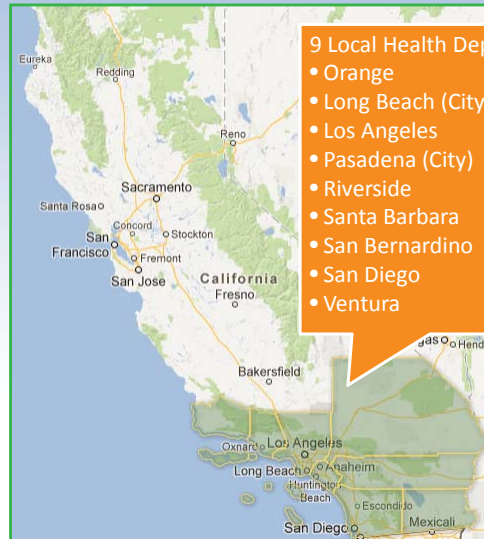


Finding Data to Maximize the Health Co-Benefits of Built Environment Plans and Projects

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Public Health Alliance of Southern California

04-18-2017



9 Local Health Departments:

- Orange
- Long Beach (City)
- Los Angeles
- Pasadena (City)
- Riverside
- Santa Barbara
- San Bernardino
- San Diego
- Ventura

Nearly
60%
of CA Population



Public Health Alliance Vision

All Southern California communities are healthy, vibrant and sustainable places to live, work and play.

Priority Initiatives

Healthy
Transportation

Healthy Food
Systems

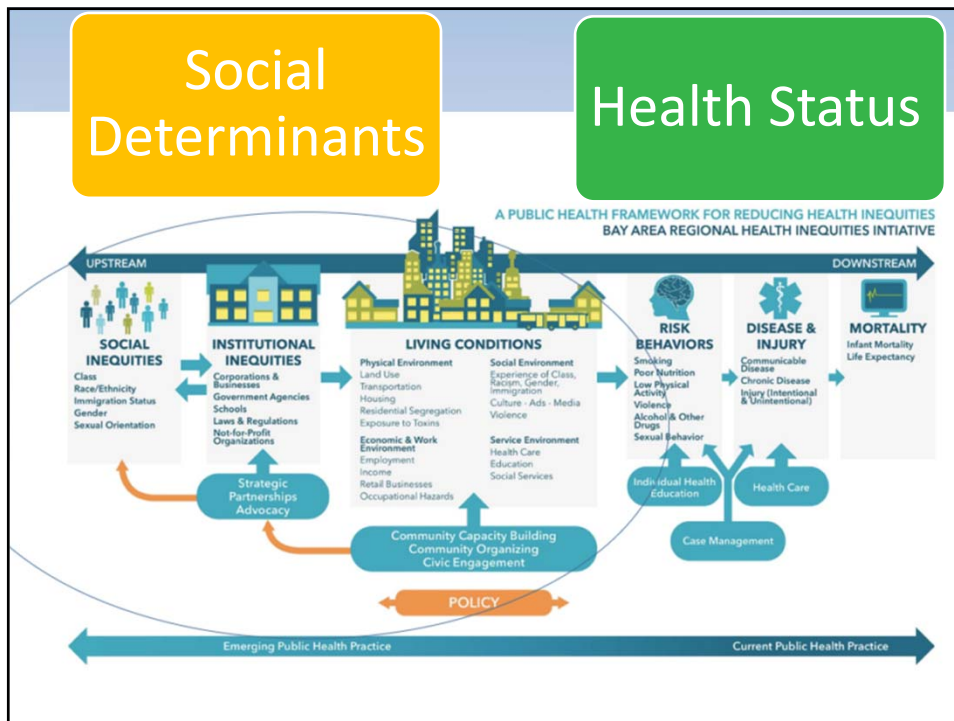
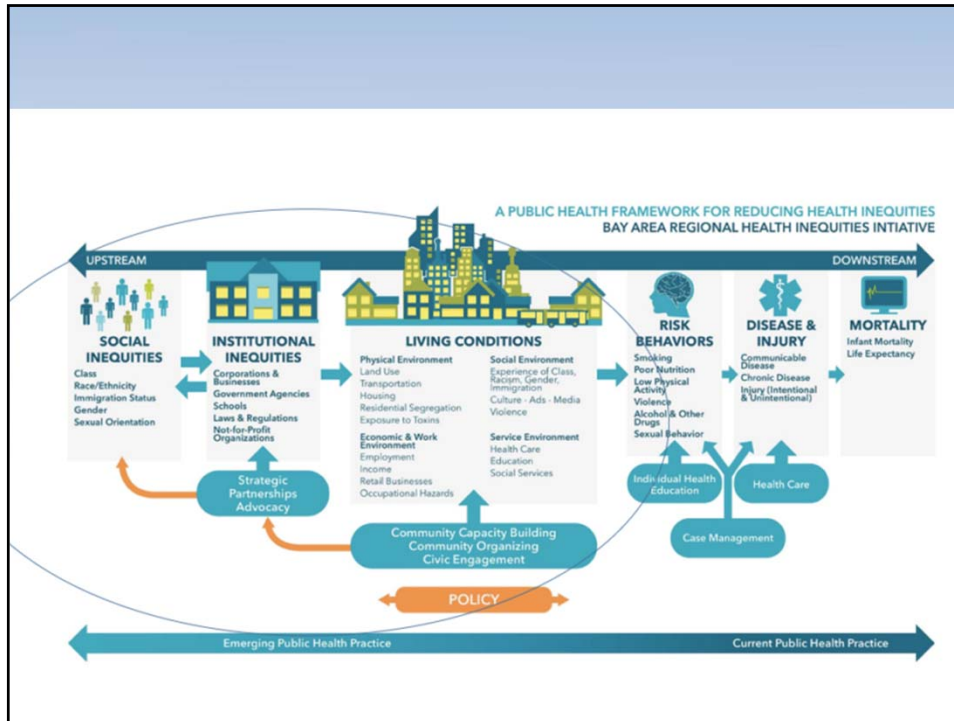
Data
Committee

