

# Role of the Local Health Department in Addressing Health Disparities

May 2, 2013

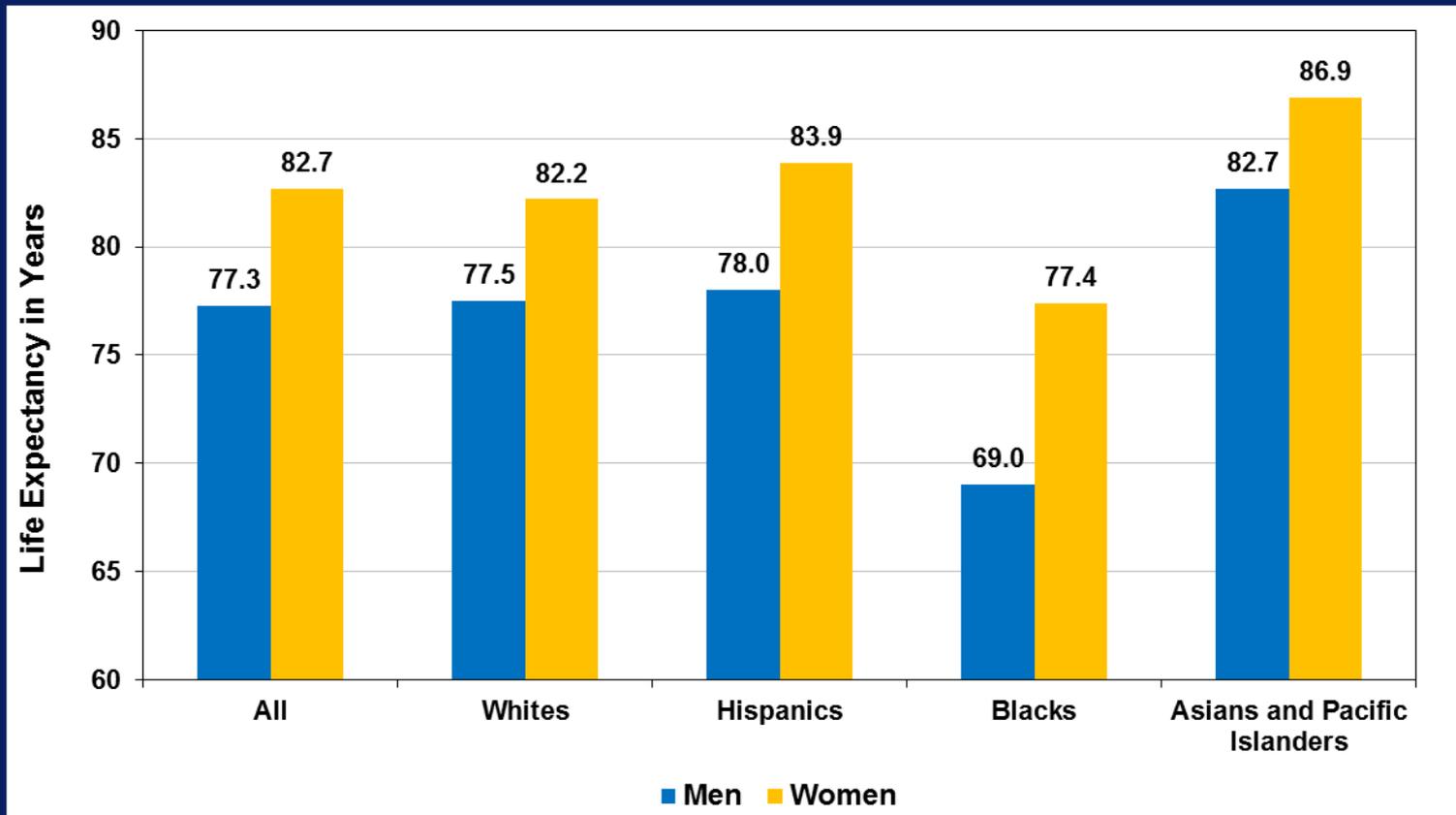
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Los Angeles County Department of Public Health



# Life Expectancy at Birth by Sex and Race/Ethnicity, Los Angeles County, 2005



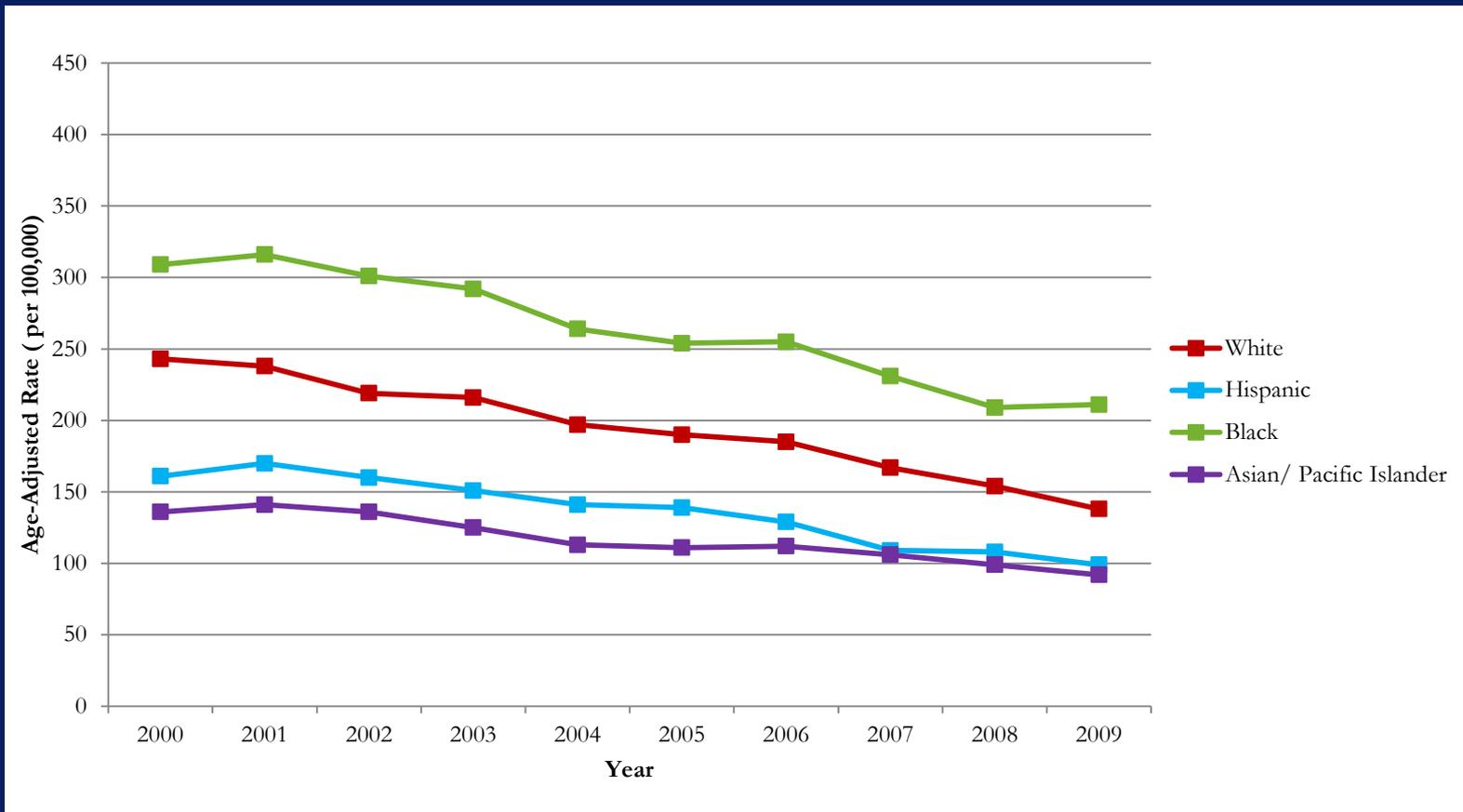
# Trends in the Leading Causes of Death, Los Angeles County, 2000-2009

