Building Capacity to Address Health Inequities: The Los Angeles Experience

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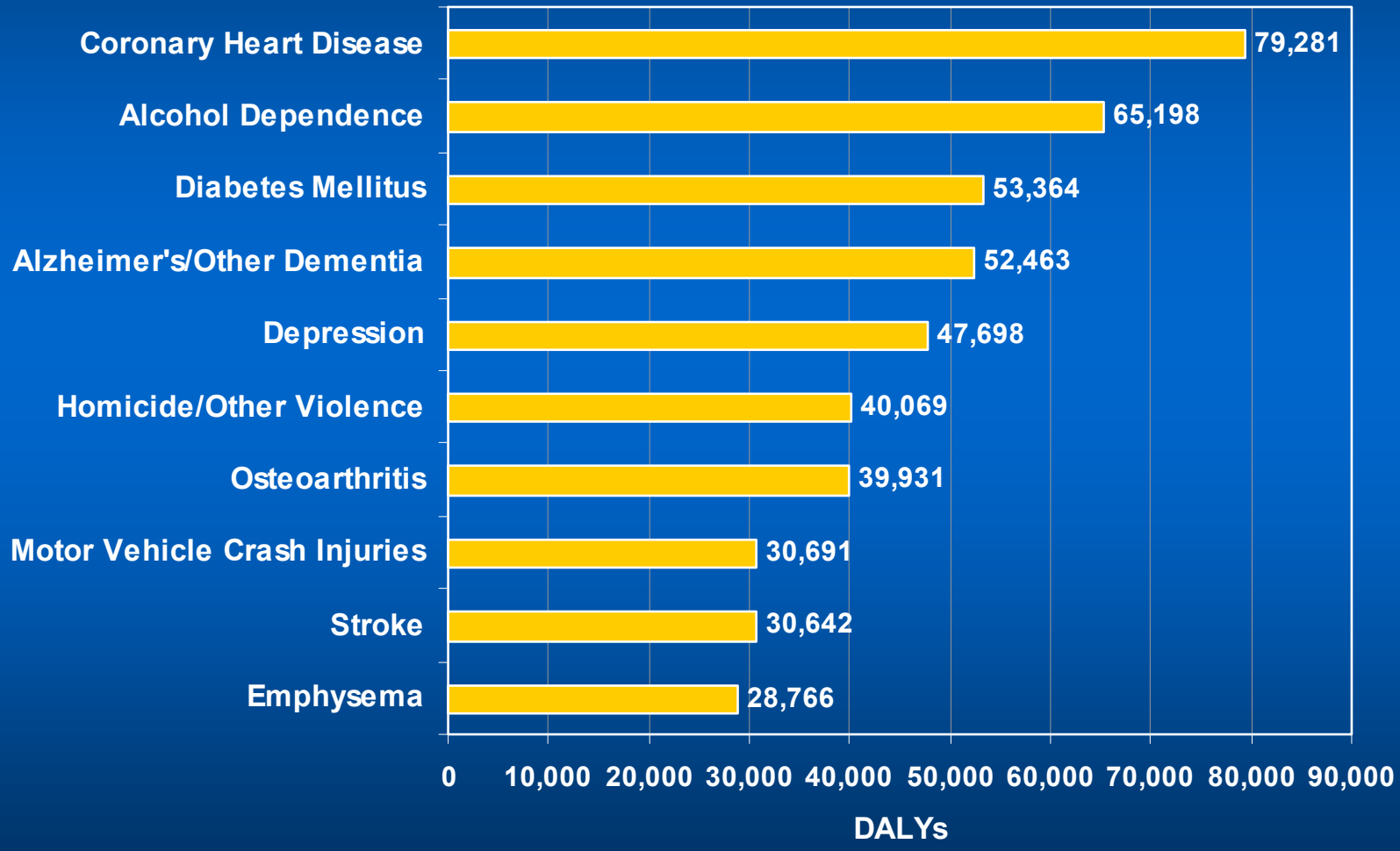
County of Los Angeles Public Health

Department History

- Influential UCLA report (1997)
- New Director of Public Health, followed by major reorganization (1998 and onward; separate Dept of Public Health established in 2006)
- Increased focus on assessment/data, policy development, and external communication
- Efforts to change internal culture
  - staff training
  - leadership development
  - quality improvement and performance monitoring

