Community Determinants of Health: Roadmap for Health Equity

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Norms

- Attitudes, beliefs, ways of being
- Taken for granted
- Behavior shapers
- Sanction behavior
- Based in culture & tradition

Tobacco in Pharmacies

Pharmacy Tobacco Policy

CVSquitsforgood

CVS/pharmacy will stop selling cigarettes and all tobacco products at its more than 7,600 stores nationwide by October 1, 2014.

Ending the sale of cigarettes and tobacco products at CVS/pharmacy is simply the right thing to do for the good of our customers and our company. The sale of tobacco products is inconsistent with our purpose – helping people on their path to better health.

As the delivery of health care evolves with an emphasis on better health outcomes, reducing chronic disease and controlling costs, CVS Caremark is playing an expanded role through our 26,000 pharmacists and nurse practitioners. By removing tobacco products from our retail shelves, we will better serve our patients, clients and health care providers while positioning CVS Caremark for future growth as a health care company. Cigarettes and tobacco products have no place in a setting where health care is delivered. This is the right thing to do.

Learn more at:
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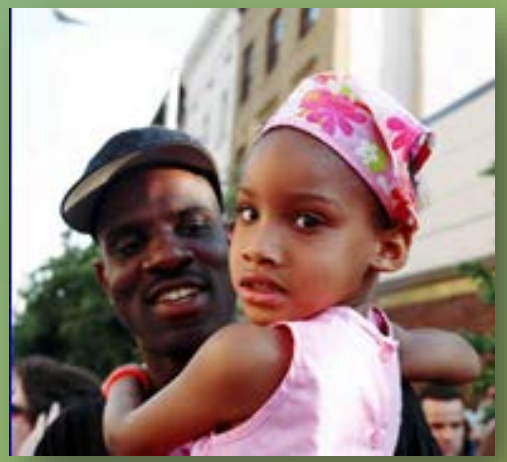
CVS CAREMARK

The ideas of one generation become the instincts of the next.

- D.H. Lawrence




COMBAT
READY
THE ORIGINAL BRAND

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Raise Your Hand If...

Your neighborhood has more alcohol outlets than grocery stores

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Raise Your Hand If...

You can name a neighborhood in your county where your grandparents would have been prevented from living because of their race, ethnicity, or religion