<u>Cause of Death</u>	<u>Rate (per 100,000)*</u>		<u>Percent Change</u>
	<u>2000</u>	<u>2009</u>	
Coronary heart disease	220	129	-42%
Stroke	57	34	-41%
Lung cancer	41	31	-23%
COPD	35	30	-13%
Alzheimer's disease	11	21	94%
Pneumonia/influenza	32	21	-34%
Diabetes	24	20	-17%
Colorectal cancer	18	14	-19%
Liver disease	14	12	-10%
Breast cancer (females)	24	21	-9%
HIV/AIDS	6	3	-50%
Homicide	10	7	-33%

\* age-adjusted to year 2000 U.S. standard population



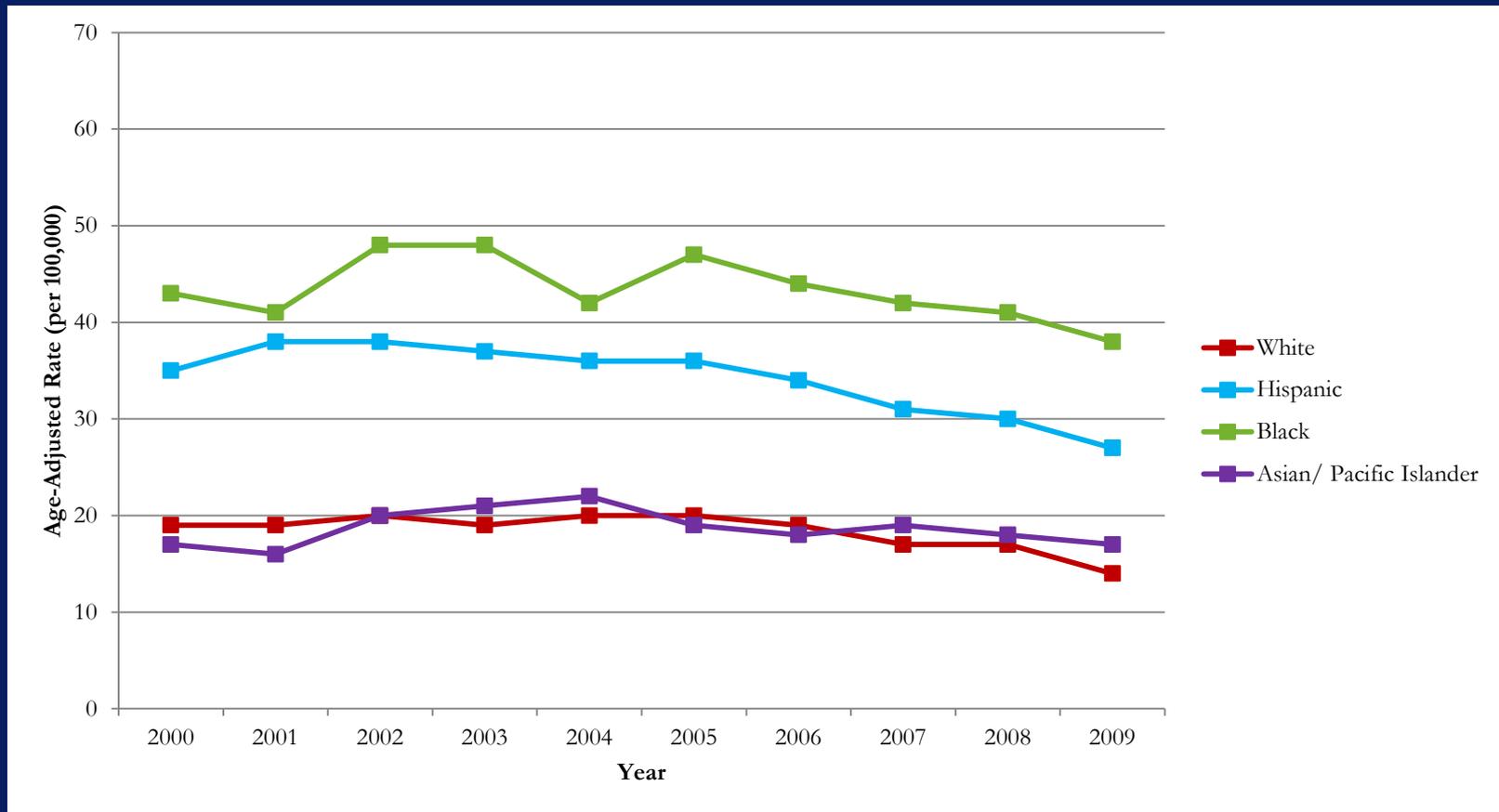
# Coronary Heart Disease Mortality by Race/Ethnicity, 2000-2009



\*Age-adjusted rate per 100,000. Population estimates were revised; therefore, death rates for 2001-2004 may differ from those previously published.



