The Path To Healthy Communities: Mapping California's Priorities

Having Our Say!

Communities of Color's Stake in Health Care Reform

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The Having Our Say Coalition

Having Our Say is a statewide coalition working to ensure that health care reform efforts address the needs of communities of color and that solutions provide equal access to coverage and services for all Californians. For more information about the coalition, please go to **www.cpehn.org/havingoursay.php**.

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Introduction

Walk through California's neighborhoods and we will see some stark differences. Some communities have safer parks and playgrounds for physical activity, sidewalks for walking, and easily accessible grocery stores and healthy foods. Other communities do not. These public environment conditions impact our health — more than 50% of our health is determined by where we live and work. All Californians, in every community, must be able to breathe healthy air, walk safely in their neighborhood, and access nutritious foods easily.

Providing our communities with affordable, available, and convenient opportunities that promote healthy eating, physical activity, social cohesion, and the availability of needed services will ensure that our communities live healthier lives. Over the past several decades Californians have seen an increase in many health conditions like heart disease, diabetes, and asthma, which are quickly deteriorating our quality of life. More attention is needed to develop communities — in particular communities of color who experience significantly poorer health status — that promote good health.

We can reverse these negative trends. Throughout the state we've seen numerous examples of communities coming together to develop innovative solutions that create healthier communities and improved health outcomes. When local and statewide policies increase access to grocery stores, safe parks, and walkable streets, the entire community becomes healthier.

Background

The Having Our Say Coalition began this work by looking at the health of our communities in response to recent efforts on health care reform. As part of a broader health care reform movement, the coalition recognizes the importance of prevention as a critical element of keeping our communities healthy and containing the rising cost of care. In addition, given limited resources, it is important to identify the communities with the greatest need.

With the understanding that improved health outcomes must include community factors, such as safe places to play and access to healthy foods, in addition to expanding health insurance, the Having Our Say coalition commissioned a report to analyze these determinants of health.

Key Findings

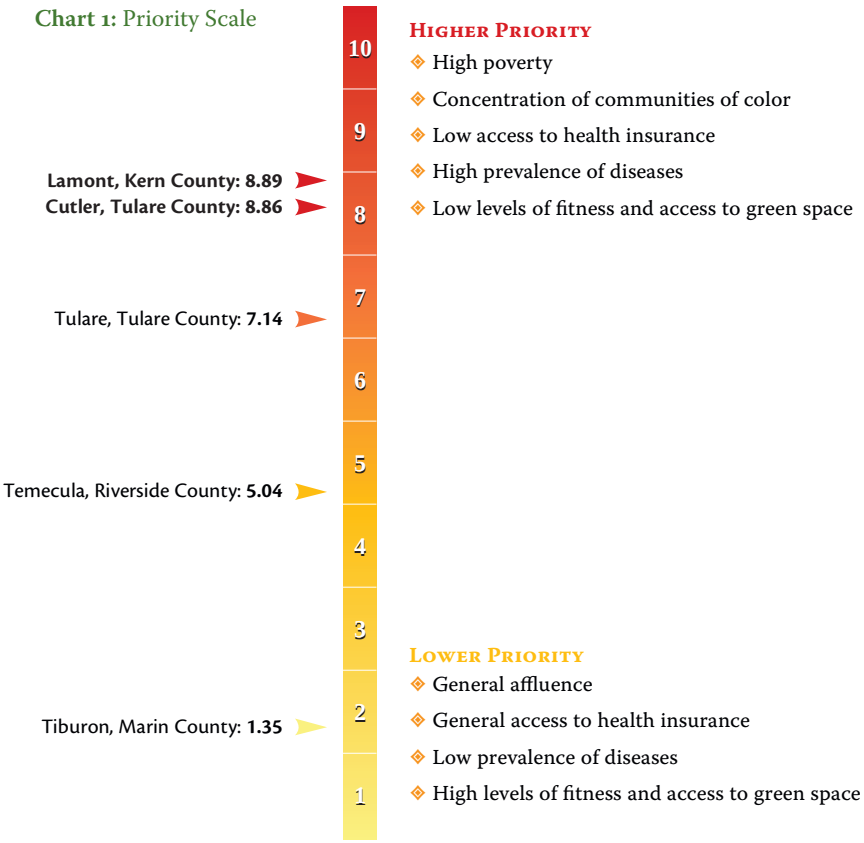
Studies have shown that income, demographics, and insurance status affect our access to care[1] and that people who live in low-income communities — the majority of whom are communities of color — not only lack access to health coverage, but also have less access to nutritious foods, parks, and other areas to be active.[2]

Having Our Say compiled a set of social, health, and environmental indicators that are known to have an impact on our health. The findings from this brief are the result of the aggregation of these indicators, which include:

1. Demographics, such as race and ethnicity, country of origin, and languages spoken;
2. Income;
3. Health conditions including asthma, diabetes, high blood pressure, and overweight or obesity;
4. Insurance status; and
5. Fitness level and the availability of open space.

