

***2008 Data to Action***  
Opportunities for the  
Stanislaus County Heart Coalition



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# Background

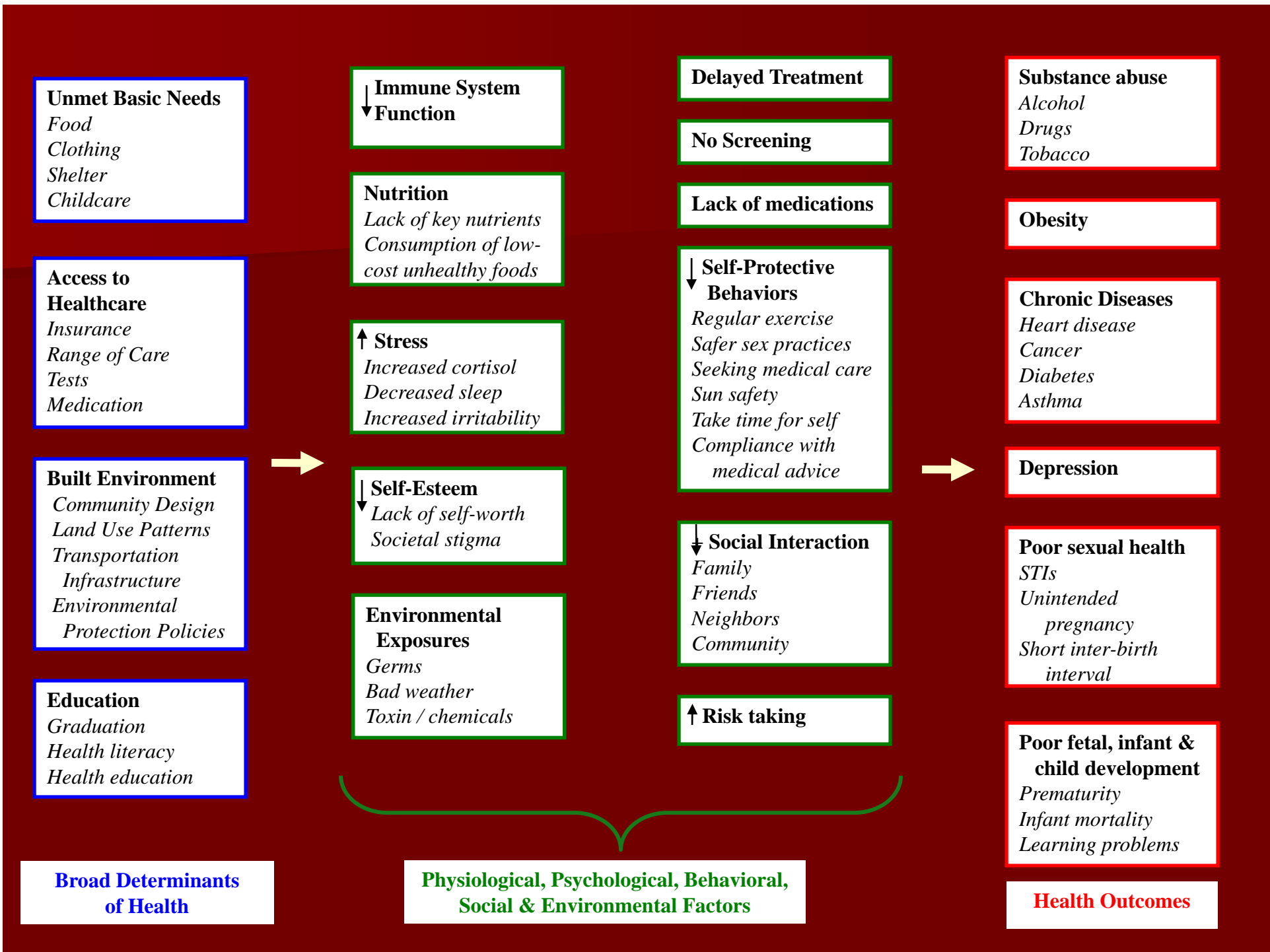
## 2008 Community Health Assessment

- Over 70 social, behavioral and health indicators
- Existing secondary data and new primary data using face-to face survey
- Convened Data to Action workshop on January 22<sup>nd</sup>, 2009
- Strategies suggested by 111 stakeholders representing 53 local agencies



# Broad Determinants of Health

- Ensuring good health for all requires addressing the underlying factors that influence health.
- Categorized major 2008 CHA findings into:
  - **Access to Care**
  - **Economic: Basic Needs**
  - **Environment: Built**
  - **Education**



# Action Plan

- **Community Health Improvement Plan (CHIP)**
- **Utilize our coalitions, networks, volunteers, faith based organizations, programs etc.**
- **Breaking the silos**
- **Unifying efforts**
- **Comprehensively addressing issues to improve health outcomes**

# Multiple levels of intervention

## The Spectrum of Prevention

Influencing Policy & Legislation

Changing Organizational Practices

Fostering Coalitions & Networks

Educating Providers

Promoting Community Education

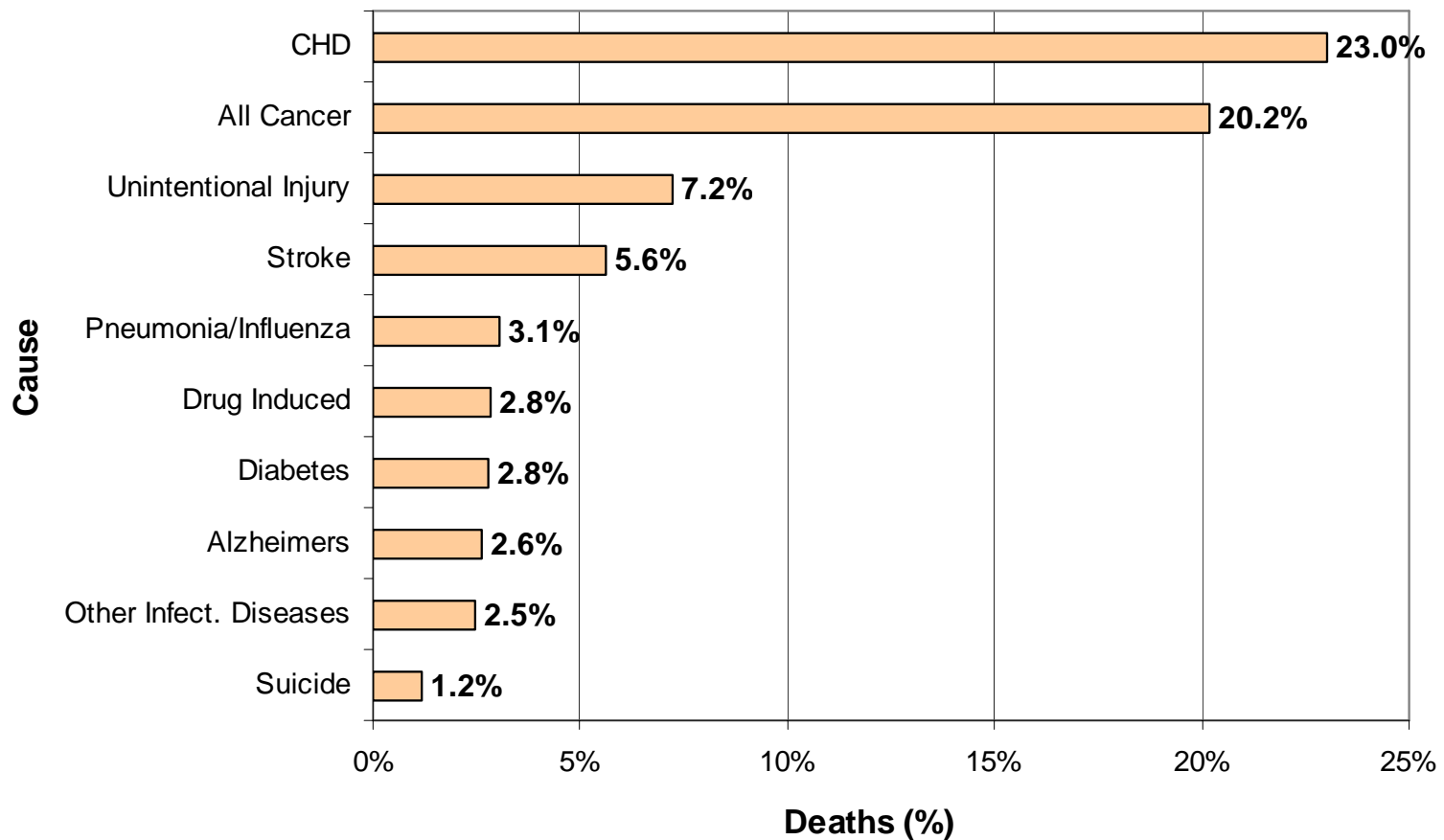
Strengthening Individual Knowledge & Skills

