



# Public Health in Los Angeles: An Endangered Species?

**A Pierson Company Report on the Key Forces and Trends  
Impacting Public Health in Los Angeles County  
— from the present to the Year 2000**

Who is the public health patient of Los Angeles County in the next century? According to population projections, economic indicators, and an evaluation of disease patterns, the typical public health patient in Los Angeles during the year 2000 will be an unemployed, uninsured Latino who is living below the poverty level.

Of course, that is not the only person who will be making demands on the County's increasingly over-burdened, under-budgeted public health system; but, with virtually half of L.A. County's population expected to consist of Latinos—a high proportion of them non-English speaking—it is more than likely that the greatest demands placed on the public health system throughout the County will be made by this segment of the community.

## Population

By the year 2000—due primarily to a dramatic influx of immigrants from Latin America and Asia—the population of Los Angeles County will expand by two million people to a total of 10.9 million residents, not including the uncouneted homeless and the illegal aliens, whose disproportionate demand upon the County's health services inevitably shows up as a “higher-than-average” utilization statistic.

The fastest growing age group will be those 14 years old and under, which is expected to represent 25% of the County's population by the turn of the century. Although the youth segment of the population will expand, the proportion of seniors over 65 will remain relatively stable at 9.8% (which is below the California average of 11%).

While the areas experiencing the highest growth will be the north San Fernando Valley and the Antelope Valley (as well as the San Gabriel Valley, South El Monte, Metro-South, and Huntington), over-crowding problems are expected to continue in 25% of Southern California's rental units, especially in the Metro areas, East L.A., and the north San Fernando Valley regions.

Immigration from overseas, together with migration from other areas of the United States, appears to be playing a greater role in California's population growth than does the difference between births and deaths.

For the first time since records have been kept, the Department of Motor Vehicles reported that more drivers moved out of Los Angeles County than moved in. According to John Malson, the research manager at the State Department of Finance, “More established middle class families tend to be moving to the suburbs....The people replacing them in Los Angeles tend to be mostly from overseas or Latin America.”

## **Ethnic Diversity**

As a result of continued immigration in significant numbers from Latin America, Asia and the Pacific Islands, the racial and ethnic blend of L. A. County is expected to diversify more dramatically by the end of the decade, placing even greater demands on personnel to overcome language and cultural barriers in meeting health care needs.

Currently, over 45% of Los Angeles County residents speak a language other than English in their homes, which is only one cultural factor among many that will require sensitivity and flexibility in the programs and services provided by the public health system.

Whites, who, with 40% of the population, were the majority group in Los Angeles County in 1990, will be superseded by Hispanics, who will comprise 49% of the area’s nearly 11 million people in the year 2000. The Asian American segment—which consists of significant numbers of Chinese, Filipinos, Japanese, Koreans, and Southeast Asians—will swell to about 1.5 million, or 14% of the County’s total population.

To cope with the significant increase in demand for health care by these burgeoning immigrant populations, services designed around the needs of the Hispanic populations will be required in almost all health districts. Services oriented toward the Asian-American community will be required in districts located within the Coastal, East, and San Gabriel Valley networks, while services geared to the African-American population will be primarily needed in the Metro network health centers. Concurrent with these racial- and ethnic-specific services, there will be an increased need for services in all other networks, especially since the newly arriving ethnic groups tend to be heavy users of the public health system.

While new immigrants tend to settle in the “urban core” of the Los Angeles metropolitan area (where they exacerbate the already overwhelming problems of inadequate affordable housing, crowded schools, and unemployment), there are an increasing number of black and Hispanic families relocating to predominately Anglo suburbs in the Santa Clarita and Antelope Valleys, ostensibly to escape inner-city crime, traffic, and high rents. However, while the growth rates of the black and Latino populations in the newly formed desert communities, like Palmdale and Lancaster, are two and three times (respectively) the growth rate of California’s fastest growing city, their numbers are still relatively small compared to the total population.

## **Poverty**

According to projections, not only will the poor still be with us in the year 2000, but there will be more of them. Currently, a record 1.3 million, or nearly 15% of Los Angeles County’s residents, are receiving food stamps, general relief, or other welfare payments and benefits from the Department of Social Services—a trend which has been increasing steadily since 1988. By the turn of the century, over 1.6 million County residents will be living under the Federal poverty level, with approximately one-third of those under fourteen years of age. Considering the current depressed state of the economy in Southern California, together with

the heavy influx of under-educated, unskilled immigrants, poverty is likely to continue to be a blight throughout Los Angeles County—inevitably having a major impact on the health of the community.

