

CCLHO Chronic Disease Prevention Project



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April 2009

CCLHO Chronic Disease Committee

- California Conference of Local Health Officers
 - 61 Local Health Officers – 58 counties, 3 cities
 - Committee structure
 - CD, Env Health, Law, Data, Chronic Disease

- Chronic Disease Committee goal: build capacity of LHDs to address chronic disease and health inequities
 - Social, environmental, economic determinants of health

- Thank you to
 - Bob Prentice and Saleena Gupte – PHI
 - Wendel Brunner – co-chair Chronic Disease Committee
 - Thinkers – Ed Moreno, Paul Simon, Andrew Deckert, Frima Stewart, Tony Iton, Ann Lindsay, and many others
 - Funders: CalEndowment, Network

Why focus on chronic disease prevention?

- Chronic Diseases leading causes of mortality and DALY's
 - Disease burden: 80% chronic disease, 11% injuries
- Chronic disease drives health inequities
 - Race, Ethnicity, Income, Education
- Chronic disease drives health care costs
- Chronic disease prevention is chronically underfunded
 - < 4% public health budgets
- Why focus on social/environmental determinants?
 - Individual choices in context of environments
 - Food and physical activity environments
 - Social, cultural, and economic norms
- History of public health success
 - Sanitation, workplace safety, clean air and water, tobacco, seat belts, air bags, drunk driving, etc.
 - With resources and will, WE CAN DO IT!

Chronic Disease Prevention in LHDs Conference

- January, 2008
- Co-sponsored by CCLHO and CHEAC
- Health Officers, PH Directors, Program Managers
 - >100 people from 44 LHDs
- Identified many LHD needs to strengthen capacity
 - Communications
 - Community engagement
 - Data
 - Funding
 - Organizational change
 - Workforce development – especially re SDOH

