.6 million in annual outreach and enrollment funding by Service Planning Area to ensure that funding followed the need. The California Endowment used the survey results to identify geographic areas for their LA Access initiative. DHS and First 5 LA used the data to determine the need for "gap" insurance among children in the county. As a result, First 5 funded the Healthy Kids initiative, which resulted in universal coverage for children 0-5. The Children's Health Initiative coalition later provided funding to support expansion of coverage to children through age 18. The survey has documented the success of these efforts in increasing insurance coverage among children. The survey has also documented an increase in the percentage of children that have a regular source of health care.

2) ***Preventing obesity and diabetes.*** The survey has documented an epidemic increase in obesity among adults and unhealthy dietary patterns among children in the county. The survey findings were instrumental in supporting the Los Angeles Unified School District's decision to ban soda from vending machines on school campuses. The survey results were used by the LA Collaborative for Healthy Active Children to launch the Healthy Breakfast Campaign and to develop recommendations for expanding the availability of free and reduced cost breakfasts and lunches in schools. The survey data were used to support a $4 million award from the State to DHS and the Collaborative for community-based nutrition education. Community coalitions in SPAs 3 and 6 used the data to obtain $2 million each from the California Endowment to support nutition and physical activity promotion. The Kepple Union School District in the Antelope Valley used the data to obtain $350,000 from the U.S. Department of Education for improving physical activity and nutrition in their schoolchildren. The survey results have been used extensively by the Physical Activity and Nutrition Task Force to support their work in implementing the recommendations of the Blue Ribbon Task Force on Children and

Youth Physical Fitness. The data were used to obtain a $2 million grant from the Keck Foundation to plan and implement a 10-year initiative to fight diabetes and obesity. The data were also used to identify the project's target areas in East and South Los Angeles and to design the intervention.

3) ***Reducing disparities in heart disease and stroke.*** The survey identified the need for community-based interventions to reduce risks for heart disease and stroke in low income African-American communities. Funding was obtained from the Centers for Disease Control to implement a community-based demonstration project (REACH 2010) in South-Central Los Angeles to reduce health disparities. Data from future surveys will be used to evaluate the impact of the project.

4) ***Reducing the burden of childhood asthma.*** The survey findings indicated that most children with asthma have health insurance and a regular source of care, yet many continue to have poorly controlled symptoms. These findings led to recommendations to improve the quality of medical services for children with asthma and to implement education efforts targeted to providers, schools, and families of children with asthma. Based on the survey results, DHS's Maternal, Child, and Adolescent Health Program chose asthma as one of its top priority areas in its 5-year strategic plan. First 5 LA selected childhood asthma as a school readiness indicator, suggesting that this area will be a priority for funding. The Children's Planning Council used the survey data in its Children's Scorecard to highlight the need to reduce disparities in poorly managed asthma.

5) ***Preventing and reducing smoking.*** The survey has provided evidence that current tobacco control efforts are achieving success in reducing smoking rates in the county. The DHS Tobacco Control and Prevention Program has used the results to justify continued investment in media campaigns, policy change efforts, and community agency contracts. The results have also been used to identify high-risk communities for focused interventions.

6) ***Promoting early childhood health and development.*** The survey has identified low rates of breastfeeding in some populations and has been used to support a hospital-based initiative to promote breastfeeding among new mothers. The survey findings were used by the First 5 LA Commission in the development of their strategic plan and to develop a set of school readiness indicators. Eight of the 15 selected indicators are based on data from the survey. These indicators will be used to measure the impacts of projects funded by First 5 LA.

7) ***Preventing and controlling communicable disease.*** The survey findings have been used to develop recommendations to increase rates of flu vaccination, reduce inappropriate use of antibiotics, increase HIV counseling and testing in high-risk populations, and promote safe food handling practices to reduce foodborne disease. The results have been used to encourage cities to adopt and maintain an ordinance for restaurant grade cards. For example, when the city of Hawthorne recently considered

eliminating their ordinance, the survey results showing widespread public approval of the grade cards persuaded them to continue the ordinance.

8) ***Improving health outcomes among women.*** Recommendations have been developed to improve access to health care among low income women, to increase cervical and breast cancer screening in underserved communities, and to reduce heart disease among women by promoting physical activity and healthful nutrition. The survey findings led the Office of Women's Health to develop a "Prevention Matters - Healthy Heart Campaign" with educational materials targeted to communities and providers in high-risk areas.

9) ***Communicating with the public about bioterrorism and other terrorist threats.*** The survey results have documented the need to increase the percentage of households in the county adequately prepared for an emergency and the need for culturally tailored communication messages. The information has been incorporated into DHS' public education and risk communication activities.