# Diabetes Mortality by Race/Ethnicity, 2000-2009



\*Age-adjusted rate per 100,000. Population estimates were revised; therefore, death rates for 2001-2004 may differ from those previously published.



# Cities/Communities with Lowest and Highest Childhood Obesity Prevalence, 2008

## Top 10\*

## Bottom 10\*

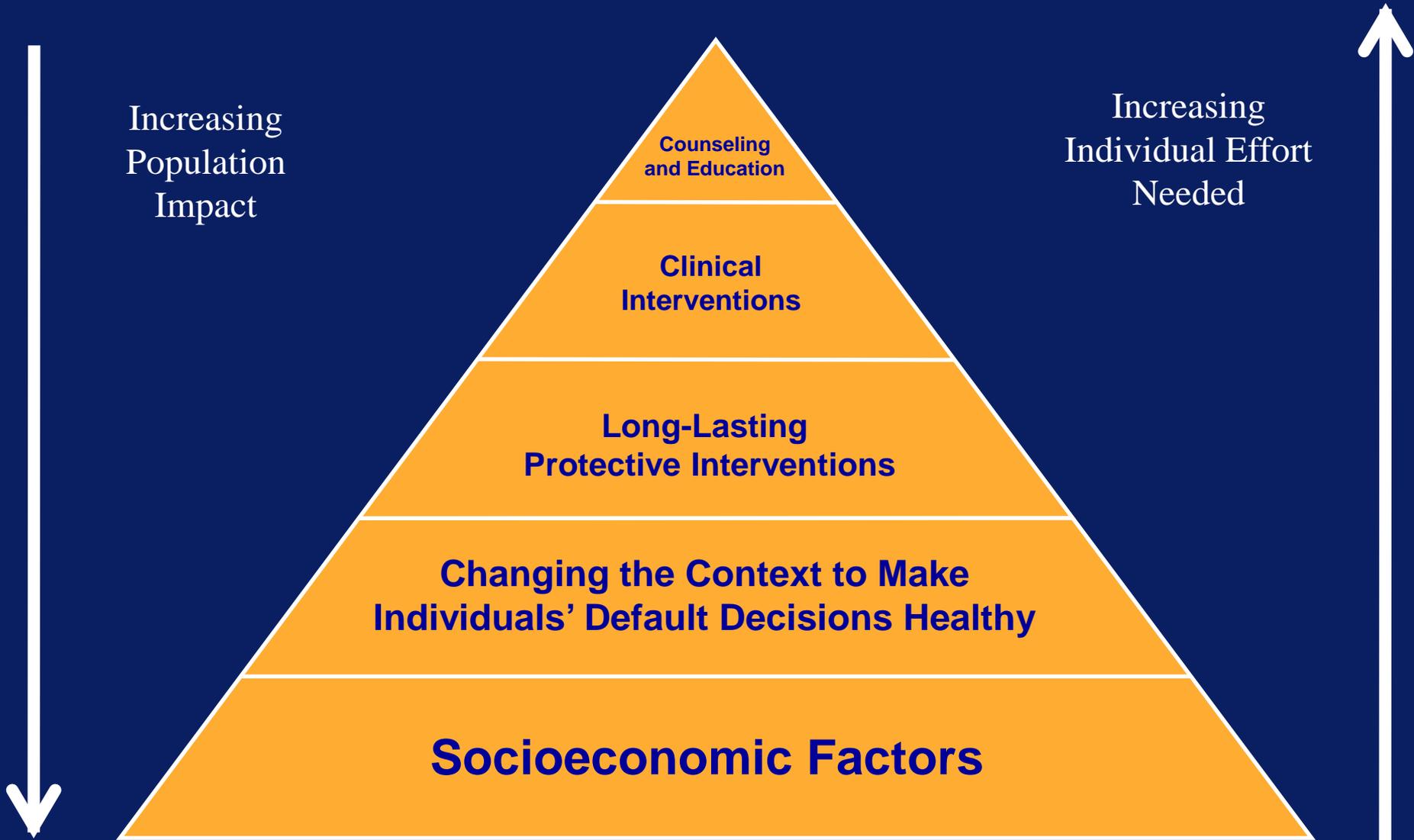
City/Community Name	Obesity Prevalence (%)	Rank of Economic Hardship (1 - 128)	City/Community Name	Obesity Prevalence (%)	Rank of Economic Hardship (1 - 128)
Manhattan Beach	3.4	2	West Athens	30.6	94
Calabasas	5.0	8	South Gate	30.7	110
Hermosa Beach	5.1	1	Florence-Graham	31.0	128
Agoura Hills	5.3	10	West Whittier-Los Nietos	31.1	81
Beverly Hills	5.4	19	West Carson	31.4	56
Malibu	5.9	4	Vincent	32.2	69
Palos Verdes Estates	7.3	5	East Los Angeles	32.9	117
San Marino	7.8	15	Hawaiian Gardens	33.4	107
Rolling Hills Estate	8.4	9	South El Monte	34.5	111
La Canada Flintridge	8.5	18	Walnut Park	38.7	113
<b>Average 10 lowest</b>	<b>6.2%</b>		<b>Average 10 highest</b>	<b>32.7%</b>	
<b>Ave Median Household Income</b>		<b>\$99,555</b>	<b>Ave Median Household Income</b>		<b>\$37,747</b>

\*Table excludes cities/communities where number of students with BMI data < 500.