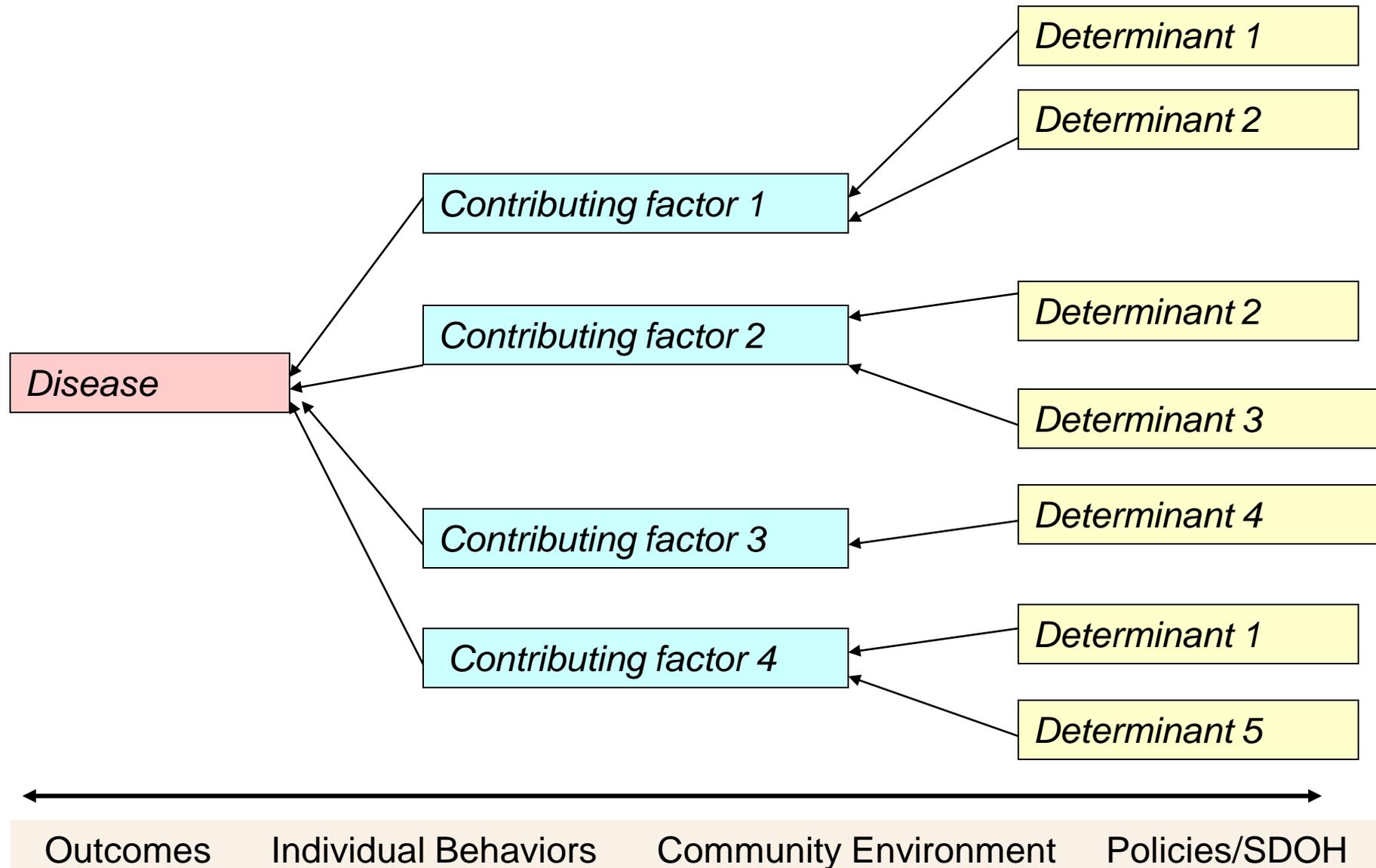
Regional Workshops

- October – December, 2008
 - Oakland, Fresno, Redding, Los Angeles
 - 200 participants, 41 counties
 - HOs, PH Directors, Managers (chronic disease, MCAH), PHNs, Health Educators, Nutritionists, WIC, other)