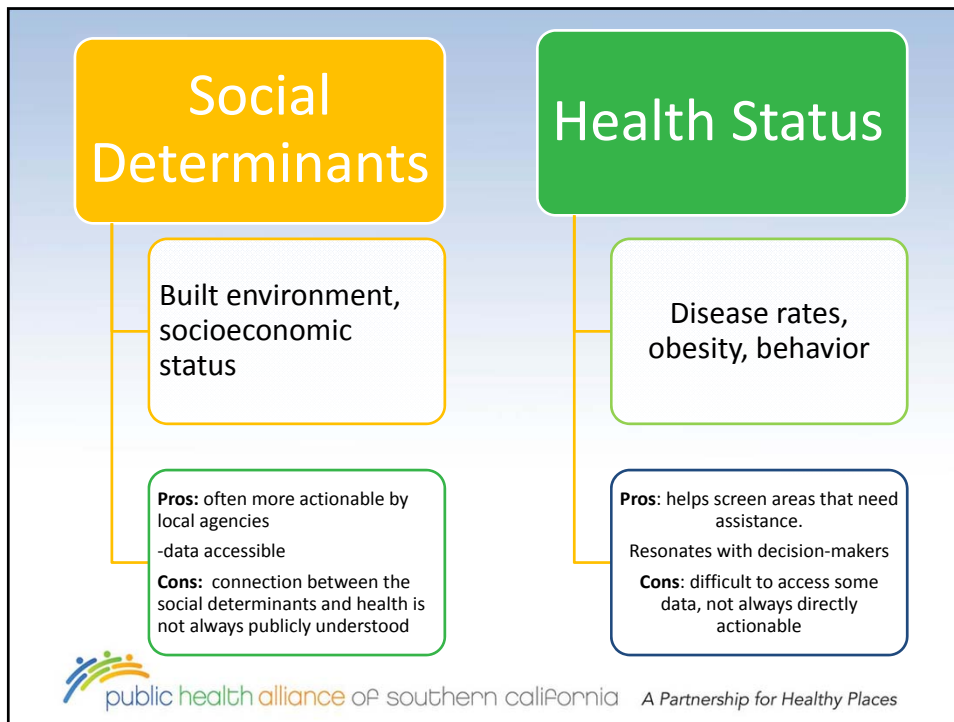


How do we maximize the **health benefits** of our built environment plans and projects?



- Use *health status* data to identify health disparities
- Use *social determinants* data to understand drivers of health inequities
- Plan with the *social determinants* in mind

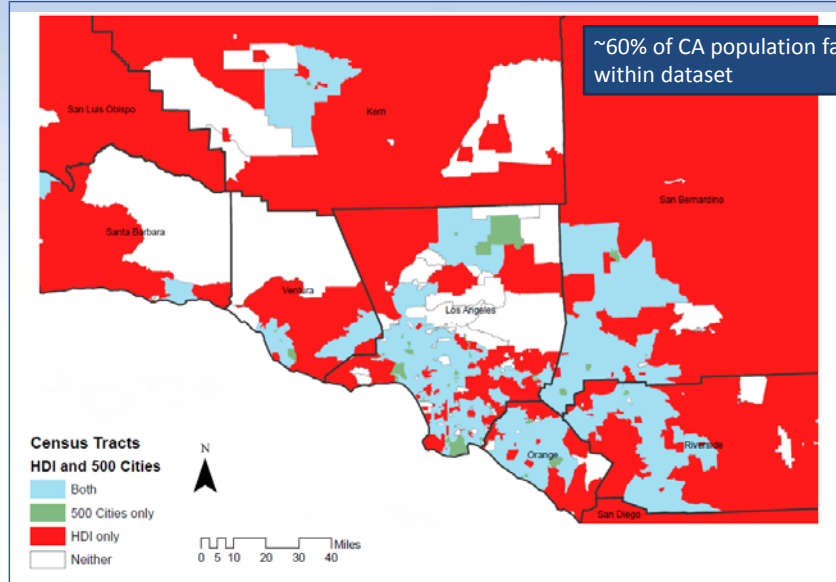




Health STATUS Data

| Dataset | Geography | Data origin | Pros | Cons |
|---|---|---|--|---|
| 500 Cities Data Project | Census tract for 500 largest US Cities— covers 59.1% of CA population | Uses demographic and socioeconomic characteristics at CT level to model health behaviors/outcomes based on Behavioral Risk Factor Surveillance System (BRFSS) and the National Survey of Children’s Health. | -includes useful measures, such as physical activity. -measures likely to be updated over time. | -doesn’t cover all SCAG region. -doesn’t cover rural/ low – population areas |
| Ask CHIS Neighborhood Edition | Zip code level statewide | California Health Interview Survey (CHIS) responses modeled at zip-code level. | -wide ranging questions related to behavior and health status | -questions on the survey are not consistent over time -no updated data on time spent walking |