10) ***Preventing and treating alcohol misuse.*** The survey results have supported recommendations to increase health care screening for alcohol misuse and to expand treatment and prevention services. The data have been used in grant applications to state and federal agencies for funding to support service expansion. The survey data have also been used to support recommendations to reduce underage drinking. The Alcohol and Drug Program Administration has used the data in community education activities on underage drinking at local schools and colleges.

Local Knowledge to Enable Local Action:
Key Recommendations From the LA County Health Survey, 1997-2002

January 11, 2005

BACKGROUND

On November 16, 2004, the Board of Supervisors approved the agreement with Field Research Corporation to conduct the 2005 and 2007 Los Angeles County Health Surveys. As part of that action, the Board approved a motion by Supervisor Molina, instructing the Department to report back to the Board within four weeks with 1) a detailed examination of the recommendations of the 1997, 1999, and 2002 Los Angeles County Health Surveys, 2) an analysis of how many recommendations have been effectively implemented in succeeding years, and 3) what policy implications have flowed from the recommendations.

ROLE OF THE SURVEY

Data from the Los Angeles County Health Survey cover a broad range of health issues for which few other data are available. The data are used to: 1) identify health problems and health disparities, 2) support funding requests and planning of programs that provide services and other interventions to improve health, 3) inform policies to improve health, and 4) evaluate the impact of programs and policies. Countless organizations throughout Los Angeles County rely on the data generated by the survey for these activities.

Since 1997, many recommendations have been made based on the results of the Los Angeles County Health Survey. In this report we summarize the major areas where recommendations have been made and actions taken. This summary does not represent a complete listing of recommendations and actions because the survey results are shared with many organizations and individuals outside the Department. The survey results are disseminated broadly through *LA Health* briefs and other reports (see attached), through our web site, and in response to special requests for data from many organizations and individuals across the county. In addition, we partner with organizations in the use and publication of the data, and survey results are published in other important reports on the County's population (for example, in the Children's Scorecard and in reports published by First 5 LA and the United Way). By making the results user-friendly and accessible, we facilitate the publication of our findings in newsletters and other materials generated by community-based organizations, the media, and other important outlets. In this way, we support many avenues for alerting community leaders, policymakers, health professionals, advocates, and the general public about important health trends, and for promoting the County's collective efforts to improve health.

RECOMMENDATIONS AND ACTIONS

Improving Access to Health Care

The 1997, 1999, and 2002 surveys collected information on health insurance coverage, barriers to obtaining coverage among the uninsured, and other access barriers, including financial, transportation, and language barriers. The survey results have been used to develop a large number of recommendations around health care access. Many of these recommendations have focused on where outreach efforts are most needed to reach those in greatest need. In addition, the survey has played a vital role in evaluating the impact of existing recommendations and programs to expand insurance coverage and reduce other access barriers. The section below lists major recommendations (in bold) and subsequent actions taken to increase access and reduce barriers.

- ***Expand insurance coverage for children;***

  Results of the survey indicate that, between 1997 and 2002, much progress was made in expanding insurance coverage for children in the county. During this 6-year period, the percentage of children who were uninsured was reduced by 50%, primarily due to expansion of publicly funded insurance coverage. In addition, the percentage of children lacking a regular source of health care also decreased. By 2002, the percentage of children with insurance coverage and a regular source of health care had risen to 90% and 94%, respectively.

  Between 1997 and 2002, DPSS, DHS, and our community partners worked diligently to increase enrollment, through efforts such as out-stationing Eligibility Workers, contracting with community-based agencies for outreach and enrollment assistance, and simplifying the financial screening and enrollment process at DHS medical facilities. LA Health Survey data assists in evaluating our efforts by demonstrating the increase in the number of insured and detailing this increase by insurance program.

  Buoyed by the success demonstrated by the survey, the Children's Planning Council was able to work with community stakeholders to develop a reasonable yet ambitious recommendation for further increasing the number of children to be enrolled and retained in health coverage programs over the next three years. These recommendations were adopted by the Board of Supervisors and subsequently included in the Children's Scorecard.

- ***Continue current outreach to increase public insurance coverage among low income and Latino children given the disproportionately high rate of uninsured in these populations;***

  The survey is critical in helping DHS and other agencies to tailor outreach and enrollment efforts to the appropriate target population. Specifically, DHS used the survey data to develop a needs-based formula to allocate $4.6 million in annual outreach and enrollment funding by Service Planning Area, to ensure that funding followed the need. Data on where low-income uninsured children live as well as on

families reporting barriers to accessing medical care went into the funding formula. The California Endowment also used the results of the survey to identify geographic areas for their L.A. Access initiative to expand enrollment in health insurance programs.

