

Health and Health Care Access in Los Angeles County

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August 2009

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Acknowledgements. I would like to thank Albert Farias, Jean Sun and Kyoko Rice, Krystrin Matthews, Heather Lander, and Trevor Pickering from the USC Center for Community Health Studies, who assisted in this report. Also thanks to Amy Lightstone and Loren Lieb from the Los Angeles County Department of Public Health, and Dennis Deapen from the USC Cancer Registry, who provided data to support this report.

Introduction

Los Angeles County is the largest county in the United States. With nearly 10 million people, it is a metropolis spanning 88 incorporated cities (the largest is the City of Los Angeles) and 80 school districts, and it is home to among the nation's most ethnically diverse population. Historically, African Americans have been the largest minority group, although today it comprises about 9% of the county's population. In comparison, the Latino population (Hispanic or Latino of any race) has risen dramatically, now comprising nearly 42% of the county's population, making it the largest ethnic group.¹

But there are many other groups. Throughout the county are found communities of Chinese, Armenians, Filipinos, Iranians, Taiwanese, Koreans, Russians, Indians, Native Americans, and many more. Los Angeles Unified School District students speak over 90 different languages.² Los Angeles is also home to immigrants. More than a third (36.2%) of the county population is foreign born, emigrating here from South and Central America, Europe, and many parts of Asia.

Los Angeles is also economically diverse. It is home to great prosperity supported by leading entertainment, business and finance, health care, sports, transportation, and high technology companies. Yet nearly 15% of the county population is living at or below the federal poverty level, including more than 1 in 5 children.³ The county's large and growing service economy and vast array of small- and medium-size businesses support a low- and moderate-wage workforce, many of whom have incomes that barely exceed a livable wage. Today, the majority of businesses in Los Angeles County are small, that is, with fewer than 25 employees.⁴ They provide almost 7 million jobs to over 52% of the county's workforce. Housing is also quite diverse. While multimillion dollar estates are found in many parts of Los Angeles, there are over 80,000 homeless people in the county, one of the largest homeless populations in the nation.⁵

But Los Angeles County, in spite of its size, is not isolated from other counties. It is embedded within neighboring Orange, Ventura, and San Bernardino Counties, and the four-county region has a profound impact on the economy of the state as well as the nation.

This article provides an overview of some key health problems facing the County of Los Angeles. It includes a review of pressing health problems facing its

¹ See

www.factfinder.census.gov/servlet/ACSSAFFacts?_event=Search&geo_id=&_geoContext=&_street=&_county=los+angeles+county&_cityTown=los+angeles+county&_state=04000US06&_zip=&_lang=en&_sse=on&pctxt=fph&pgsl=010. Accessed June 2009.

² See www.notebook.lausd.net/pls/ptl/docs. Accessed June 2009.

³ See www.quickfacts.census.gov/qfd/states/06/06037.html. Accessed June 2009.

⁴ See www.census.gov/epcd/susb/2001/ca/CA--.HTM, Accessed June 2009.

⁵ Los Angeles Homeless Services Authority. Data received June 2009. www.lahsa.org.

residents, particularly related to disparities in health and access to health care services. It also addresses problems in the health care delivery system.

Previously, Simon reported that the health problems in Los Angeles are highlighted by an aging population, high rates of obesity, substance abuse, and violence.⁶ The author also noted the growing problems associated with climate change. These and other issues pose difficult challenges to policy makers, community leaders, neighborhoods, and health care providers. Los Angeles County is home to some of the best doctors, hospitals, and health professional schools in the nation. But there are also key challenges to all components of the health care delivery system of hospitals, community clinics, and physicians, a situation that is burdened by high costs. In addition, a disproportionately high number of people who live in the area have little or no access to the traditional private health care system. Instead, they rely on safety-net facilities of public hospitals and community health centers and, as a last resort, hospital emergency departments. These organizations and health professionals struggle each day to respond to the demand for services with diminishing resources to meet the growing need for health care in some of the county's most troubled communities. The economic recession, high unemployment, and spiraling health care costs exacerbate these unprecedented challenges. With these challenges come new opportunities as the promise of health reform makes Los Angeles ideal for innovation, testing new treatment and service delivery models, and incorporating new technologies for effective, efficient care delivery.