Each variable was assigned a score and weighted on a scale of 1 (lowest priority) to 10 (highest priority). Communities with high poverty, concentration of communities of color, low access to health insurance, high prevalence of diseases, and low levels of fitness and access to green space received a higher score and a higher priority status. *See Chart 1 below.*

Chart 1: Priority Scale



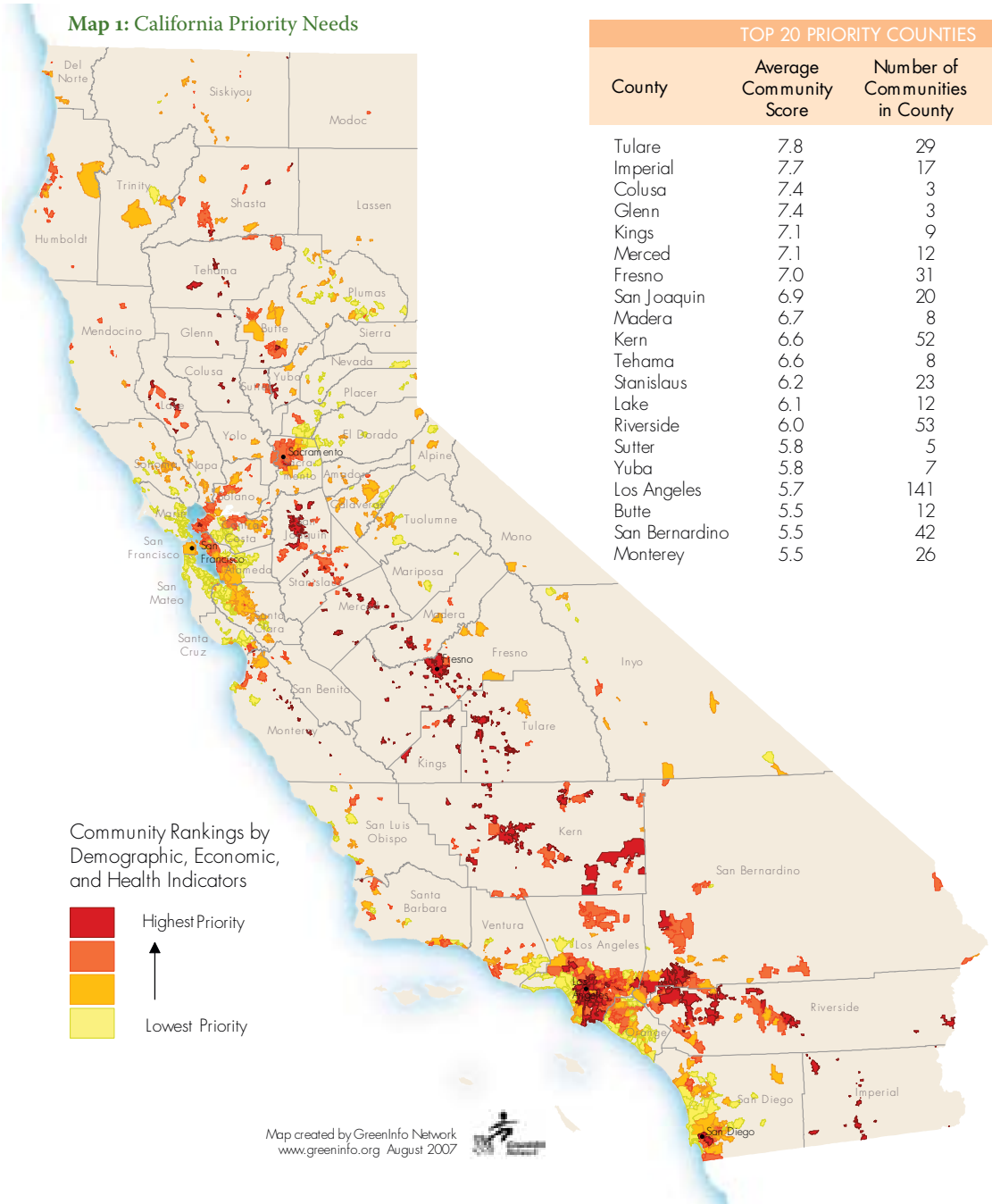
1. Pickens G, Presken P, Roth R. *A Standardized National Community Needs Index for the Objective High-Level Assessment for Community Health Care.* Catholic Healthcare West, 2005: 8.
2. Issacs SL, Schroeder SA. "Class – The Ignored Determinant of the Nation's Health." *New England Journal of Medicine*, 351:1137.