- Meeting overview
 - Causal mapping exercise
 - Review current areas of work and key opportunities for future
 - Discuss internal capacity needs to move upstream to key opportunities
 - Ideas for addressing needs

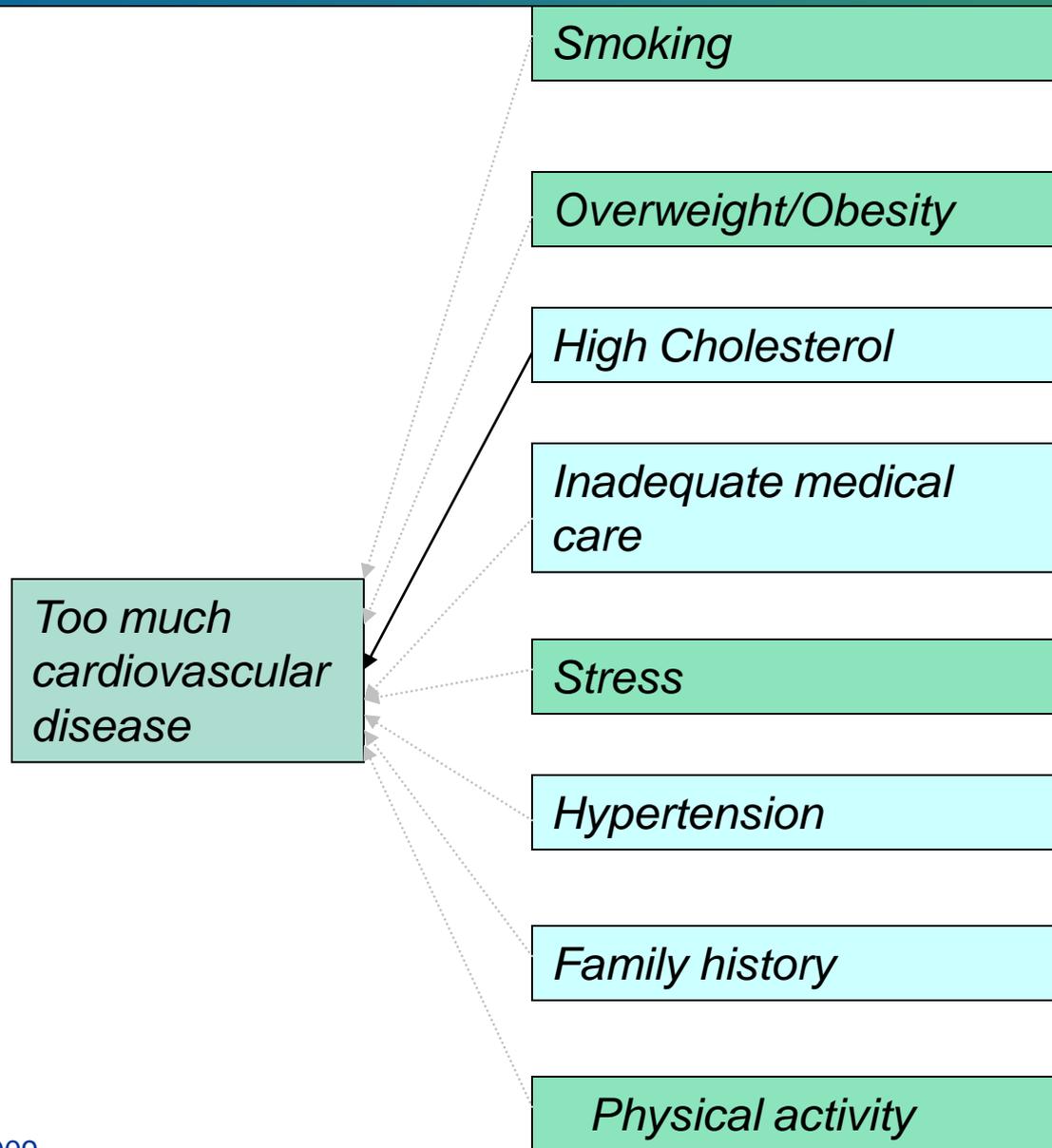
Why is Jason Sick?