# Data Refresher



# Causes of Death

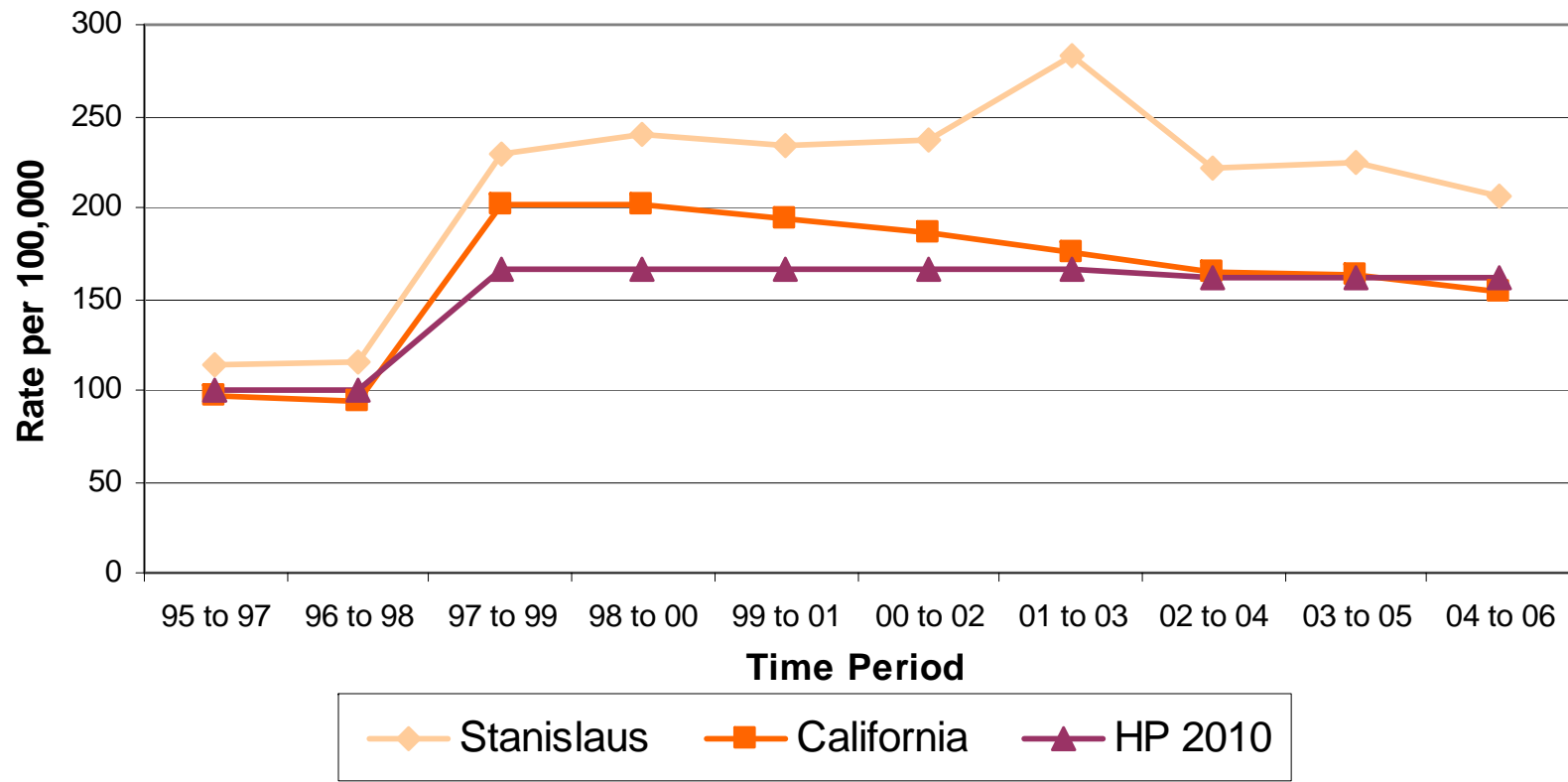
**Top 10 Causes of Death, Stanislaus County 2006**