Key findings include:

- Of the top ten counties with the highest average community score and greatest need, seven are in the Central Valley — Tulare, Kings, Merced, Fresno, San Joaquin, Madera, and Kern counties.
- A vast majority of the areas in the counties with highest average scores are unincorporated. The three areas overall with the highest scores are unincorporated and in the Central Valley — Lamont, Kennedy, and Cutler.
- Los Angeles County has the largest number of high-priority communities (141). Sixteen of these are in the top 10%, including Florence-Graham, East Compton, Compton, Bell Gardens, Willowbrook, and Cudahy.

See Map 1 below for a full picture of California's priority communities.

Map 1: California Priority Needs



Map created by GreenInfo Network
www.greeninfo.org August 2007

TOP 20 PRIORITY COUNTIES

County	Average Community Score	Number of Communities in County	Total Population in Communities
Tulare	7.8	29	283,160
Imperial	7.7	17	118,881
Colusa	7.4	3	11,459
Glenn	7.4	3	14,498
Kings	7.1	9	103,867
Merced	7.1	12	161,726
Fresno	7.0	31	649,000
San Joaquin	6.9	20	484,906
Madera	6.7	8	81,370
Kern	6.6	52	524,790
Tehama	6.6	8	25,712
Stanislaus	6.2	23	392,461
Lake	6.1	12	40,861
Riverside	6.0	53	1,331,738
Sutter	5.8	5	63,386
Yuba	5.8	7	47,135
Los Angeles	5.7	141	9,995,903
Butte	5.5	12	151,397
San Bernardino	5.5	42	1,514,534
Monterey	5.5	26	347,167

Regional Information

We have also provided maps and information for four specific regions in California: the Central Valley, Los Angeles and Inland Empire, the Central Coast, and the Bay Area.

Central Valley

Seven of the ten California counties with highest average community scores are in the Central Valley. The county with the highest score is Tulare, with a score of 7.8 on a 10-point scale. The additional six Central Valley counties with high priority status include:

- Kings County– 7.11
- Merced County– 7.08
- Fresno County– 7.02
- San Joaquin County– 6.86
- Madera County– 6.68
- Kern County– 6.64

The counties in the Central Valley with the greatest number of high priority cities are