Knowing which groups are disproportionately uninsured allowed DHS to select community-based contractors with experience and credibility with the appropriate target population, and to devise strategies appropriate to this population. This knowledge has informed other County efforts as well; for example, knowing that Latino children are at a disproportionately high risk of being uninsured and that fear of public charge is one barrier to enrollment, the County created a multi-departmental Public Charge Task Force and launched a media campaign designed to allay these fears.

- ***Expand outreach and enrollment to children who may be eligible for public programs; decrease language and other barriers to enrollment by providing multi-lingual enrollment staff and a simplified enrollment process;***

  The survey data demonstrated that most uninsured children are already eligible for Medi-Cal or Healthy Families coverage. The survey also provides data on uninsured families and the specific barriers that prevented them from applying or successfully enrolling. As indicated above, these data inform the work of DHS and its community contractors by giving agencies the information necessary to hire culturally and linguistically appropriate staff and employ culturally appropriate strategies.

  Data on families reporting the complexity of the application as a barrier to applying has resulted in agencies taking a case management approach with families, offering comprehensive application assistance and follow up to ensure that families were successfully enrolled. This information has also been used in the development of Healthy Kids, a local health coverage product, to ensure that the application process does not serve as a barrier to enrollment.

- ***Find mechanisms for identifying and covering children ineligible for Medi-Cal and Healthy Families;***

  DHS and First 5 LA used LA Survey data in the development of the Healthy Kids program. The survey data were used to assess the number of uninsured children who were not eligible for Medi-Cal or Healthy Families by age group and income level, to determine the need for a "gap" health insurance coverage product. The data enabled an analysis of the number and geographic distribution of affected children, which in turn enabled a cost analysis to be completed. As a result, First 5 LA funded the Healthy Kids initiative, which resulted in universal coverage for children ages 0-5, and which was later expanded to children through age 18 by the Children's Health Initiative coalition. Almost every child in Los Angeles County is now eligible for some sort of health insurance coverage plan.

- ***Reduce access barriers for low income adults in the county;***

  In contrast to the progress made in expanding insurance coverage for children, results of the survey indicate no such progress for adults. Approximately one in four adults were uninsured in 2002, similar to the rate reported in 1997. Recognizing that most adults are not Medi-Cal eligible, survey results have been used to assist in increasing health care access for the adult uninsured population. For example, data from the survey were used to determine the geographic distribution of uninsured across the county and to allocate resources for the Public Private Partnership clinics. In the San Fernando Valley, the Consortium of Safety Net Providers was successful in obtaining over $2.4 million in "H-CAP" (Healthy Communities Access Program Grant) funds from HRSA to support health care services for the uninsured. While we do not have information to calculate the total dollar amount, data from the survey have been used to complete other H-CAP grant applications and required information for Federally Qualified Health Center (FQHC) applications.

- ***Outreach efforts need to address the perceptions among some uninsured families that health insurance is not needed or that it may be linked to immigration status;***

  As indicated earlier, survey data on the barriers to enrollment help our outreach and enrollment contractors tailor their messages to families. Information on the importance of insurance is also included in the training given to DHS outreach contractors and other agencies assisting families with enrollment.

- ***Expand "safety net" health care services in the county;***

  Data from the survey have been used to quantify need and to secure safety net health care services provided by public and private organizations throughout the County. Data from the 1997 and 1999 surveys were used to obtain the 5-year extension of the Medicaid 1115 Waiver in 2001. As part of the Waiver, DHS expanded access to safety net health care services through the establishment and ongoing support of the Public-Private Partnership program.

  Data from the survey have been used extensively by non-profit hospitals for developing community health profiles as part of their SB697 requirement and for developing benefit plans, which include services for underserved populations and communities.

  The Department is currently using the survey results to inform planning efforts around future services at each of the county medical centers. The results have underscored the need for services that address cardiovascular disease and associated risks (e.g., hypertension, obesity, hyperlipidemia), diabetes, depression and other mental health conditions, alcohol and other drug abuse, and violence and unintentional injuries.