Source: California Physical Fitness Testing Program, California Department of Education. Includes 5th, 7th, and 9th graders enrolled in LA County public schools; 2000 Census



# A Framework for Public Health Action



# Targets for Policy Change, Los Angeles County

- 88 cities
- County (~1 million residents in unincorporated areas)
- 81 school districts
- Pre-schools/childcare providers
- Employers
- Businesses
- Hospitals/health care organizations

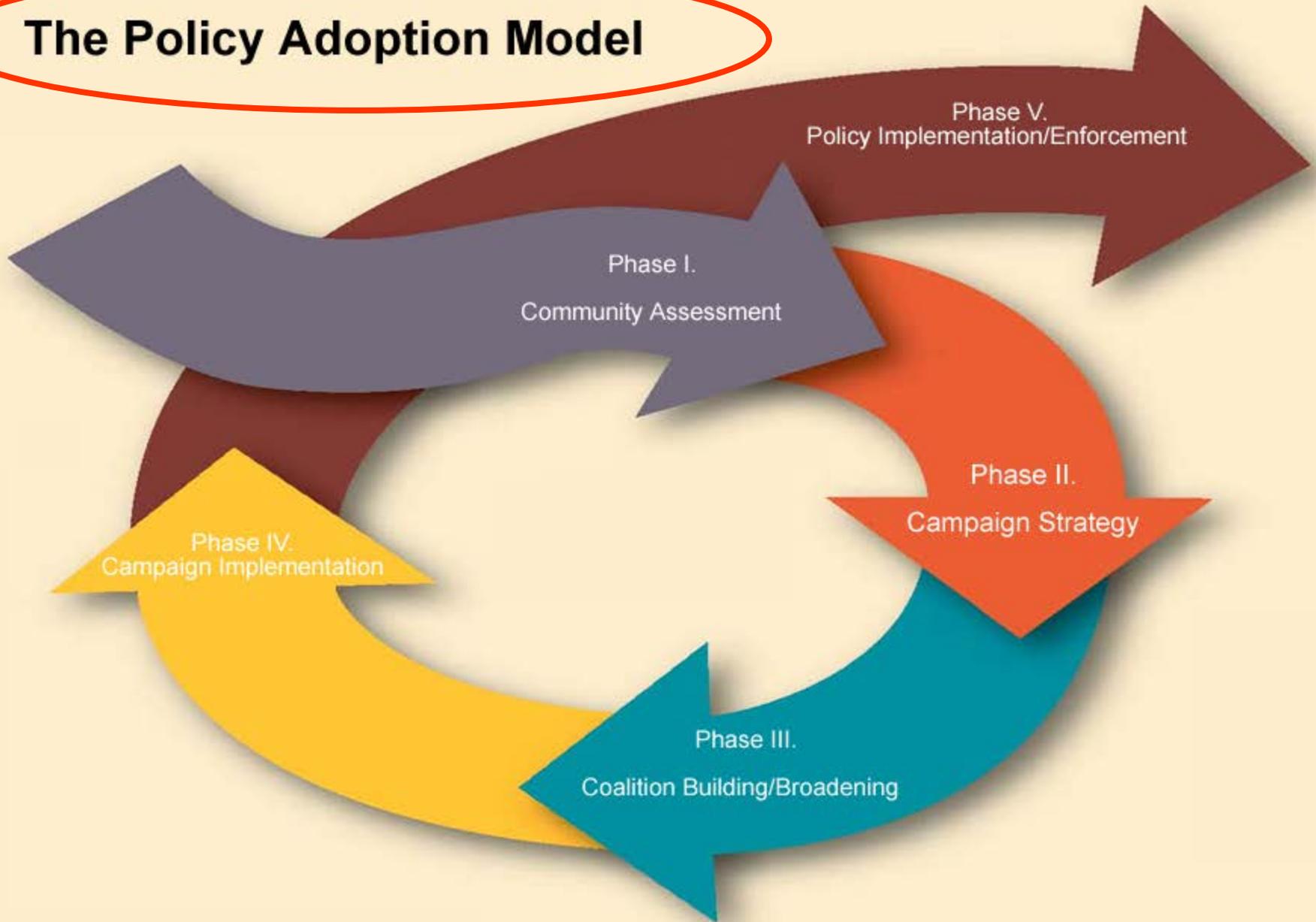


# LA County Tobacco Control and Prevention Program Reorganization, 2003

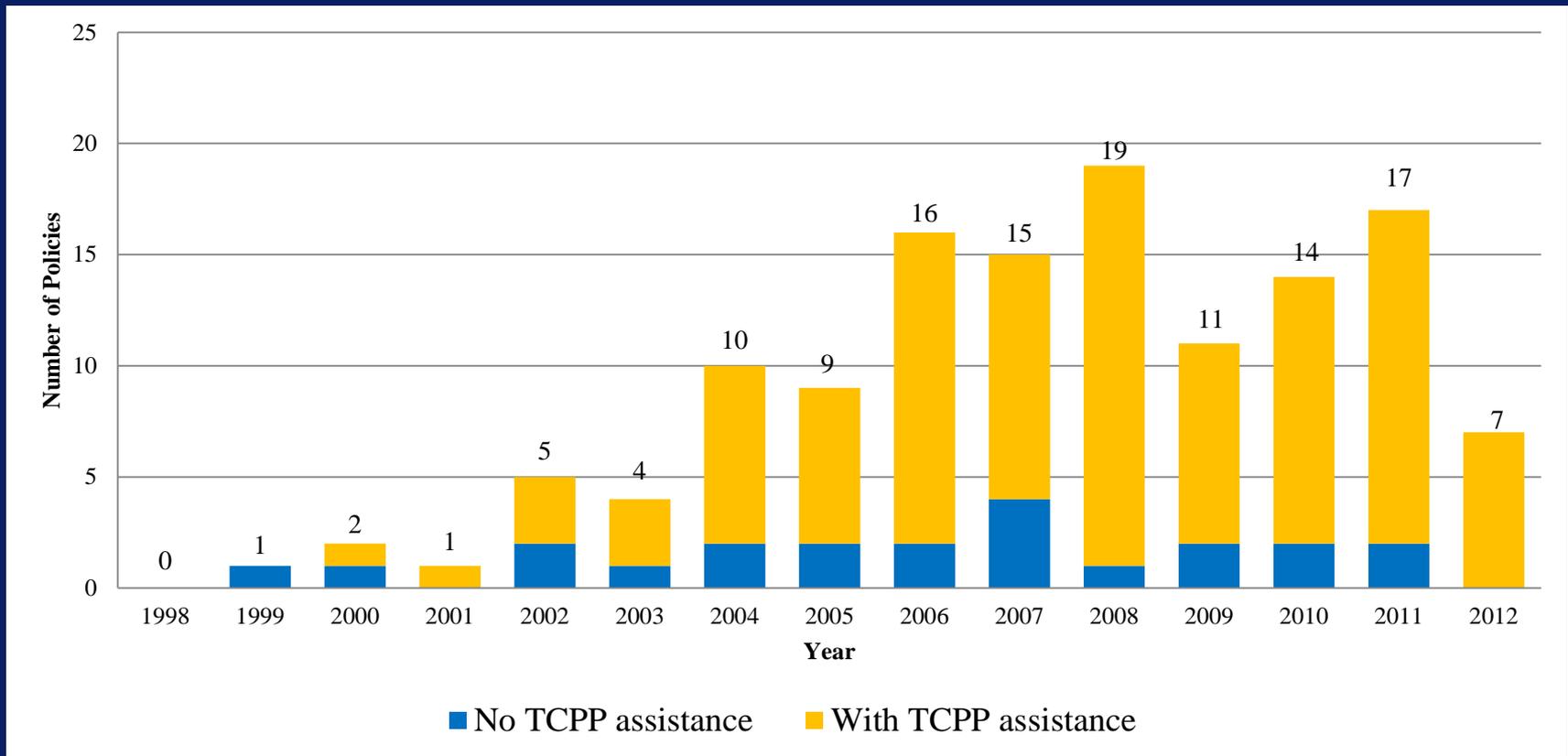
- Rationale: needed to shift from education to policy focus (only 13 policies passed from 1998-2003)
- Established a policy unit
- Trained staff and community contractors with State-supported TA
- Developed policy adoption model in collaboration with Center for Tobacco Policy and Organizing
- Changed contracting procedures
- Budget neutral