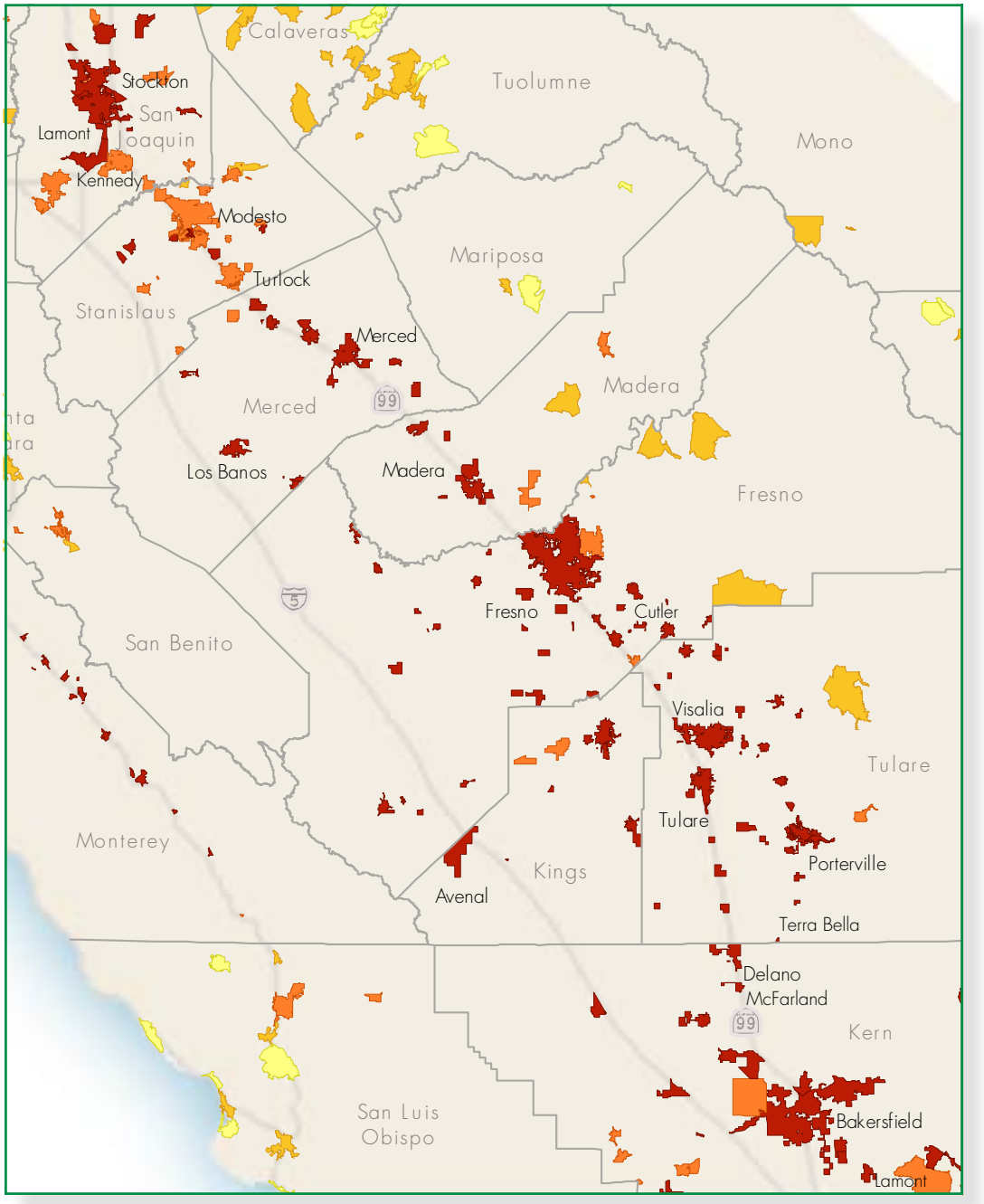
- Kern– 52 cities
- Fresno– 31 cities
- Tulare– 29 cities

Of the top 10% of cities with greatest need and highest priority, 65% are located in the Central Valley, including:

- Lamont– an average community score of 8.89
- Kennedy– 8.88
- Cutler– 8.86
- McFarland– 8.78
- Terra Bella– 8.72

The majority of these communities are unincorporated and located along California State Route 99. The total number of Central Valley residents living in cities and areas with the greatest need is almost 2.7 million.

See Map 2 on facing page.



Map 2: Central Valley

Los Angeles and Inland Empire

Three of the four counties in California with the largest number of impacted cities and communities are in Southern California:

- Los Angeles– 141 cities
- Riverside– 54 cities
- San Bernardino– 42 cities

Los Angeles County alone represents almost 10 million residents living in a community with a high priority score. Many of the communities with greatest need are located in the central region of Los Angeles County, including:

- Florence-Graham– 8.43
- L.A. District 9– 8.29
- Willowbrook– 8.0
- East Compton– 8.42
- Compton– 8.11

Several communities in Southeast Los Angeles County also have high scores, including:

- Bell Gardens– 8.02
- East Los Angeles– 7.92
- Lynwood– 7.76
- Huntington Park– 7.92
- Cudahy– 7.81
- Maywood– 7.63

These areas are highly industrialized with a majority of Latino and African American residents.

Riverside and San Bernardino Counties are also home to many high-priority communities. The 53 cities in Riverside County represent 1.3 million residents that are living in high priority communities, while the 42 cities in San Bernardino County represent 1.5 million residents.