While the districts most afflicted with poverty are Metro-West and Metro-South, no geographical area is immune. A recent change in the Federal regulations now permits undocumented aliens to receive emergency and pregnancy-related benefits; this modification has resulted in a 59% increase in the number of welfare recipients—mostly poor, Latino immigrants—in the once-privileged San Fernando Valley. Pockets of poverty also blot the landscape of the San Gabriel Valley and the East public health networks.

According to Bob Pratt, president of the Volunteers of America, “Los Angeles continues to live up to its dubious distinction as the homeless capital of the United States.” A survey conducted by the Shelter Partnership conservatively estimated that at least 38,000 people in L.A. County have no shelter; other estimates put the figure as high as 68,000, with most of them requiring health services in the Long Beach, downtown, Santa Monica/Venice, and South Central areas.

For those who do have a place to sleep, housing is so expensive in Los Angeles that nearly one-half of the County’s renters must spend more than 30% of their income on shelter. Ten years ago, the rent on a small apartment was half of what it costs now, and the prices continue to spiral, forcing more and more people into the street, and at the mercy of the County’s Department of Social Services.

## Health Status Trends

**High fertility rates** among poor immigrants and indigent, minority populations is expected to continue to place great demands on the under-funded **maternal and child health** services throughout Los Angeles County, especially in the Metro South and East networks, where birth rates have increased due to the influx of Hispanics. Infant mortality rates among some ethnic groups will continue to exceed that of the general population. Currently, black babies are twice as likely to die in their first year than white babies.

**Life expectancy** for both males and females in L.A. County is less than the rest of California: 70.9 years for males and 78.2 for females, compared to 72.4 and 79.3 statewide, respectively. The **leading causes of death** are, and will continue to be: heart disease, cancer, stroke, chronic obstructive pulmonary disease, diabetes, and cirrhosis of the liver.

**Communicable diseases** will continue to take a heavy toll in Los Angeles County, especially tuberculosis, AIDS/HIV, and sexually transmitted diseases. Due to the significant influx of immigrants from countries where **tuberculosis** is endemic, as well as the increased number of TB cases among HIV-infected individuals, tuberculosis is making a deadly comeback throughout the United States and its ports, this time with drug-resistant strains which have evolved from active cases who have defaulted on their treatment. In addition to complicating the efforts to control TB, the **AIDS** epidemic threatens to increase at an exponential rate and to spread beyond the homosexual population, although the groups of special concern will continue to be gay and bisexual men, women of reproductive age, alcohol and other drug abusers (including intravenous drug users), minorities, and children. Among **sexually transmitted diseases**, penicillin-resistant gonorrhea is likely to establish itself as the endemic form in Los Angeles, though syphilis and congenital syphilis will continue to be important public health challenges, and chlamydia will warrant increased concern.

With over two million injuries per year reported in Los Angeles County, **accidents and injuries**—intentional and unintentional—amount to the leading cause of death and disability for residents under the age of forty-four. In high poverty areas, particularly among African-American youths, gang violence and physical abuse have increased dramatically, resulting in homicide rates that are significantly higher than state and national rates and indicative of a complex societal problem which will continue to have a critical impact on the public health system. According to a report prepared by the Center for Study of Social Policy, “America’s youth are more likely to live in poverty and die because of violence than ever before,” and “Clearly worse off than a decade ago or five years ago, California’s teenagers are especially vulnerable to crime, poverty, and other stresses of urban life.” The leading cause of death among African-American men, aged 15-24, is violence, according to Peter Breggin, director of the Center for the Study of Psychiatry.

Although **cigarette smoking** in California has been steadily declining for more than a decade, nearly 20% of Los Angeles County residents, or approximately 1.7 million people, still light up—an unhealthy habit that leads to over 10,000 deaths annually from related diseases, which is more than the combined total of fatalities from alcohol, illegal drugs, AIDS/HIV, accidents, and violence. Like tobacco use, **alcohol use** and its associated numerous health problems is expected to continue to have a significant impact on the health of L.A. County residents and its public health system, which will be under additional pressure to provide preventive and rehabilitative services to abusers. With Los Angeles as a major port for drug trafficking, **illegal drug use** is likely to continue to have a negative impact on the health and safety of County residents.