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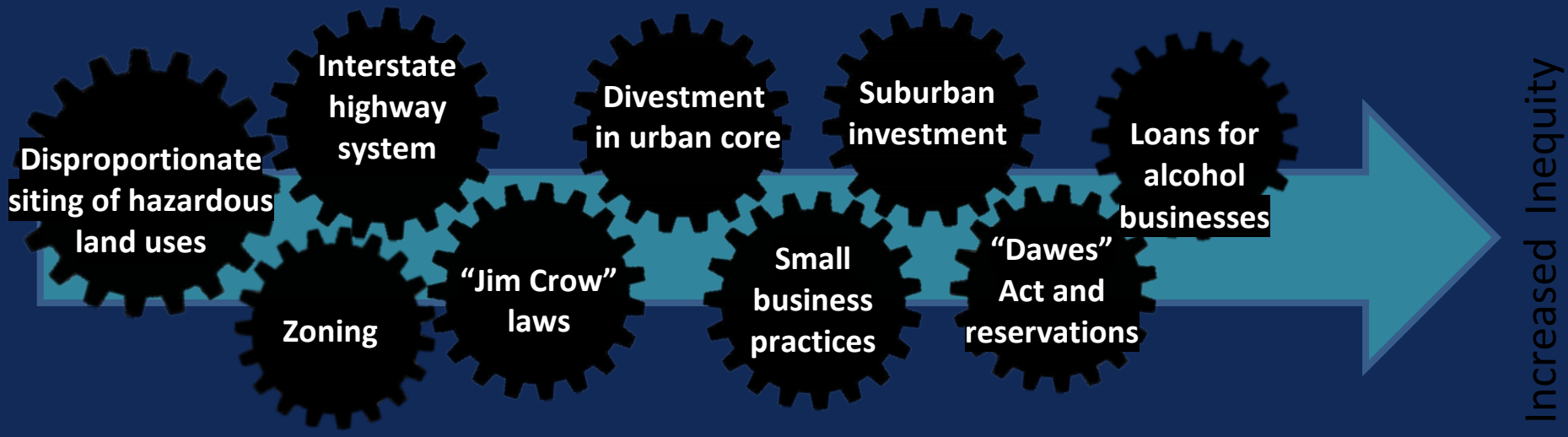
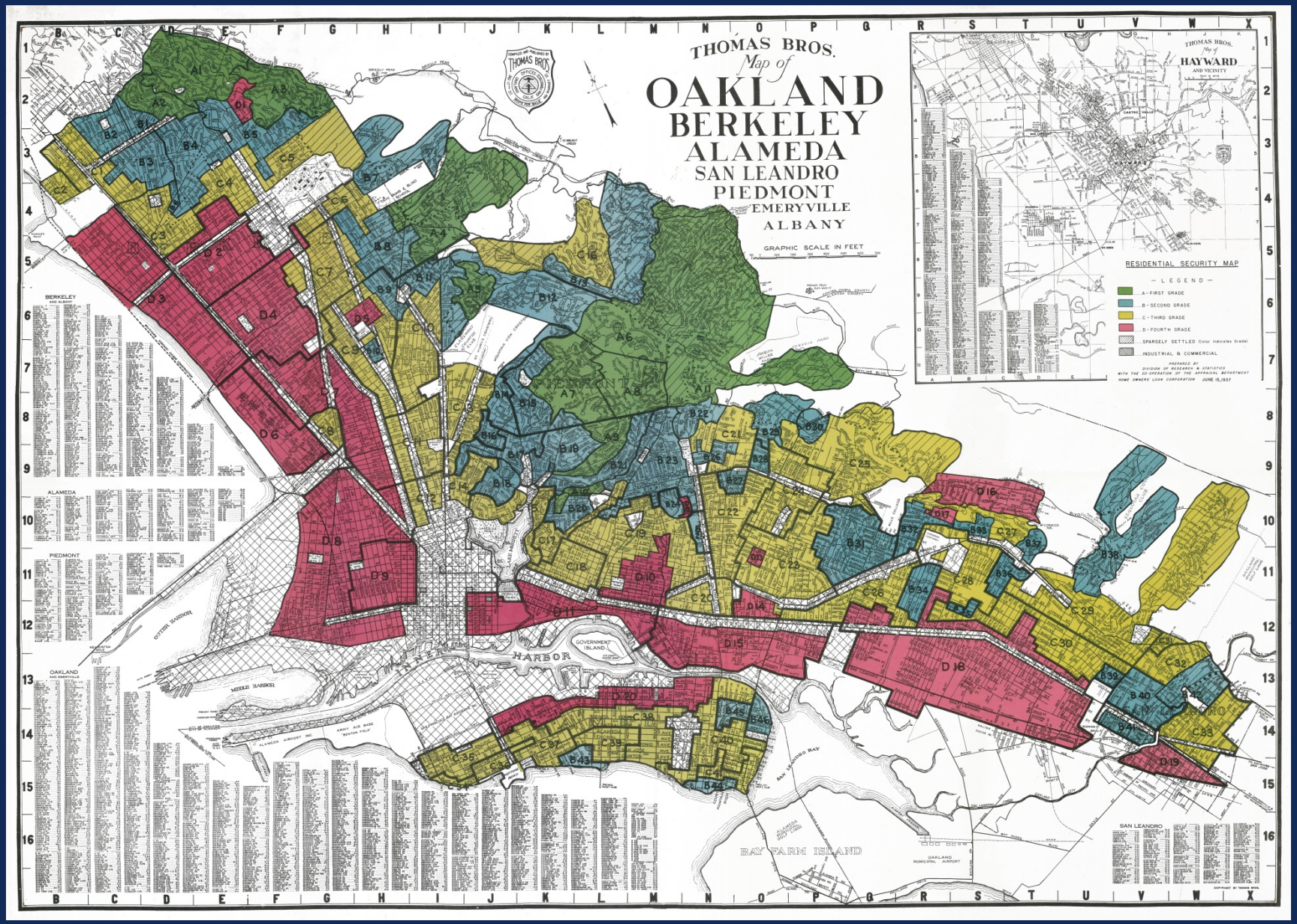
The Production of Inequity in the Housing System





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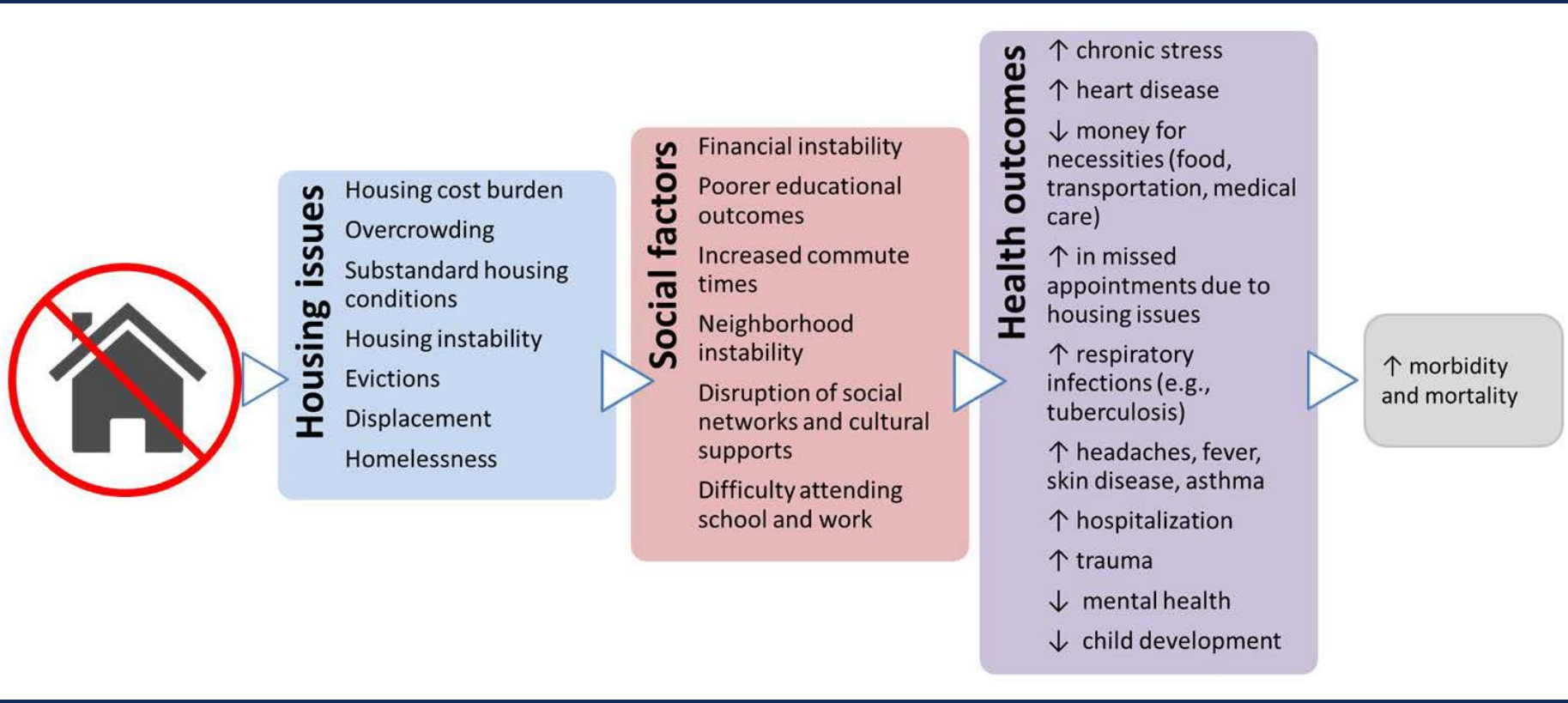
Housing Affects Health