- **Why is Jason in the hospital?**
Because he has a bad infection in his leg.
- **But why does he have an infection?**
Because he has a cut on his leg and it got infected.
- **But why does he have a cut on his leg?**
Because he was playing in the junk yard next to his apartment building; there were some sharp, jagged steps there that he fell on.
- **But why was he playing in a junk yard?**
Because his neighborhood is kind of run down. A lot of kids play there and there is no one to supervise them.
- **But why does he live in that neighborhood?**
Because his parents can't afford a nicer place to live.
- **But why can't his parents afford a nicer place to live?**
Housing is really expensive. His Mom is disabled and sick a lot; his Dad already works two jobs, but has no benefits and both jobs are minimum wage.
- **But why...?**

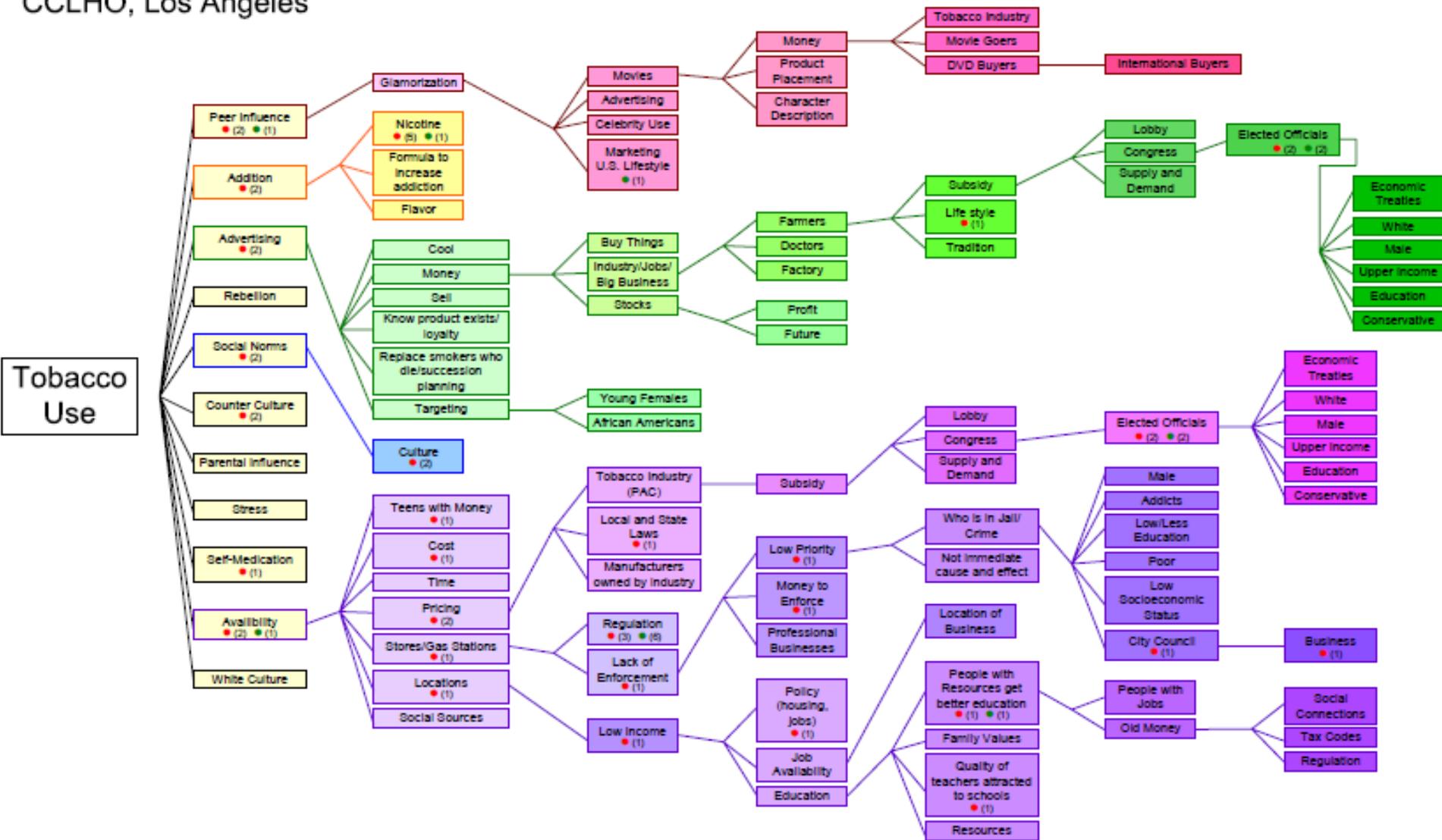
Mapping the Determinants of Chronic Diseases