Source: CA Department of Public Health, *Death Statistical Master File, 2006*

# CHD Mortality Rates

## Trends in Age-Adjusted Death Rate due to Coronary Heart Disease



Source: CA Dept of PH, *County Health Status Profiles, 1999-2008*

# RISK FACTORS

# Cardiovascular Related Risk Factors

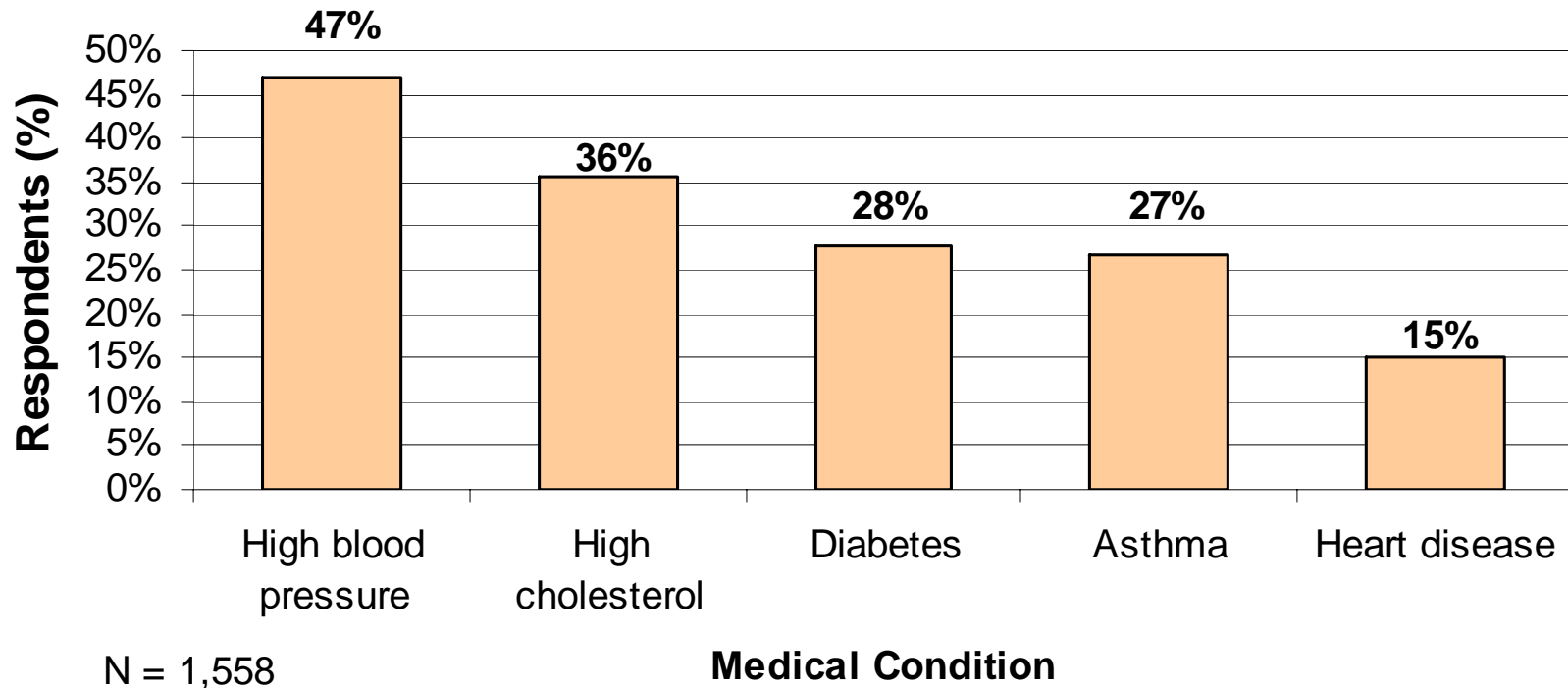
- High Cholesterol
- High Blood Pressure
- Diabetes
- Cigarette Smoking
- Overweight or Obesity
- Physical Inactivity



Source: CA Dept of PH, *The Burden of Cardiovascular Disease in California*

# Chronic Diseases

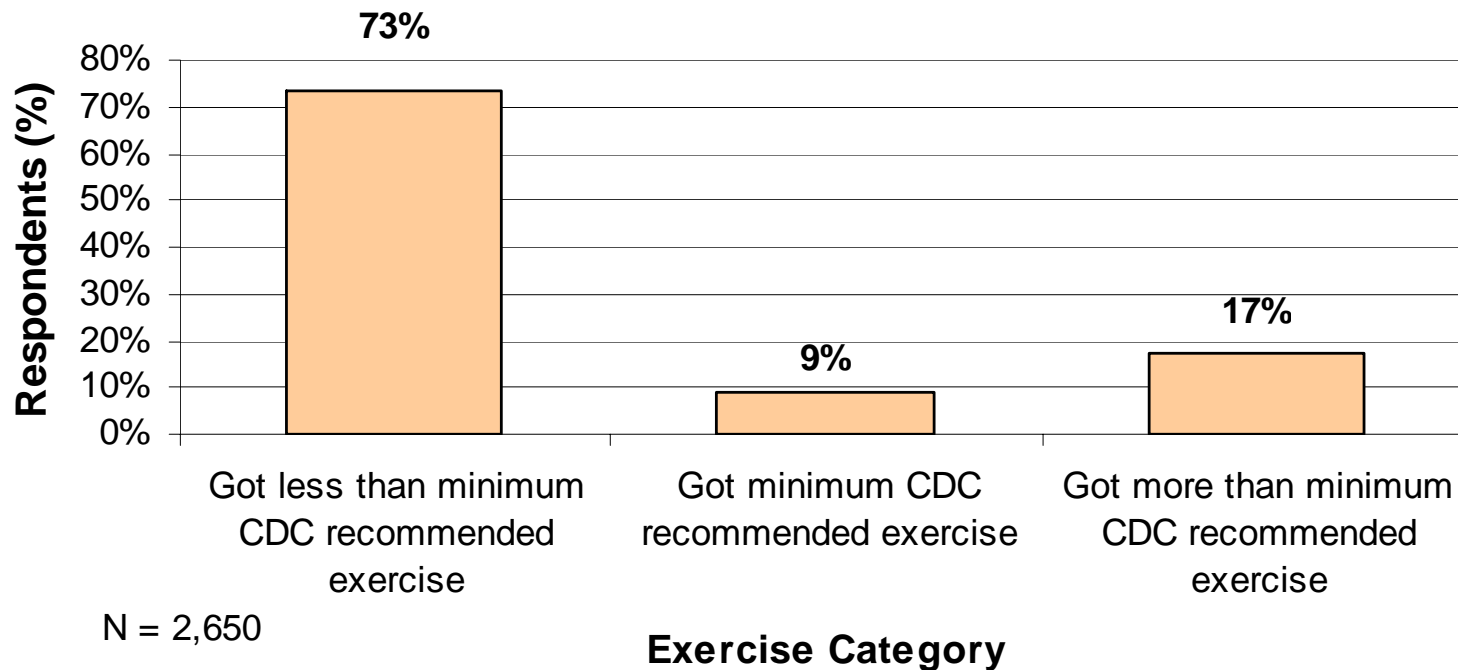
Have you ever been treated for or advised by a doctor that you have any of the following?



Source: *Community Health Assessment Survey, 2008* (question 16), p. 90

# Physical Activity

In the past 7 days how many times did you exercise or participate in vigorous physical activity for at least 20 minutes?