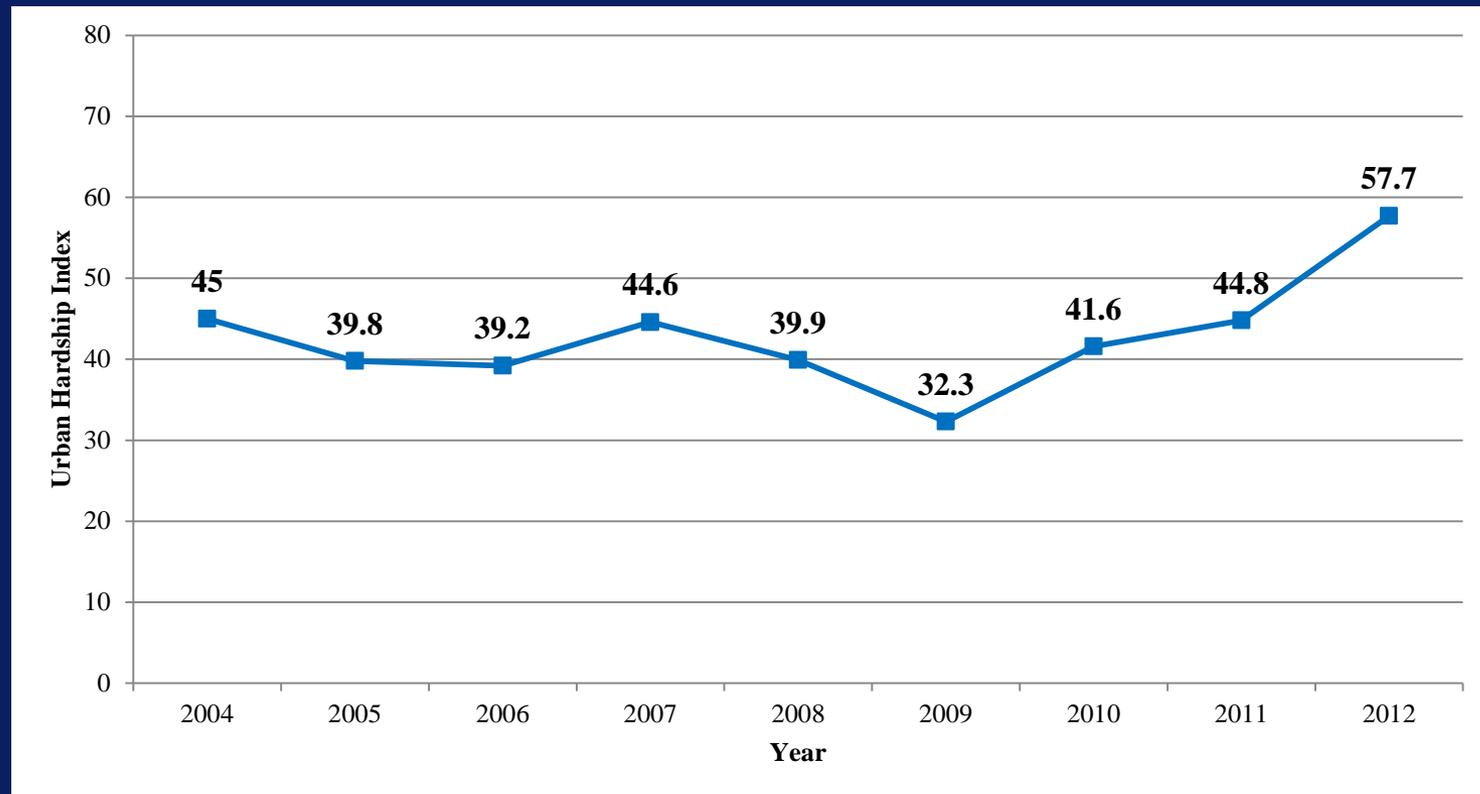
# The Policy Adoption Model



# Number of Tobacco Control Policies Adopted in Los Angeles County: 1998-2012



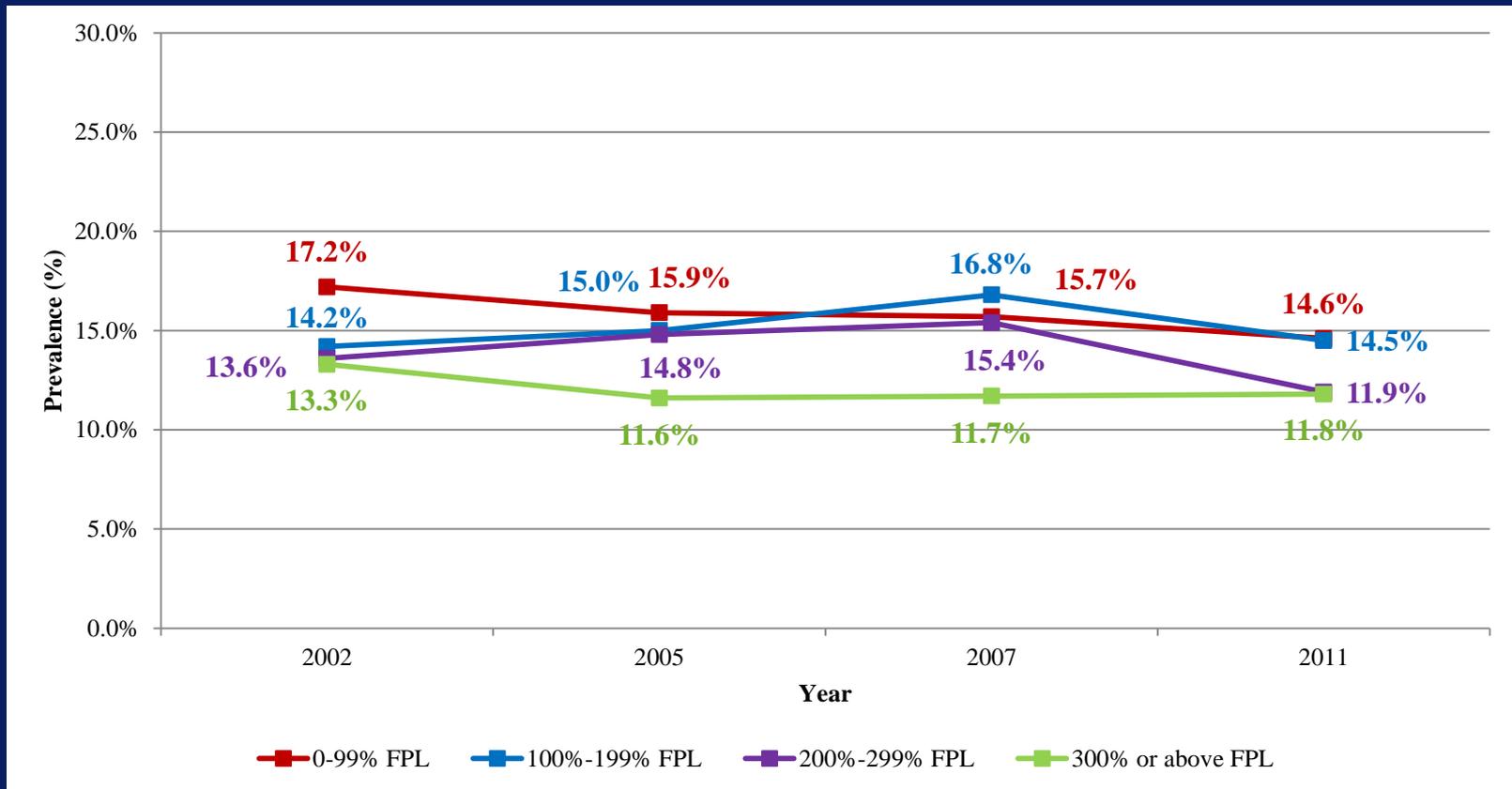
# Average Economic Hardship of Cities Passing Tobacco Control Policies, 2004-2012



Sources: U.S. Census Bureau, 2005-2009 5-Year American Community Survey;  
Tobacco Control and Prevention Program



# Adult Smoking Prevalence by Federal Poverty Level (FPL), Los Angeles County



# PLACE Program: Policies for Livable Active Communities and Environments

- Launched in 2006
- Mission: foster policy change in support of healthy, safe, and active environments
- Three key strategies for infusing PH into land use and transportation planning:
  - Provide input on city and county plans
  - Provide grants to cities and community organizations (competitive RFPs)
  - Provide direct assistance



# Direct Assistance Model: Promising Early Results

- Cities of Huntington Park and South Gate developed Safe Routes to School Plans—both funded by CalTrans (450k and 223k, respectively)
- Lynwood developed the City's first bicycle and pedestrian master plan (approved by City Council)
- Pomona developed the City's first active transportation plan (pending approval)



# PLACE Program (cont.)

- Initial focus on physical activity promotion (e.g., complete streets, general plan updates, bike and pedestrian master plans, safe routes to school grants)
- Have subsequently expanded to community safety, affordable housing, food environment, and air pollution
- Policy adoption approach evolved from tobacco model (mixed insider/outsider approach)



# PLACE Program (cont.)

- Have supported efforts in over 20 cities to date
- Strong health equity focus