Leading Causes of Disability-Adjusted Life Years (DALYs), Los Angeles County, 2005



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Cities/Communities with Lowest and Highest Childhood Obesity Prevalence, 2005

Top 10*

City/Community Name	2005 Youth Obesity Prevalence (%)	Rank of Economic Hardship (1 - 128)
Manhattan Beach	4.2	2
Palos Verdes Estates	6.3	5
Beverly Hills	6.9	19
San Marino	7.1	15
Agoura Hills	7.3	10
Calabasas	8.0	8
South Pasadena	9.0	17
La Canada Flintridge	11.4	18
Rancho Palos Verdes	11.6	13
Arcadia	12.3	35
Average 10 lowest	8.0%	

Bottom 10*

City/Community Name	2005 Youth Obesity Prevalence (%)	Rank of Economic Hardship (1 - 128)
Cudahy	29.4	123
West Whittier-Los Nietos	29.7	81
West Puente Valley	30.0	90
Bell	30.2	115
Willowbrook	30.5	116
Huntington Park	30.6	122
East Los Angeles	31.9	117
Florence-Graham	32.0	128
San Fernando	32.9	103
Maywood	37.4	121
Average 10 highest	31.5%	

*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.

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Proximity of Fast Food Restaurants to Public Schools in Los Angeles County

	% of schools with 1 or more FF restaurants within 400 meters
School Type	
elementary	21.7%
middle school	24.3%
high school	31.2%
Neighborhood Income*	
quantile 1 (lowest)	38.4%
quantile 2	24.4%
quantile 3	19.8%
quantile 4 (highest)	12.2%
All Schools	23.4%

* Based on the median household income of the census tract in which the school is located

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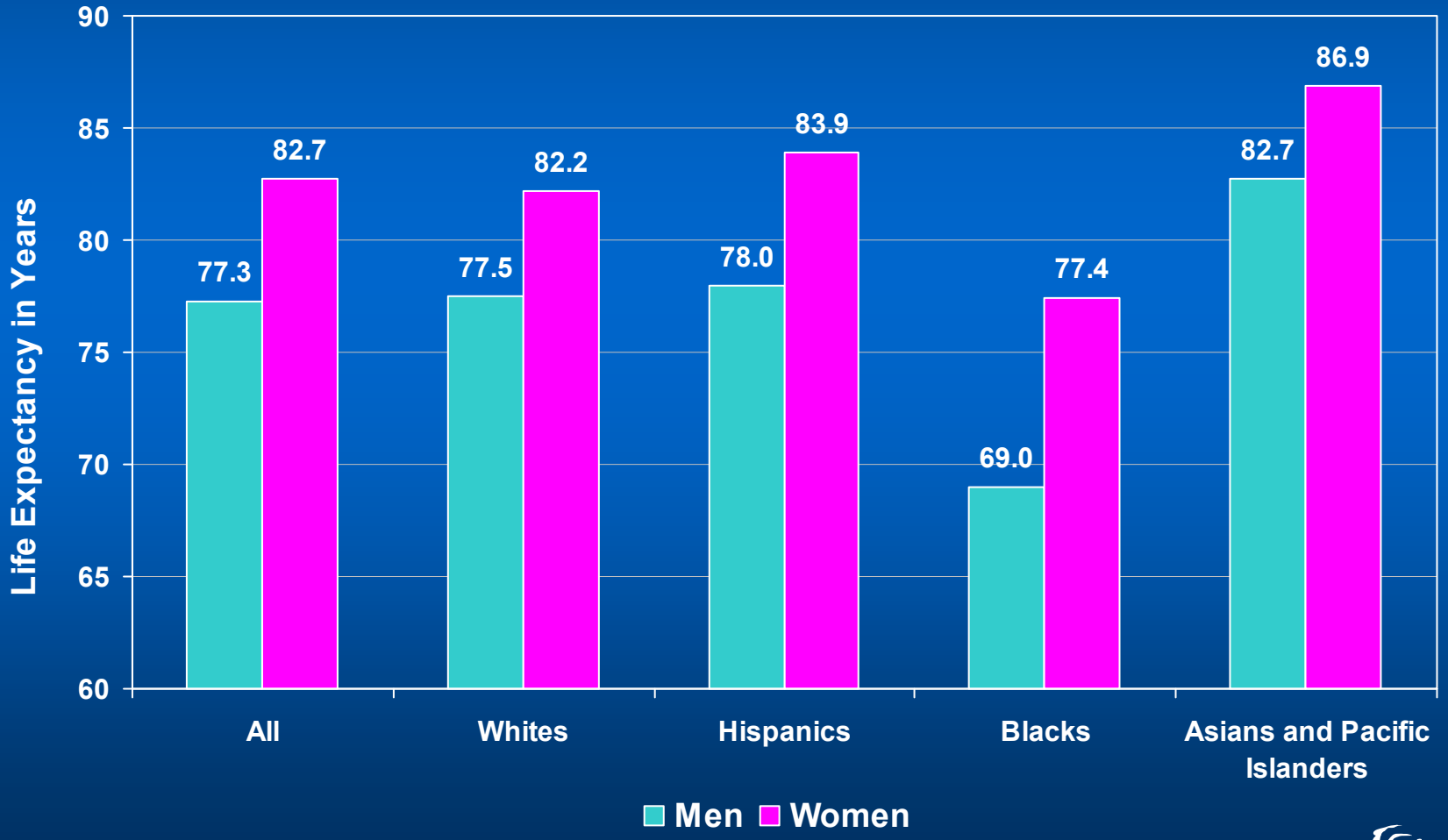
Life Expectancy at Birth by Sex and Race/Ethnicity, Los Angeles County, 2005