Preventing Obesity and Food Insecurity

The survey collects information on height and weight, self-perceptions of body weight status, dietary practices, and experiences of hunger and food insecurity. The survey results indicate an alarming increase in the rate of obesity among adults in the county, from 14% in 1997 to 19% in 2002. Rates of obesity are highest among African-Americans (31%) and Latinos (24%), intermediate among whites (16%), and lowest among Asians (6%). Among low income households (those with annual incomes less than 300% of the federal poverty level), one-in-four households with children and one-in-five households without children experience food insecurity and/or hunger on a regular basis. Contrary to what might be expected, the rate of obesity is higher among those who experienced food insecurity or hunger. This association may reflect a greater dependence on calorie-dense inexpensive foods, such as fast foods and junk foods, among those living in poverty and experiencing food insecurity. Based on these and other findings, a large number of recommendations have been made and actions taken.

- ***Remove soda and other unhealthy beverages and foods from vending machines on school campuses;***

  The survey findings were instrumental in supporting successful efforts by LAUSD to ban soda from vending machines on school campuses. Similar polices have been proposed statewide. Although it is too soon to assess the impact of this policy change, research studies indicate that soda consumption is a major contributor to the rising obesity rate among children and adolescents in the United States.

- ***Promote healthy breakfasts and lunches in schools;***

  The survey findings have led to policy recommendations and actions by the LA Collaborative for Healthy Active Children, representing nearly 100 organizations. For example, based on the survey findings, the Collaborative made a number of recommendations to expand the availability of free and reduced cost breakfasts and lunches in schools. The Collaborative also launched the Healthy Breakfast Campaign, which included a media campaign to promote eating a healthy breakfast, the development of a teacher tool kit to conduct education about healthy breakfasts in the classroom, parent education materials, and assistance to school districts as they work to reduce child hunger and improve nutrition within schools.

- ***Support federal assistance programs in Los Angeles County, especially Food Stamps;***

  The survey results on food insecurity facilitated increased collaboration between DHS and the DPSS Food Stamp Office to promote increased use of food stamps. The survey data helped inform outreach efforts and the development of education materials to better access hard-to-reach populations.

- ***Pursue grant opportunities to support obesity prevention efforts;***

  The survey findings were used to support a competitive grant application to the State. The application was selected for funding, resulting in a $4 million award to DHS and the Collaborative to support community-based nutrition education efforts.

  The survey results have also been used by SPA-based collaboratives to prepare proposals for the California Endowment's Healthy Eating, Active Communities grant. SPAs 3 and 6 received awards of $2 million each over a 4-year period for this activity.

  The survey data were used to obtain a 3-year grant for $350,000 per year from the U.S. Department of Education for improving physical activity and nutrition among children in the Kepple Union School District in the Pearblossom and Littlerock areas of the Antelope Valley.

- ***Increase public awareness of the obesity epidemic and its implications for future health;***

  Three *LA Health* reports have been released which describe recent trends and disparities in obesity rates in the County, and recommend policy and programmatic action to reverse the epidemic of childhood and adult obesity. These reports were disseminated to over 5,000 organizations and individuals in the county and the results have also been reported in newsletters and reports from other organizations.

- ***Promote increased physical activity among adults and children in the county***

  The survey results have been used extensively by the Physical Activity and Nutrition Task Force to support their work in implementing the recommendations of the Blue Ribbon Task Force on Children and Youth Physical Fitness. The survey data have been used to target work on developing polices to support healthy eating and active lifestyles, including the provision of healthy foods in vending machines in County facilities and creating increased opportunities for physical activity throughout LA County. A PANTF sub-committee is currently working to create new joint-use agreements between DHS, the Department of Parks and Recreations, and the Los Angeles Unified School District to allow school facilities (e.g., health clinics, gymnasiums, running tracks, etc.) to be available to the community after school hours. In addition, DHS' Maternal, Child, and Adolescent Health program chose childhood obesity as one of its top priority focus areas for the next five years, based on an extensive community planning process which included a review of L.A. Health Survey data on childhood obesity and other child health indicators.

Preventing Diabetes and Associated Complications

Obesity is a leading risk factor for diabetes and diabetes-related complications. The survey results indicate that nearly one in 10 adults in the county have diabetes and many

are not receiving recommended services. In addition, mortality statistics indicate a 60% increase in diabetes deaths over the past decade. The highest rates of diabetes and associated mortality are in the Latino and African-American populations.

- ***Community-based education and outreach is needed in highly-impacted areas to prevent and control diabetes morbidity and mortality;***

  Survey data were used to obtain a $2 million grant from the Keck Foundation to plan and implement a 10-year initiative to fight diabetes and obesity. Data from the survey were used to identify the project's target areas in South and East Los Angeles and to design the intervention. The Keck Diabetes Prevention Initiative will target the catchment areas of two facilities (Roybal and Humphrey Comprehensive Health Centers) based on information indicating elevated rates of diabetes and associated risk factors in the populations they serve. Future surveys will be used to monitor the impact of these activities.