Structural Drivers

The distribution of power, money, and other resources nationally and globally that, "together fashion the way societies are organized"

- Nature and degree of social stratification in society *(class, income inequality, caste system)*
- Biases, norms, values *(racism, sexism)*
- Global and national economic and social policy *(trade agreements, tax policy, war)*
- Processes of governance at the global, national, and local level *(lobbying, strength of democracy)*

Commission on Social Determinants of Health (CSDH), World Health Organization. Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the CSDH. 2008.

Community Determinants

- The daily living conditions where people live, work, learn, play, and age
  - Education
  - Employment
  - Housing
  - Food
  - Transportation

Commission on Social Determinants of Health (CSDH), World Health Organization. Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the CSDH. 2008.

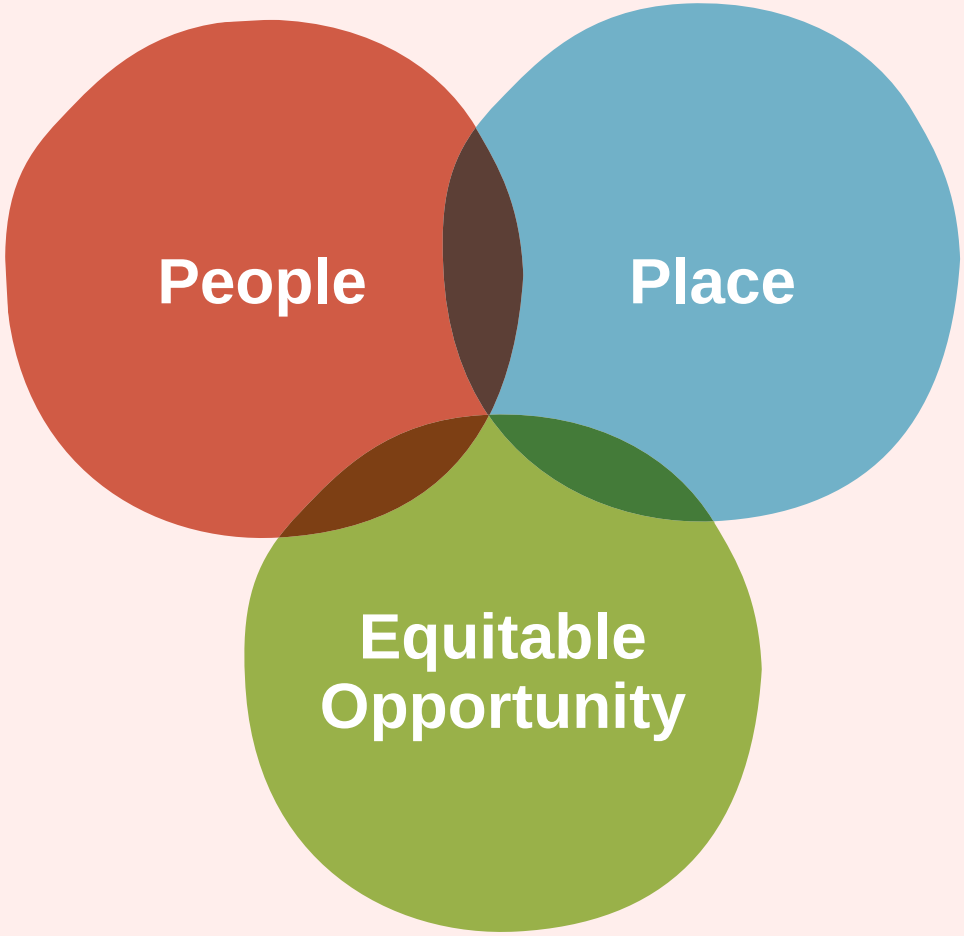
The Community Determinants of Health

- The daily living conditions where people live, work, learn, play, and pray
- Focusing on community determinants enables communities to alter daily living conditions, thus providing the opportunity to improve health and safety and advance health equity.