The Health of Los Angeles

Chronic illnesses. Like in other large urban areas, Los Angeles County residents are increasingly burdened by chronic illnesses, such as heart disease and stroke, HIV and AIDS, diabetes, arthritis, liver disease, cancer, and chronic mental health problems. These conditions are the leading causes of death, led by heart disease and cancer (see Exhibit 1). Chronic illnesses pose a significant burden not only for patients but also their families, schools, and communities. Deaths from chronic conditions in the county contribute to more than 250,000 years of productive life lost each year (see Exhibit 2). Chronic illnesses also burden the health care delivery system as patients engage clinicians and the hospital professionals who try to manage their care, which often requires ongoing monitoring, multiple visits, lab and ancillary care, and prescription drugs. The treatment of chronic health problems comprises more than half of all expenditures for health care nationally.

Cancer remains a serious health problem for Angelinos. A recent report shows that prostate cancer and lung cancer are the top two types of cancer among men who live in Los Angeles, while cancer of breast and lung are the most common among women. Other types of cancer commonly reported include colon cancer

⁶ Simon, P., "Health Status," *The State of the City*, Pat Brown Institute, CSULA, 2008.

and non-Hodgkin's lymphoma for both men and women, uterine cancer for women, and bladder cancer for men (see Exhibits 2 and 3).⁷

Although the prevalence of many chronic conditions has increased in Los Angeles, death rates for most of these have declined, which is attributed to improvements in the management of some conditions, better detection, and prevention. Death rates for most cancers have declined but still remain high for LA residents. Lung cancer is the number one killer for men (47 deaths per 100,000 population), followed by prostate and colon cancers. Among women, cancers of the lung (29 deaths per 100,000 population) are the number-one killer followed by breast and colon cancers.

Infectious diseases. Although chronic diseases take a large toll on the health of Los Angeles residents, infectious diseases have not gone away. The most recent outbreak of West Nile virus in several parts of Los Angeles County, and the increasing number of H1 NI flu cases reminds us of the ever presence of disease-causing infectious agents and vectors. But more common strains of flu contribute to over 13,000 deaths each year nationally, many in Los Angeles County.⁸ However, the flu is largely preventable with the availability of the flu vaccine, improved public awareness, and the adoption of new technology. Another serious problem is that more resistant strains of bacteria have been spreading through congregate living areas, including hospitals and nursing homes, board and care facilities, and prisons. Regardless of the type of outbreak, county and city public health departments and provider organizations are key to the control of these diseases. But the community also can play a role by adopting health protective behaviors and implementing environmental interventions and structural changes to help prevent the transmission of the virus.

On the nexus of both infectious and chronic illnesses is AIDS. Prevention efforts earlier in the AIDS epidemic helped to reduce HIV transmission rates in Los Angeles County and decrease the number of new HIV infections. However, the problem is hardly solved. At the end of 2008, there were over 23,000 people living with AIDS in Los Angeles County, 869 new cases, and 207 deaths.⁹ While the number of new infections per 100,000 people was 12.8 for the county as a whole, the rate was nearly 3 times the county average in metro SPA 4 and also higher in the South Bay, including Long Beach.¹⁰ Antiviral drugs have improved treatment options and reduced mortality, which may have contributed to some complacency in adopting practices that can reduce the risk of transmission. Public health officials throughout Southern California remain concerned about an escalation of new cases, which has prompted a new release of educational

⁷ USC Cancer Surveillance Program, *Cancer in Los Angeles County: Incidence and Mortality by Race/Ethnicity, 1988–2007*, at www.usc.edu/lacsp. Accessed July 2009.

⁸ Centers for Disease Control and Prevention, "Influenza Season Week 28, Ending July 18, 2009," *Flu View 2008–2009*, at www.cdc.gov/flu/weekly/. Accessed July 2009.

⁹ AIDS Epidemiology Program, *Los Angeles County AIDS/HIV Surveillance Summary*, January 2009.

¹⁰ Los Angeles County Department of Public Health., *Key Indicators of Health*, 2009. [

programs and other prevention efforts particularly targeting the higher-risk populations.

Disparities. County death rates tell only part of the story; disease and mortality rates vary considerably among communities within Los Angeles County, as well as among racial and ethnic groups. For example, while the countywide infant mortality rate has dropped to less than 4 infant deaths per 1000 births, some parts of the county report rates as high as 11, which is higher than the rest of the state and the nation and comparable to rates in some developing countries.¹¹

Some communities in Los Angeles County have higher death rates for cancer, heart disease, and diabetes compared with other parts of the county. For example in 2006, the death rate for coronary heart disease in South Los Angeles was 226 deaths per 100,000 people, nearly 30% higher than the county average of 174.