- Increasing engagement with communities on issues of concern: example of USC expansion and community displacement



# Community Coalition (UNIDAD): Mobilizing Residents to Prevent Displacement



# USC Expansion: Rapid HIA on Affordable Housing

- HIA led by Human Impact Partners
- DPH staff participated as “subject matter expert”
- Staff presented to residents on health status in the USC area, and also at City public hearing
- City Planning Commission and City Council approved the specific plan with community's recommendations, informed by the HIA



# City of LA's Adopted USC Specific Plan: Community Benefits

- \$20M trust fund for affordable housing
- 4,200 net gain of student beds on campus
- 30% of construction and permanent new jobs will go to local residents



# Federal Initiatives: CPPW and CTG

- Enormous opportunity to expand our community health improvement efforts through "PSE"
- Tension between focus on increasing population reach and reducing health disparities
- Emphasis on quick wins also a barrier to an equity focus
- Disparities reduction operationalized in the workplan objectives (e.g., adopt policies in 10 cities with childhood obesity rates above the county average)



# Parks After Dark

Goal: Promote healthy activity and community cohesion, and curb violence and gang-related crimes through recreational activities, mentoring, and health and wellness programs.

- Began in Summer 2010; extended evening hours
- LA County Department of Parks and Recreation Program
- 6 unincorporated county parks in gang-impacted communities
- Prevention strategy of Los Angeles County Gang Violence Reduction Initiative
- Collaboration: Parks, DPH, Sheriff, CBOs, + more
- Community Transformation Grant funded 2012-2016