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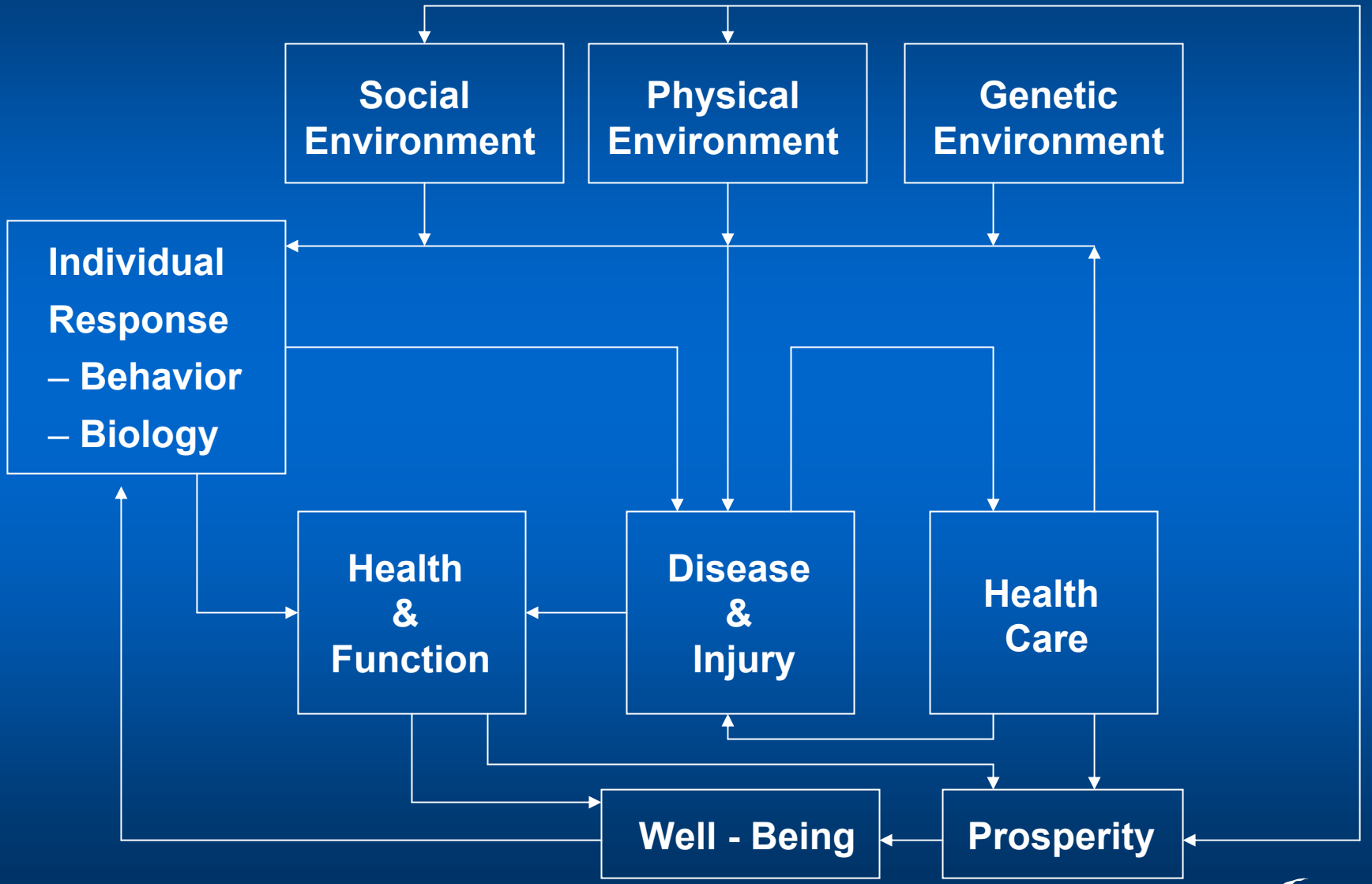
Prevalence* of Self-Reported Diabetes Among Latinos, by Federal Poverty Level, Los Angeles County, 2002