  Survey data have also been used by a community-based organization (the Multicultural Area Health Education Center) for a funded grant proposal to address disparities in the rate of diabetes in the East Los Angeles Latino community.

- ***Increase access to care among medically underserved populations with or at risk for diabetes;***

  See activities to increase access to health care described above.

Reduce Cardiovascular Disease Risks

Heart disease and stroke (together referred to as cardiovascular disease) are leading two causes of death in the county population. However, the survey has documented wide disparities in cardiovascular disease risks across different groups in the county. For example, the survey found that African American men and women are more likely than other racial/ethnic groups to be physically inactive and to have hypertension. In addition, although the rate of obesity is highest among African American women, this group is less likely than others to perceive themselves as overweight.

- ***Efforts are needed to change peer norms in the African American community around diet, physical activity, and body weight perceptions;***

  The survey results have been widely disseminated and have been used by staff in community organizations in South-Central Los Angeles to promote behavior change to reduce cardiovascular disease risk.

- ***Implement community-based education and programs to increase physical activity in lower-income and predominantly African-American and Latino communities;***

Data from the survey were used to obtain funding for the Community Health Council's (CHC's) Racial and Ethnic Approaches to Community Health (REACH) 2010 Project. REACH 2010 is a national demonstration project funded by the Centers for Disease Control and Prevention. REACH 2010's goal is to reduce disparities in health experienced by racial and ethnic minorities. Specifically targeted health priorities are infant mortality, breast and cervical cancer, cardiovascular disease, diabetes, child and adult immunization, and HIV/AIDS. CHC is one of 35 organizations in the U.S. to receive this funding. Data from the survey were used not only to obtain the funding but also to develop the specific interventions. Future survey data will be used to evaluate the impact of the project

Data from the survey were also used to support an application to the CDC for the *STEPS to a Healthier US* grant to address cardiovascular disease, obesity, and diabetes in a defined geographic area. Although the application process was extremely competitive and DHS was not awarded funding, the data were important in identifying a target area in South Central Los Angeles that recently received funding through the California Endowment.

Childhood Asthma

The survey results indicate that the rate of asthma is two-times higher among African American children than among children in other racial/ethnic groups. The rate is also higher among children in the Antelope Valley Service Planning Area. The survey also found that, although most children with asthma have health insurance and a regular source care, many continue to have poorly controlled symptoms. Asthma-associated activity limitations and need for emergency care is greater among African-American, Latino, and low income children than other children. Based on these findings, the following recommendations were made:

- ***Efforts are needed to improve access to health care and continuity of care to ensure that children with asthma are diagnosed in a timely manner; these efforts are particularly important for African-American children given their high burden of disease, and among low-income and Latino populations given their high rate of uninsured;***

- ***Interventions are needed in the Antelope Valley Service Planning Area to reduce the burden of childhood asthma.***

- ***Education efforts targeted to health care providers and families of children with asthma are needed to improve asthma management practices and reduce ER and urgent care utilization;***

- ***Implement school-based programs to promote asthma self-management and create more supportive environments;***

- ***Reduce exposure to environmental tobacco smoke in the home;***

- *Work with the South Coast Air Quality District to identify strategies to reduce local levels of air pollution;*

- *All children with asthma should have an asthma management plan developed in collaboration with their health care provider;*

The survey data on asthma provided information on the magnitude of the problem and identified disparities across racial/ethnic groups and geographic areas. DHS used the data to design an intervention program and work with the Asthma and Allergy Foundation of America to obtain grant funding.

DHS also convened a coalition of asthma service providers countywide to share information, evaluate and recommend policy changes related to asthma, and implement joint education and intervention projects. Results of the survey were presented to the coalition. Some of the issues the coalition is working on include policy initiatives to reduce air pollution and promotion of asthma management plans to improve patient outcomes.

DHS' Tobacco Control Program is addressing indoor air pollution that serves as a trigger among children with asthma by providing community education to reduce smoking in the home. The survey data have supported LAUSD's adoption of the Open Airways for Schools program.

The survey data have helped put asthma on the map as a priority area for a number of efforts. First 5 LA selected childhood asthma as a school readiness indicator in recognition of the importance of asthma as a cause of morbidity among children in the county. In the 2004 Children's Scorecard, the Children's Planning Council used the survey data to highlight the need to reduce disparities in poorly managed asthma among children. DHS' Maternal, Child, and Adolescent Health Program chose asthma as one of its top priority areas for the next five years, based on an extensive community planning process which included a review of LA Health Survey data on asthma and other child health indicators.