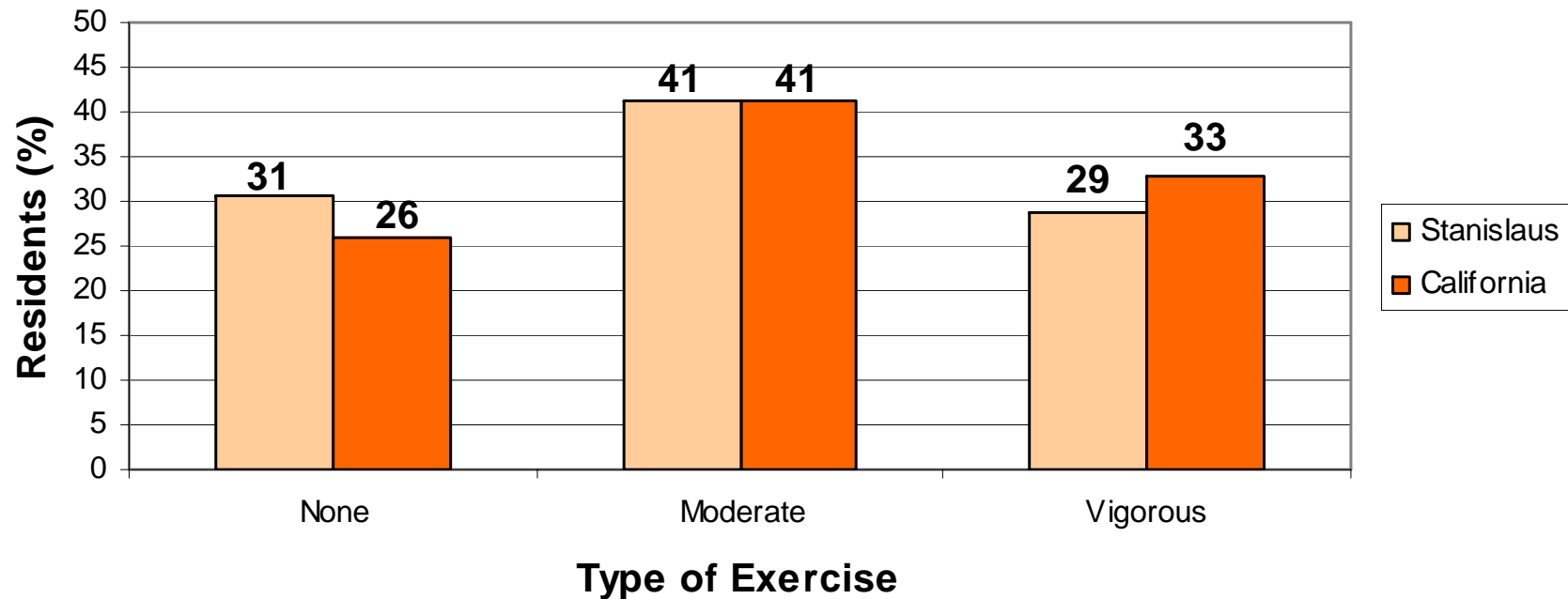


Source: *Community Health Assessment Survey, 2008* (q. 11), p. 106

\*Note guidelines since increased to 150 min./week.

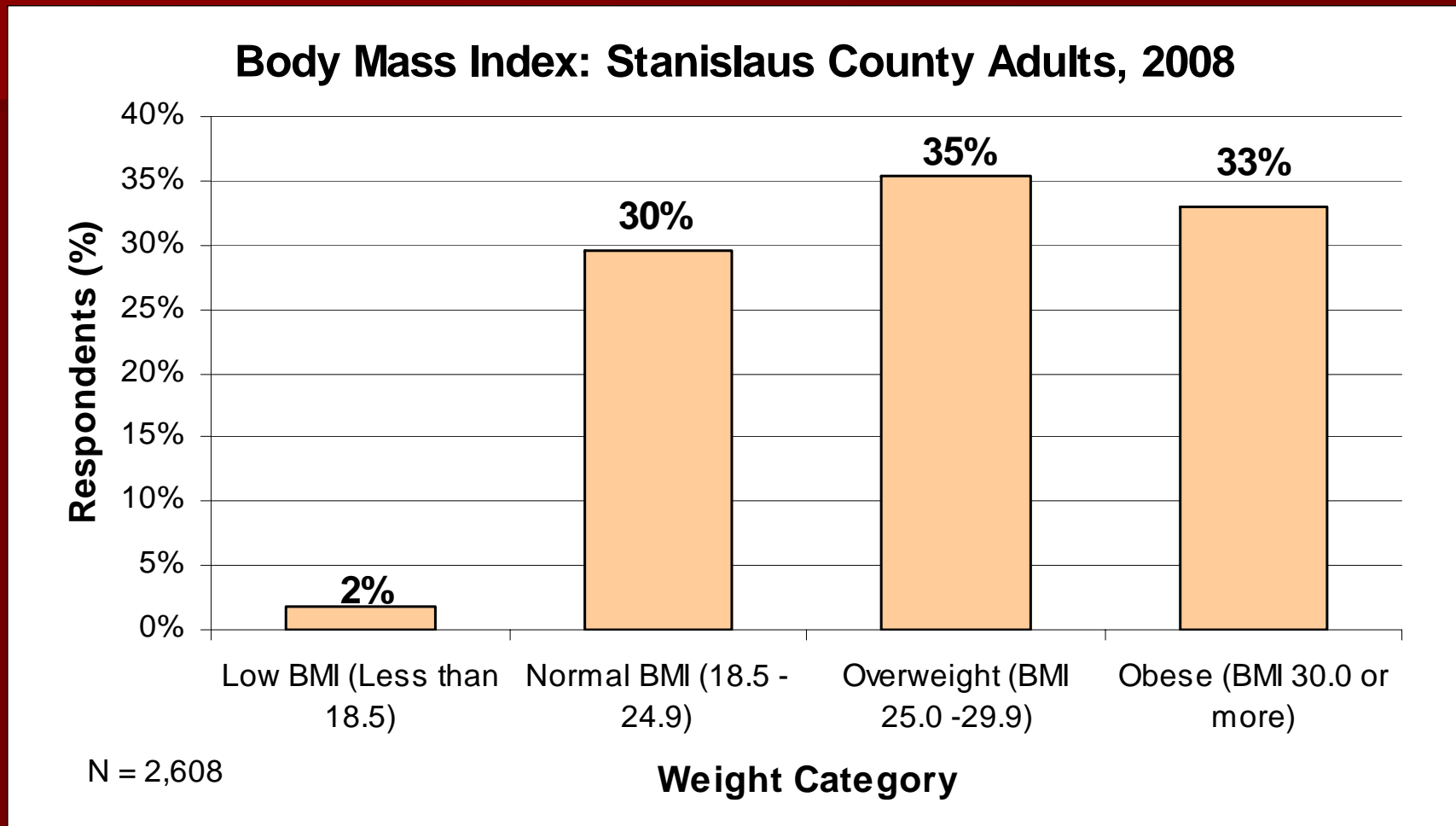
# Physical Activity

**Level of Physical Activity in Adults  
Stanislaus vs. California, 2005**



Source: California Department of Public Health *California Health Interview Survey*, (see 2008 CHA, p. 107)

# Obesity



Source: *Community Health Assessment Survey, 2008* (q. 12 & 13), p. 112

# (Healthy) Food Availability



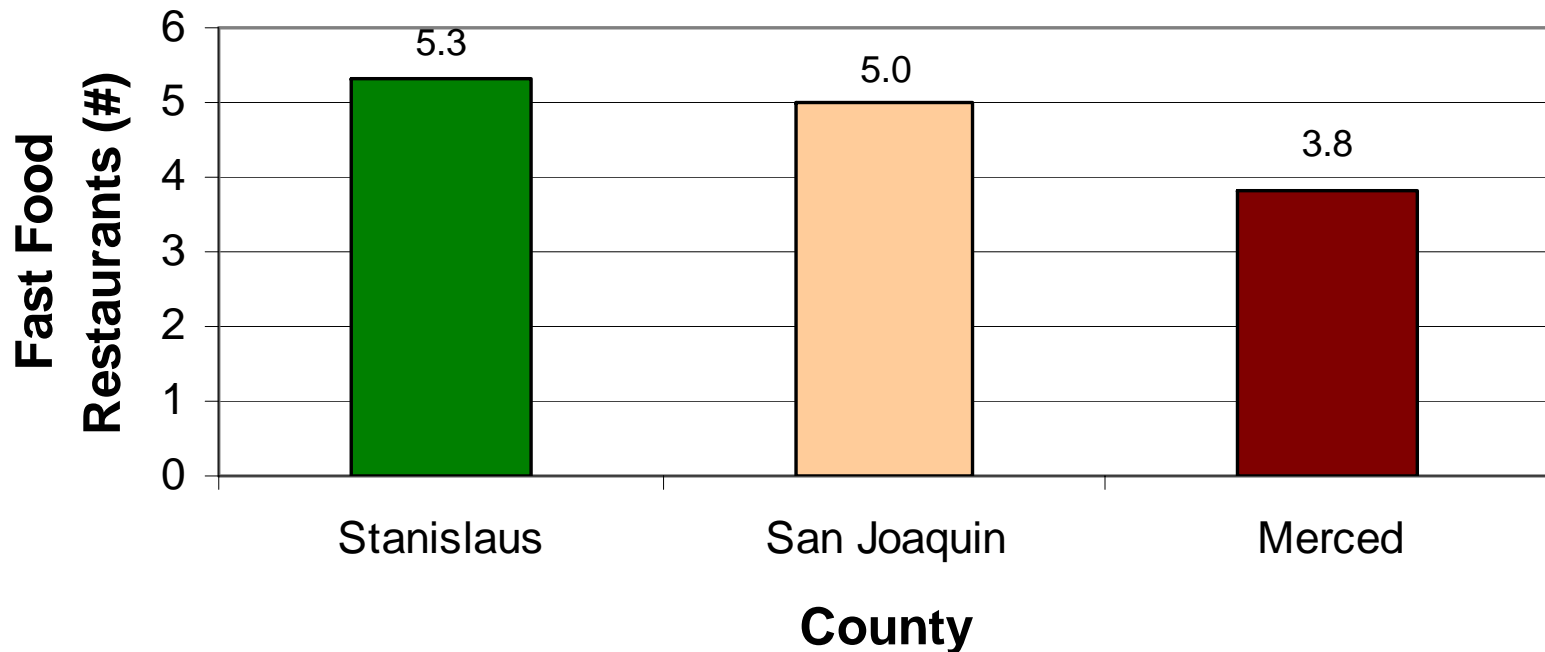
## “Food Deserts”