Annual Household Income	No.	Prevalence	95%CI
<100 FPL	1,039	17.2%	(15.1-19.3)
100% - 199% FPL	1,008	11.4%	(9.4-13.3)
≥ 200% FPL	1,032	8.0%	(6.3-9.6)

*Age-adjusted

Source: Los Angeles County Health Survey

Determinants of Health (Evans - Stoddart Model)



Strategic Initiatives Matrix

Service Excellence

SE-1
Increase Years of Healthy Life While Reducing Health Disparities

SE-1a. Physical Environment

SE-1b. Social Environment

SE-1c. Obesity Control and Prevention

SE-2
Prepare for Emergencies

Organizational Support

OS-1
Organizational Effectiveness

OS-2
Workforce Excellence

OS-3
Fiscal Accountability

Strategic Planning: Physical Environment and Health

- Established a Physical Environment Work Group comprised of 29 PH staff representing 13 programs and 4 area health offices
- Objective: develop a preliminary action plan
- Work group met approximately monthly between March-October 2005; additional sub-group meetings also convened
- Catalogued current activities and identified areas of duplication and opportunities for expanded efforts

Physical Environment Action Plan: Key Elements

- Cities and unincorporated areas (land use planning)
- Local and regional transportation
- Schools (e.g., AB 12 and AB 965 implementation; physical activity promotion)
- Workplaces
- Health impact assessment
- Public Health Department staff training
- Staff recruitment

Initial Activities

- Health reports (e.g., Premature Deaths from Heart Disease and Stroke in Los Angeles County: A Cities and Communities Health Report)
- Built environment and health workshops
- Community RFP to promote physical activity (750k annually for 3 yrs; 5 awards; requires city/community partnership; focus on land use policy)
- Working with the Dept of Regional Planning to incorporate public health principles into the County's General Plan
- Outreach to cities on land use policies and practices
- Providing public health input on transportation decisions (Metro's Long Range Transportation Plan; ports and goods movement)

Division of Chronic Disease and Injury Prevention

- Tobacco Control and Prevention Program
- Nutrition Program
- Physical Activity and Cardiovascular Health Program
- Injury and Violence Prevention Program
- Office of Senior Health
- PLACE Program (Policies for Livable, Active Communities and Environments)
- Office of Health Assessment and Epidemiology

PLACE Program Mission

To foster policy change that supports the development of healthier environments where we live, work and play – leading to healthier communities throughout Los Angeles County

Built Environment Grants

PLACE grants promote changes in the physical environment that make it easier for people to incorporate physical activity into their daily lives.

