

Building Healthy Communities

**CCLHO Conference
5/2/2013**

**Tony Iton, M.D., J.D., MPH
Senior Vice President
The California Endowment**



The 2012 Field–TCE Childhood Obesity Prevention Survey

*Statewide Findings and Findings from Voters in the
Richmond, Fresno, and Santa Ana BHCs*

conducted by

The Field Poll

on behalf of

The California Endowment

for release

February 14, 2013

About the Statewide Survey

- Populations surveyed: California registered voters.
- Data collection method and sample size: Live telephone interviews with 1,184 voters.
- Interviewing period: October 17-24, 2012
- Survey languages: Conducted in six languages and dialects – English, Spanish, Cantonese, Mandarin, Vietnamese and Korean.
- Sample method: Voters randomly sampled from voter registration rolls. The statewide sample was augmented with additional interviews targeting Asian American voters to permit more reliable comparisons with other ethnic populations.
- Sampling error: Statewide findings have a maximum sampling error of +/- 3.0 percentage points at the 95% confidence level.

About the Local Area Surveys

Populations surveyed: Registered voters living in the census tracts defining (1) the Richmond BHC, (2) the Fresno BHC, and (3) the Santa Ana BHC.

Data collection method: Live telephone interviews randomly selected from voter registration rolls.

Sample sizes:

Richmond BHC:	n = 156
Fresno BHC:	n = 184
Santa Ana BHC:	n = 184

Interviewing period: November 7-21, 2012

Survey languages: English and Spanish

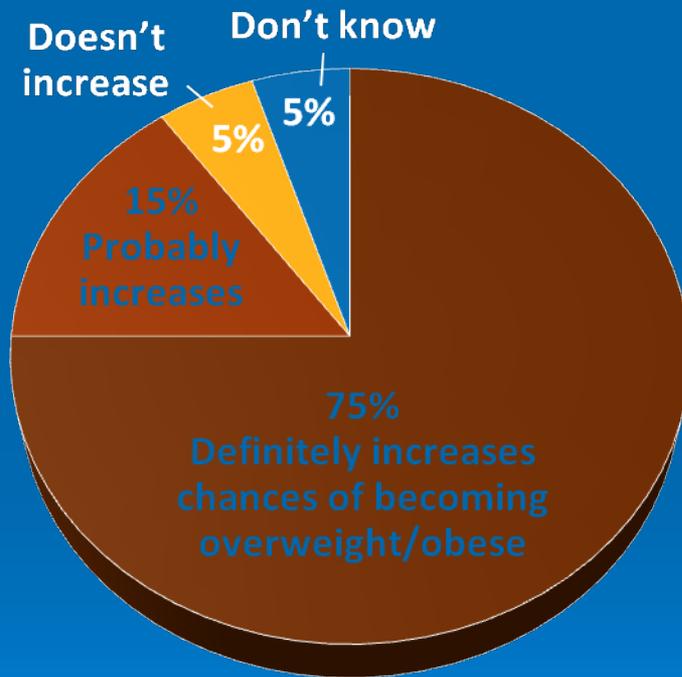
Sampling error: Findings within each BHC have a maximum sampling error of +/- 8.2 percentage points at the 95% confidence level.

Statewide Findings



Table 1

Three in four voters (75%) definitely see a linkage between regularly drinking sodas and becoming overweight or obese



Total

Race/ethnicity

White non-Hispanic

Latino

African American*

Asian American

Region

Los Angeles County

South Coast

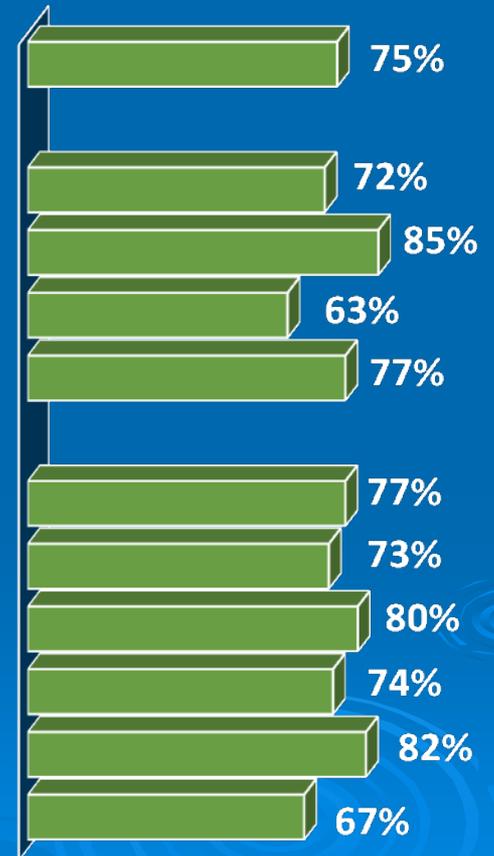
Inland Empire

SF Bay Area

Central Valley*

Other North

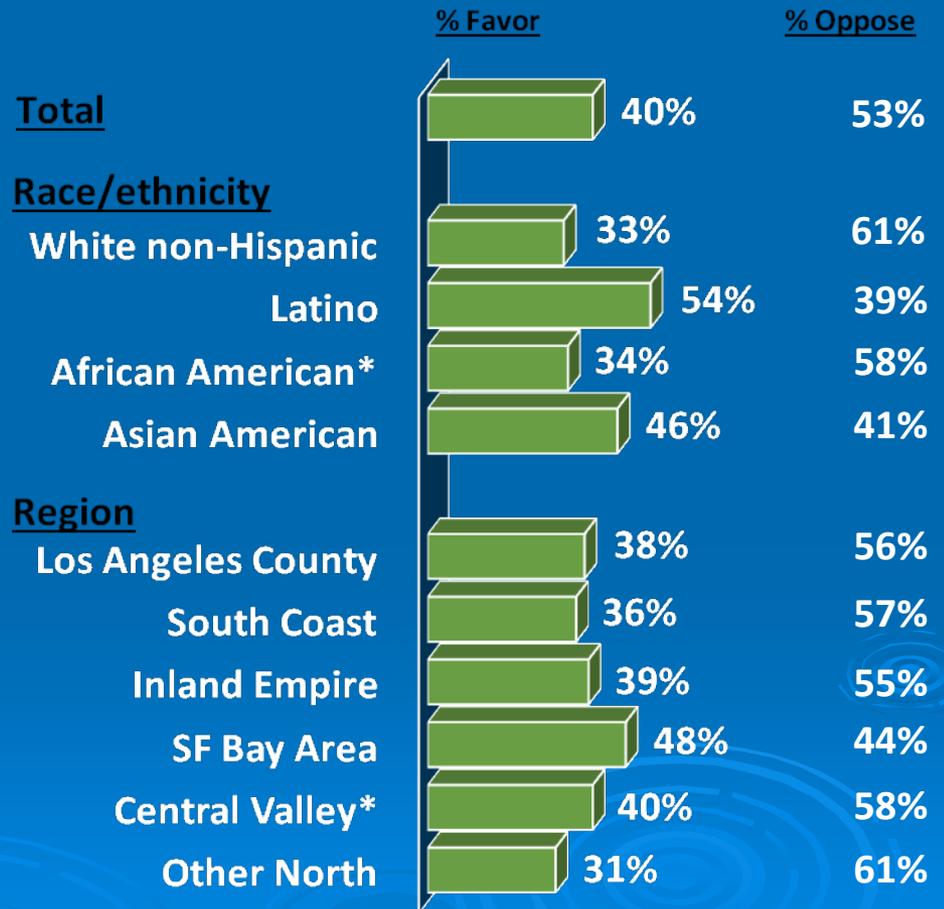
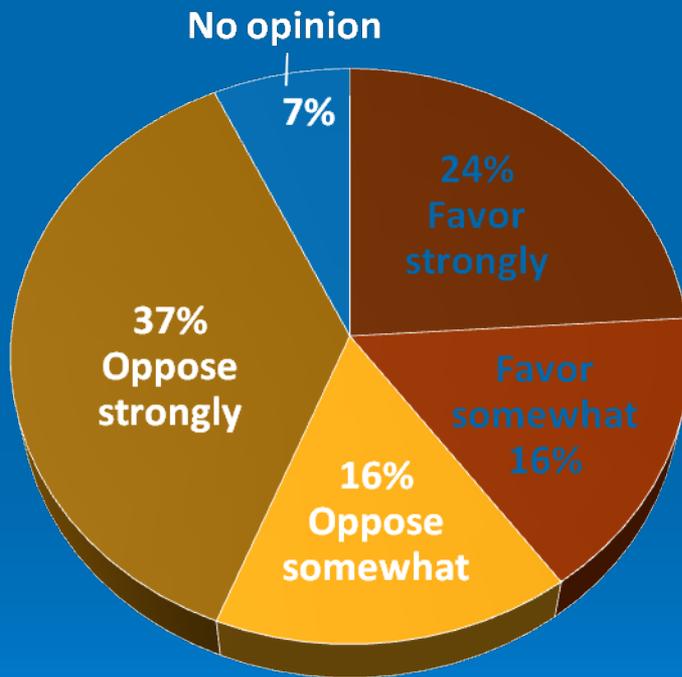
% Definitely increases



* Small sample base.