Health STATUS Data: 500 Cities



Health STATUS Data: 500 Cities

Behaviors

Binge Drinking
Current Smoking
Obesity*
Physical Activity

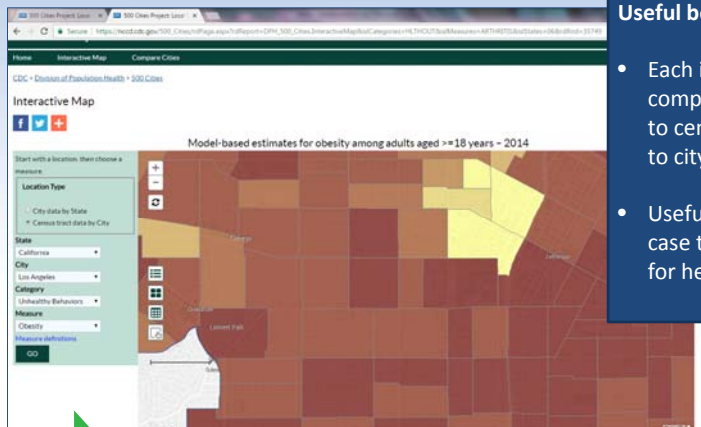
Health Outcomes

Arthritis
Cancer (except skin)
Chronic Kidney Disease
Chronic Obstructive Pulmonary Disease
Coronary Heart Disease
Current Asthma
Diabetes
High Blood Pressure
Pap Smear Test
Physical Health
Sleep
Stroke
Teeth Loss

Preventive Health Services

Annual Checkup
Cholesterol Screening
Colorectal Cancer Screening
Core preventive services for older men
Core preventive services for older women
Dental Visit
Health Insurance
High Cholesterol
Mammography
Mental Health
Taking Blood Pressure Medication

Health STATUS Data: 500 Cities



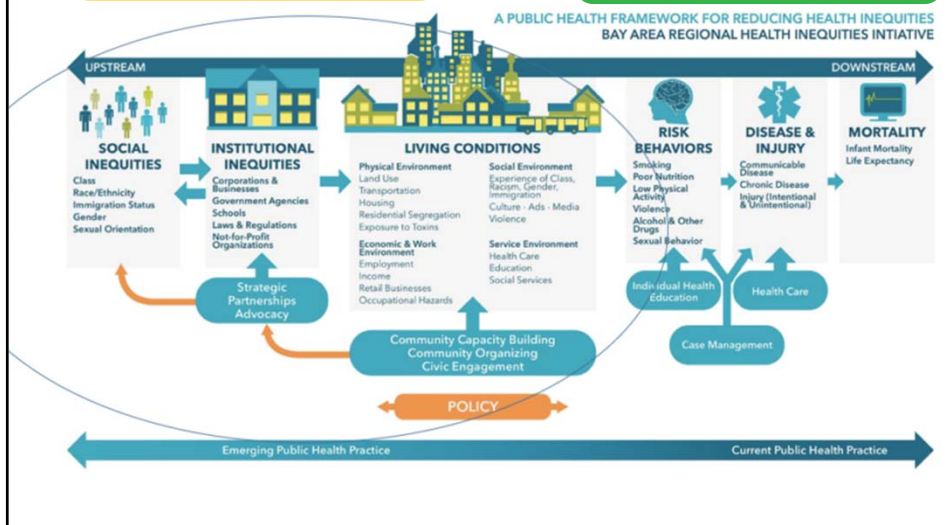
Useful because:

- Each indicator can be compared census tract to census tract, and city to city
- Useful in making the case to public, electeds for health interventions

- **What factors are driving these health outcomes?**
- **What can local government do about it?**

Social Determinants

Health Status



Social Determinants of Health Data

| Dataset | Geography | Data origin | Pros | Cons |
|--|------------------------|--|--|---|
| Public Health Alliance of Southern California Health Disadvantage Index "CA HDI" | Census tract | Publically available data from ACS, State, Satellite and other sources weighted in an index. | <ul style="list-style-type: none"> -shows percentile ranking for component indicators -points toward actionable policy at local level to 'move dial' on health | <ul style="list-style-type: none"> -under revision -does not currently include race -some important social determinants left out |
| PolicyLink/ USC PERE National Equity Atlas | City, State-level data | Publically available data | <ul style="list-style-type: none"> -provides clear messaging on socioeconomic drivers of equity -visualizes data in charts (but not maps) | <ul style="list-style-type: none"> -doesn't articulate links to health at this time -doesn't get down to project level |