Health equity means that every person, regardless of who they are—the color of their skin, their level of education, their gender or sexual identity, whether or not they have a disability, the job that they have, or the neighborhood that they live in—has an equal opportunity to achieve optimal health.

– Braveman PA, et al. Health disparities and health equity: The issue is justice. 2011.

THRIVE



THRIVE clusters

Understanding structural drivers

People

- Social networks & trust
- Participation & willingness to act for the common good
- Norms & culture

Equitable Opportunity

- Education
- Living wages & local wealth

Place

- What's sold & how it's promoted
- Look, feel, & safety
- Housing
- Parks & open space
- Air, water & soil
- Getting around
- Arts & cultural expression

People

The relationships between people, the level of engagement, and norms, all of which influence health outcomes.

Healthy norms & culture

- **Norms that support healthy and equitable relationships**
- **Norms that support non-violence**
- **Norms the support engagement in family matters**

Strong social networks & trust

Strong collective efficacy and community sanctions against violence and inequity

Equitable Opportunity

The level and equitable distribution of opportunity and resources.

Family and community economic security

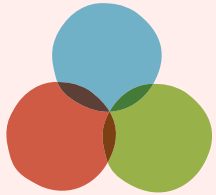
Place

The physical environment in which people live, work, play, and go to school.

Media and marketing practices that support healthy norms of culture

Accessible, safe places to play and be physically active

Safe, stable and affordable housing



Health Systems and Housing

St. John's

Medical Evidence Form

Patient information:

Name:	DOB:	F
Chart #:	Blood Lead Levels:	
Diagnosis: ☐ Asthma ☐ Hypertension ☐ Skin Disease		

Date:

Parent/Child Information:

Does anyone in the home smoke?	☐ Yes
Is the child exposed to second hand smoke?	☐ Yes

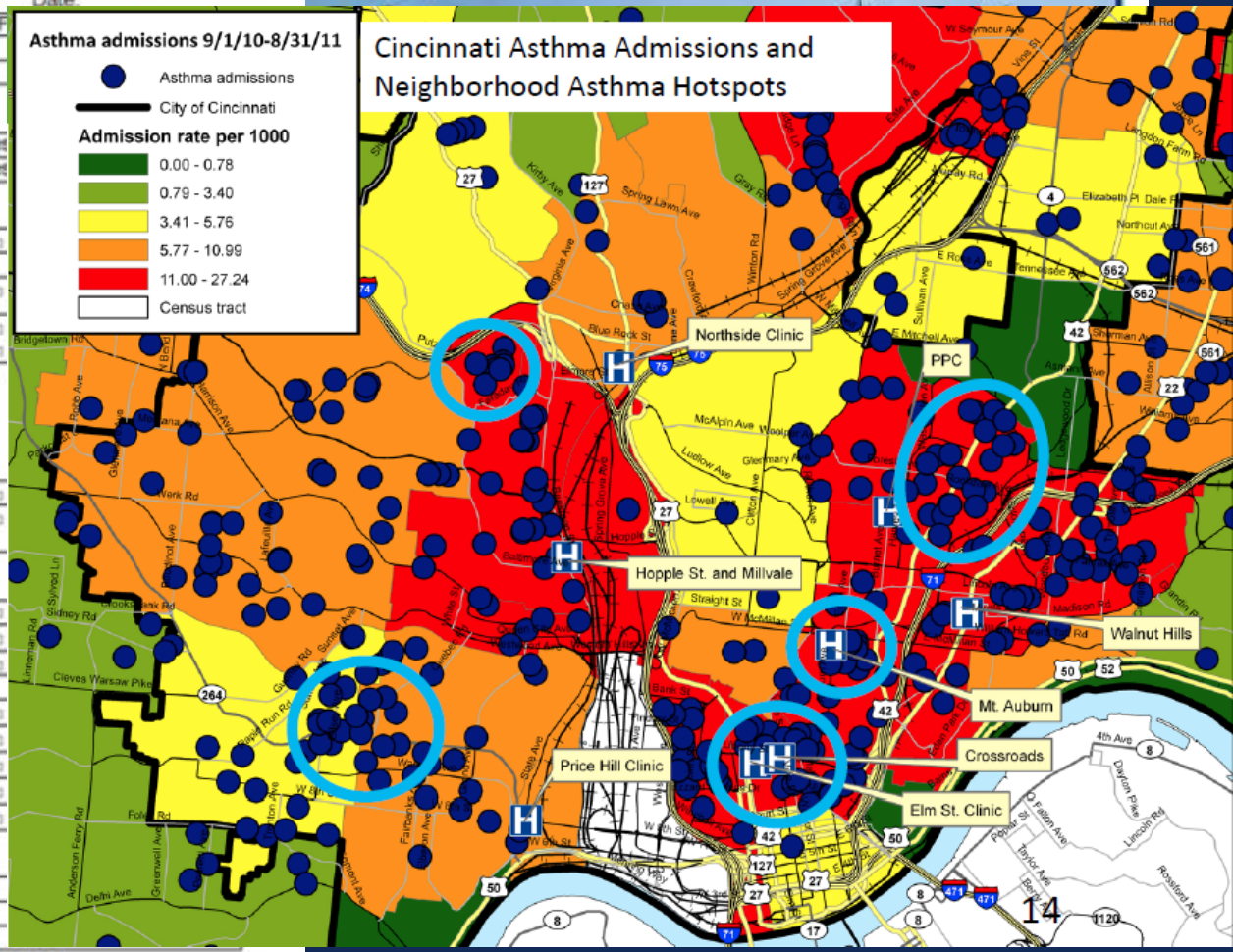
Environmental History:

Do you live next to or near a freeway?	☐ Yes ☐
• Which freeway?	
Do you live near a construction site?	☐ Yes ☐
Is your home being repaired or new construction?	☐ Yes ☐ Now ☐
Which of the following do you have in your home?	☐ Air Conditioner ☐ Fireplace ☐ Air Purifier ☐ Gas Stove ☐ Kitchen
Is there a strong (bad) smell in your home?	☐ Yes ☐
Are pesticides or herbicides used in your home, garden or on pets?	☐ Yes ☐
Have you ever been bitten by or have in your home:	
• Roaches	☐ Yes ☐
• Rats or mice	☐ Yes ☐
Do you have pets?	☐ Yes ☐
Type:	
Do you have mold in your home?	☐ Yes ☐
Do you have leaking pipes?	☐ Yes ☐
Does your home have a lot of dust?	☐ Yes ☐
Do you have any rusting pipes?	☐ Yes ☐
Do you have chipping or pealing paint?	☐ Yes ☐

Health:

# of missed schools days due to asthma	#
# of doctor visits due to asthma attacks	#
# of emergency room visits due to asthma	#

Provider comments/remarks (including referrals made or action taken):



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Mandela Marketplace


MENTAL HEALTH
PHYSICAL HEALTH

Four Distinct Understandings of Mental Health

- Psychoses, chronic, and serious mental illnesses.
- A broader set of emotional/mental concerns or disorders: clinical diagnosis or not.
- Everyday ups and downs experienced by the general public
- “Mental health and wellness” as a goal for the population as a whole. Not only to responsiveness to emotional setbacks or disorders, but positive attributes, resilience, joy, and self-confidence.

Adverse Community Experiences and Resilience

A FRAMEWORK FOR ADDRESSING AND PREVENTING COMMUNITY TRAUMA

KAISER PERMANENTE®

This paper was supported by a grant from Kaiser Permanente Northern California Community Benefit Program

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Prevention and equity | at the center of community well-being

What Causes Trauma?

- Experiences or situations that are emotionally painful
- Chronic adversity (discrimination, racism, sexism, poverty, oppression)
- Not feeling loved, wanted or safe

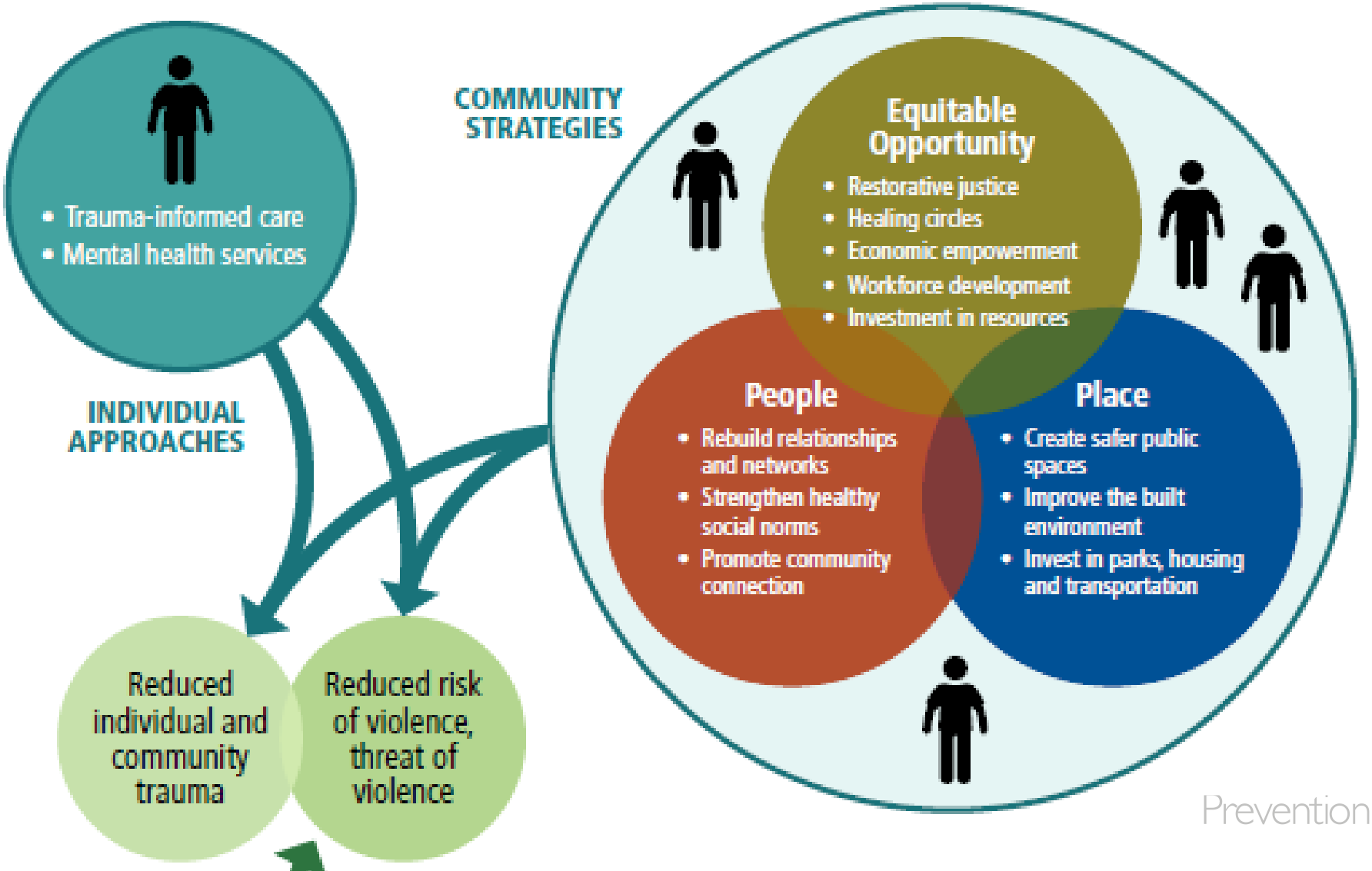
Occurs at population level but focus remains at the individual level