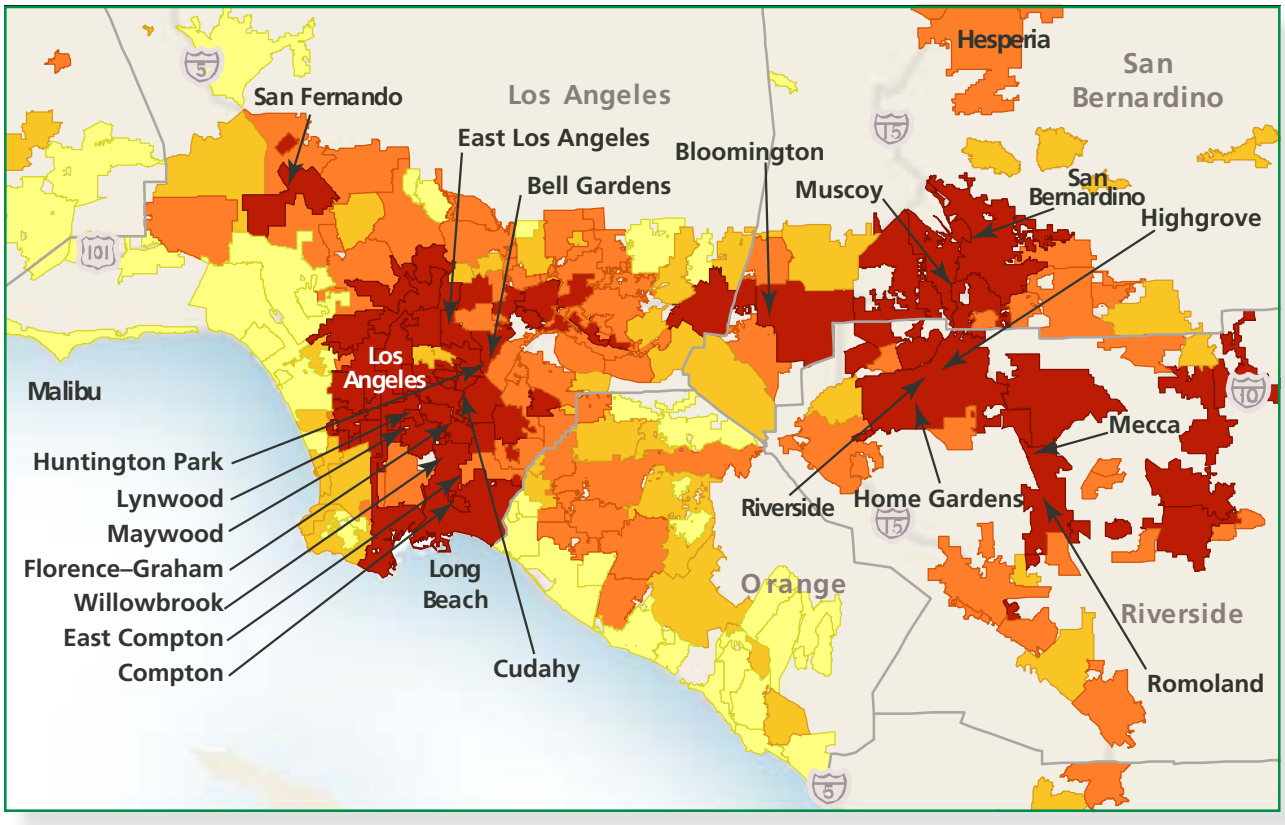
In San Bernardino, the communities with greatest need are also often unincorporated, such as:

- Muscoy– 7.63
- Bloomington– 7.44

In Riverside County, the areas with highest priority are the unincorporated communities of:

- Mecca– 8.04
- Romoland– 7.64
- Home Gardens– 7.12
- Highgrove– 7.04

See Map 3 below.



Map 3: Los Angeles and Inland Empire

Central Coast

Although we see the cities with highest need concentrated in the Central Valley, Los Angeles, and the Inland Empire, there are cities throughout California that also received a high priority ranking. In Monterey County, along the Central Coast, high priority communities are often unincorporated and include:

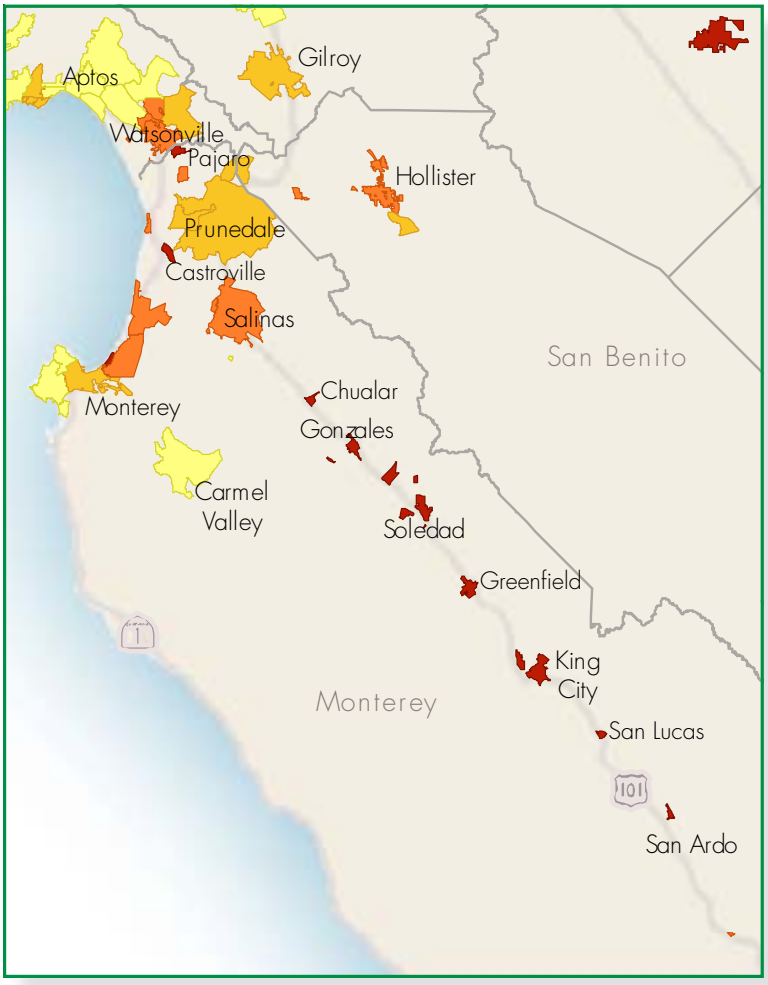
- San Lucas– 7.28
- San Ardo– 6.96
- Chualar– 6.95
- Castroville– 6.84
- Pajaro– 6.63

Among incorporated cities that rank the highest were:

- Soledad– 6.58
- Greenfield– 6.57

See Map 4.

Map 4: Central Coast



Bay Area

While no Bay Area county ranks in the top 20 priority counties, several cities in this region are home to residents with great need. The following four cities in Contra Costa County rank in the top third of all high priority cities:

- San Pablo– 6.46
- Richmond– 6.18
- Bay Point– 6.17
- Pittsburg– 5.89

In Alameda County, the communities with greatest priority include:

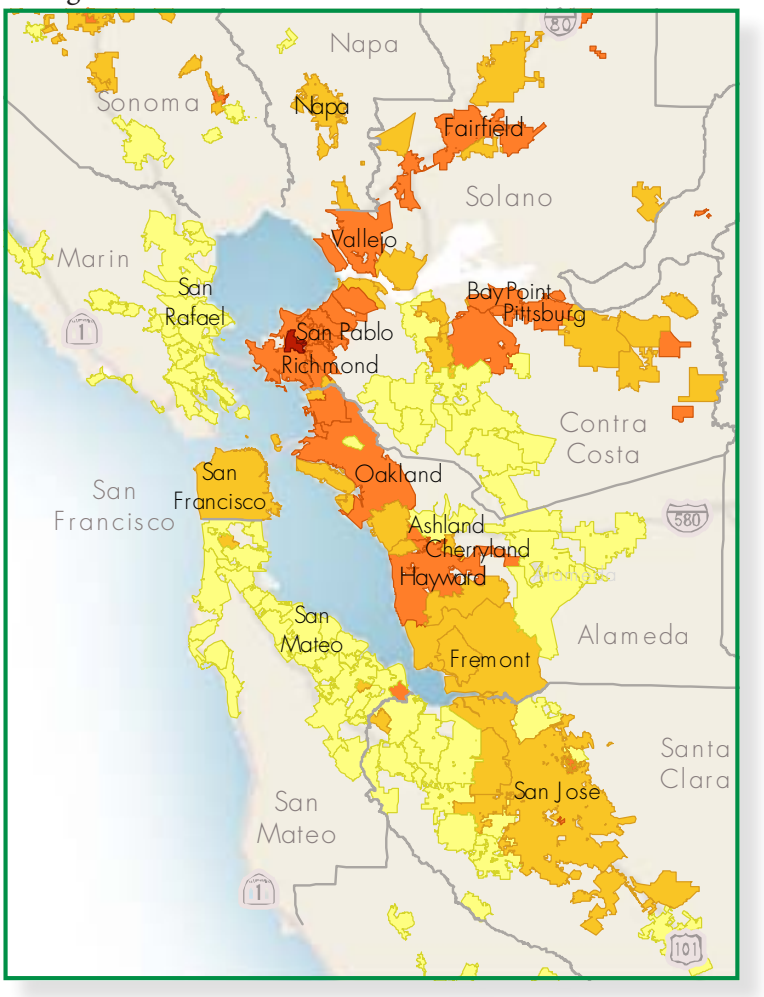
- Oakland– 5.66 *both incorporated and unincorporated areas*
- Ashland– 5.76
- Cherryland– 5.56
- Hayward– 5.19

Several cities in Solano County also have high scores:

- Vallejo– 5.71
- Fairfield– 5.17

See Map 5.