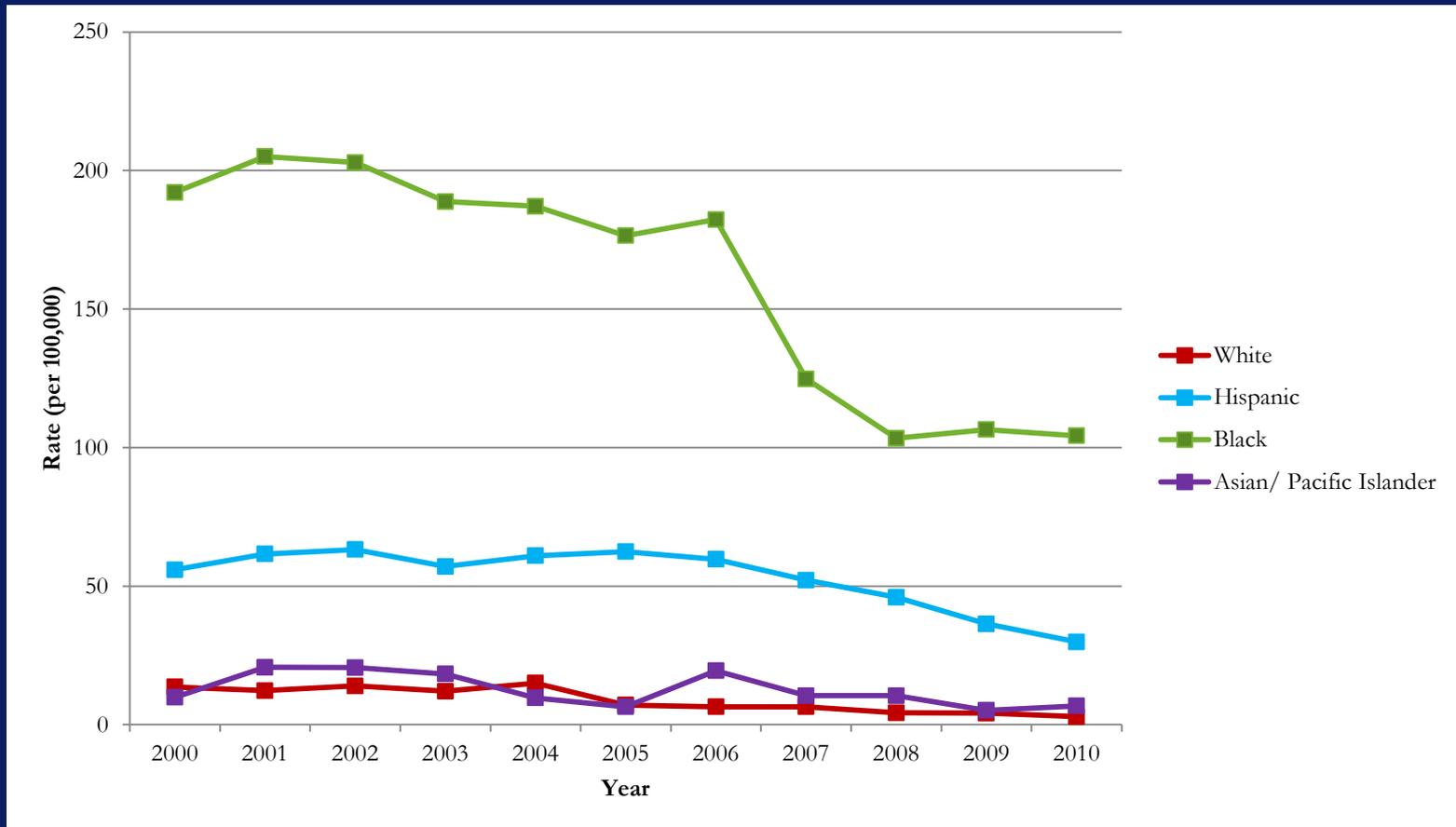
# Parks After Dark: Results

Positive impact on safety, health, community cohesion

- Attendance: Estimated 52,000 visits @ 6 parks
- Survey (N=2133)
  - Participants: 35% Youth (<18), 18% Young Adults (18-25), 61% Female
  - 79% participated in physical activity during PAD
  - Satisfaction: 94% Would participate again / recommend to a friend
- More than 11,000 physical activity participants (non-unique)
- Reduced serious and violent crime in surrounding community, summer 2012 vs. summer 2009 (year before PAD start)
  - ↓ 40% serious and violent crime in original 3 parks
  - ↑ 5% serious and violent crime in comparison parks in nearby communities



# Homicide Rate Among Males 15-24 Years of Age, by Race/Ethnicity, Los Angeles County, 2000-2010

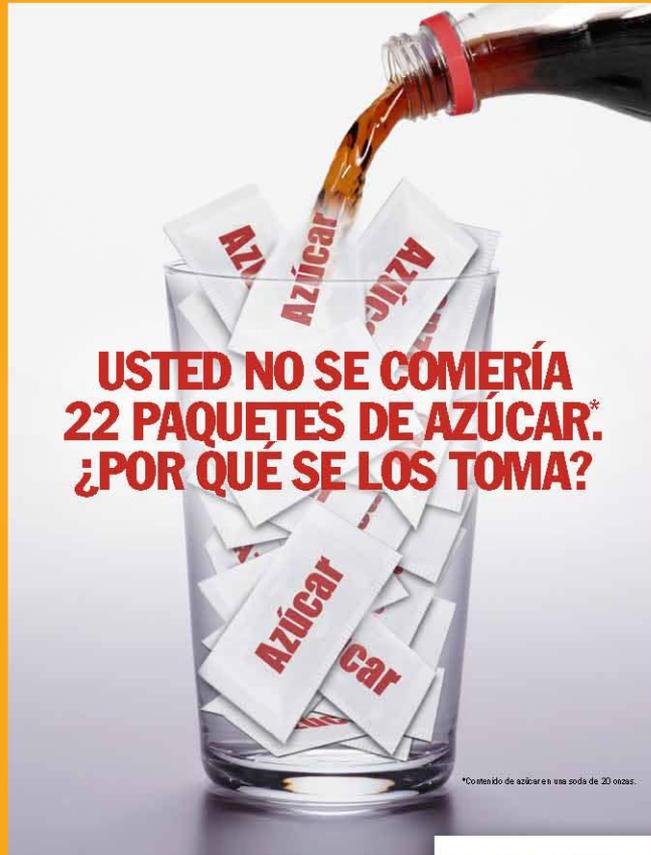


# Media and Communications

- Traditional media campaigns – targeted to disadvantaged communities
- Growing use of social media
- Multiple objectives:
  - increase knowledge and skills
  - change social norms
  - build grassroots support for policy, systems, and environmental change interventions



# Sugar Sweetened Beverage Public Education Campaign



**USTED NO SE COMERÍA  
22 PAQUETES DE AZÚCAR.\*  
¿POR QUÉ SE LOS TOMA?**

\*Cantidad de azúcar en las sodas de 20 onzas.