Toward a Resilience Framework

Community resilience is the ability of a community to recover from and/or thrive despite the prevalence of adverse conditions.

Simultaneous Community Solutions

Figure 5 Promoting Community Resilience: From Trauma to Well-being



Prevention

When you start with needs, you get programs.

When you start with strengths, you get possibilities.

Lupe Serrano
casa de esperanza

Thank You
Gracias

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Approaches to obesity treatment and prevention for Latino children

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Objectives

- Review evidence-based interventions to treat obesity among Latino children
- Describe our experience translating evidence into practice at the Healthy Lifestyles Clinic at Zuckerberg San Francisco General Hospital
- Discuss potential benefits of initiating obesity prevention for Latino children in the infant and toddler period

Childhood obesity treatment: What does the evidence say?

- Intensive behavioral interventions involving the family that aim to modify child diet, physical activity, screen time usage and parenting approaches can reduce child BMI

1. Kalarchian, M. A., Levine, M. D., Arslanian, S. A., Ewing, L. J., Houck, P. R., Cheng, Y., Ringham RM, Sheets CA. Marcus, M. D. (2009). Family-based treatment of severe pediatric obesity: randomized, controlled trial. Pediatrics, 124(4), 1060-1068.
2. Wilfley, D. E., Saelens, B. E., Stein, R. I., Best, J. R., Kolko, R. P., Schechtman, K. B., Wallendorf M., Welch R.R., Perri M., Epstein, L. H. (2017). Dose, Content, and Mediators of Family-Based Treatment for Childhood Obesity: A Multisite Randomized Clinical Trial. JAMA Pediatrics, 171(12), 1151-1159.
3.Boutelle, K. N., Rhee, K. E., Liang, J., Braden, A., Douglas, J., Strong, D., Rock, C.L., Wilfley D.E., Epstein L.H. Crow, S. J. (2017). Effect of Attendance of the Child on Body Weight, Energy Intake, and Physical Activity in Childhood Obesity Treatment: A Randomized Clinical Trial. JAMA Pediatrics, 171(7), 622-628.

Features of evidence-based childhood obesity treatment programs

Variations in Design

- Group vs. individual
- Parent only vs. child and parent together
- Range of “interventionists”

Critical Features

- Younger age at entry improves chances of success
- High frequency and duration
  - 20 sessions over 6 months is fairly typical!
- On-going follow-up is critical!

Culturally Tailored Interventions for Latino Children

- Salud Con La Familia (Barkin et al. 2012)
  - Offered in a community center in Nashville TN
  - Enrolled Latino children ages 2-6 and their parents
  - 90-minute weekly sessions for 12 weeks (provided by an "interventionist")