Some of the disparities in neighborhoods result from differences among racial and ethnic groups. The infant mortality rate among African Americans is over 11 infant deaths per 1000 live births, more than twice that of other ethnic groups. In 2000, life expectancy for African American men in Los Angeles was 67 years, 8 years less than other racial and ethnic groups. In addition, the risk of prostate cancer is 207.5 per 100,000 people for African American men, the highest among all racial and ethnic groups. Liver cancer ranks fifth among Asian and Pacific Islander men and eighth in Hispanic men. Leukemia is eighth among non-Hispanic white men and tenth among Hispanic men.¹²

HIV is also disproportionately affecting people of color. At 90 new infections per 100,000 population, the new infection rate for African Americans is nearly 4 times the county average and more than twice the rates found among whites and Latinos (see Exhibit 5). Among women, the overall rates are lower than for men, but the disparities among racial and ethnic groups are even larger.¹³

Access to Health Care and Health Insurance

Although many Los Angeles communities struggle to overcome health disparities, people throughout Los Angeles County often face obstacles to obtaining needed health care services. Health insurance is an important factor in reducing barriers to care. Without it, people are less likely to seek health care from a physician or dentist and may turn to overcrowded emergency rooms, often when problems get critical and thus more costly and difficult to treat. Some individuals then require hospitalization, which could be avoided if they were treated properly in clinics and doctors' offices. Moreover, without health insurance, many families face the difficult choice between obtaining health care and providing necessities such as food and clothing or paying the rent or mortgage.

¹¹ California Department of Health Services Center for Health Statistics. Data obtained from the Los Angeles County Department of Public Health at www.publichealth.lacounty.gov. Accessed June, 2009.

¹² USC Cancer Surveillance Program, Los Angeles, 2009.

¹³ HIV Incidence Surveillance Project, Los Angeles County Department of Public Health, 2007.

An estimated 1.4 million adults in Los Angeles County, or 22% of the adult working-age population, are uninsured, along with nearly 190,000 or 7% of children ages 17 years and younger (see Exhibit 6). The uninsured in Los Angeles are found in all parts of the county and are represented among all socio-demographic groups. The highest percentage is found among Latinos, 34% of whom lack health insurance coverage among adults and 9.4% among children, which is higher than all other groups (see Exhibit 7). In fact over two-thirds of uninsured adults and over 80% of uninsured children are Latinos (see Exhibit 8). Latinos are more likely to be immigrants, to work in small businesses that do not offer health insurance to their employees, or be self-employed.

The rates of uninsured are not evenly distributed countywide (see Exhibit 9). In Metro Area SPA 4 and the South Planning Area (SPA 6), uninsured rates have increased to nearly one of every three adults and 10% of children, among the highest percentages of uninsured in the nation. But the uninsured by no means are excluded elsewhere: For example there are nearly 300,000 uninsured adults and children in the San Gabriel Valley (SPA 3), and over 250,000 in East Los Angeles (SPA 6), and over 275,000 in the San Fernando Valley (SPA 2). Variations also exist within these communities. For example, in the San Fernando Valley, the highest rates are found in the Pacoima and East San Fernando Valley health districts.

Employment and Private Health Insurance

In Los Angeles County, residents have the option of several private health plans, assuming that they are offered by their employers they can afford to pay all or part of the premiums. However, the number of private health plans has declined over the past ten years as a result of merger and acquisitions among the existing plans. Many plans are owned by larger organizations located out of state; only three companies are left that are located in the California (Kaiser, Health Net, and Blue Shield). Many people in Los Angeles County are enrolled in an HMO, and this now accounts for about 45% of the population. Among the HMOs, Kaiser remains strong in Los Angeles with over 1.5 million subscribers, seven hospitals, and many physicians' offices located throughout the Los Angeles area (see Exhibit 10).¹⁴

Although we have many private health plans, not everyone can enroll in these. In fact, one reason for the high number of uninsured residents is the steady decline in the number of people who get health care insurance through their work. While about half of adults and a third of children in Los Angeles County receive employment-related health care, this number has steadily declined in the past 10 years as health care costs push premium rates beyond what many employers, especially small businesses, can afford.