Data from the survey were used for a grant from the Environmental Protection Agency (EPA) to Pacoima Beautiful to address childhood asthma as well as childhood lead exposures.

The 2005 and 2007 surveys will provide data to determine if these actions are improving health outcomes among children with asthma. Data from earlier surveys have shown no change in asthma rates and severity.

Preventing and Reducing Smoking

The survey results have been used to support tobacco control recommendations and to evaluate the impact of these recommendations. The following are some specific examples:

- ***Support anti-smoking media campaigns;***
- ***Implement and enforce policies that restrict smoking in public places;***
- ***Increase the availability of smoking cessation services;***
- ***Reduce youth access to tobacco through public education and enforcement of laws;***

Based on these recommendations, the following actions have been taken. The Tobacco Control and Prevention Program (TCPP) has implemented media campaigns countywide and in specific communities with high rates of tobacco use. Laws have been established prohibiting smoking on public beaches and in parks in several cities in the county. The survey data have been used to support media, policy, and services to prevent and reduce smoking and other harmful behaviors, such as underage and excessive alcohol consumption.

The DHS TCPP spends approximately $3-4 million per year on tobacco prevention and control efforts, including anti-tobacco media campaigns, community-based education programs, and promotion of policies to restrict youth access to tobacco products. The state has also invested millions of dollars in tobacco control efforts and has increased taxation of tobacco products. Results of the LA County Health Survey indicate that these interventions have been successful in reducing tobacco use among adults in the county, from 18.1% in 1999 to 15.6% in 2002. This translates into approximately 175,000 fewer smokers and medical cost savings of approximately $550 million. The survey has documented the effectiveness of these interventions and has been the basis for recommendations to continue doing what we're doing rather than shifting resources to other areas.

Supporting Early Childhood Health and Development

The survey has collected information on the health of children since 1997. In recognition of the important opportunities to enhance the health and development of young children in the county, the survey was expanded in 1999 to obtain additional information specific to early childhood (ages 0-5).

As an example, findings on breastfeeding were published from the survey with recommendations about the ways to increase successful breastfeeding. The survey found that the percentage of mothers who breastfed was considerably lower among African Americans, Asians, and U.S.-born Latinas than among whites and immigrant Latinas. In addition, many stopped breastfeeding too early for the infant to receive many of the health benefits associated with nursing. Lack of social supports, insufficient information

about breastfeeding, and the need to return to work were identified as contributors to early discontinuation of breastfeeding.

- ***Promote hospital and workplace practices supportive of breastfeeding;***

  The survey data have been used to promote the Baby-Friendly Hospital Initiative, an international evidence-based program, that recognizes hospitals and birth centers that have adopted practices to promote and support breastfeeding. Enactment of AB 1025 by the California legislature requires employers to provide lactating employees with sufficient time and a clean, private place to pump during the workday. The survey will provide a means to monitor the impact of this new law on breastfeeding rates in the county.

- ***A Board of Supervisors motion in November 2002 recommending that the Children's Planning Council, in partnership with First 5 LA, "lead a School Readiness Indicator workgroup to define a core set of school readiness indicators."***

  The survey data are being used to define and measure indicators of school readiness. Since 1999, the survey has measured critical aspects of early childhood health and development that help children begin kindergarten healthy and ready to learn.

  A working group composed of representatives from many organizations working in the county developed and submitted recommendations for defining and monitoring school readiness, including a set of indicators, as well as goals for the county.

  Eight of the fifteen "School Readiness Indicators" developed and adopted by the Commission and the Board of Supervisors were based on the survey findings. The motion went on to direct CPC and First 5 LA to develop consensus around these indicators among school districts, childcare providers, and other organizations, and outlined a timeline for reporting back.

  First 5 LA recently published their first report "Shaping the Future: Help Children in Your Community get the Best Possible Start in School" which includes data for all of the indicators.

  The successful partnership between the LA County Health Survey and First 5 LA is evidenced by the award of two Research Partnership grants (in 2002 and 2004), which were provided to support the survey and demonstrate the value of the strategic linkage between the survey and First 5 LA's initiatives. Data from the survey are being used in planning efforts for Universal Preschool in LA County. Data from the survey were presented at LA UP's research symposium in October 2004.