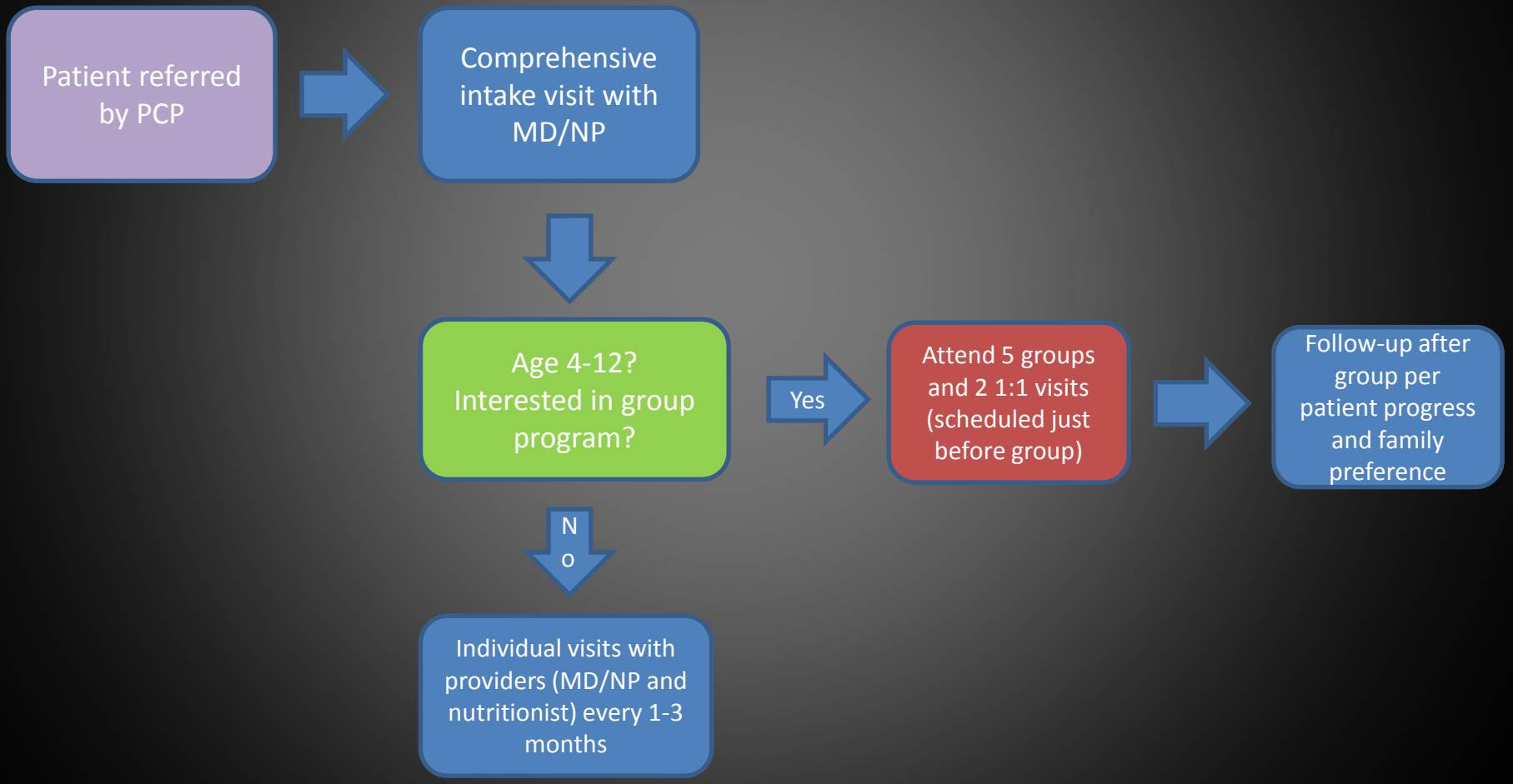
- Active and Healthy Families (Falbe et al.)
  - Offered in 2 FQHCs in Contra Costa County
  - Enrolled Latino children ages 5-12
  - 5 1-hour group sessions every other week by a physician, nutritionist and promotora

1. Barkin, S. L., Gesell, S. B., Po'e, E. K., Escarfuller, J., & Tempesti, T. (2012). Culturally tailored, family-centered, behavioral obesity Intervention for Latino-American preschool-aged children. Pediatrics, 130(3), 445-456.
2. Falbe, J., Cadiz, A., Tantoco, N. K., Thompson, H. R., & Madsen, K. A. (2015). Active and Healthy Families: A Randomized Controlled Trial of a Culturally Tailored Obesity Intervention for Latino Children. Academic Pediatrics, 15(4), 386-395.

Healthy Lifestyles Clinic

- Pediatric obesity treatment clinic at Zuckerberg San Francisco General Hospital
- Part of sub-specialty pediatric care within a county health system
- Referrals from primary care providers at ZSFG and other SFDPH clinics
- All patients are publicly insured and 80% are Latino
- Clinic staffed by two MDs, one NP, one nutritionist
- One session per week on Monday evenings