Social Determinants: CA HDI

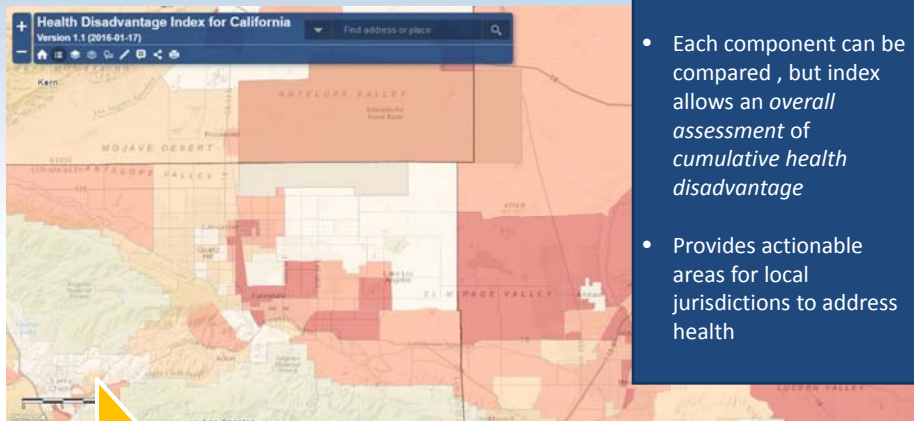


Social Determinants: CA HDI



| ECONOMIC RESOURCES | SOCIAL RESOURCES | EDUCATIONAL OPPORTUNITIES | HEALTH/ HEALTHCARE | ENVIRONMENTAL HAZARDS | COMPLETE NEIGHBORHOODS |
|--|---|---|---|--|--|
| 50 | 15 | 10 | 10 | 10 | 5 |
| Poverty Crowding Housing Cost Unemployment Rate No Auto Access Median Income Uninsured No Kitchen | Linguistic Isolation Renter Occupied Voting Single Parent Households High school educational attainment | Residents whose age makes them eligible for, but not enrolled in: Preschool High School | Population disabled Low Birth Weight Years of Life Lost Asthma ER Visits | Pedestrian Injuries PM 2.5 Concentration Traffic Density | Supermarket Access Park Access Retail Density Tree Canopy |

Social Determinants: CA HDI



Useful because:

- Each component can be compared, but index allows an *overall assessment of cumulative health disadvantage*
- Provides actionable areas for local jurisdictions to address health

- **New version 2.0 will include 'decision support' tools**
- **A policy guide is being built around the tool, with actionable, local-level tools to 'move the dial.'**

Plan with the Social Determinants in Mind

High Housing Cost

What Does This Indicator Measure?

This indicator measures the percentage of renter households who pay more than 30% of their income on rent. When households pay more than 30% their income on rent, they are considered "rent burdened" meaning they are paying more than they can afford. A high proportion of rent burdened households can suggest high housing costs, low income, or both. For more information, see the HUD technical document.

The Connection to Health

When housing cost burdens are high, renting families must make difficult choices. They may avoid affording preventive health care (see HD-1010406), avoid or skip up the crucial living situation (see SD-002008), and/or stay in substandard, unhealthy, and unsafe housing. Renting households also experience housing instability and are vulnerable to displacement from their homes and neighborhoods. Housing instability, crowding, and homelessness are associated with depression, behavioral problems, and educational delay for children. For health, safety, and well-being, renters and homeowners are associated with depression, behavioral problems, and educational delay for children. For health, safety, and well-being, renters and homeowners are associated with depression, behavioral problems, and educational delay for children. For health, safety, and well-being, renters and homeowners are associated with depression, behavioral problems, and educational delay for children.