  Survey findings were used to develop First 5 LA's strategic plan as well as their "accountability framework", which is designed to focus on measured results. This framework will ultimately determine how First 5 LA's funds are directed toward initiatives.

Reducing the Burden of Communicable Disease

Recommendations arising from the survey speak directly to reducing the risk and burden of communicable diseases. The following examples of recommendations include those addressing influenza vaccination, inappropriate antibiotic use, restaurant inspection and grading, and testing for HIV.

Influenza vaccination:

- ***Conduct outreach and education to increase flu vaccination among those 65 and older, especially among African-Americans given that the rate of vaccination in this group is 40% lower than among other racial/ethnic groups;***

- ***Improvement in influenza vaccination rates is particularly important for adults with chronic health conditions; the survey identified the need to improve vaccination coverage among adults with asthma and other chronic respiratory conditions, among whom one-quarter to one-third were not vaccinated; promote vaccination through the media, education of health care workers, and measures to remove administrative and financial barriers that prevent persons from receiving the vaccine (for example, 43% of seniors without a regular health care provider and 30% who reported transportation barriers did not get a flu vaccination);***

  The following actions have been taken based on these recommendations. Each flu season, the survey data have been incorporated into press releases, LA Health briefs and other educational materials to inform the public of the importance of flu vaccination. Public service announcements (PSAs) are developed and aired each fall season. These PSAs stress the importance of vaccination for preventing flu and its complications in persons with chronic health conditions as well as in healthy seniors. Additionally, since 2001 the Department has made a greater effort to target its limited allotment of flu vaccine to underserved communities by shifting flu vaccination outreach clinics from more affluent areas of the county to areas with greater unmet need. Churches, including those in predominantly African American communities, have become important partners in many of the outreach clinic activities.

Inappropriate antibiotic use:

- ***Conduct education campaigns to increases appropriate antibiotic use practices and correct misconceptions by the public about which illnesses can be appropriately treated with antibiotics;***

- ***Develop culturally and linguistically appropriate educational materials, in particular directed to non-U.S. born residents of all backgrounds;***

- ***Educate medical care providers to more effectively deal with patient requests for antibiotics when they are not medically warranted;***

  The following actions have been taken. The Acute Communicable Disease Control Program has included information on appropriate antibiotic use in their community education materials and in their grand rounds presentations to physician groups. The Board of Supervisors declared October as "Antibiotic Resistance Awareness Month" in order to reduce the costly, and potentially deadly, effects of antibiotic misuse and the rise of drug resistance bacteria. Educational campaigns in Spanish and other languages addressed the need for linguistically- and culturally-specific education for patients. The future survey results will be used to assess the effectiveness of these efforts.

Food Safety:

- ***Encourage use of restaurant grade cards to promote hygienic conditions and food safety in commercial food establishments;***

- ***Educate the public on safe food handling practices in the home;***

  The survey has found that the general public has a very positive view of the restaurant grading program. These results have been used to encourage cities to adopt and maintain the ordinance for restaurant grade cards. For example, when Hawthorne city officials recently considered abolishing their ordinance, the survey results showing widespread public approval of the grade cards persuaded them to preserve the ordinance. The Acute Communicable Disease Program has implemented a community education program on food handling practices in the home.

HIV Counseling and Testing:

- ***Increase targeting of publicly funded HIV counseling and testing services to high risk communities;***

  The survey data have been used by the Office of AIDS Programs and Policy (OAPP) to identify high-risk communities for HIV counseling and testing outreach. The survey results indicate that OAPP has achieved some success in these efforts, as reflected in the higher rates of testing in high-risk vs. low risk populations.

- ***Efforts are needed to increase compliance with state regulation requiring the offering of HIV testing to women receiving prenatal care;***

  The survey results indicate that many pregnant women are not being offered HIV testing as part of their prenatal care. DHS is working with public and private prenatal care providers to increase the offering of HIV testing to pregnant women and, for women with no prenatal care, to make available rapid HIV tests at the time of delivery.

Improving Health Outcomes Among Women

The following recommendations have been informed by the survey:

- ***Improve access to health care among low-income women;***

  The Office of Women's Health (OWH) was created by order from the Board of Supervisors in 1998 to improve the health status of women in Los Angeles County, with a focus on uninsured and indigent women, and in recognition of the importance of services directed specifically to meet the health care needs of women. The survey data have been used to identify and inform the health issues and needs of low income women, i.e. access to care, lack of insurance coverage, chronic illness, etc. Survey results on the rates of uninsured women by SPA were used to help define the Cervical Cancer Prevention and Education Initiative (CCPEI) scope of work. (Data from the 1999-2000 Survey showed that 31.4 % adults were uninsured in the County, while 22.2 were uninsured in the State of California).