Two elements of the initiative:

1. Policy Change
2. Physical Project

Photo courtesy of Paul Zykofsky, AICP

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Built Environment Grants

- Grantees are cities and non-profit organizations that form interdisciplinary partnerships
- Five grantees—each one a partnership that receives $100,000 per year over a three year period
- Grantees receive a one-time award of $20,000 for a physical project
- Technical Assistance Coordinator provides direct assistance and sub-contracts with additional experts as needed

Grantee Projects

Los Angeles County Bicycle Coalition

Policy: integrate active streets into Glendale's Bicycle Master Plan, Pedestrian Highway Plan and General Plan

Project: create a prototype active street in a low income area of southern Glendale

Pacoima Beautiful

Policy: create the Pacoima Wash Greenway Master Plan to include networks of parks and trails

Project: create clean, well-lit paths along sections of Pacoima Wash

Grantee Projects

City of Culver City

Policy: develop a Bicycle and Pedestrian Master Plan.

Project: link downtown Culver City to Expo station with cyclist and pedestrian friendly route

City of El Monte

Policy: develop a Health and Wellness Element in the General Plan

Project: develop an attractive, one mile circuit walking path with points of interest

City of Long Beach

Policy: update the Mobility Element of the General Plan and the Bicycle Master Plan

Project: create two Bicycle Boulevards by transforming streets into "bike expressways

Fostering Partnerships
May 2, 2007 Built Environment Workshop

Featured speakers included:

Dr. Richard Jackson, MD, MPH
UC Berkeley School of Public Health

Gail Goldberg, AICP
LA's Director of City Planning

Paul Zykofsky, AICP
Director of Land Use and Transportation Programs for the Local Government Commission.

County of Los Angeles Public Health

Fostering Partnerships
May 2, 2007 Built Environment Workshop

Nearly 200 participants – city planners, transportation engineers, public health staff, and non-profit organizations

Small group discussions facilitated networking between professionals from different fields

County of Los Angeles Public Health

Recent Department Initiatives

- Expanded community liaison program
- Health equity workgroup
  - primary focus on social determinants
  - produced an “internal working document” with recommendations
  - five focus areas: neighborhood conditions, education across the life course, income and employment, social structures and connectedness, and health care and health promotion

Challenges

- Changing traditional views of the role of public health (“in-game and out-game”)
- Need for policy/systems focus (PH more than service delivery)
- New knowledge and skills required (implications for training and recruitment)
- Need to establish new partnerships
- Must not only engage but also influence non-health sector decisions
- Budget cuts and competing demands

Health and Economic Benefits of Reducing the Number of Students per Classroom in US Primary Schools

Peter Muennig, MD, MPH, and Steven H. Woolf, MD, MPH

Objectives. We estimated the costs associated with reducing class sizes in kindergarten through grade 3 as well as the effects of small class sizes on selected outcomes such as quality-adjusted life-years and future earnings.

Methods. We used multiple data sets to predict changes in the outcomes assessed according to level of educational attainment. We then used a Markov model to estimate future costs and benefits incurred and quality-adjusted life-years gained per additional high school graduate produced over time.

Results. From a societal perspective (incorporating earnings and health outcomes), class-size reductions would generate a net cost savings of approximately $168 000 and a net gain of 1.7 quality-adjusted life-years for each high school graduate produced by small classes. When targeted to low-income students, the estimated savings would increase to $196 000 per additional graduate. From a governmental perspective (incorporating public expenditures and revenues), the results of reducing class sizes ranged from savings in costs to an additional cost of $15 000 per quality-adjusted life-year gained.

Conclusions. Reducing class sizes may be more cost-effective than most public health and medical interventions. (*Am J Public Health.* 2007;97:2020–2027. doi:10.2105/AJPH.2006.105478)

With health costs soaring and student performance falling, the United States is in jeopardy of losing its economic dominance. As low-skilled jobs are outsourced, the availability of highly skilled workers is increasingly a determinant of global competitiveness.[1,2] At the same time, government and corporate budgets are struggling under the weight of soaring health costs.[3,4] One partial solution to both problems resides in America's schools.

In recent years, the performance of students in the United States has been declining relative to the performance of students in competing countries; however, a variety of innovative school-based interventions and programs are beginning to show promise.[5–7] In the case of 1 intervention, implementation of small class sizes, long-term follow-up data are now available from a large, multischool