- ✓ Environments where healthy food is not sold or easily available (residents must travel out of area to buy it).
- ✓ Food sold in area is usually processed, high in calories, and low in nutritional value.

Source: California Nutrition Network, California Department of Public Health

# Fast Food Availability

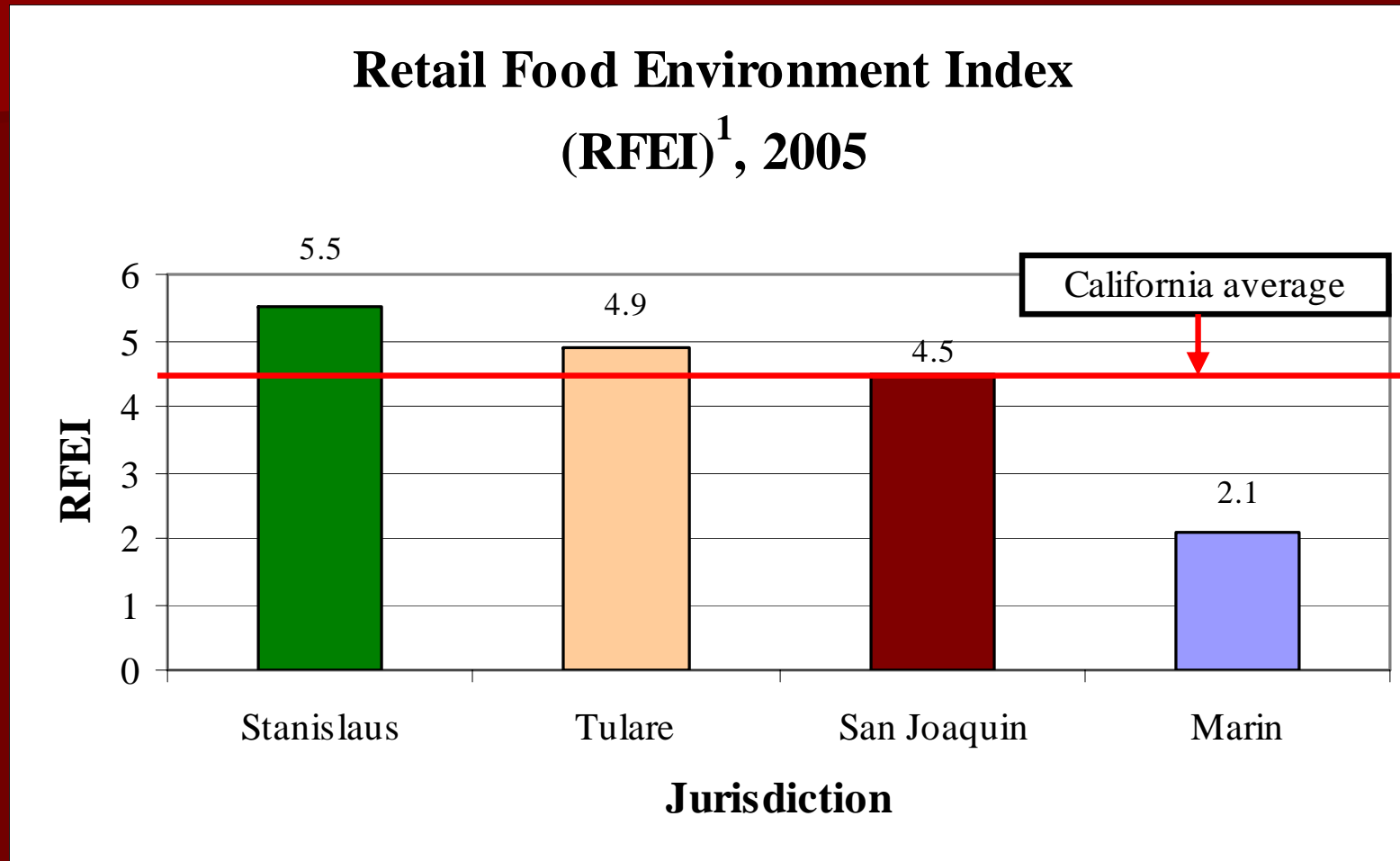
Number of Fast Food Restaurants<sup>1</sup> Per 10,000 Residents by County, 2007



Source: Network for a Healthy California, CA Dept of Public Health (see p. 109 of *2008 CHA*)

<sup>1</sup>Defined as quick services restaurants where primary product is pizza or franchises whose primary product is sandwiches.