Even though many people still have private coverage through their employment, the economic downturn is making it difficult for many businesses to keep offering

¹⁴ California Health Care Foundation, "Los Angeles: Haves and Have Nots Lead to a Divided System," *The California Health Care Almanac, Regional Marketing Issue Brief*, July 2009; "Health Insurers Serving Los Angeles County," *Los Angeles Business Journal*, May 2009.

plans. Many small businesses have eliminated health insurance as an employee benefit either for their employees or their dependents, or both. When people lose jobs, most also lose their health insurance, especially those unemployed for over 6 months who exhaust their COBRA benefits and unemployment insurance. Few unemployed people can afford coverage on their own.¹⁵

Public health insurance programs. Many low- and moderate-income Los Angeles residents are eligible and are enrolled in subsidized health insurance. The Medi-Cal program is the largest and provides health coverage for nearly 2 million low-income adults and children within the City of Los Angeles. A second program, called Healthy Families, covers another 300,000 children who cannot obtain private coverage but are ineligible for Medi-Cal. Healthy Kids covers nearly 38,000 low-income children who are not eligible for either Medi-Cal or Healthy Families. The current state budget threatens the viability of these programs, which are an important link to the health care system and have kept the number of uninsured in Los Angeles from going even higher. Currently, the State of California has eliminated over \$1 Billion from its Medi-Cal program. The sState has also cut \$175 Million from the Healthy Families budget, forcing the program to eliminate coverage for thousands of children and creating waiting lists for new applicants. These changes will likely make it harder for enrollees to get services and providers to participate due to lower reimbursement rates.

Impact of access to care. Without health insurance, people have a more difficult time getting care when needed. Overall, 27% of all adults in Los Angeles reported that they couldn't get care when they needed it; however, the percentage rises to nearly 70% among the uninsured, nearly 3 times higher than those with any type of health coverage. Residents of South LA (SPA 6) and Metro LA (SPA 4) had the highest percentage of adults with access problems, 33% and 38% respectively. Having a regular provider, sometimes called a *medical home*, is also important for people to get medical care when needed. About 80% of the adult population and 90% of children report having a medical home; however, the uninsured, those living in SPA 6 and 4 are less likely to have a regular provider than are those with health insurance, or residents in other parts of Los Angeles County. But access problems also reduce use of preventive services. For example, fewer than 44% of residents in South Los Angeles reported having received a flu shot compared with half of the county as a whole. Uninsured and residents of Metro and South LA are less likely to receive cancer screenings. Uninsured pregnant women in South LA and Antelope Valley are less likely to obtain early prenatal care compared to other parts of the County.¹⁶

Provider capacity. Los Angeles is home to some of the nation's finest health care facilities. Major medical centers are consistently ranked among the nation's best performing hospitals, and its medical schools are in the top 20 in the nation.

¹⁵ COBRA is a state and federal program that allows recently employed people an option to purchase group coverage under their former employers' health plan at rates that the health plan has negotiated with the insurance company.

¹⁶ Los Angeles County Department of Public Health, *Key Indicators of Health by Service Planning Area*, June 2009.

But the region faces chronic shortages of primary care physicians and nurses and a maldistribution of health workers overall. Los Angeles has over 18,000 practicing physicians, or about 176 physicians per 100,000 people.¹⁷ The physician shortage is particularly felt for primary care clinicians, including family physicians, pediatricians, internists, and obstetrician/gynecologists, as well as physician assistants and nurse practitioners. For example, there are 58 primary care physicians per 100,000 people compared with 115 specialists.¹⁸ The distribution of the physician workforce is uneven, leaving many lower- and moderate-income communities with persistent provider shortages. The Central core of Los Angeles, along with sections of the San Fernando Valley, East Los Angeles, and San Pedro, are federally designated as Medically Underserved Areas. These communities have shortages not only of primary care physicians but also of specialty-care physicians and other health care professionals (see Map). For many low-income communities in Los Angeles, wait times for some specialty care services, such as breast cancer treatment, cardiology, and orthopedics, range from six months to one year.¹⁹

Crises Facing Hospitals and Emergency Rooms

Hospitals. Los Angeles County has over 111 acute care hospitals. With over 30,000 licensed hospital beds, LA has 1.23 beds per 1,000 people. However, the distribution is not equal. In some parts of the county, particularly South Los Angeles, the rate drops to fewer than 0.7 beds per 1000 people.²⁰

Many hospitals in Los Angeles are facing financial hardships. There are clearly some facilities that are doing better than others. Hospitals that are in good financial shape tend to accept patients with private insurance or Medicare, which pays hospitals a relatively larger share of costs compared with smaller and financially weaker facilities that take more Medi-Cal. Financially weaker hospitals compete for Medi-Cal patients, although the program generally reimburses hospitals less than their costs.²¹ Because some of these facilities serve large numbers of Medi-Cal and uninsured patients, they are eligible for supplementary payments from the Medi-Cal program called the disproportionate share program. Even with these additional funds, many hospitals have been unable to survive. Los Angeles has experienced a significant loss of acute care hospital capacity in the past 12 years. Since 1996, 33 hospitals in Los Angeles County have closed, eliminating over 5,200 acute care hospital beds (see Exhibit 11). Moreover, a disproportionately high number of hospital closures and bed reductions occurred

¹⁷ American Medical Association, *Physician Characteristics and Distribution in the U.S.*, 2009 Edition.

