Healthy Sacramento Coalition
Celebration and Kickoff

Sierra Health Foundation
November 17, 2011
Welcome

Chet Hewitt
President and CEO
Sierra Health Foundation
Introductions

Diane Littlefield

Director of Program Investments
Sierra Health Foundation
Community Transformation Grant and The Healthy Sacramento Coalition
Healthy Sacramento Coalition

The Healthy Sacramento Coalition formed in May 2011 to apply for the federal Community Transformation Grant. Led by Sierra Health Foundation, the coalition quickly gained momentum and reached 58 members by the July grant application due date.

In September, Sierra Health Foundation was awarded a $499,229 Community Transformation Grant from the U.S. Department of Health and Human Services, which will support the Healthy Sacramento Coalition and its work to develop and implement a chronic disease prevention plan for Sacramento County.

The Healthy Sacramento Coalition’s goal is to reduce tobacco use, obesity, death and disability due to chronic disease, reduce health disparities, build a safe and healthy physical environment, and improve the social and emotional well-being of Sacramento County residents.

The coalition officially launched on Nov. 17, with approximately 100 coalition members and other stakeholders attending a Celebration and Kickoff Event at Sierra Health Foundation. Information from the event is available below.
CDC Community Transformation Grant Awards

CONGRATULATIONS !!!

Type of Area Served
- Tribe or tribes (7)
- Territory (1)
- Large County (20)
- State (10)
- State Minus Large Counties (14)

Total Grantees: 61

Data Source: CDC/NCCDPHP/DCH(p)

Map produced by CDC/NCCDPHP/DACH/BIAMB-GIS

Date: 9/27/2011
Community Transformation

- National Networks (4)
- National Networks (3)
- Dissemination
- Implementation
- Transformed Communities
- Acceleration
- Capacity Building

35 Awardees
26 Awardees
CTG Kick-off Meeting in Atlanta
October 24-26, 2011

Diane Littlefield
Sierra Health Foundation

Jessica Nunez de Ybarra, M.D.
Sacramento Latino Medical Association

Kimberly Bankston-Lee
The SOL Project
National Prevention Strategy

Increase the number of Americans who are healthy at every stage of life.

Healthy & Safe Community Environments
Preventing Drug Abuse and Excessive Alcohol Use
Empowered People
Elimination of Health Disparities
Active Living
Healthy Eating
Mental and Emotional Well-being
Reproductive and Sexual Health
Injury and Violence Free Living
Tobacco Free Living
Embarking on our Community Transformation Journey

CTG Kickoff Meeting
October 24, 2011
Maximizing Health Impact through Prevention

CTG Kick-Off Meeting
October 24, 2011
11:45 – 12:15
CTG Core Principles

Maximize health impact through prevention

Advance health equity and reduce health disparities

Use and expand the evidence base for local policy and environmental changes that improve health
Factors that Affect Health

Examples

Smallest Impact

Eat healthy, be physically active

Counseling & Education

Rx for high blood pressure, high cholesterol, diabetes

Clinical Interventions

Smoking cessation treatment, immunizations, colonoscopy

Long-lasting Protective Interventions

Smoke-free laws, tobacco tax, food procurement policies

Changing the Context to make individuals’ default decisions healthy

Poverty, education, housing, inequality

Socioeconomic Factors

Frieden AJPH 2010
Five CTG Strategic Directions

- Tobacco–Free Living
- Active Living and Healthy Eating
- High Impact Quality Clinical and Other Preventive Services (High Blood Pressure and Cholesterol)
- Social and Emotional Wellness
- Healthy and Safe Physical Environment
Tobacco-Free Living

- Smoke-free workplaces, restaurants and bars
- Multi-unit housing
- Schools and campuses
Healthy Eating & Active Living

- Schools
- Childcare and after-school settings
- Workplaces
- Community design

![Image of healthy foods and a playground with a sign indicating a smoke-free zone.](image)
Clinical Preventive Services to control CVD risk factors

- Promote linkages between community resources and clinical services
- Use health information technology
- Implement standardized quality measures
Why a Community Transformation journey?
Tsunami of Chronic Disease

- Over 2 million heart attacks and strokes occur every year; 800,000 die

- Chronic conditions account for 75% of $2 trillion annual health care costs

  - Large Gaps in Clinical Preventive Services:
    - 1 in 3 Americans have high blood pressure
      - Only 47% have it adequately controlled
Health Disparities and Economic Determinants

- **Cost of Health Disparities** - Combined costs of health disparities and premature deaths for minorities from 2003-2006 is estimated at $1.24 trillion*

- **Income and Poverty Data** - Our nation's official poverty rate in 2010 was 15.1 percent; highest in 52 years of measurement.

- **Wealth Gaps have also risen to record highs**
  - Median wealth of white households is:
    - 20 times that of Black households
    - 18 times that of Hispanic households

Sources: 

* "The Economic Burden Of Health Inequalities in the United States" – Joint Center for Policy and Economic Studies

** U.S. Census Bureau, 2010

***Pew Research Center tabulations of Survey of Income and Program Participation Data, 2011
Percentage of adults with hypertension whose blood pressure is under control

Race or Ethnicity

- White
- Black/African American
- Hispanic or Latino

National average

Source: NHANES, 2008 (National Center for Health Statistics)
Percentage of adults who smoke cigarettes

Other Groups Experiencing Health Disparities

- Homeless adults
- Adults w/ substance use disorder
- Adults w/ mental illness
- Lesbian women
- Gay men

Sources:
Smoking Prevalence

CDC Community Transformation Grant Awards
Overlaid with Current Smoking Prevalence by US County, BRFSS 2010

Current Smoking (%)
- 18.8 - 20.9
- 21.0 - 23.2
- 23.3 - 34.8

Type of Area Served
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Total Grantees: 81

Data Source: CDC/NCCDPHP/DCHP
Method: Prevalence rates are produced using multilevel small area estimation.
Notes: BRFSS county level estimate is not available for territories.

Date: 9/27/2011
Place Matters

High poverty concentration has negative effects on health
Moving to lower poverty neighborhoods associated with obesity and diabetes reductions

Body Mass Index [BMI] and Hemoglobin A1C Level at 10-15 year follow-up to *Moving to Opportunity* Program

Growing Evidence Base for Obesity and Tobacco prevention at the community level
Embarking on new journey
Many eyes on CTG

Congress and White House

Local and State Government

Foundations

Chronic Disease Stakeholders

Non-Governmental Organizations

Community Members

HHS, CDC Director and Staff
Many Expectations...

- Comprehensive smoke-free policies nationwide
- Complete streets policies fully implemented
- Health equity fully achieved
- Greater access to healthy living resources
- Million Hearts Goal met by CTG
- Significant reductions in BMI nationwide in 6 months
- Smoke-free parks, beaches, and multi-unit housing nationwide
- CTG Grantees
What is our Road Map for Community Transformation?

Healthy Community
Policy, Environment, Programmatic, and Infrastructure Change

- **Policy** – Educate the public and stakeholders about policy interventions to improve population health

- **Environment** – create social and physical environments that support healthy living

- **Programmatic** – Increase access to prevention programs to support healthy living

- **Infrastructure** – Change systems, procedures, and protocols within communities and institutions that support healthy behavior