



THE UCLA CENTER FOR HEALTH POLICY RESEARCH 

Los Angeles County Community Health Profile Project

CHIS Data Project of the
UCLA Clinical and Translational Science Institute (CTSI)

November 29, 2011

Steve Wallace, PhD, UCLA Center for Healthy Policy Research
David Zingmond, MD, PhD, UCLA Department of Medicine
E. Richard Brown, PhD, UCLA Center for Health Policy Research

BUILDING KNOWLEDGE. INFORMING POLICY. IMPROVING HEALTH.

www.healthpolicy.ucla.edu

THE UCLA CENTER FOR HEALTH POLICY RESEARCH 

Background

- Disparities in health and healthcare access exist in Los Angeles County (LAC)
- Yet little is known about:
 - the specific geographic communities bearing a greater burdens of illness and limited access to services
- Identifying these “hot spot” communities can inform UCLA CTSI’s effort to reduce excess burden
- By taking local data to communities and engaging in dialogue with residents and leaders as true partners, we can together develop the tailored & locally appropriate strategies needed to promote health equity.

www.healthpolicy.ucla.edu

Proposal Goals and Objectives

- Goal: To improve the health of the people of LAC
- Objectives:
 - Identify geographic areas with greater burden of disease (“hot spots”) within LAC to target efforts;
 - Engage communities in cutting-edge clinical care and community and public health interventions;
 - Work collaboratively with identified communities to engage residents, health professionals, and researchers in efforts to improve community health improvements.

www.healthpolicy.ucla.edu

Develop a comprehensive health profile of Los Angeles County

EXPLORATORY DATA ANALYSES

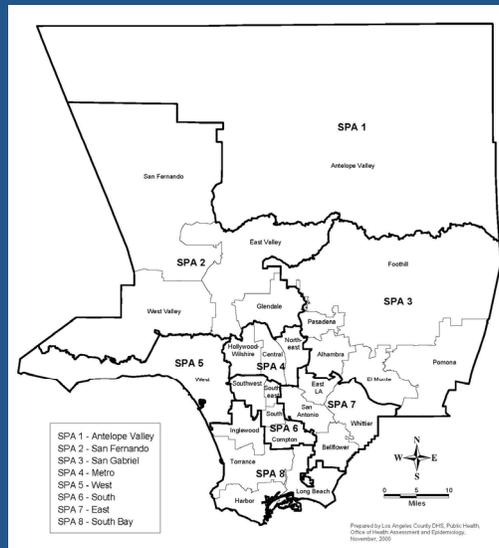
www.healthpolicy.ucla.edu



Develop a Comprehensive Health Profile

1. Profile population health and healthcare at the health district level
2. Identify rates of disease-specific hospitalization and ED visits across zip code level and roll-up to health districts
3. Link to existing mortality data
4. Generate maps to overlay findings and prepare a comprehensive report to describe population health, healthcare needs and services, and hospital encounters

www.healthpolicy.ucla.edu



Los Angeles County 8 Service Planning Areas (SPAs) and 26 Health Districts

www.healthpolicy.ucla.edu

Community-level health needs

Source: California Health Interview Survey (CHIS), unless otherwise noted

- **Demographics** (Source: Census, American Community Survey)
 - Socio-economic characteristics – age, race/ethnicity, income, etc...
 - Limited English proficiency
- **Population health**
 - Disease prevalence– asthma, diabetes, obesity, mental illness, etc...
 - Health behaviors – tobacco and alcohol use, physical activity levels, consumption of fruits/vegetables and ‘obesogenic’ foods, etc..
- **Access to and utilization of health care**
 - Preventive care utilization – colon and breast cancer screening, flu shot, etc..
 - Access -- Insurance coverage, usual sources of care and delays in care, etc...

www.healthpolicy.ucla.edu

Disease-specific hospitalizations and emergency department visits

Source: OSHPD (Office of Statewide Health Planning and Development) data

AHRQ Prevention Quality Indicators (PQI) for ambulatory care sensitive (ACS) conditions

- diabetes short-term complications, hypertension, lower-extremity amputation, etc...
- **AHRQ Inpatient Quality Indicators (IQI)**
 - acute myocardial infarction (AMI), acute stroke, pneumonia, etc...
- **Disease entities that fall within CTSI Clinical Domains**
 - breast cancer resection, HIV/AIDs (primary diagnosis), etc..
- **Admission rates of serious mental health disorders and substance abuse**

www.healthpolicy.ucla.edu

Community-level social and physical factors

Source: Census, ACS 2007-2011, Nielson Claritas, and other data sources characterizing social/physical factors of the community

Other social/physical factors influencing health, such as:

- per capita income, poverty rates/ concentrated poverty
- personal and property crime statistics
- housing conditions
- food environment
- physical activity opportunities (e.g., green space)
- employment and business-related conditions

www.healthpolicy.ucla.edu

Share findings, better inform and launch efforts for improved health

DATA DISSEMINATION AND COMMUNITY ENGAGEMENT

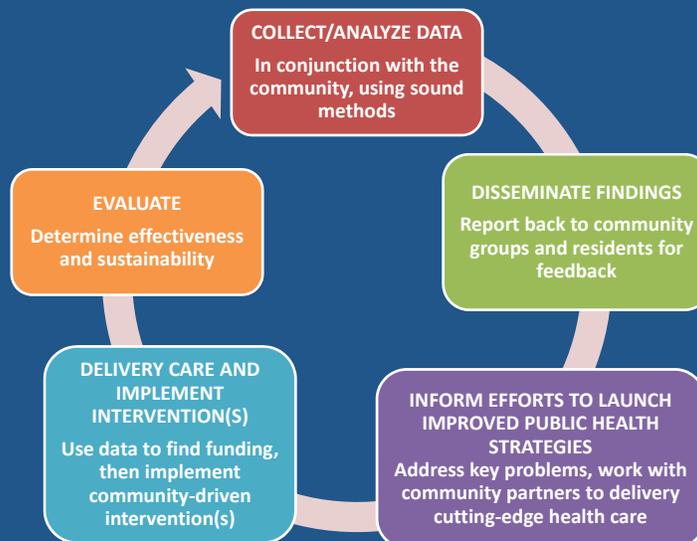
www.healthpolicy.ucla.edu

Disseminate Findings & Engage Communities

1. Brief CTSI on data findings and how the data could inform planning
2. Engage community organizations and residents to review and discuss findings and modify as appropriate to reflect both empirical evidence and community perspective
3. Collaboratively identify strategies and target solutions that are culturally appropriate and acceptable to communities in order to bring greater resources to those most in need
4. Follows successful models of eliminating disparities

www.healthpolicy.ucla.edu

A Data Driven Model to Address Inequities



Modified from the Sinai Model to Eliminate Health Disparities, *Urban Health* 2010



Timeline

- Phase 1. Nov 2011-Feb 2012 (4 mos)
 - Preliminary exploratory data analyses with CHIS and OSHPD
 - Create maps for initial analyses

- Phase 2. Mar -Sept 2012 (7 mos)
 - Additional CHIS and OSHPD data analysis and map creation
 - Community engagement in and feedback from 4 areas of highest burden
 - Data dissemination to CTSI and communities
 - Produce final report describing population health, healthcare needs and services and hospital encounters