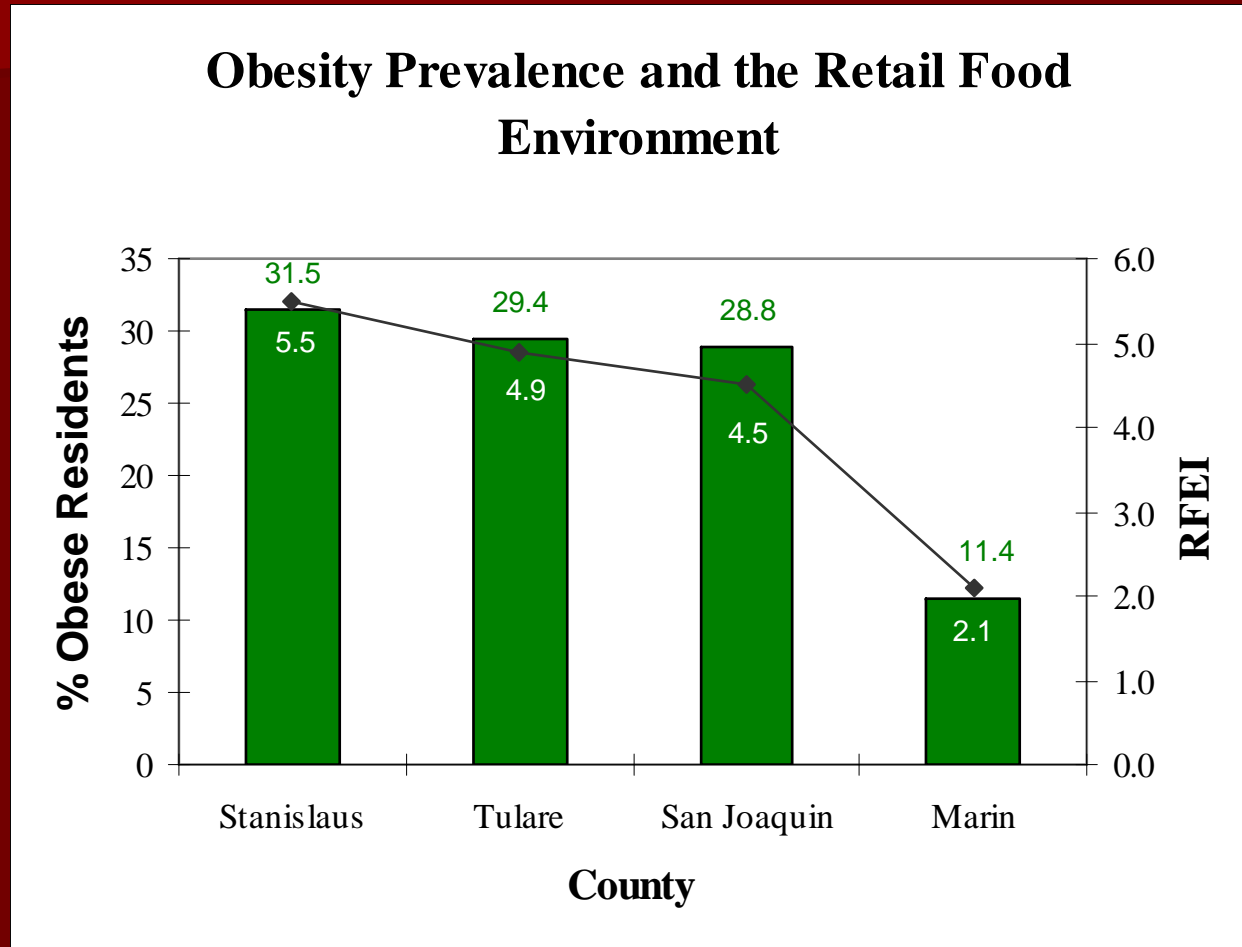
# Retail Food Environment



Source: UCLA Center for Health Policy Research, *Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes*, (see [www.publichealthadvocacy.org/DesignedForDisease.html](http://www.publichealthadvocacy.org/DesignedForDisease.html) )

<sup>1</sup>Number of healthy food outlets divided by number of unhealthy food outlets within buffer around home.

# Food Availability → Obesity

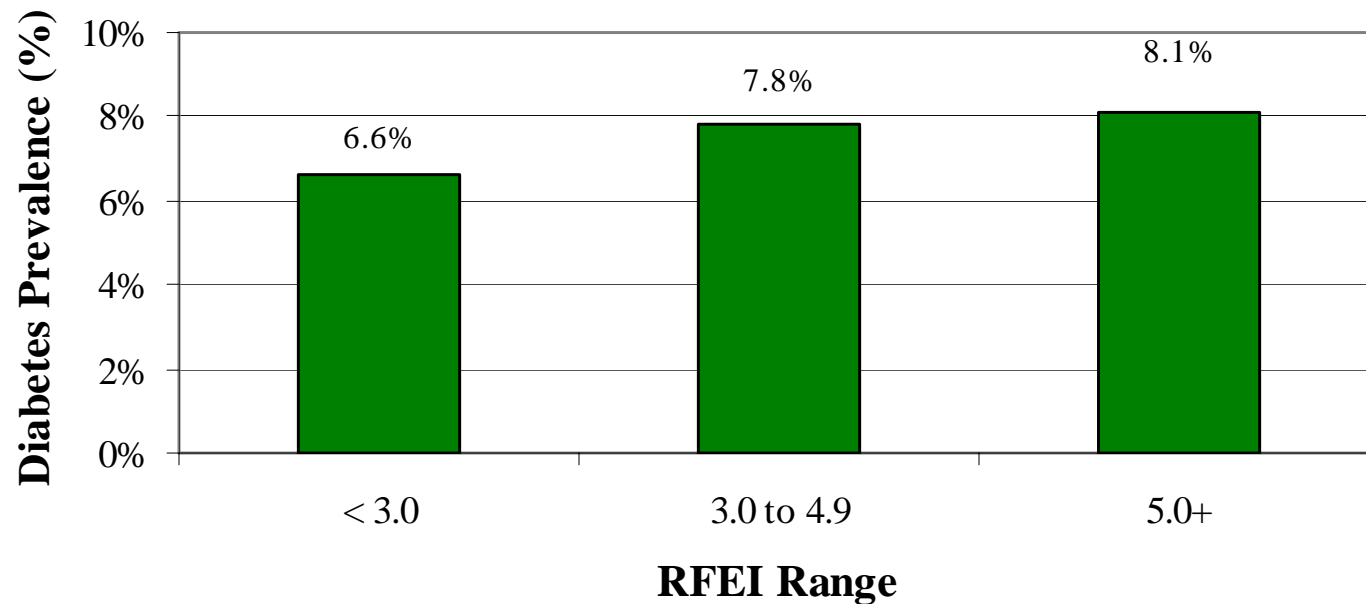


Source: UCLA Center for Health Policy Research, *Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes*, (see [www.publichealthadvocacy.org/designedfordisease.html](http://www.publichealthadvocacy.org/designedfordisease.html) )