Local Actions to Address High Housing Cost

Policy Opportunities to Address the Health Impacts of this Indicator

Stabilize Residents and Neighborhoods

Recent HUD technical documents show that the present rules can be relaxed per year, although California states that overall benefits to renter households to rent more than a unit become vacant. Renters in California often live in units that are 10 to 15 years old, with increases in some cities in the double digit. Housing 10% of renter households making less than \$10,000 a year paying more than they can afford for rent. California has taken many different approaches to building more and increasing. Some strategies to reduce percentage of affordable rent increases, while others to increase to the Consumer Price Index. Policies can be crafted to apply to all rental properties or only to properties with a great number of units. States can look at the application of rent control for buildings constructed after 1980. Rent stabilization is most effective when paired with Just Cause Eviction (JCE) laws. For more information, see HUD's Housing Element Best Practices and the Urban Displacement Project's Best Practices Brief.

Provide Housing and Supportive Services for People Without Homes

Housing First Programs provide rapid access to permanent housing for people who are homeless without imposing treatment or behavioral conditions. These programs typically provide support services for persons for mental health or substance abuse treatment. For more information, see The United States Interagency Council on Homelessness' Housing First.

Rapid Rehousing Programs quickly place homeless individuals and families into rental housing. Programs typically will offer initial up to 6 months housing costs including security, rent, and utility offset to allow people to privately rented rental housing. They also provide voluntary case management and assistance with financial health, lease negotiation, utility assistance, benefits, employment and other services. For more information, see HUD's Housing Element Best Practices.

Addressing SDOH: ATP Example

Recommended Guidance
ATP Cycle 3

Guidance for Active Transportation Program Cycle 3 Question 5: Health Benefits

The Public Health Alliance of Southern California (Alliance) is a collaborative of nine local health departments whose members have a collective statutory responsibility for the public health of California's population. The Southern California Public Health Departments participated in Cycle 1 and 2 of the Active Transportation Program as partners and reviewers of applications in both the Statewide and the Local funding competitions. We have a great interest in the development of plans, programs and projects that have been designed to maximize health benefits, and have created the following guidance for applicants and reviewers to present the data sources and approaches to assist in health promoting proposal design.

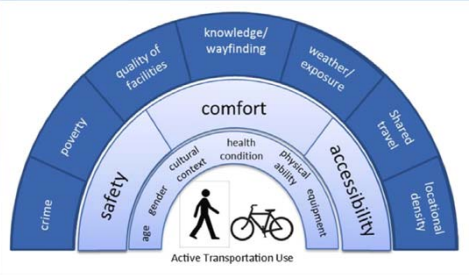
60% cost share

Health and Active Transportation - Why it matters:
Estimated cost: Americans have opportunity design influences health. We always hear that we need to "eat less, exercise more" if we want to improve our health - that an individual is responsible for his or her health. But for many people, the lack of active transportation infrastructure, concerns about safety from crime and traffic, and lack of places to go, like parks, make it virtually impossible to not only achieve recommended physical activity goals, but access important places, goods, and services that influence health.

Public Health professionals know that we can't do it alone, we must partner with engineers, planners, and the community to create environments that support opportunities to engage in healthy behavior. We look forward to working with applicants to ensure that your proposed Active Transportation Program (ATP) project maximizes benefits to public health by not only addressing local barriers to engaging in active transportation, but also opportunities to address other community health concerns.

ATP Cycle 3 Question 5: Disadvantaged Communities and Health Recommendations

The ATP Cycle 3 application has been re-structured so that applicants seeking points for disadvantaged community (DAC) status must explain how the DAC is being benefited through the application, including questions 5. Given the strong connections between socioeconomic status and health outcomes, proposals that are designed to maximize benefits to DACs are also projects that are most likely to assist in improving health outcomes.