¹⁸ Kevin Grumbach, Arpita Chattopadhyay, and Andrew Bindman, *Fewer and More Specialized: New Assessment of Physician Supply in California*, 2009; California Healthcare Foundation, Oakland, CA.

¹⁹ Kurt Salmon Associates, *Critical Condition: Examining the Scope of Medical Services in South Los Angeles*. 2007; The California Endowment, Los Angeles.

²⁰ Task Force on Healthcare Options, *Achieving the Vision: Healthcare Options for Los Angeles County*, 2009; The California Endowment, Los Angeles.

²¹ "Los Angeles: Haves and Have Nots," 2009.

in the southern part of the county, serving low-income and working-class communities. The decline in hospital capacity is of concern as the population of Los Angeles increases and hospital capacity insufficient to meet the health care needs of the baby boomers who will be soon retiring.²²

Emergency departments and trauma centers. Los Angeles County has over 73 emergency departments and 13 trauma centers. Federal law requires that hospital emergency rooms treat everyone who comes through their doors for care. The downsizing or closing of hospital ERs increases the demand at the remaining facilities. As a result, waiting times at hospital emergency departments have increased over the past few years as people wait in ERs for an available bed and those who walk in wait to see a clinician. The problems facing ERs are also affecting care for the entire emergency management system in the county. If one facility is at capacity, it goes into diversion, often having to close its doors to new patients. When that happens, paramedics must often search for another facility to take a patient who needs emergency care, losing valuable time that could be used to save a life or begin treatment. In 2008 and early 2009, 13% of the county EMS system was on diversion every month.²³ The problem facing the Los Angeles hospital emergency departments is a product of both the financial crisis in the county health system and the county's high rate of the uninsured. People without a regular primary care provider often have no place to go other than an ER if they are facing a health problem, including one that could be treated in a clinic or physician's office.

LA County hospitals and health centers. At the core of the health care safety-net is the county health care system (DHS). With four hospitals, eight ambulatory care centers, and several smaller clinics, this system annually serves 700,000 people, most of whom are uninsured or covered by the state's Medi-Cal program. Because the system serves so many uninsured patients, the county must rely on the cash-strapped State of California and its own dwindling revenue to keep the system operating effectively. DHS not only provides care for the county's indigent and uninsured population but also benefits all residents. DHS provides half of all trauma care in Los Angeles, operates specialty care services and a burn unit, and helps to train hundreds of health professional students in its hospitals and clinics. The public hospitals are not only important for the people they serve but also for the viability of other hospitals. Most recently, the closure of the Martin Luther King Medical Center in South Los Angeles increased the demand for emergency and hospital care at neighboring health facilities, demonstrating the interdependence of all health care facilities in the Los Angeles area. The LA County DHS faces significant budget problems in the coming years. A cumulative deficit of nearly \$350 million may lead to service reductions or facility closures. This deficit, which may go even higher with the state budget crisis, will jeopardize the planned re-opening of the King Hospital, seismic upgrades, and the capital

²² "Los Angeles: Haves and Have Nots," 2009.

²³ Los Angeles County Department of Public Health, EMS Commission. *Hospital Diversion to 9-11 Traffic Due to Emergency Department Saturation*, 2009, See www.dhs.lacounty.gov/wps/portal/ Accessed May 2009.

improvements to existing facilities. More important, these reductions will make access to health care even more difficult as more uninsured people will try to get care from a smaller and more fragmented safety-net system of care.

Community health centers. Los Angeles also has a network of nearly 200 licensed community health centers and distributed in many parts of Los Angeles County, but particularly in low- and moderate-income communities. Of these, about 45 are members of the Community Clinic Association of Los Angeles County and are federally qualified health centers that receive federal grants and higher reimbursement rates from Medi-Cal. These facilities employ clinicians who provide low-cost, culturally appropriate health care to the city's low-income communities, particularly those who are uninsured or on public programs. Funded from government sources, and augmented by individual donations and philanthropic grants, community health centers are a critical component of the safety-net. They care for among the most vulnerable patients, including immigrants, those with HIV and AIDS, and people with chronic conditions such as diabetes and heart disease. Yet, these same facilities are a major source of health care for the county's uninsured population, people who are homeless, or those who otherwise cannot pay for their care. The financial crisis in California and Los Angeles is putting unprecedented pressure on community clinics to see more patients but with fewer resources.