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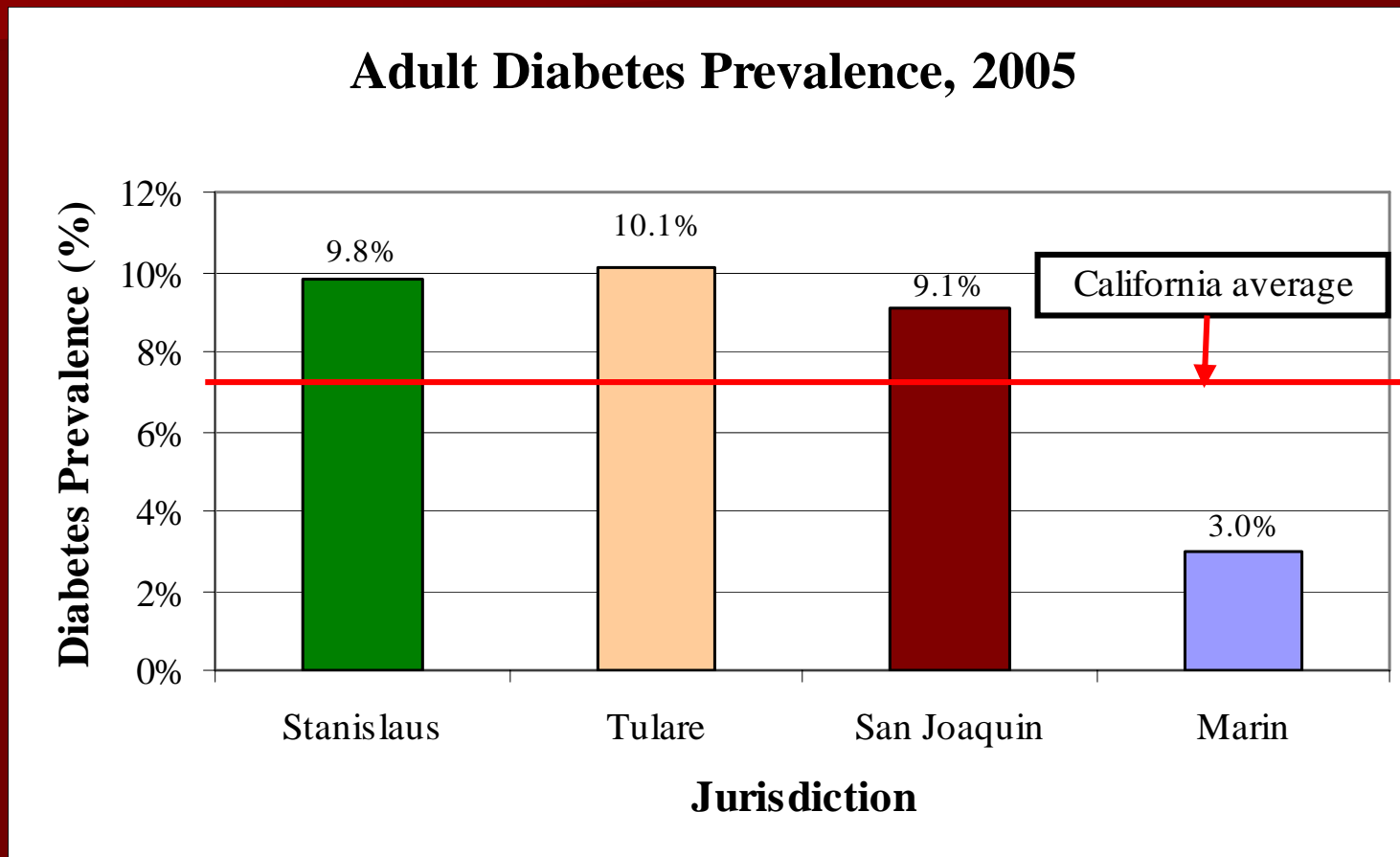
# Food Availability → Diabetes

**Adult Diabetes Prevalence by RFEI in California, 2005**



Source: UCLA Center for Health Policy Research, *Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes*, (see [www.publichealthadvocacy.org/designedfordisease.html](http://www.publichealthadvocacy.org/designedfordisease.html) )  
<sup>1</sup>Number of healthy food outlets divided by number of unhealthy food outlets within buffer around home.

# Food Availability → Diabetes

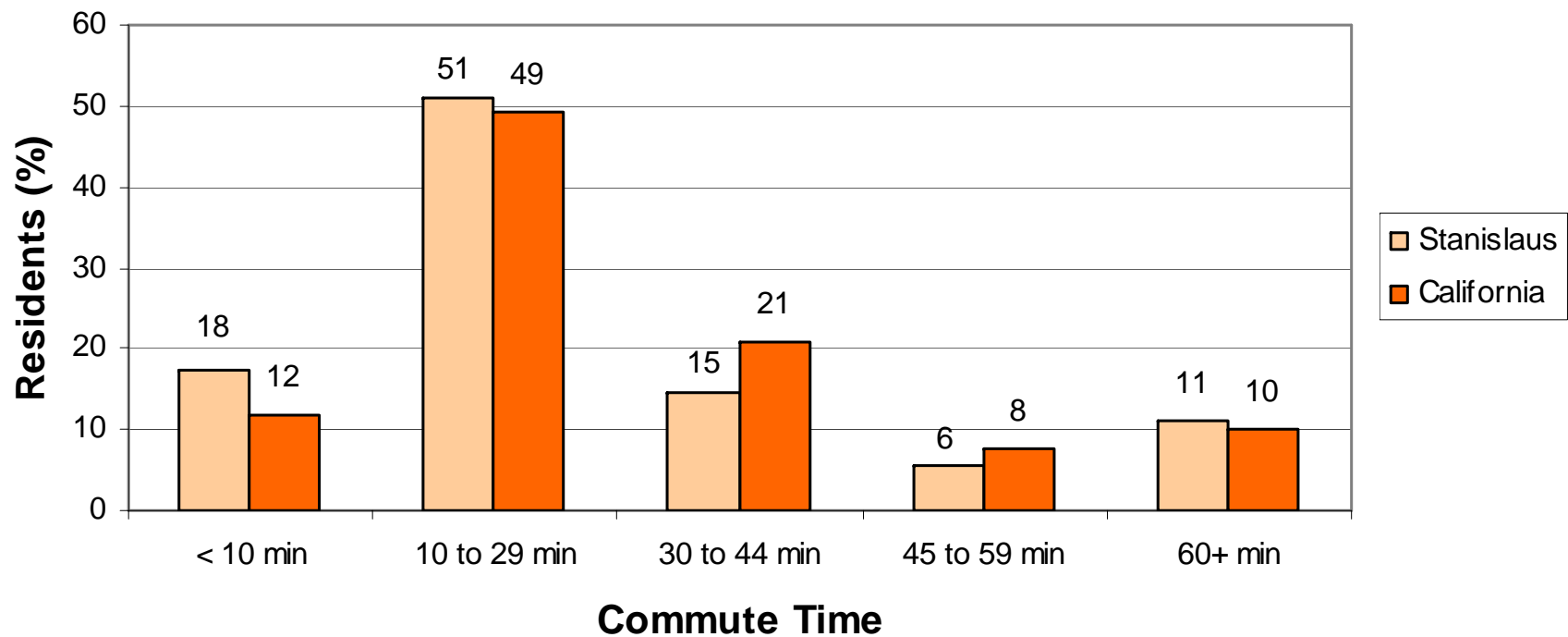


Source: UCLA Center for Health Policy Research, *Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes*, (see [www.publichealthadvocacy.org/designedfordisease.html](http://www.publichealthadvocacy.org/designedfordisease.html) )