Extra calorías en bebidas cargadas de azúcar pueden causar obesidad, diabetes, enfermedades del corazón y algunos tipos de cáncer.

**CHOOSE  
HEALTH LA .COM**



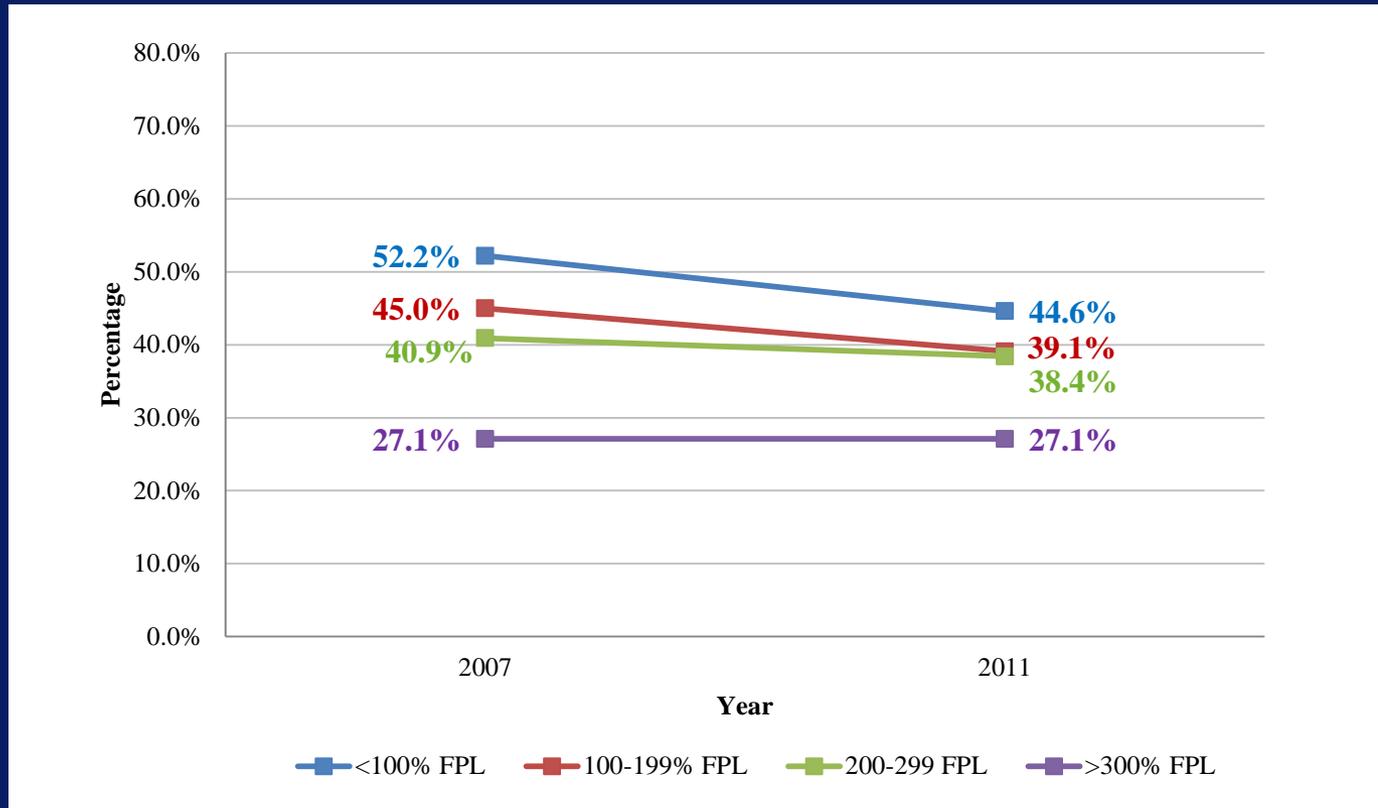
**YOU WOULDN'T EAT 22  
PACKS OF SUGAR.\* WHY ARE  
YOU DRINKING THEM?**

\*Sugar in a 20 oz. soda.

Extra calories in sugar-loaded drinks may lead to obesity, diabetes, heart disease and some cancers.

**CHOOSE  
HEALTH LA .COM**

# Percent of Adults (18 and older) Who Drink One or More Sodas or Other Sugar Sweetened Beverage Each Day by Household Income, Los Angeles County 2007 and 2011



# Other Organizational Change

- Community liaisons
- Community resilience model for emergency preparedness
- More differentiated workforce (e.g., health economist, several public health lawyers)
- Have established an HIA "program"
- Social environment workgroup
- More expansive strategic plan (with measurable objectives)



# Addressing Socioeconomic Inequalities: What is Our Role?

- Expanded data gathering, analysis, and dissemination (goal is to inform and influence)
- Interject health considerations into social, economic, environmental, and other related policy analysis
- Engage and support communities on efforts to address root causes of health inequities



# Highlight the Data: City/Community Health Reports

- Premature mortality from heart disease and stroke
- Life expectancy
- Childhood obesity
- Obesity and related mortality
- Smoking prevalence
- Alcohol outlet density and related harms



# Economic Hardship Index

- Developed by Rockefeller Institute (Scale 1 to 100)
- Six components
  - Crowded housing
  - % living below the FPL
  - % unemployed (17 and older)
  - % without high school education (26 and older)
  - Age-dependency (% under 18 or older than 64)
  - Per capita income



# Health Impact Assessment

- Initial focus on education: first two HIAs will be conducted in partnership with the Los Angeles County School Attendance Task Force.
  - HIA #1: Examine opportunities for reducing school truancy through law-enforcement and community-based diversion programs.
  - HIA #2: Assess the costs and benefits of increasing access to affordable transportation options for students.



# Expand Partnerships

- Community organizations and coalitions
- Capitalize on other "non-health" initiatives (e.g., Promise Neighborhoods, LA n Sync, LA2050)
- Community development financing institutions
- Who in your jurisdiction is working on economic development? Education reform? Labor? Housing? Other?
- How can we in public health assist?



# Lessons Learned

- Move toward the base of the pyramid
- Maintain an explicit focus on disparities and equity
- Embrace organizational change (structure and function)—some can be cost neutral
- Search for and understand the data
- Do not succumb to time urgency
- Seek to identify and join complementary movements



# For More Information

[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

[www.choosehealthla.com](http://www.choosehealthla.com)