Getting the most "health bang" for your ATP dollar:

- Link [here](#)
- Addressing SDOH to maximize investment benefits

Data Resources For Health (Part 1)

Clearly articulating how a policy/program/project can improve public health can be helpful in building support and ensuring positive outcomes. Because population health is often determined by the health status of the most vulnerable persons in the community, the following table suggests data sources for describing health vulnerability at different geographies that may be relevant to your work.

| Target Geography | Recommended Tool | Recommended Health Indicators | Example statement related to health vulnerability and Proposal Development |
|---|--|--|--|
| School-based project (Safe Routes) | California Department of Education Physical Fitness Report "Fitnessgram" http://data1.cde.ca.gov/dataquest/dataquest.asp (Click on "Physical Fitness Test" in the question 2 dropdown menu.) | <ul style="list-style-type: none"> Aerobic Capacity: (% in Healthy Fitness Zone, % Needing Improvement, % Needing Improvement – Health Risk) Body Composition: (% in Healthy Fitness Zone (Healthy Weight), % Needing Improvement (Overweight), % Needing Improvement – Health Risk (Obese)) | This project will specifically work to improve the health of the % of students whose health "needs improvement" based on the CA DOE Fitness testing by addressing the following built environment/ cultural challenges in the school boundary... |
| School-based project (Safe Routes) | School-based survey | <ul style="list-style-type: none"> Time walking/biking Time playing outside Barriers to outside play Parent-identified health concerns | This project will work to address the following parent-identified health concerns by... |
| Neighborhood-level (census tract) *Social Determinants | California Health Disadvantage Index http://phasocal.org/ca-hdi/ | <ul style="list-style-type: none"> Overall HDI Score Years of life lost Population with a disability Asthma hospitalizations | Based on the California Health Disadvantage Index score of XX, the target neighborhood is faced with the following health vulnerabilities... |
| Neighborhood-level (census tract) *Health Status | 500 Cities Project https://www.cdc.gov/500Cities/ | <ul style="list-style-type: none"> Obesity Rate Leisure time Physical Activity Asthma, cardiovascular disease, | The obesity rate in the community to be served is XX%, as compared to a statewide average of XX%. Though obesity has a range of causes, increasing physical activity in the obese population can improve health. This plan will specifically address physical inactivity in the obese population by... |

Data Resources For Health (Part 2)

| Target Geography | Recommended Tool | Recommended Health Indicators | Example statement related to health vulnerability and Proposal Development |
|---|--|--|--|
| Community-level (zip code) | Health Department Dashboards http://www.ochealthier.together.org , there are - http://www.thinkhealthla.org http://www.shapercco.org http://www.healthysanbernardilocounty.org/ http://www.healthmattersinvc.org/ http://www.livewelllongbeach.org/ http://www.healthvpasadena.org/ California Health Interview Survey – Neighborhood Edition: http://askchisne.ucla.edu | <ul style="list-style-type: none"> Obesity Rate Adults with diabetes Adults with likely psychological distress Self-reported health, good to fair | The obesity rate in the community to be served is XX%, as compared to a statewide average of XX%. Though obesity has a range of causes, increasing physical activity in the obese population can improve health. This plan will specifically address physical inactivity in the obese population by... |
| Corridor/ Program/Plan encompassing multiple communities | In the case of a large-scale corridor project, program or plan, we recommend narrowing the scope of your question 5 response to focus either on a limited geographic area with poor health outcomes (see above) or to a distinct target population (e.g. the elderly, students, or others) whose health outcomes you wish to improve. | | |
| Council District or other sub-city designation | Example: http://healthyplan.la/the-health-atlas/ | Identify vulnerable neighborhoods or populations based on: <ul style="list-style-type: none"> Age Socioeconomic status Disability, need for special accommodation Health vulnerability | Though this proposal crosses multiple communities, we have specifically considered how we might improve health outcomes within (x geography, x demographic category) |
| Countywide Community Health Assessment/ Community Health Improvement Plan | | The County's Community Health Assessment establishes priorities for improving health for specific demographic groups, and sometimes within distinct geographic communities. This can be a helpful guide for prioritizing projects. | The County Community Health Improvement Plan identified (goal here) a priority for health improvement. Our plan/project targets will help move the needle in this area through the following strategies: |

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