## The Economy

While Governor Pete Wilson proposes a sweeping reform of the welfare system that would reduce family benefits, record numbers of desperate Los Angeles County residents—many with college degrees—are deluging welfare offices in what District Director Gerald Elijah calls “organized chaos” in an attempt to obtain food stamps or money for rent and other vital needs. What sociologists and County welfare officials describe as a “social emergency” of historic proportions is part of the ripple effect created by the depressed state of the local economy, especially the permanent disappearance of hundreds of thousands of manufacturing jobs in the automotive and aerospace industries.

With a loss of over 690,000 jobs since July 1990, the current recession is the greatest economic downturn that California has experienced since the Great Depression of the 1930’s. The twin punches of a recession that has no end in sight and the restructuring of local industries has combined to deliver such a devastating, pervasive blow to Southern California—the nation’s most defense-dependent region—that the Los Angeles County Aerospace Task Force Report considers the effect comparable to a natural disaster of major scope. In one month alone—January 1992—an unprecedented 189,600 jobs disappeared from the County!

In April 1992, the Employment Development Department revealed that nearly 300,000 jobs have vanished from Los Angeles County since January 1991—a revision which turned out to be more than double the previous predictions. One consequence of the dramatic decrease in the employment roster will be a shrinking tax base upon which to pay for public services. Moreover, with less people working, fewer people will be insured or able to afford private medical care, so the demands for services from the public health system are likely to increase significantly—probably at a rate which is greater than the system’s ability to provide, even if capacities are expanded.

## Limited Financial Resources

In 1980, health care costs—in the form of Medicaid—consumed 10% of the Federal budget. Today, these costs represent 15% of the budget and threaten to increase to an all-time high of 28% by 2002.

The rate of increase in California is similarly problematic. With Federal, State, and County budgets suffering from severe deficits as a result of the lingering recession, it is highly unlikely that any new or additional funding will be available for the public sector to allow it to meet the true demands of, let alone increase access to, a complete range of health care services. California already has a State budget deficit of \$10.7 billion for 1992-1993, a gap which will be balanced primarily by cutting programs, and secondarily by increasing fees and dues for selected services.

Recently passed State legislation eliminates the requirement that counties provide indigents with “community standard” care. This should accelerate efforts to work together with non-public providers to take an additional burden off the public sector for services to the poor and uninsured.

In an effort to set priorities for health care service cuts, Governor Wilson has urged more support of programs emphasizing prevention geared to mothers and children, rather than remedial action for the afflicted. “We are compelled to set new priorities and to bring needed change when faced with an unprecedented gap between what the State government receives in taxes and what we’ve been spending,” he said.

In Los Angeles County, not only will tax collections decrease as a result of the diminished pool of workers, but the region will need to pay out an additional \$362.8 million in unemployment benefits, along with \$147.4 million in welfare costs over the next decade, seriously straining public finances. Unlike earlier decades when California had enough money to handle a high rate of immigration and still have sufficient funds to build its infrastructure, the devastating recession, the shrinking corporate and individual tax bases, and the recent riots in Los Angeles portend a much bleaker future.

Individual residents have also been hurt by the recession, resulting in a greater dependence upon the public sector for services. According to a report prepared for the National Association of Community Health Centers, more than 2.1 million, or 23%, of Los Angeles County’s current 8.9 million residents are unable to get basic health care, because they are too poor, are uninsured, or they lack access to a physician. As the poor got poorer during the 1980’s, the percentage of children in California without health care coverage increased from 12% to 23%.

Besides the unemployed and poor immigrants who lack health insurance, there is a significant number of the “working poor” who also have no coverage. Studies have shown that between 80% and 90% of those who do not have insurance are workers or dependents of a worker. While this situation is precisely what the Governor intends to correct in his proposed reforms, critics say that Wilson’s plan may not go far enough in addressing the needs.

In the midst of the health care crisis, there are several who propose a “managed care” solution to the problems of runaway costs and declining financial resources. One of those solutions gaining acceptance is the concept of managed care networks, a cost-efficient way of optimizing resources, while providing health services to the large numbers of working uninsured and

others. According to Molly Joel Coyle, Director of the State of California Health and Welfare Agency, Department of Health Services, “Managed care offers a proven, affordable means for increasing access to basic primary care. This system of care creates incentives for patient education, preventive services, early intervention, coordination of care and case management -- all of which are intended to promote wellness.”

Regardless of the solution it chooses, the County can expect to continue to have limited resources for an ever-expanding need for public health care services. The implication is that the future public health care delivery system must seek newer, more efficient ways to deliver services in concert with private health care partners.