Table 4

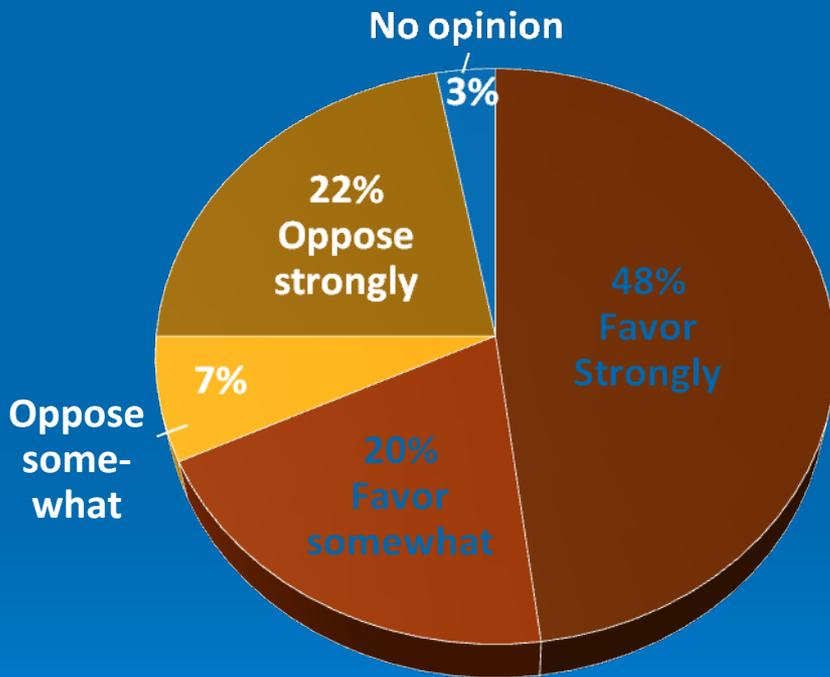
More California voters initially oppose than support the idea of taxing sugar-sweetened beverages



* Small sample base.

Table 5

But, a large majority (68%) would favor a soda tax if its proceeds are devoted to improving school nutrition programs and expanding physical activity programs



Total

Race/ethnicity

White non-Hispanic

Latino

African American*

Asian American

Region

Los Angeles County

South Coast

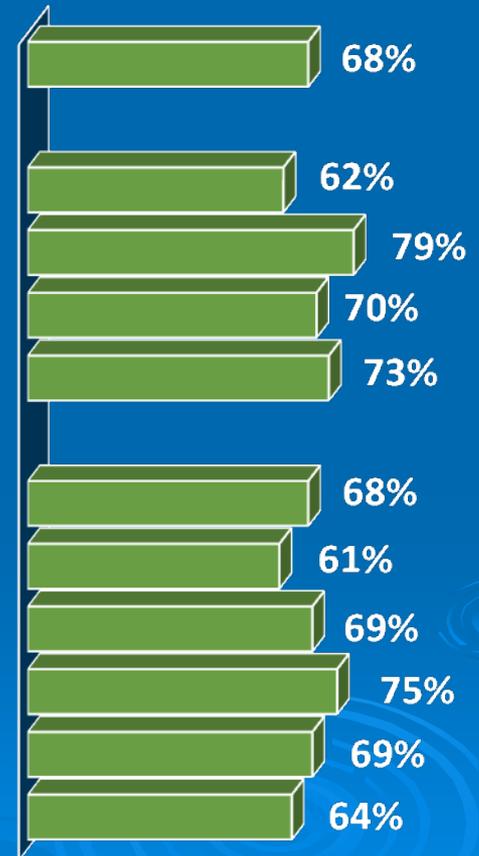
Inland Empire

SF Bay Area

Central Valley*

Other North

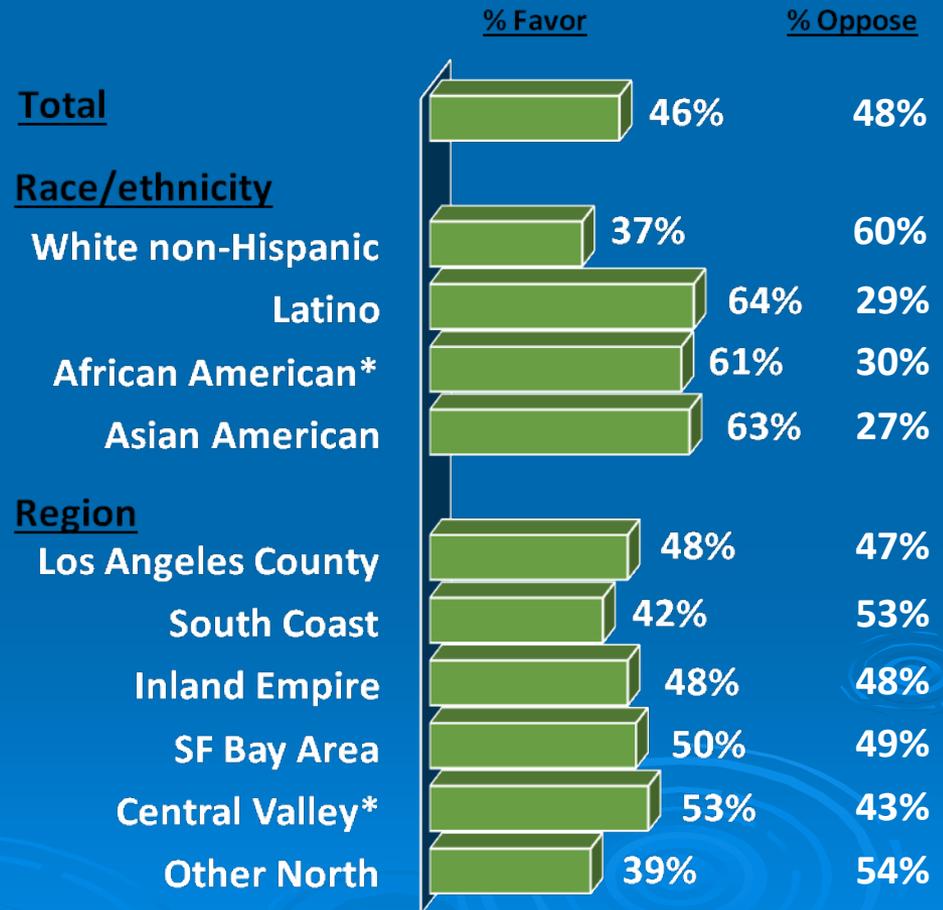
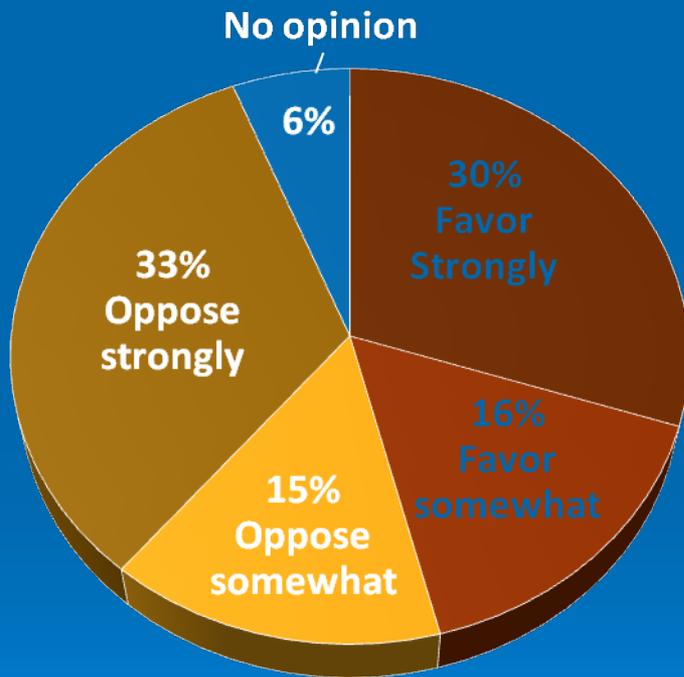
% Favor



* Small sample base.

Table 6

Limiting the sale of sodas in restaurants, bars, movie theatres and sports arenas to no more than 16 ounces is a divisive issue