Map 5: Bay Area



Recommendations

In order to create healthier communities, health must be incorporated in land use and transportation decision making and community must be involved in the process. Based on the findings from this brief, the Having Our Say coalition provides the following recommendations to serve as a guide for policymakers, public health experts, and community leaders to address health disparities and create a healthier California.

1. **Educate our policymakers.** We need to work with our policymakers so they understand the connection between our health and where we live and work, and are responsive to our needs in creating healthier communities.
2. **Increase private and public funding to address health disparities in California.** The government should make available funds to address community health needs through initiatives such as *community makeovers* that focus on increasing access to parks, safe and walkable streets, and other elements that will increase healthy living. By providing grants to support local community involvement in land use planning and development, Californians can take an important step in improving their quality of life.
3. **Prioritize funding opportunities to address health disparities in communities with greatest need**. As our research has shown, there are communities across the state, from the smallest, unincorporated communities to the largest urban center, that have great disparities and a corresponding need of resources. California must begin with these communities when making decisions about *funding availability and allocation* to improve community health indicators. California must keep these data in mind during the *decision-making process* and seize the opportunity to improve these communities, and encourage healthy development.
4. **Monitor and assess the impact of achieving healthy communities.** It is imperative that we document results and identify blueprints for projects that can be replicated in communities across the state. Too often, innovative strategies that work in local communities are not widely shared because of a lack of documentation. Stakeholders from community organizations, government institutions, and private funding sources should come together to identify these *best practices* and widely disseminate information on model programs to encourage adoption and replication of similar programs in communities throughout California.
5. **Promote the use of Health Impact Assessments to build healthier communities.** Health Impact Assessment is a set of tools being used by public health professionals, planners, and community members to identify the health affects of proposed policies and projects. Once those impacts are understood, tradeoffs can be discussed and negative impacts can be mitigated. In 2007 AB 1472 (Leno), the Healthy Places Act, was introduced to fund the California Department of Public

Health to provide technical assistance and grants to local public health agencies and community organizations to use Health Impact Assessments to evaluate land-use planning decisions to ensure that they create communities that promote health. Statewide and local policies and guidance should support the use of such tools to analyze the impact of our public environment on health.

6. **Encourage the involvement of public health professionals and community members in local planning activities.** Public health professionals and community members can have a positive influence in making their neighborhoods healthier by participating in updates to their General Plans, new Master or Specific Plans, updates to zoning codes, responding to specific development projects, and other land use policies. These land use policies can promote walkable, integrated communities, encourage healthy food retail development (like supermarkets and farmers' markets) in underserved neighborhoods, protect residents from pollution and environmental hazards, and connect residents to jobs and transit. The Healthy Places coalition is developing and advocating for state and local policies that advance these goals. For more information about how to get involved, go to **www.preventioninstitute.org/healthyplaces.html**.

Conclusion

According to the Institute of Medicine, improving health in the 21st century will require new approaches to environmental health, including strategies to deal with unhealthy buildings, urban congestion, poor housing, poor nutrition, and environmentally-related stress. From Imperial County in the south to Shasta County in the north, California is host to a number of communities with poor health status and related social and environmental factors that must be addressed to create a healthier and more prosperous state. Findings from this study provide information to identify and prioritize high need cities and achieve health equity for all of our communities.

Our poorer communities — often made up of people of color — continue to lag behind. To ensure that all Californians can achieve health and wellbeing, our government and private sector need to adequately fund the development of healthy neighborhoods. We need to prioritize the cities that do not have the essential elements that promote health such as grocery stores, safe places for walking and biking, and conditions that facilitate social cohesion. It is also important that we document and share successful programs so they can be replicated for the benefit of all of California.

California is the most diverse state in our nation, and Californians have diverse needs. This report is the first step in methodically identifying communities in our state with greatest need by analyzing socio-economic and health indicators. While this is only a small step, it does provide the data necessary to begin to think about how funding is distributed and make recommendations that will ensure all of our communities have the resources and the ability to be healthy and reach our full potential.