- ***Increase cervical and breast cancer screening among low-income women;***

  Data from the survey along with other local, state, and national data was used to demonstrate the need for a targeted cervical cancer prevention and education campaign (CCPEI). Survey data corroborated the national data to identify groups of women who needed cervical and breast cancer screenings. Securing a large Cervical Cancer Prevention grant from The California Endowment and implementing a targeted campaign was initiated after reviewing available data, including data from the LA Survey.

- ***Reduce heart disease among women by promoting physical activity and healthful nutrition;***

  The survey data have identified high rates of obesity, poor nutrition, tobacco use, and physical inactivity among some groups of women in the county. For example, smoking rates are two times higher among white and African-American women than among Asians and Latinas.

  The Office of Women's Health has used the survey findings to develop a "Prevention Matters" - Healthy Heart Campaign with educational materials for targeted communities and providers and to increase access to screenings for those populations at highest risk. The OWH is currently using the survey results, including data on the risk factors for heart disease (e.g., hypertension and diabetes) to inform planning efforts around the newly created "Prevention Matters" campaign. For example, the percentage of women who reported having ever been diagnosed with hypertension was 22%. African-American women reported the highest prevalence (35%), followed by Latinas (24%), white women (19%), and Asian/Pacific Islander women (18%).

In developing a targeted campaign, the survey data help validate the national data on heart disease. In addition, survey data are being used to inform the targeted development of multi-lingual educational materials for the "Prevention Matters" Campaign.

Communicating with the Public About Bioterrorism and Other Terrorist Threats

The 2002 survey included questions on bioterrorism preparedness. The results have led to the following recommendations and related actions:

- ***Increase the percentage of households that have the appropriate supplies for an emergency.***

  The survey found that many households do not have the recommended supplies necessary to be prepared for a large-scale emergency. Information regarding developing an emergency plan and emergency supplies was added to the public health website and was emphasized during the bioterrorism education and awareness campaign.

- ***Special efforts are needed to tailor messages to the specific populations based on their perceptions of the health department and levels of distrust of the government***

  This recommendation has been incorporated into the current year's risk communication activities. Information from the survey is being used to determine the best strategies for communicating with the public around terrorism related issues. The survey results underscore the need for culturally tailored communication messages and have provided insights into how these messages should be crafted.

Prevention and Treatment of Alcohol Misuse

The survey data have been used to determine rates of problem drinking in the adult population, identify high-risk groups, and assess underage drinking among those 18-20 years of age.

- ***More effective community- and policy-based strategies are needed to reduce alcohol abuse;***

  The data have been used in public education efforts, including two LA Health reports, and in a report on the economic costs of alcohol abuse. The data have also been used to support efforts to increase screening for alcohol abuse in health care settings.

- ***Prevention programs are needed that specifically address underage drinking;***

  The survey results have been used to highlight the importance of the problem of underage drinking and to support community education efforts at local schools and colleges.

- ***Increase access to high quality prevention and treatment services;***

  The survey data have been used in grant applications to state and federal agencies for funding to support prevention and treatment services.

  The survey findings have been incorporated into training sessions for county-contracted service providers.

CONCLUSIONS

The Los Angeles County Health Survey collects data on a broad range of health topics for which few are other data are available. The survey results are broadly disseminated, both within and outside the Department, with the goal of informing programs and policy and, ultimately, improving health outcomes. We have provided an overview of the major areas of the survey, how the data have been used, and some of the recommendations that have been issued with the results. We do not have a complete listing of all recommendations and actions emanating from the survey because much of the data dissemination goes to many outside organizations throughout the county.

The results of the survey have provided a mixed picture for the County of Los Angeles. For example, we are making greats strides in increasing insurance coverage for children but, unfortunately, no such progress is being made for adults. We have made significant progress in reducing smoking among adults in the county. However, rates of obesity are increasing, which has important implications for the health of our population over the next generation. The survey is a critically important tool, not only for making recommendations, but also for public education, advocacy, and evaluating the impacts of our programs and policies. For many of the chronic health conditions addressed in the survey, there are no easy fixes. Efforts to reduce the burden of chronic disease will require not only high quality health care services, but the collaborative efforts of many sectors of society to create the conditions in which persons can live healthy lives. Only by conducting the survey at regular intervals will we have the information to know if we are moving the needle in the right direction, if we are seeing appropriate gains in health given the sizable public health and health care investments, and in what areas we need to shift our resources or seek additional investments.