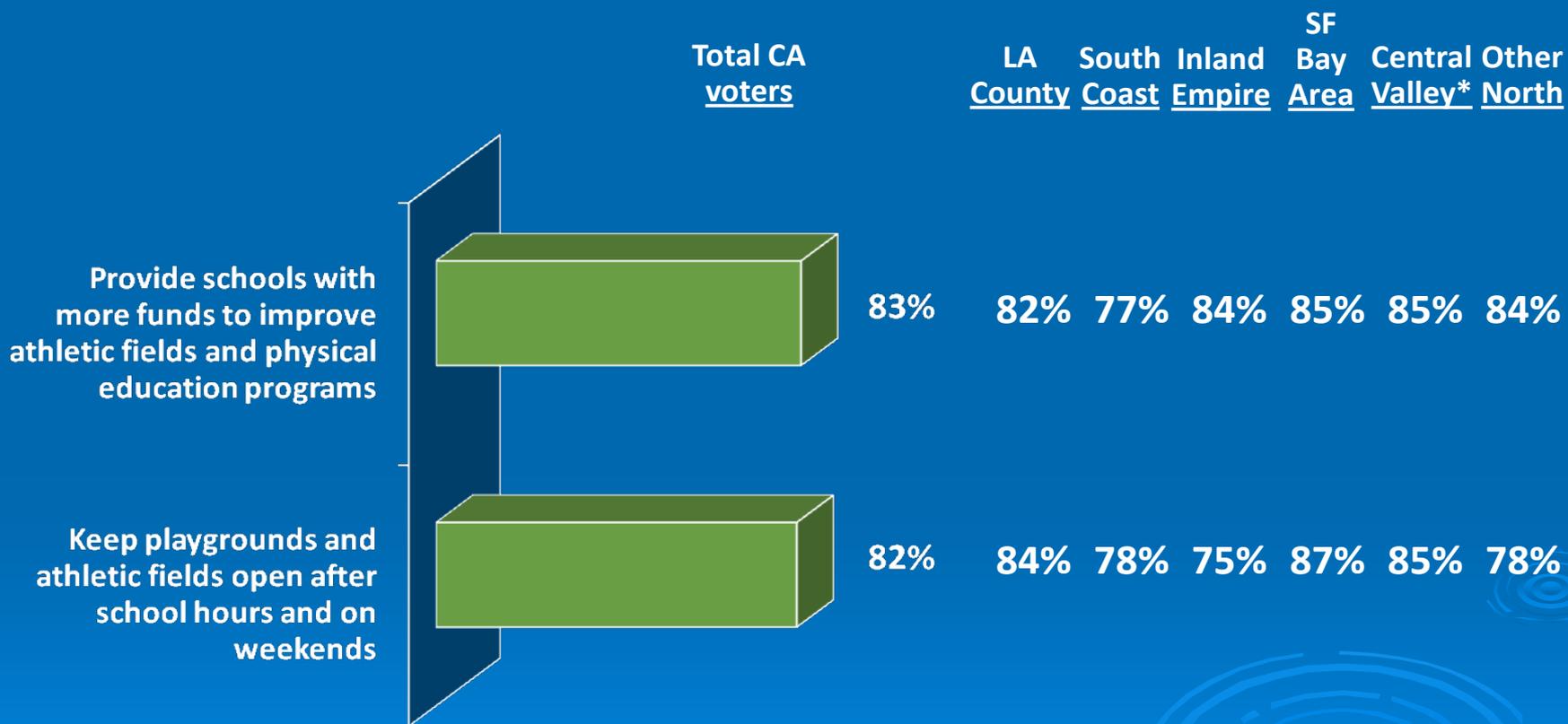


* Small sample base.

Table 7

Greater than eight in ten voters support creating more opportunities for being physically active in their communities

% Favoring each proposal

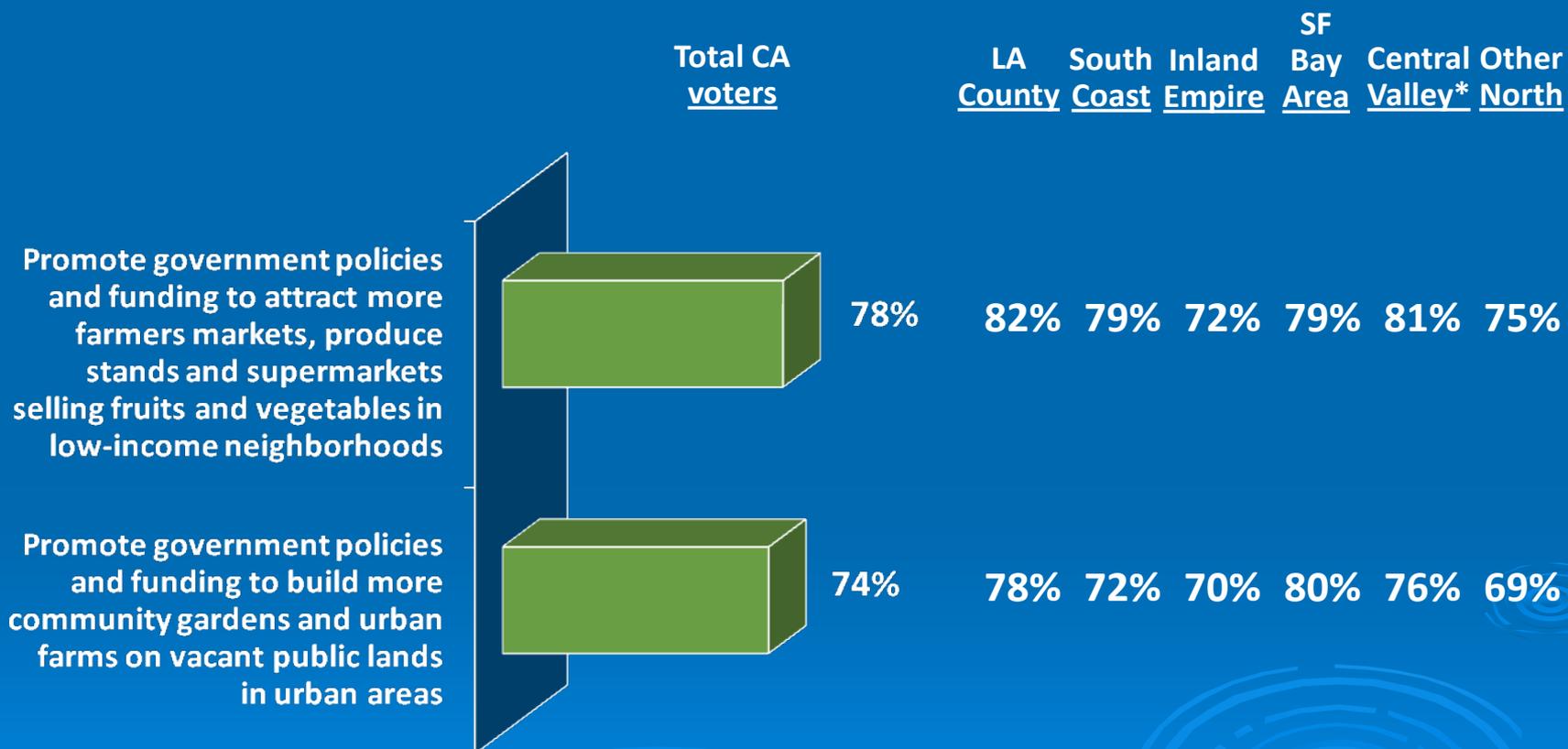


* Small sample base.

Table 8

Three in four voters support policies to increase the availability of healthy foods in low income and urban areas

% Favoring each proposal

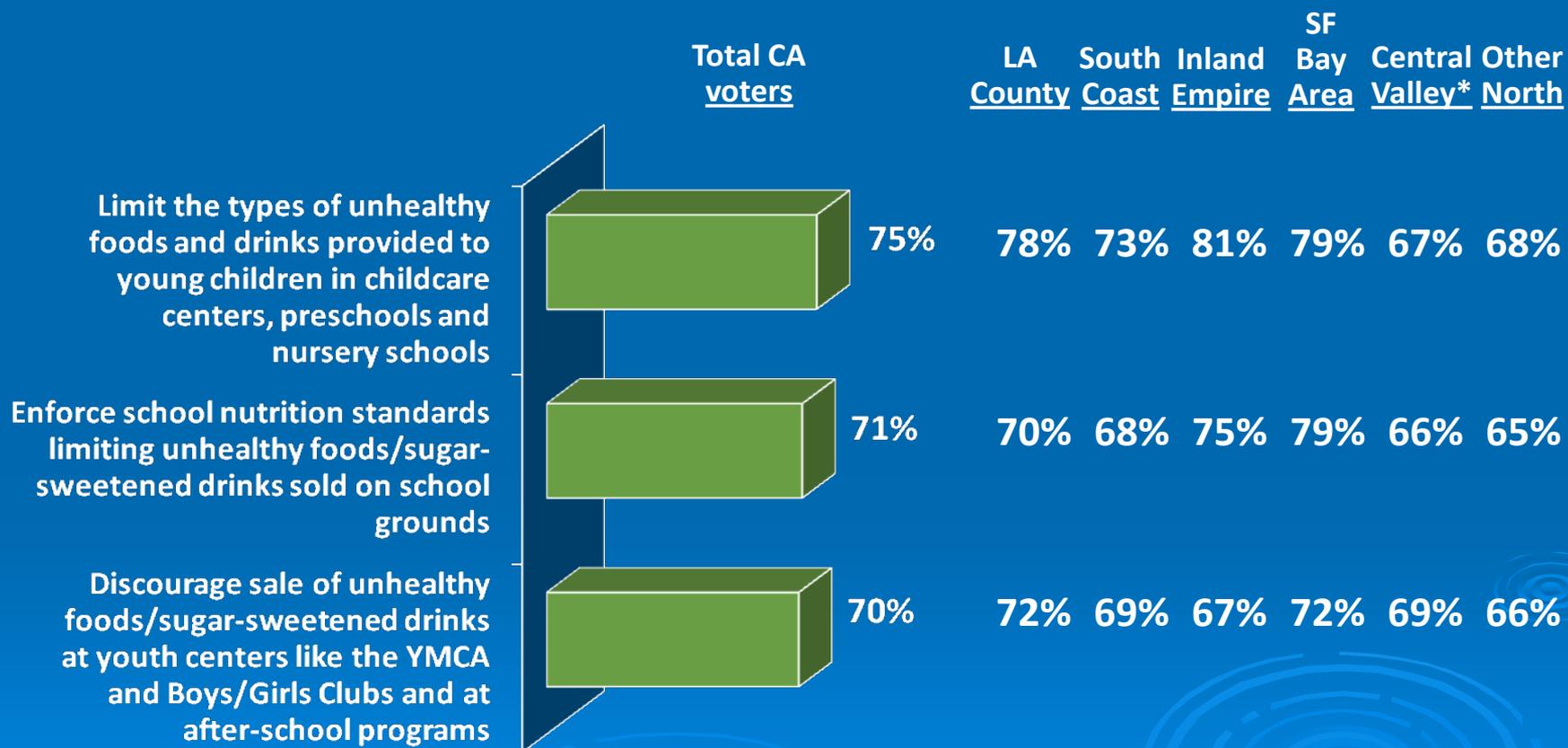


* Small sample base.