Methodology

Having Our Say created a set of social, health, and environmental indicators that are known to have an impact on individual and community health status. For example, income and race greatly impact health status, and communities of color and low-income individuals are often more likely to lack access to health care. Health indicators used include prevalence of high blood pressure, asthma, diabetes, obesity, and health insurance. Fitness indicators include percent of students failing school fitness tests, body composition tests, and access to parks.

Data and Variables: Each variable was assigned a score and weighted on a scale of 1 (lowest priority) to 10 (highest priority) (see details below). Communities — both incorporated and unincorporated — with high poverty, concentration of communities of color, low access to health insurance, high incidence of diseases, and low levels of fitness and access to green space received a higher score and a higher priority status.

We used U.S. Census 2000 Designated Places (CDP) data for most counties and cities, except the counties of Los Angeles and San Diego. For these two counties, we used city council district data. *See Figure 1 on facing page for a list of additional data sources.*

Scoring Protocols: Scores were calculated by summarizing weighted scores to get a cumulative score and normalized by dividing each score by the maximum possible score for that community (10 if the community has a FITNESSGRAM score, 8.975 if the community does NOT have a FITNESSGRAM score). The scores were then multiplied by 10 to get back to a 1 (lowest priority) to 10 (highest priority) scale. Description of scoring follows:

1. Compiled variables by community.

2. Compared community variables across the state. Each variable except park acres per thousand residents, was assigned a score from 0 to 1 based on the community's percent rank among all communities statewide (e.g., if a community's rank for percent of population in poverty is 35%, then that community's score is 0.35). For park acres per thousand residents, the variable was assigned a score of 0 to 1 calculated as 1 minus the community's percent rank among all communities statewide (e.g., if a community's rank for parks per thousand is 60%, then that community's score is 1 minus 0.60, or 0.40).

3 Applied variable weights by multiplying score (0 - 1) by weighting factor[3]. *See Figure 2 on facing page for weighting factors.*

3. The relative value of each of the 5 major drivers of health was derived from CHIS 2005 data using a simple logistic regression model on the adult respondent sample.

Figure 1: Data Sources

TYPE OF DATA	SOURCE	VARIABLES
Demographic	2000 U.S. Census by CDP & block group	• Percent non-white (total population minus non-Hispanic white) • Percent not proficient in English (total population minus English-only and English-very-well speakers) • Percent foreign-born
Economic	2000 U.S. Census by CDP & block group	• Percent in poverty (population living at or below 100% poverty line)
Health	California Health Interview Survey (CHIS) 2005 by county except for Los Angeles County (by Survey Planning Area data, or SPA) and San Diego County (by Health and Human Services Agency Region data, or HHSA)	• Percent ever diagnosed with asthma • Percent ever diagnosed with diabetes • Percent ever diagnosed with high blood pressure • Percent overweight or obese
Health insurance	CHIS 2005 by county except for Los Angeles County (by SPA) & San Diego County (by HHSA).	• Percent not currently insured
Fitness	• California Department of Education FITNESSGRAM 2005, cumulative results for grades 5, 7, and 9 • California Public Conservation and Trust Lands (PCTL, 2005) • GreenInfo Network Regional Open Space Databases for the Bay Area, Central Coast, Central Valley, and Southern California (2006)	• Percent failing aerobic capacity test (cumulative for all schools within community boundary or within a 2-mile radius if not within another community) • Percent failing body composition test (cumulative for all schools within community boundary or within a 2-mile radius if not within another community) • Percent failing 6 of 6 fitness tests (cumulative for all schools within community boundary or within a 2-mile radius if not within another community) • Park acres per thousand residents (park acres within community and 1-mile radius around community, divided by total community population)

Figure 2: Weighting Factors

Demographics — Total Score		**1.6**
Nonwhite	0.533333	
Not Proficient in English	0.533333	
Foreign Born	0.533333	
Economic — Total Score		**2.1**
Poverty	2.1	
Health — Total Score		**3**
Asthma	0.75	
Diabetes	0.75	
High blood pressure	0.75	
Overweight/Obese	0.75	
Health Insurance — Total Score		**1.25**
No Health Insurance	1.25	
Fitness — Total Score		**2.05**
Park Access	1.025	
Fitnessgram — total score[4]	1.025	
Aerobic Capacity	0.341667	
Body Composition	0.341667	
6 of 6 Fitness	0.341667	

4. Not all communities have FITNESSGRAM scores available.

The Having Our Say Coalition

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