Impact of the Environment

For many years, public officials have worried about the impact of air and other forms of pollution on the health of LA County residents. Air pollution is linked to many health problems in children, particularly increased respiratory symptoms and hospitalizations for respiratory illnesses, increased or more severe asthma episodes, decreases in lung function, and longer-lasting lung infections. High levels of ozone and fine particulates are connected to children's asthma.²⁴ Air pollution also compromises effective treatment for those diagnosed with the disease. High rates of asthma are now found among children residing or going to school near the Interstate 710 corridor (Long Beach Freeway), which is a major artery for transporting goods from the LA Harbor to the distribution sites in downtown Los Angeles. USC researchers found in one study that children living within 75 meters of a major road had a 50% greater risk of exhibiting asthma symptoms in the past year than were children who lived more than 300 meters away.²⁵

²⁴ Andrea Hricko, Kim Preston, Hays Witt, and John Peters, "Air Pollution and Children's Health," *Health Atlas of Southern California*, see: www.usc.edu/scehsc/coep/coep_atlaschap.asp. Accessed July 2009.

²⁵ Rob McConnell, et al., "Traffic, Susceptibility, and Childhood Asthma," *Environmental Health Perspectives* (114:5), May 2006.

This report highlights some of the health issues facing Los Angeles County. In spite of its recent success in reducing mortality for many, particularly our health care system remains quite vulnerable. Costs are increasing, the safety-net is fragile, and many people are losing their health insurance as health care premiums go and people lose their jobs. There are many things are not covered in this report, including, for example, mental health and oral health care (dentistry), both of which are important parts of the overall health of the public in Los Angeles. The authors believe that lack of access and disparities are similar to those already discussed.

Social Policy and Effects of the Economic Downturn

Los Angeles faces significant challenges to the health of its residents in the coming years. The unemployment rate is approaching 12% in Los Angeles County and as many as 100,000 residents have recently or will soon lose their health insurance, pushing the number of people without access to health care even higher.²⁶ This will increase pressure on the already strapped hospital emergency medical system and the safety-net system, which will further increase the disparities that exist in Los Angeles for residents, both in terms of health status and access to care. Moreover, the California budget deficit of more than \$26 Billion poses immediate challenges to providers as well as communities struggling to improve their health. Proposals to eliminate or cut back on health programs, reduce reimbursement to doctors and hospitals, and reduce cash-based public assistance will likely exacerbate the precarious health care system in Los Angeles.

President Obama is leading an effort to modernize the nation's health care finance and delivery systems. Ideas include establishing a health insurance exchange and new publicly-sponsored health insurance that individuals and small businesses can use to obtain coverage. Also being considered are innovations to improve quality and save costs as well as prevent disease and reduce medical errors. Already there are new initiatives to expand biomedical research through stem cell research, build new community health centers, and institute electronic medical records. Many of these ideas could have profound impact on stabilizing health care in Los Angeles.

National health care reform will benefit Los Angeles with new initiatives to cover the uninsured, incorporate information technology and other innovations, and expand the health care workforce. Health reform is important not only for the health of Los Angeles but also for rebuilding its economic strength. Health care produces jobs and drives economic growth and stability. One important step is the reopening of the Martin Luther King Medical Center, which can help alleviate the shortage of health care services in South Los Angeles and produce new jobs. Also, promoting the development of new industries in Los Angeles, particularly South Los Angeles, is important if those industries produce jobs that provide

²⁶ Wright, A., *Resuscitating an Ailing Economy: Investing in Health Care*, 2009, Health Access Coalition of California. See www.health-access.org. Accessed June 2009.

health insurance to the new workforce. But Los Angeles cannot wait for Washington to solve its problems: The recent H1 N1 swine flu is a reminder of the importance of moving quickly to stabilize the health care delivery system and protect the public health infrastructure in Los Angeles. To accomplish these goals, new health care partnerships should be established between the County of Los Angeles, the City of Los Angeles, other jurisdictions, neighborhoods, community groups, schools, health care providers, employers, and the workforce to develop new ideas for improving health in Los Angeles.