Table 9

Seven in ten or more also support policies to discourage unhealthy foods/sugar-sweetened drinks in schools, childcare and youth centers

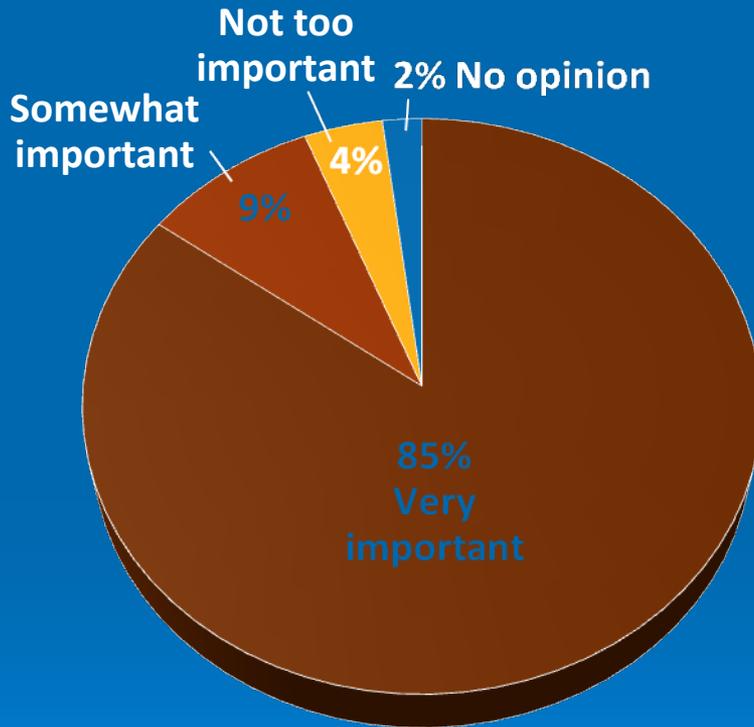
% Favoring each proposal



* Small sample base.

Table 10

Nearly all voters feel it's very important to make fresh, clean drinking water freely available to students in the local public schools



Total

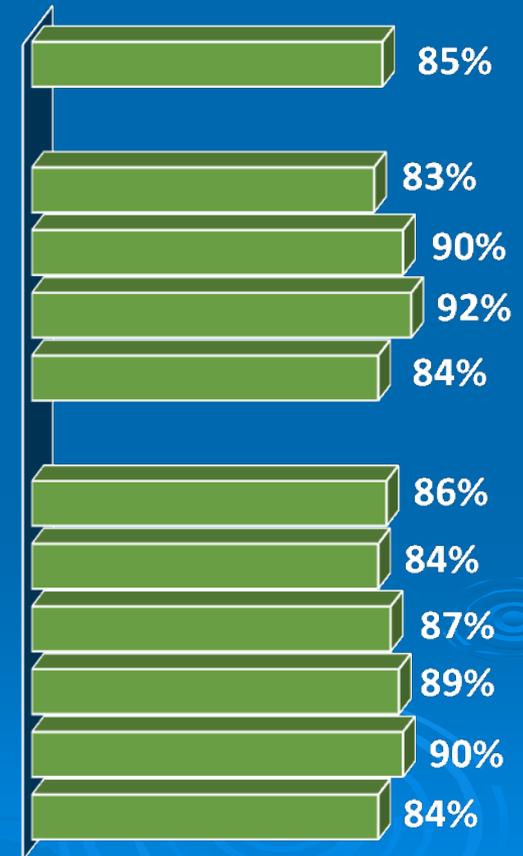
Race/ethnicity

- White non-Hispanic
- Latino
- African American*
- Asian American

Region

- Los Angeles County
- South Coast
- Inland Empire
- SF Bay Area
- Central Valley*
- Other North

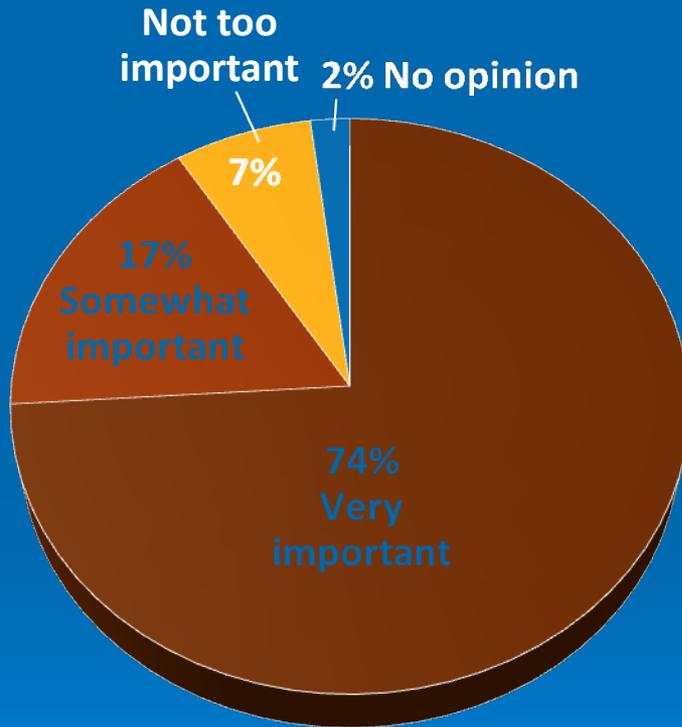
% Very important



* Small sample base.

Table 11

Three in four feel it's very important to make fresh, clean water freely available in other public places, like parks and playgrounds



Total

Race/ethnicity

White non-Hispanic

Latino

African American*

Asian American

Region

Los Angeles County

South Coast

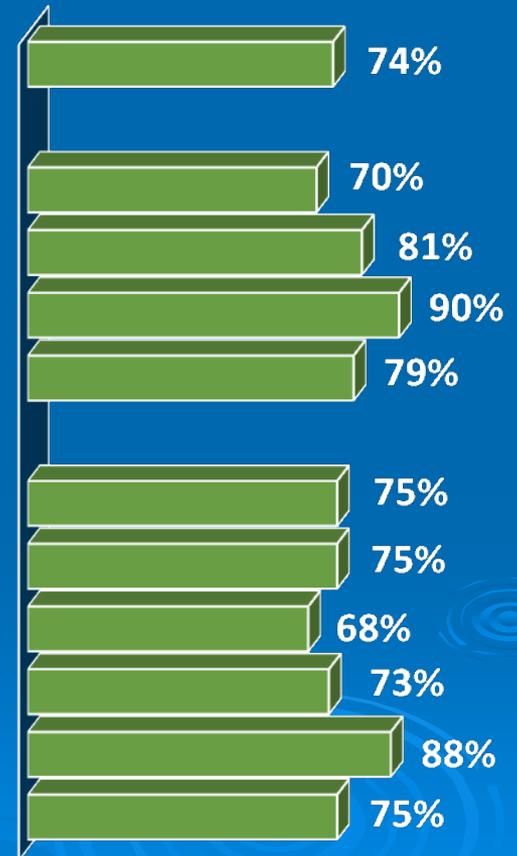
Inland Empire

SF Bay Area

Central Valley*

Other North

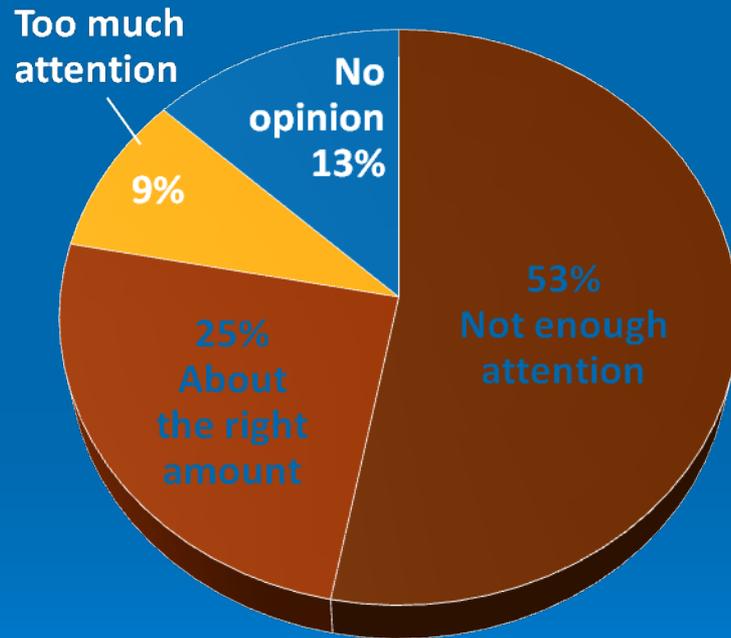
% Very important



* Small sample base.