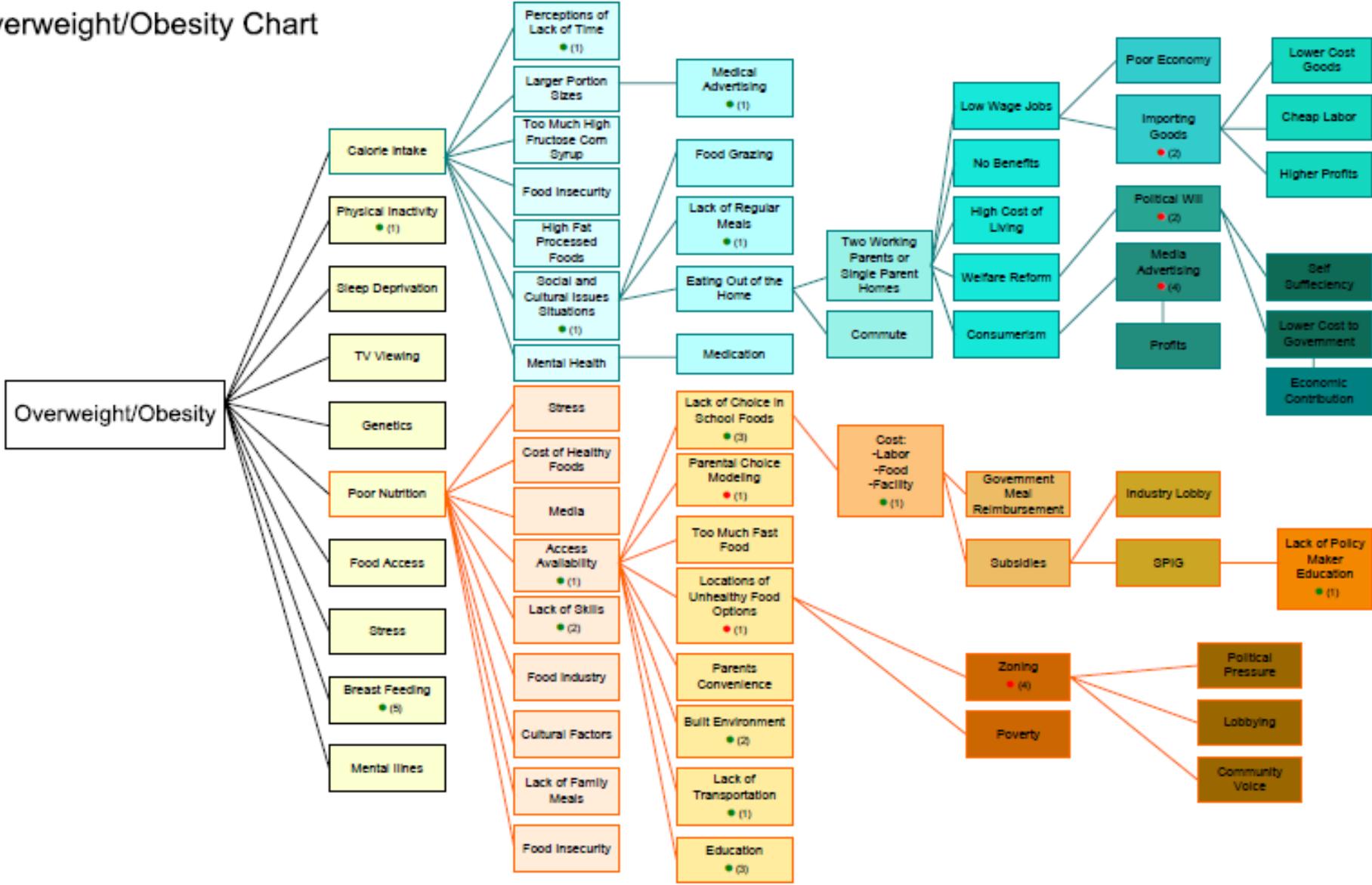
Mapping the determinants of CVD



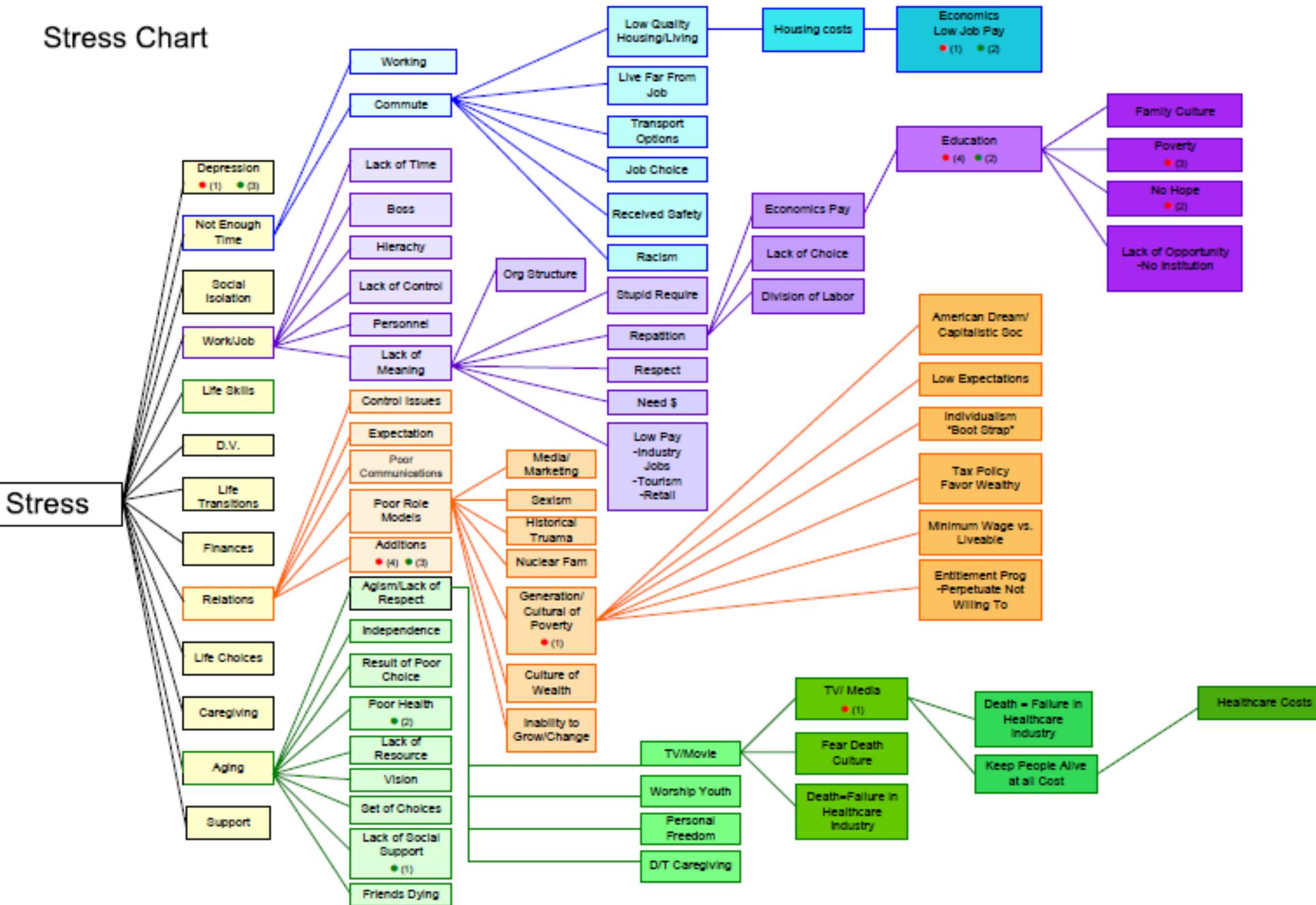
Tobacco Use Chart CCLHO, Los Angeles

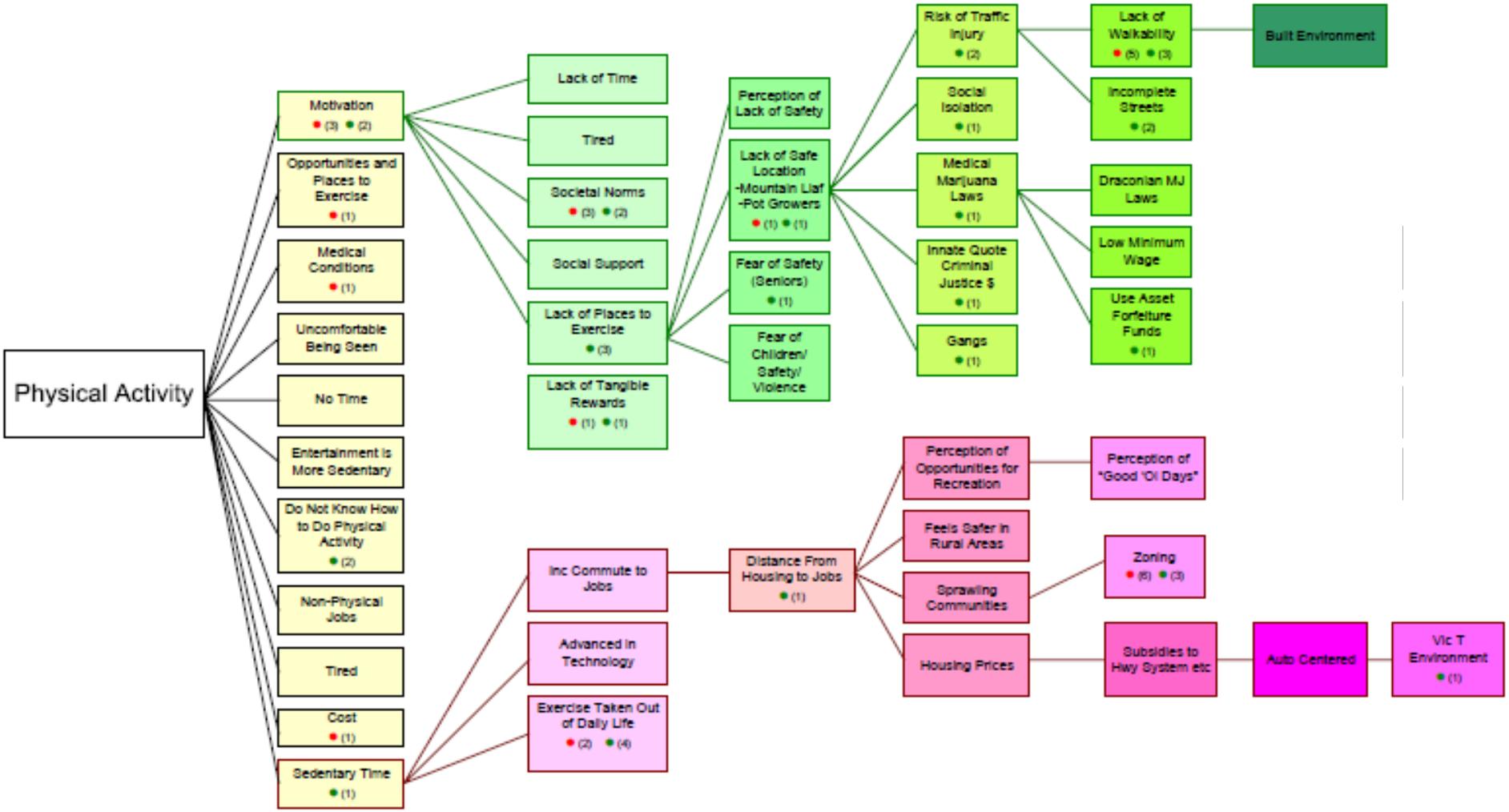


Overweight/Obesity Chart

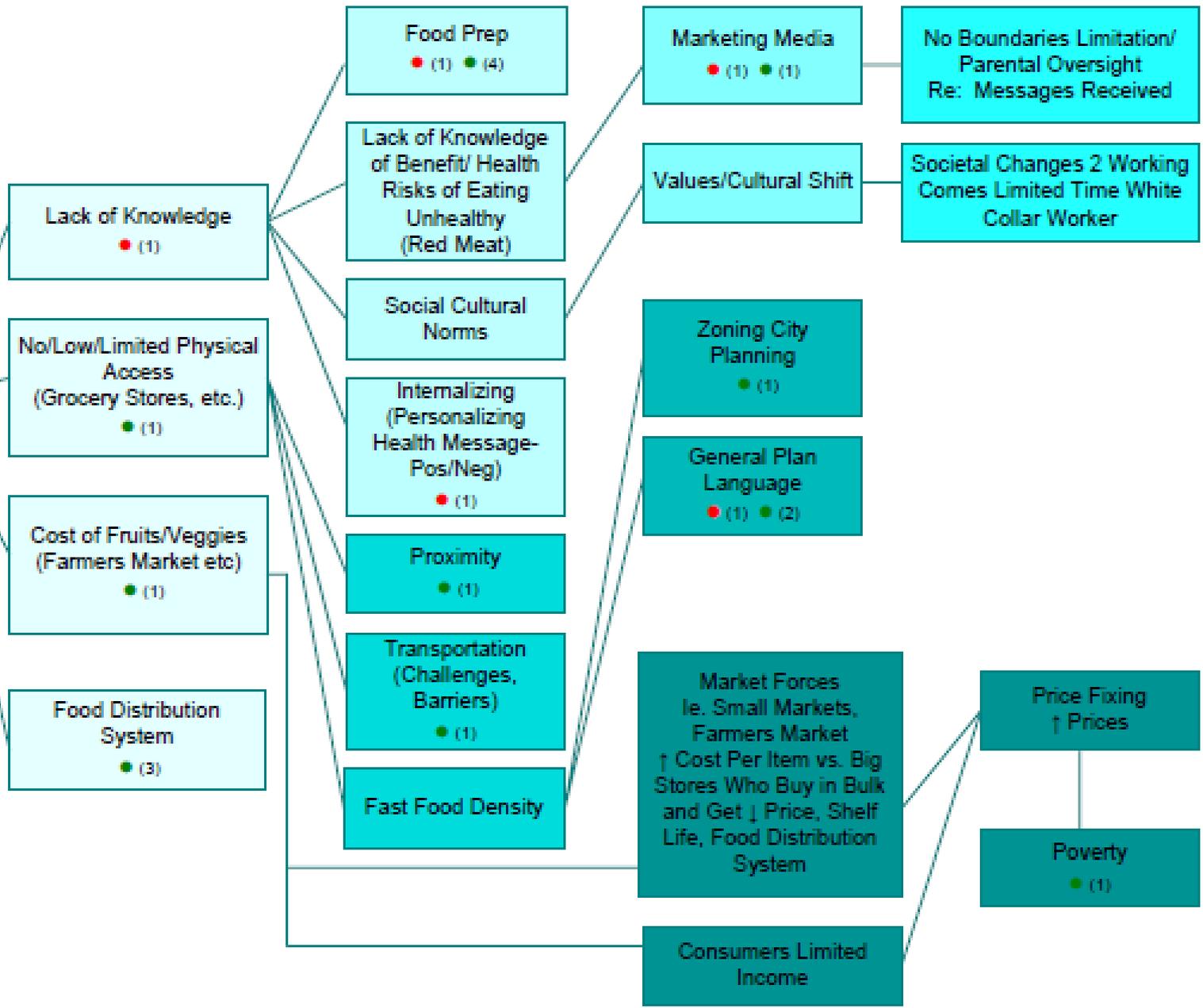


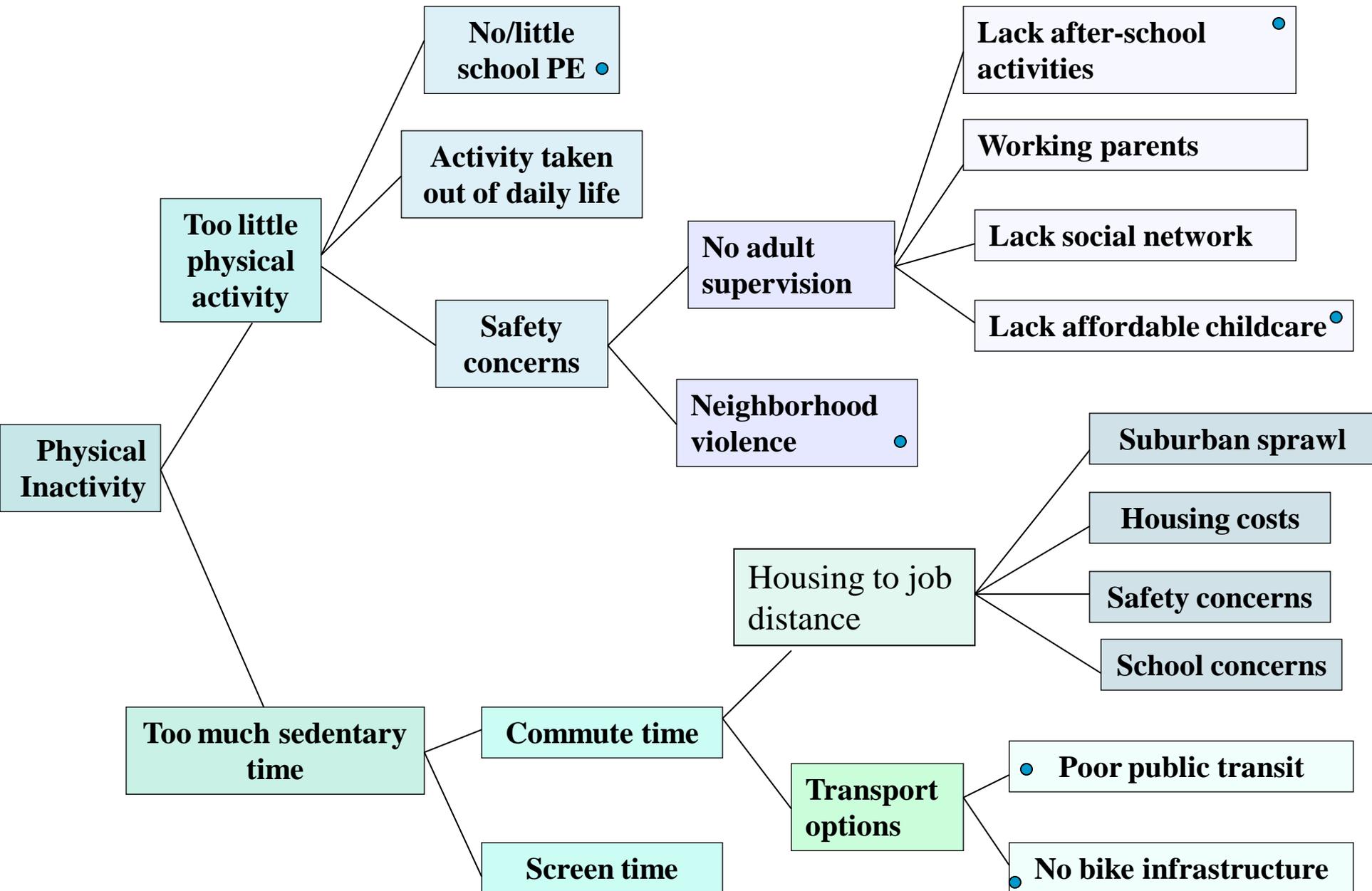
Stress Chart





Poor access to healthy foods





Emerging Public Health Paradigm

- Transforming public health practice
 - Health equity as overarching framework
 - Focus on primary prevention and upstream determinants