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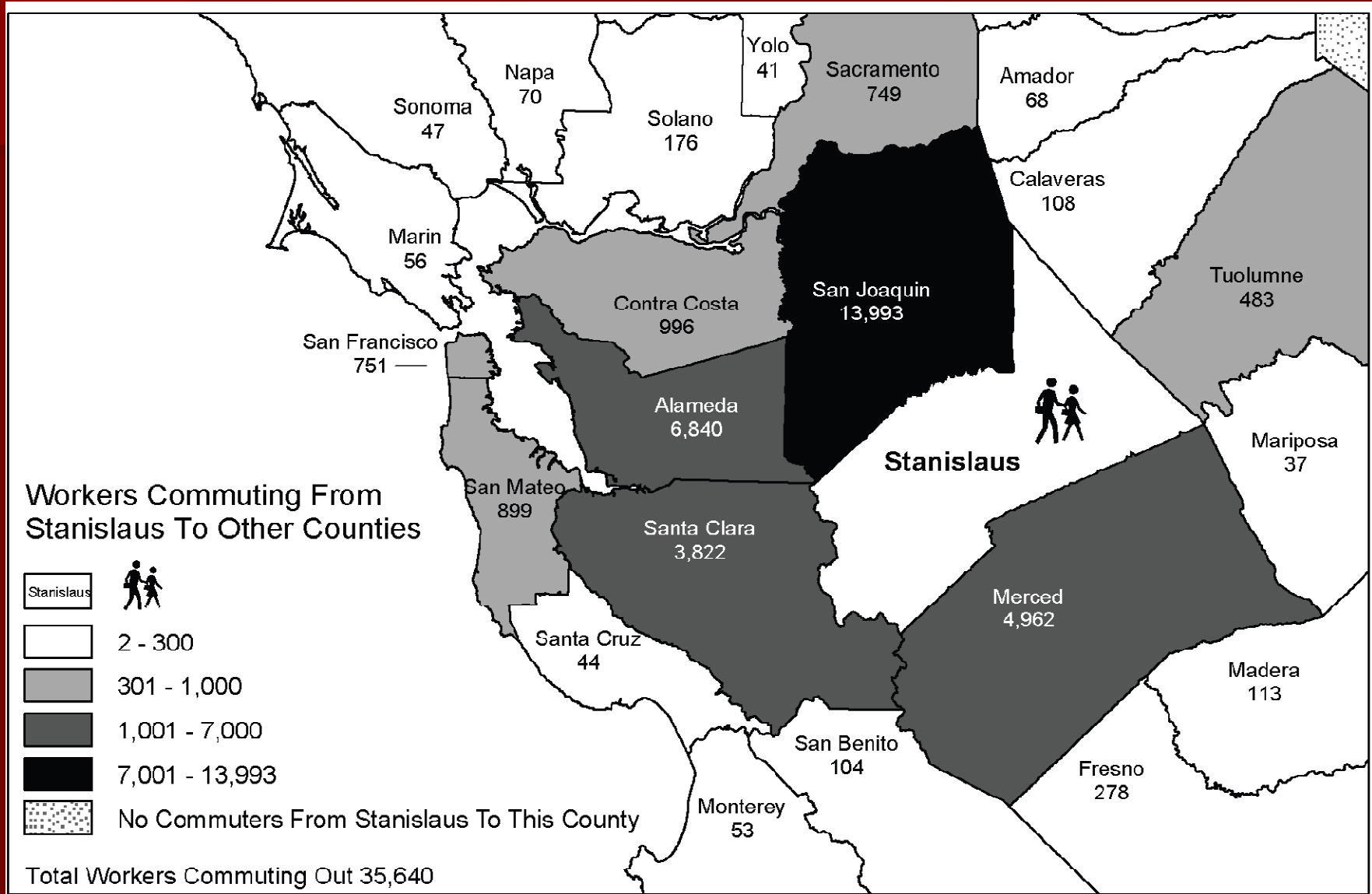
# Commuter Population

## Commute Time in Stanislaus vs. California, 2006



Source: US Census Bureau, *American Community Survey*, 2006 (see p. 60 of *2008 CHA*)

# Where are We Commuting?



Source: US Census Bureau, 2000 US Census (see p. 61 of 2008 CHA)

# *Data to Action*

## Stakeholder Suggestions

# General Strategies

- Healthiest Nation Alliance sign-up
- Begin working with planning and zoning to improve community design
- Empower communities to attract grocery stores and other healthy food sources
- Implement social marketing campaign on chronic diseases and risk factors
- Work with Tobacco Coalition to reduce smoking

# Nutrition



- Develop toolkit for 'mom and pop stores' to increase nutritious food options
- Implement school-based fruit stands
- Develop community garden initiatives to gain access to fruits and vegetables (use CAFF, FFA, COOP, 4H's, Farm Bureau etc..)
- Assist communities to develop neighborhood farmers markets that accept food stamps
- Train community on advocacy to work with local government/planning depts on RFEI
- Work-site wellness initiatives

# Physical Activity



- Encourage residents/neighbors to organize neighborhood physical activity
- Address walking insecurities in collaboration with Safe Communities Coalition (anti-harassment, safety, path designation, emergency poles)
- Teach people how to find time to be active (e.g. how to overcome obstacles associated with commuters)

# Other best practices

# Comprehensive Nutrition Education in Philadelphia

- Five schools implemented the program and five did not.
- The incidence of overweight was reduced by 50% in participating schools in 2 years!



See toolkit at <http://www.thefoodtrust.org/php/programs/comp.school.nutrition.php>

# Rochester, NY

From this...



to this!

# Denver's *Gardens for Growing Healthy Communities* Project



“Emerging research and program evaluations strongly suggest that community gardens influence several dimensions of health, particularly in low-income, urban neighborhoods where the gardens can be sanctuaries that promote physical, social, and mental well-being.” p.24

[http://www.preventioninstitute.org/pdf/BE\\_Denver\\_CO.pdf](http://www.preventioninstitute.org/pdf/BE_Denver_CO.pdf)

# Life Course Policy/Recommendation

Childhood Precursor	Target Environment	Specific Recommendations
Nutritional intake	Home	Cook healthy meals with children; ensure stable family life through effective and positive parenting
	School	Ban junk food vending machines (Canada) <sup>1</sup> ; healthier school lunches by incorporating salad bar (LA Unified School District) <sup>2</sup> ; The Healthy School Lunch Program
	Community	Zoning bylaws to reduce density of fast food restaurants; community vegetable gardens <sup>3</sup>

# Recommendations, Continued

Approach	States/Coalitions
Implement nationally recognized guidelines for 1 <sup>o</sup> and 2 <sup>o</sup> prevention of heart disease <sup>4</sup>	Arkansas Wellness Coalition, Maine Taskforce on CVD Prevention, Maine Cares Coalition
Partnering with Emergency Medical System <sup>4</sup>	Maine Heart Safe Communities, Tri-State Stroke Network (NC, SC, GA)

# Recommendations, Continued

Approach	State/Coalition
Partnered with community-based organizations, community health care centers <sup>4</sup>	Fulton county in GA, Missouri Cardiovascular Health (CVH) Program
Using community health workers (CHW) <sup>5,6</sup>	West Baltimore City, Alabama

# References

- 1. Bell, D (2004). B.C. schools moving to eliminate junk food. Retrieved on Sept 9, 2008 from <http://www.cariboo.bc.ca/news/past04Dec7/stories04dec7/junk2.html>
- 2. Neighmond P. School lunches get leafy in Los Angeles. Retrieved on Sept 10, 2008 from <http://www.npr.org/templates/story/story.php?storyId=18948805>
- 3. Twiss J et. Al. (2003). Community gardens: lessons learned from California Healthy Cities and Communities. *American Journal of Public Health*, 93(9), 1435-1438.
- 4. Virginia Department of Health. Reducing the burden of disease. *Steps to a Healthier USA*. Retrieved Sept 10, 2008, from [http://www.healthierus.gov/steps/summit/prevportfolio/programs/heart\\_disease\\_stroke.htm](http://www.healthierus.gov/steps/summit/prevportfolio/programs/heart_disease_stroke.htm)
- 5. Brownstein JN et. Al. (2007). Effectiveness of community health workers in the care of people with hypertension. *American Journal of Preventive Medicine*, 32(5), 435-47.
- 6. Brownstein JN et. Al. (2005). Community health workers as interventionists in the prevention and control of heart disease and stroke. *American Journal of Preventive Medicine*, 29 (5S1), 128-133.

## For Individuals:

- Heart disease prevention, what you can do. CDC. Retrieved on Sept 6, 2008 from <http://www.cdc.gov/heartdisease/prevention.htm>

# Take Home Messages

- Piece-meal approaches are less effective than coordinated approaches.
- Interventions at multiple levels of the spectrum of prevention are more effective than those targeting only one.
- Behavior is the hardest thing to change; behavior change is easier with infrastructural and environmental support.