Table 13

A majority of voters say not enough attention is being paid to the problem of childhood obesity in their community



% Not enough attention

Total

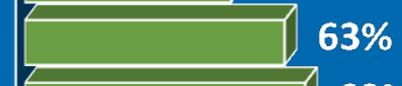


Race/ethnicity

White non-Hispanic



Latino



African American*



Asian American

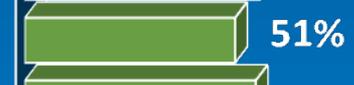


Region

Los Angeles County



South Coast



Inland Empire



SF Bay Area



Central Valley*



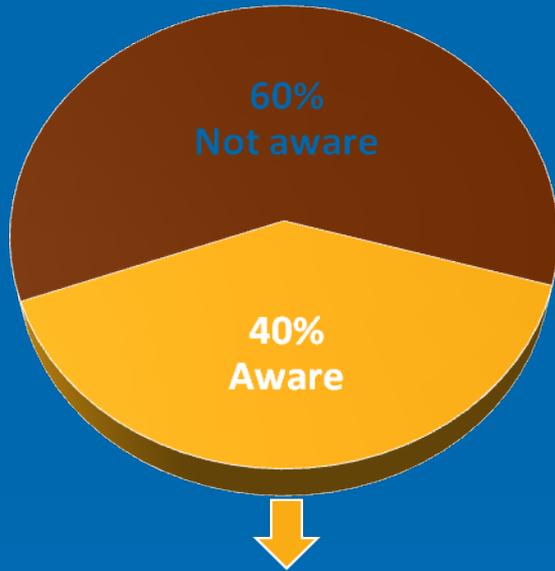
Other North



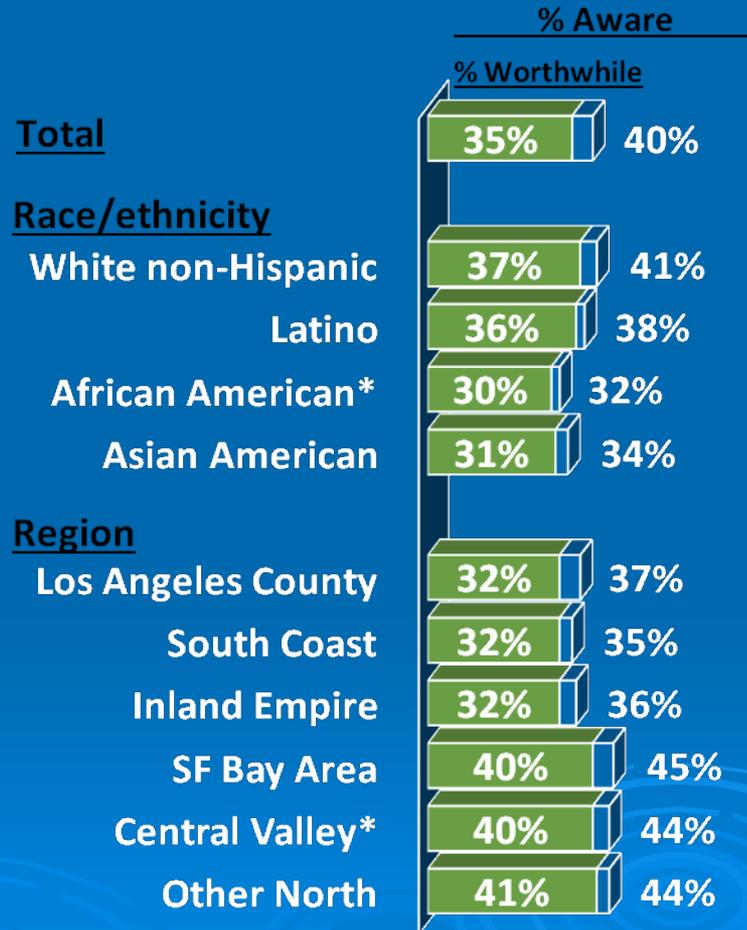
* Small sample base.

Table 14

Four in ten California voters say they're aware of health promotion activities taking place in state and local communities; Nearly all of these see these activities as worthwhile



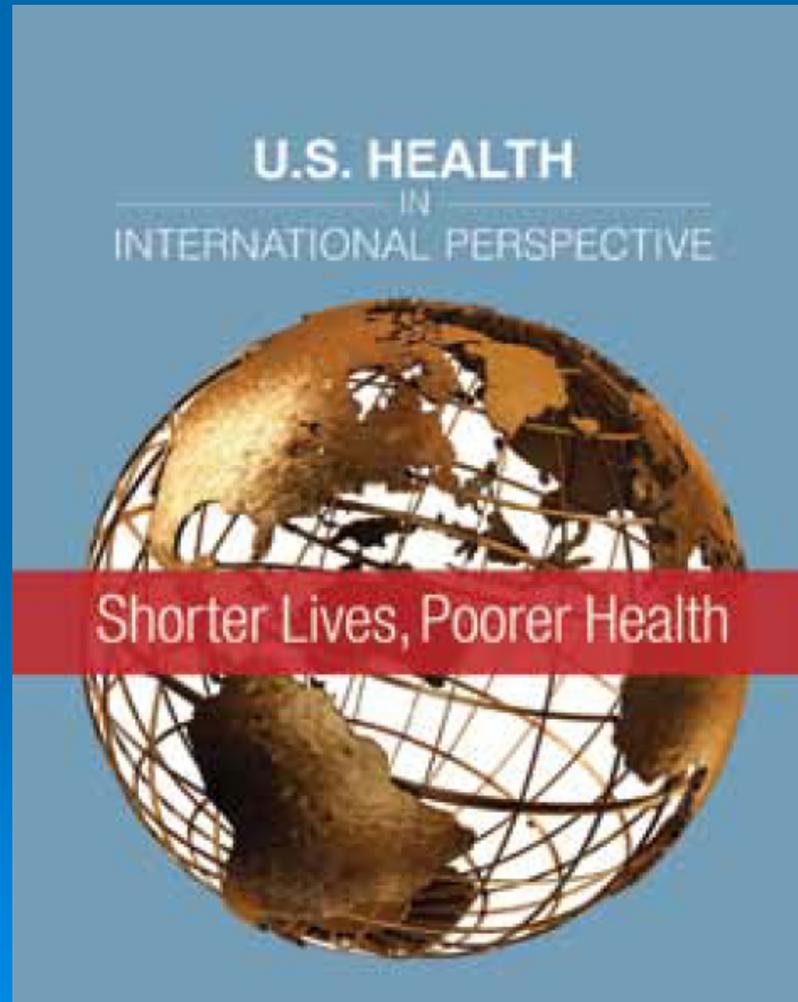
Very worthwhile	21%	} 35%
Somewhat worthwhile	14%	
Not too worthwhile	4%	
No opinion	1%	



* Small sample base.

“Shorter Lives, Poorer Health”

-January 2013 IOM Report on US Health Compared to 17 peer countries



"Shorter Lives, Poorer Health"

-January 2013 IOM Report on US Health Compared to 17 peer countries

- ***"The panel was struck by the gravity of its findings. For many years, Americans have been dying at younger ages than people in almost all other high-income countries. This disadvantage has been getting worse for three decades, especially among women.***

“Shorter Lives, Poorer Health”

-January 2013 IOM Report on US Health Compared to 17 peer countries

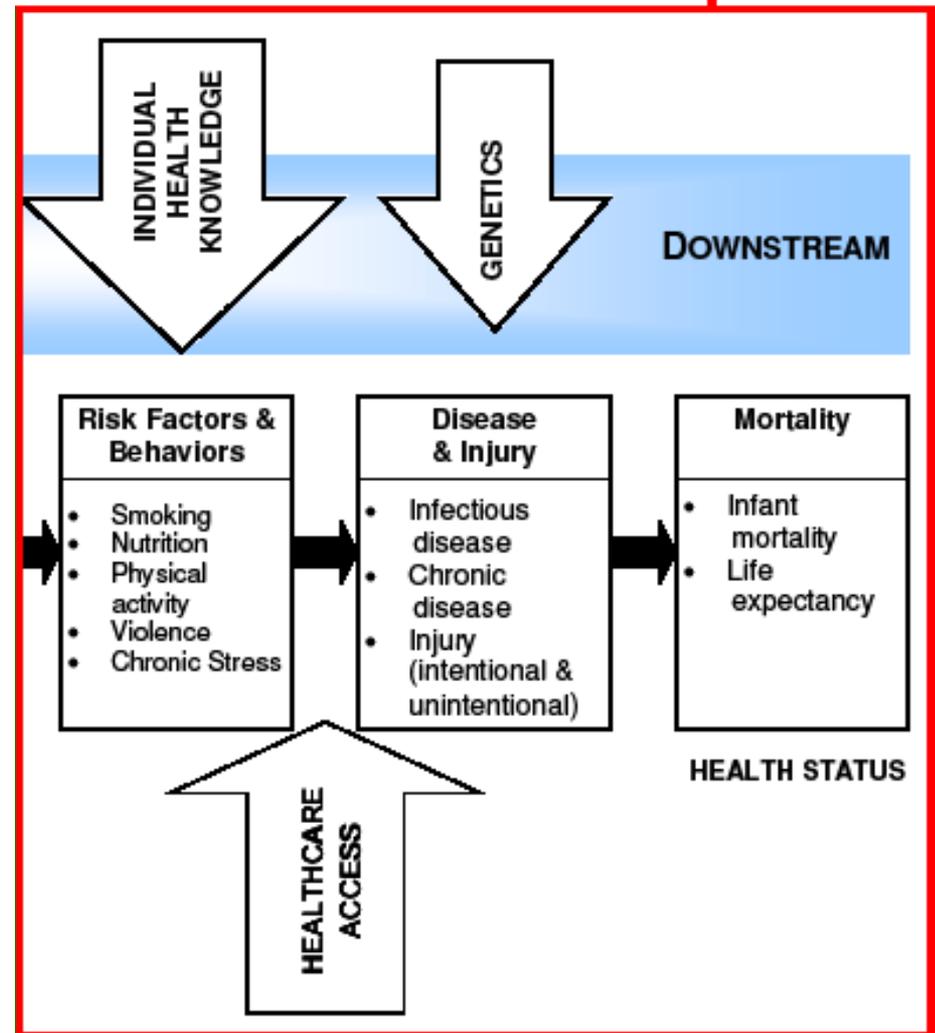
- **“The US health disadvantage cannot be fully explained by the health disparities that exist among people who are uninsured or poor, as important as these issues are. Several studies are now suggesting that even advantaged Americans—those who are white, insured, college-educated, or upper income—are in worse health than similar individuals in other countries.”**