 - Social, environmental, economic determinants of health
 - Integrate chronic disease prevention in all programs
 - Collaboration with other sectors – Health in All Policies
 - Public health system – state and local health departments
 - State leadership – direction, funding, alignment, policy

■ Health in All Policies

Common Capacity Areas

- Community engagement and partnerships
 - Identify best practices
 - Workforce development
- Communication
 - Social marketing campaigns
 - Framing messages on inequities and SDOH
 - Plain language for policy makers and public
- Policy (local-state-federal)
 - Evidence base – what we know, research needs?
 - Identify, address, develop policies across range of sectors to promote healthier communities
 - Health Impact Assessment

Common Capacity Areas

- Data
 - Capacity to collect, integrate, analyze, disseminate
 - Resources? Regional capacity?
 - CDPH facilitate access to data, data integration
 - Risks (behavioral, environmental), demographics, outcomes
 - Spatial – mapping (e.g. EH tracking, CX3)
- Funding
 - Identify new, dedicated funding (e.g. SSB tax)
 - Streamline funding
 - Creative financing
- Workforce development
 - PH 101 and 201 – framework equity & SDOH
 - Leadership training
 - Revisit structures, strategic plans, position descriptions, etc.
 - Employee wellness

Next Steps

- Webinars – SDOH, data
- Report back
 - Unified determinants map
 - Workshop summary
- Regional
 - Central Valley – regional data work with CSU
 - Northern Cal – survey re desired f/u
- Statewide conference
- Link to SB375, SGC, Climate Change
 - HIA training
 - Common “healthy community” metrics