A Practitioner's Framework



A Framework for Health Equity

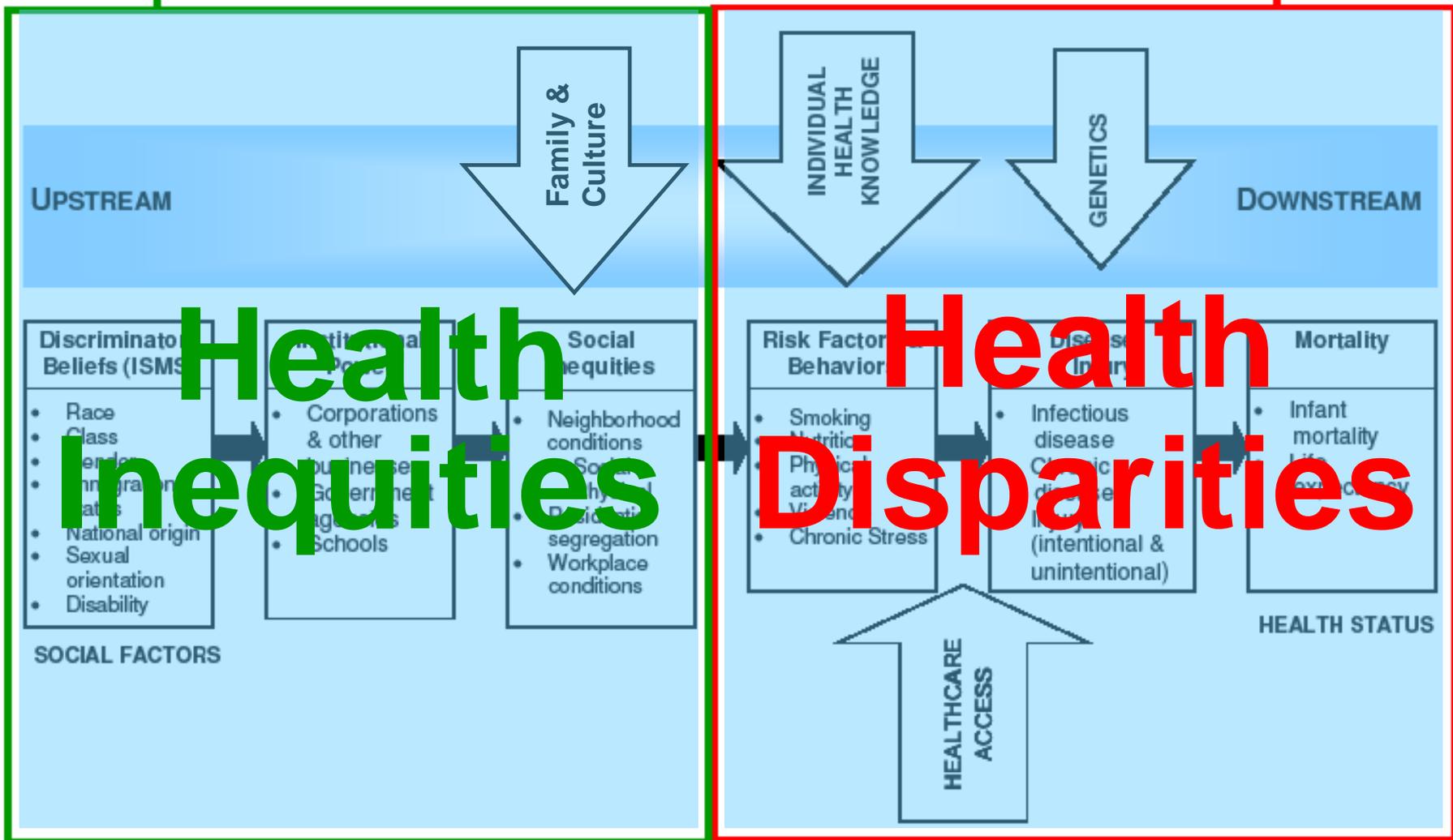
Medical Model



A Framework for Health Equity

Socio-Ecological

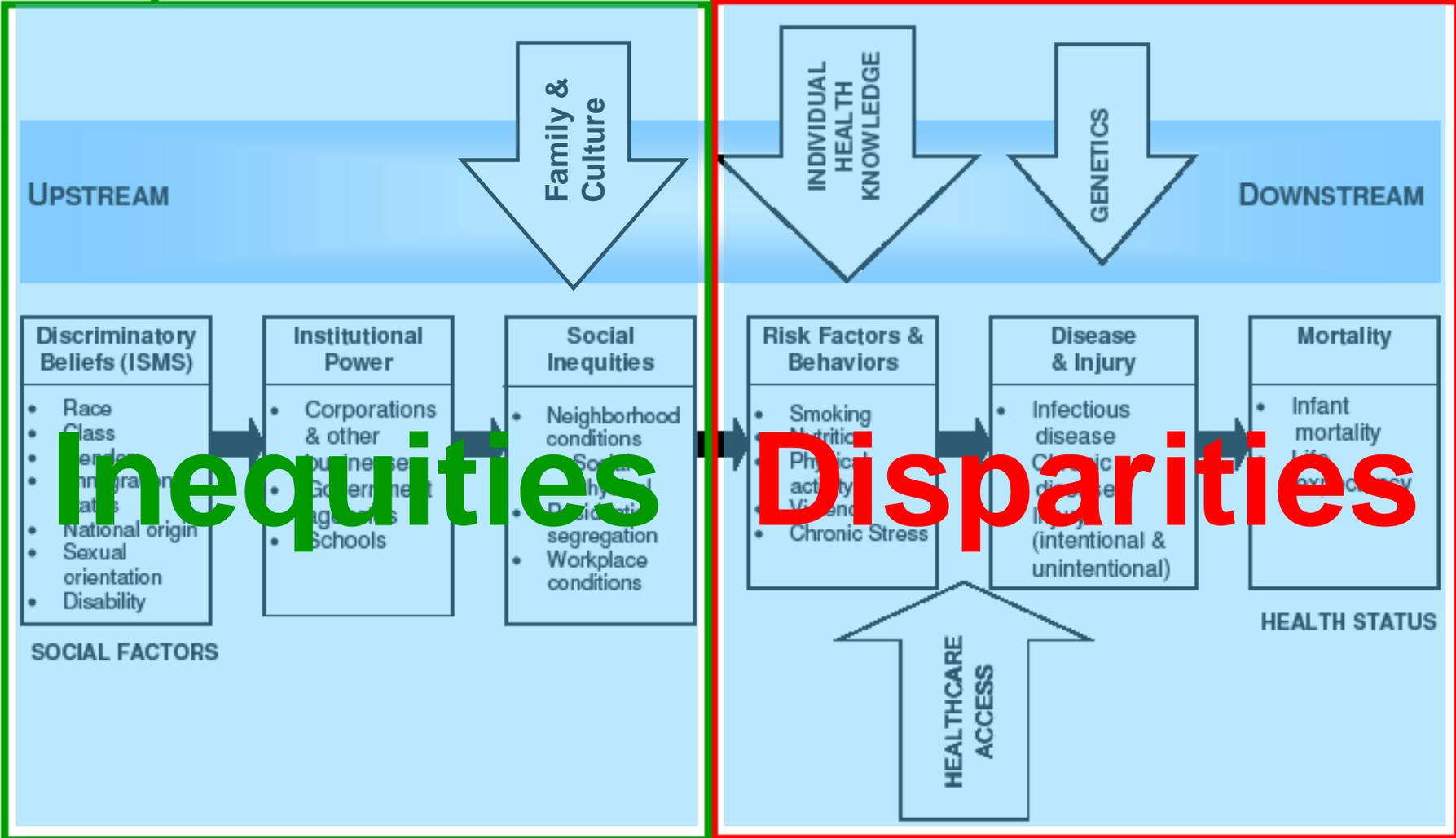
Medical Model



A Framework for Health Equity

Socio-Ecological

Medical Model



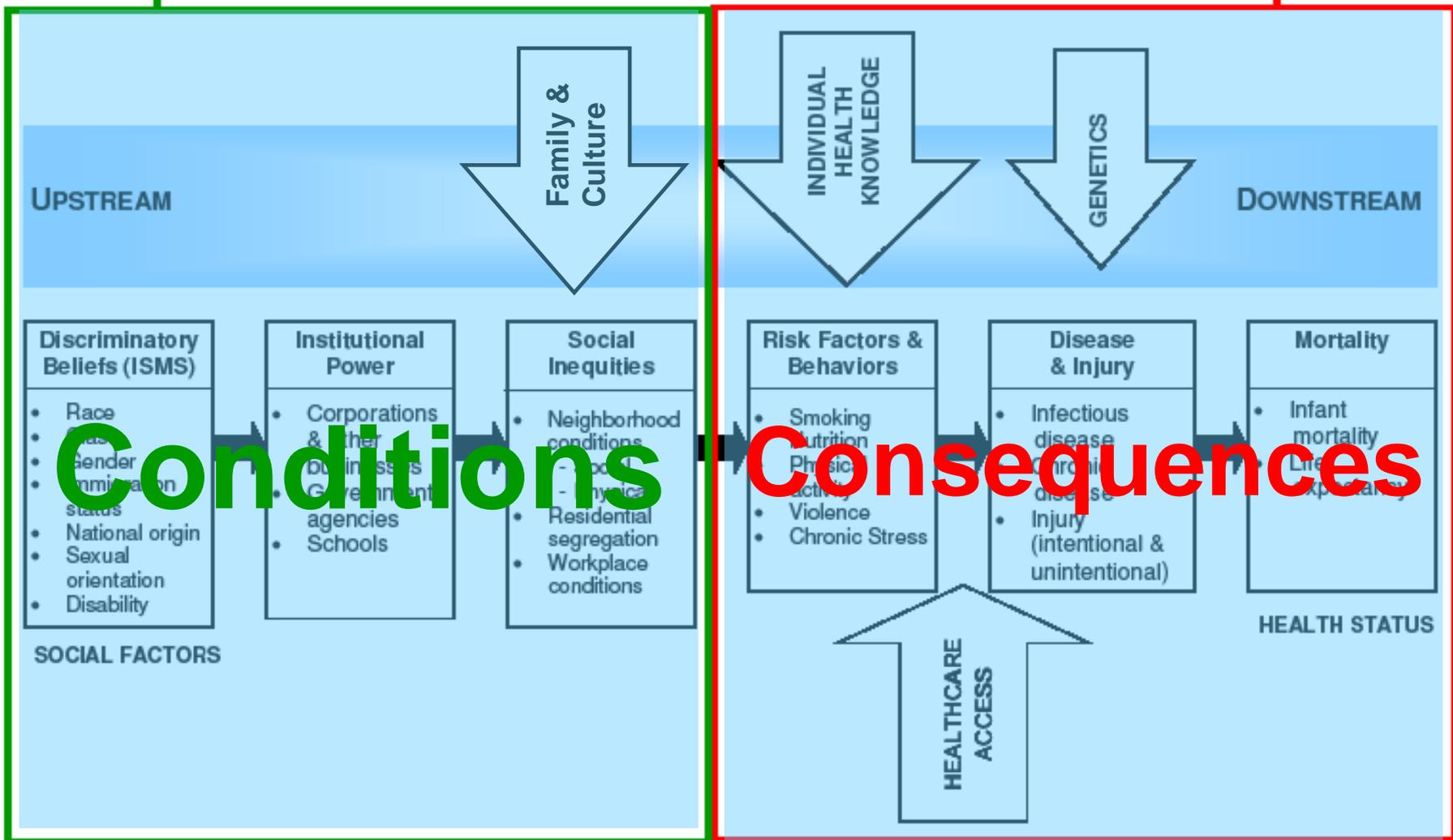
Inequities

Disparities

A Framework for Health Equity

Socio-Ecological

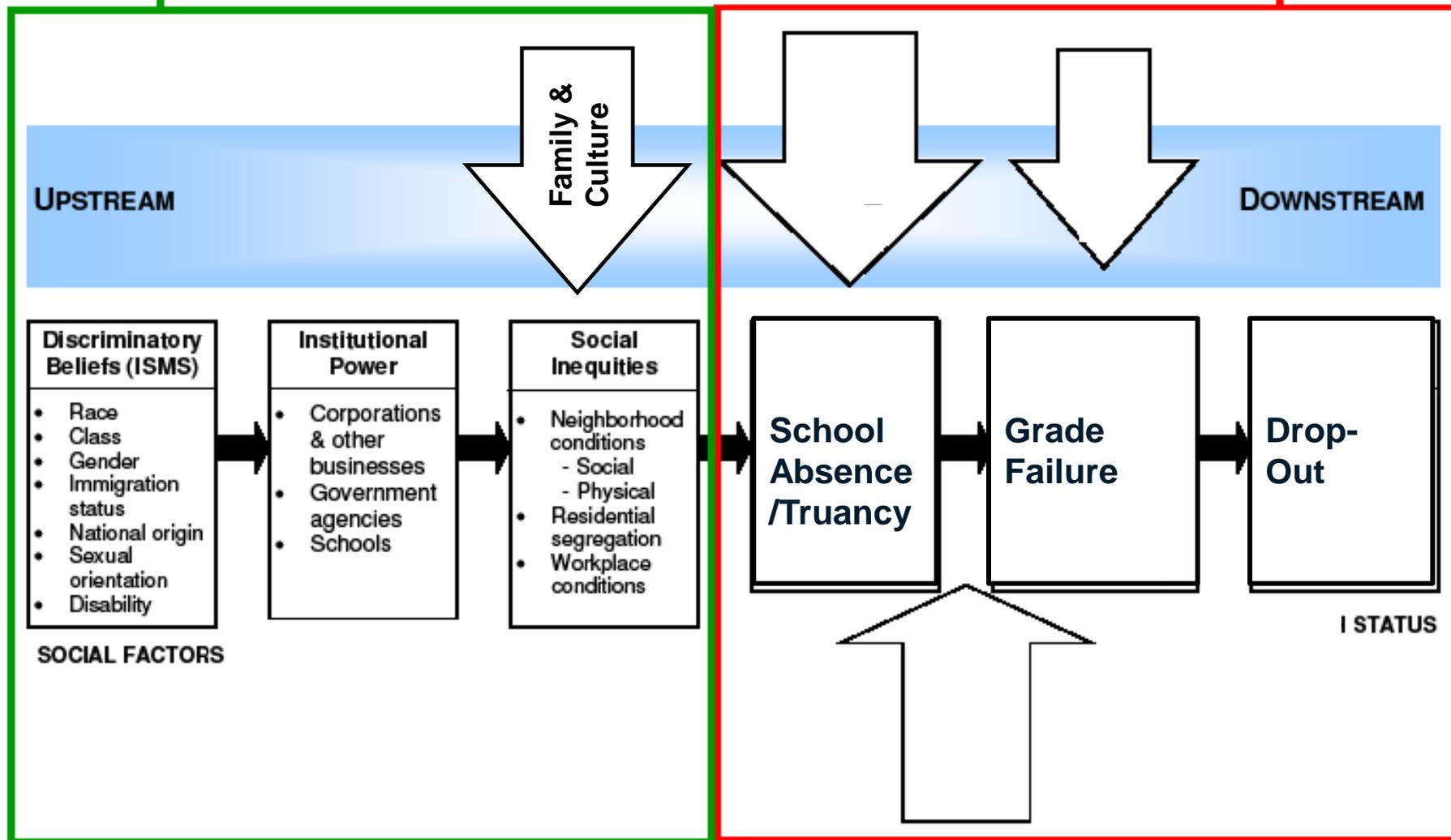
Medical Model



A Framework for Health Equity

Socio-Ecological

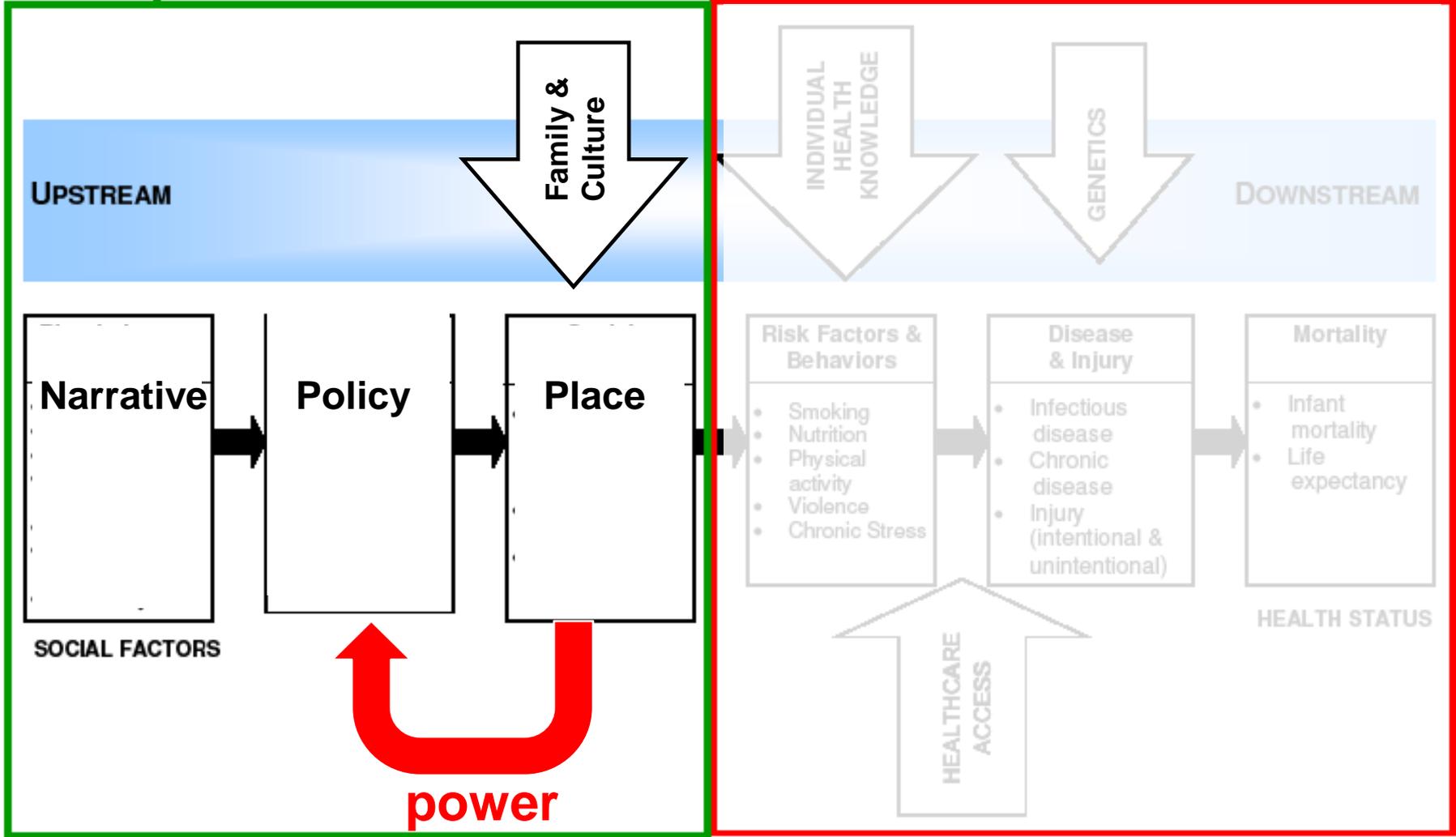
Medical Model



A Framework for Health Equity

Socio-Ecological

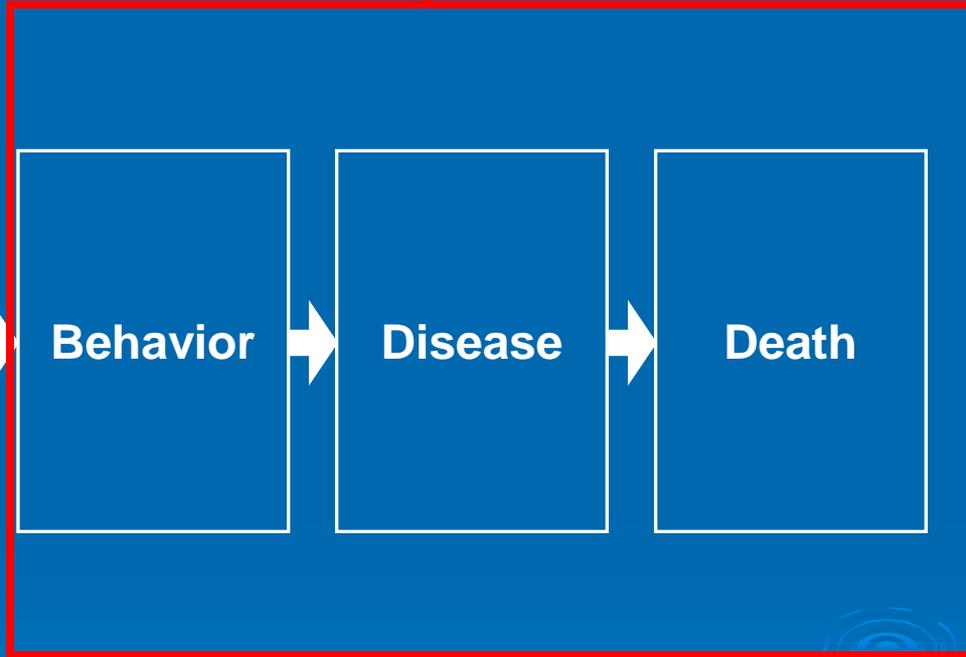
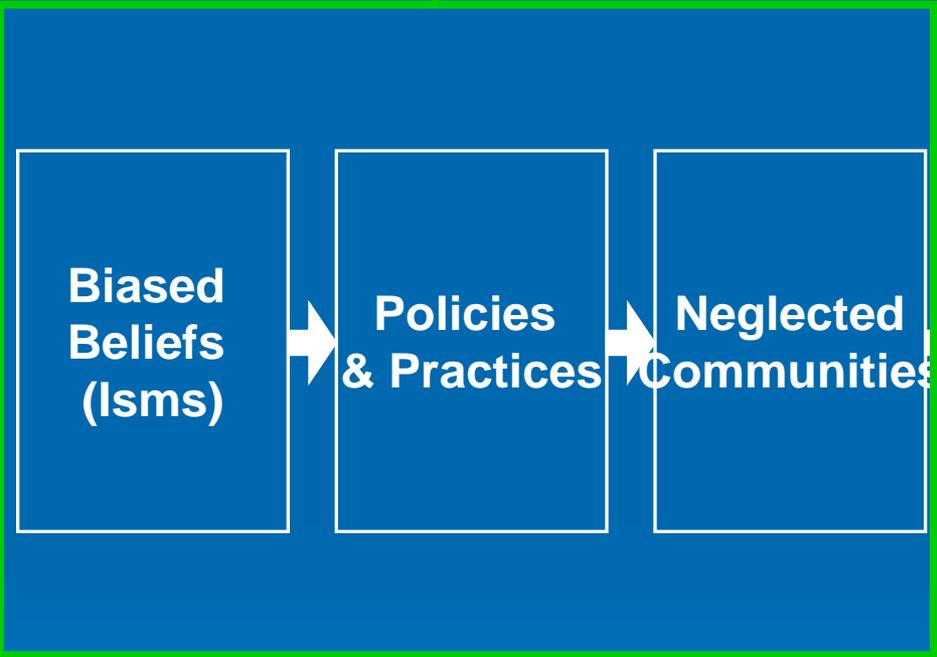
Medical Model



- Adapted by ACPHD from the Bay Area Regional Health Inequities Initiative, Summer 2008

Socio-Ecological (society)

Medical Model (individuals)



Change the Narrative

Policy Advocacy

Building Power in Place

Health Education

Clinics

Emergency Rooms



Building Healthy Communities

Our Community Partners



Human Capital: Our Greatest Resource





Zip code

Life expectancy

The “What”

The Core Content of Our Work





Social

Economic

Physical

Services

BHC Planning Process



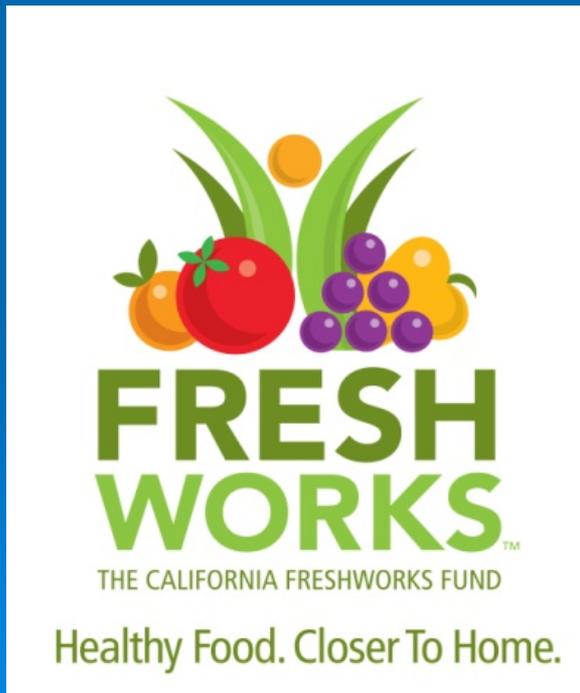




- **Health promoting land use policies incorporated into planning instruments**
- **Joint use strategies**
- **Walkability/bikeability**
- **Parks & open space**
- **Mixed income housing**
- **Supermarkets, community gardens, farmers markets**
- **Reducing fast food and liquor store density**

The California FreshWorks Fund

The California FreshWorks Fund is a public-private partnership loan fund intended to finance grocery stores and other forms of fresh food retail and distribution in underserved communities throughout CA. It is modeled after the PA Fresh Food Financing Initiative and it has been developed to align with the National Healthy Food Financing Initiative.



Fund Size: \$264 million

Uses of Capital: Loans & Grants to Grocery Stores & Other Fresh Food Retailers & Distributors

Capitalization: Debt & Grants

Program Eligibility: Program Guidelines to be released shortly

Launch: July 2011

The "How"

Our Approach in Broad Strokes



4 Systems/Institutional Targets

Health systems are family-centered and prioritize prevention opportunities for children, young adults, and families

Human services systems are family centered, prioritize prevention, and promote healthy opportunities for children, young adults, and families

**BHC
HUB**

Schools promote healthy behaviors and are a gateway for resources and services for families

Physical, social, & economic environments in local communities support health



NARRATIVE

POLICY

POWER

Roles for Physicians

- Advocacy (CMA Advocates Program)
- Health system reform
- Practice reform (PCMH)
- Patient counselling

health happens **here**



health happens **here**



Contact Information

Tony Iton, MD, JD, MPH
Senior Vice President
The California Endowment

Aiton@calendow.org
(510) 271-4310