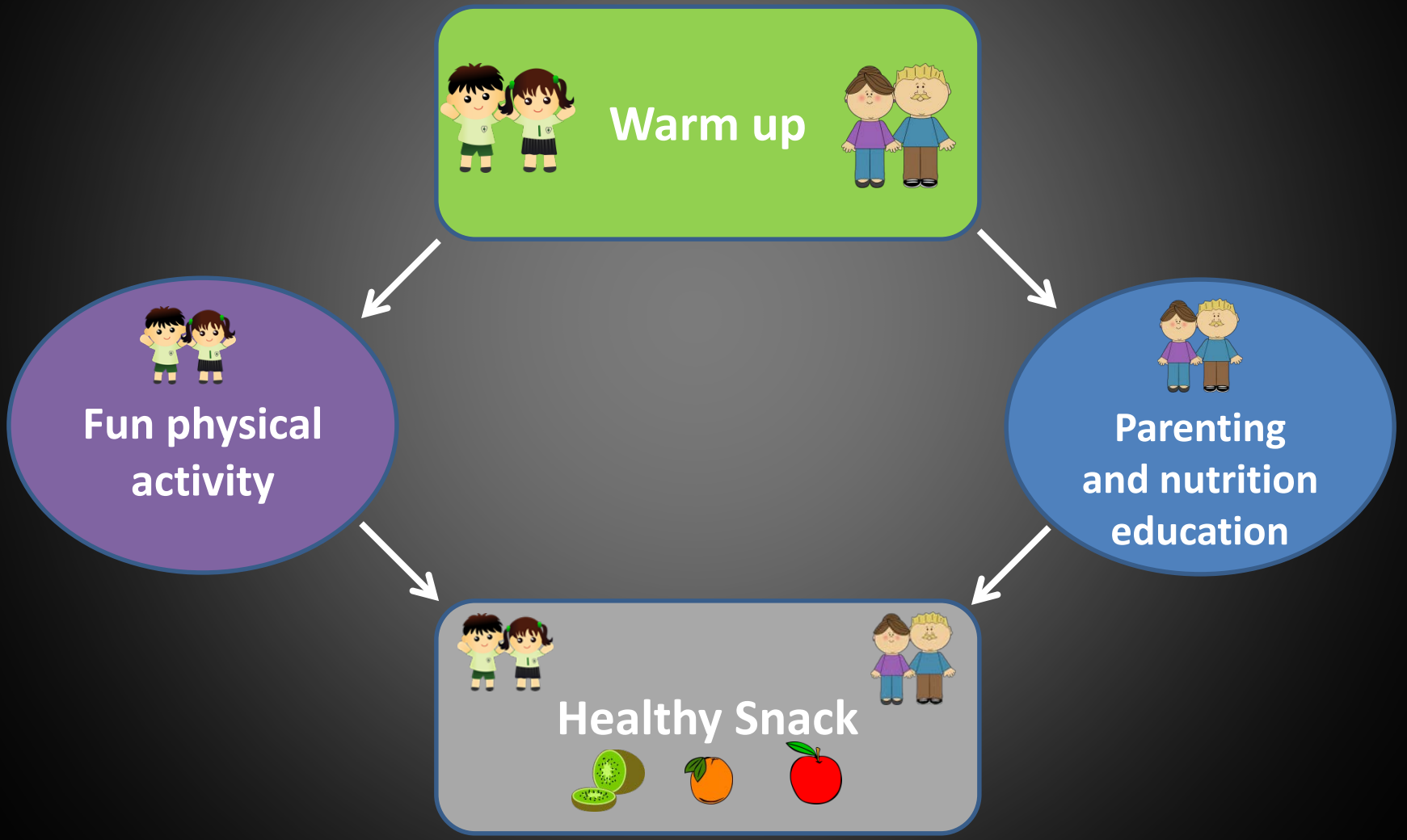
Clinic Resources and Patient Flow



Healthy Lifestyles Group Education for Obesity Treatment

- 5-session curriculum
- Facilitated by clinic providers (MD, NP, or nutritionist) and a physical activity teacher
- Offered every other Monday from 5:45-7:00 pm
- Entrance is rolling

Group Education Session Flow



Group Education Session Topics

Group	Nutrition/Lifestyle Topics	Parenting Topics
1	Sugar containing beverages	Division of responsibility for feeding (parent roles/child roles)
2	MyPlate for meal planning	Talking to children about weight
3	Healthy breakfasts and snacks Healthy fats	Positive reinforcement
4	Whole grains and hidden sugars	Positive limit setting
5	Physical activity and screen time	Parental role modeling

Group Education Components

- Introductions
- Didactic
- Discussion and idea sharing
- Troubleshooting individual challenges
- Skills building exercises
- Goal setting
- Take home educational materials

Group 1

- Show parents a 20 ounce bottle of Coca-Cola and demonstrate how to find the calories and grams of sugar on the food label

Group 1

- Uses a calculator to divide grams of sugar by 4 to determine teaspoons of sugar in the bottle (65/4= 16.25)

- Demonstrates sugar content by placing 16 sugar cubes on a plate

Intervention Details

Beverage	Calories	Sugar	Fiber	Vitamin C

SSBs vs. 100% fruit juice vs. whole fruit

	Calories	Sugar grams	Fiber grams	Vitamin C
	240	65	0	0
	180	41	0	0
	210	49	0	180%
	210	45	0	180%
	**62**	**12**	**3**	**116%**
	**60**	**14**	**2**	**108%**
	**50**	**7**	**3**	**149%**

Examples of Cultural Tailoring

- Sessions provided in Spanish (or bilingually)
- Culturally appropriate menu planning ideas
- Limit setting reframed as a means to communicate love
- Address common nutritional misconceptions
  - Homemade beverages healthy (despite added sugar!)
  - “All natural” and organic products healthy
  - Yogurt drinks healthy (despite added sugar!)

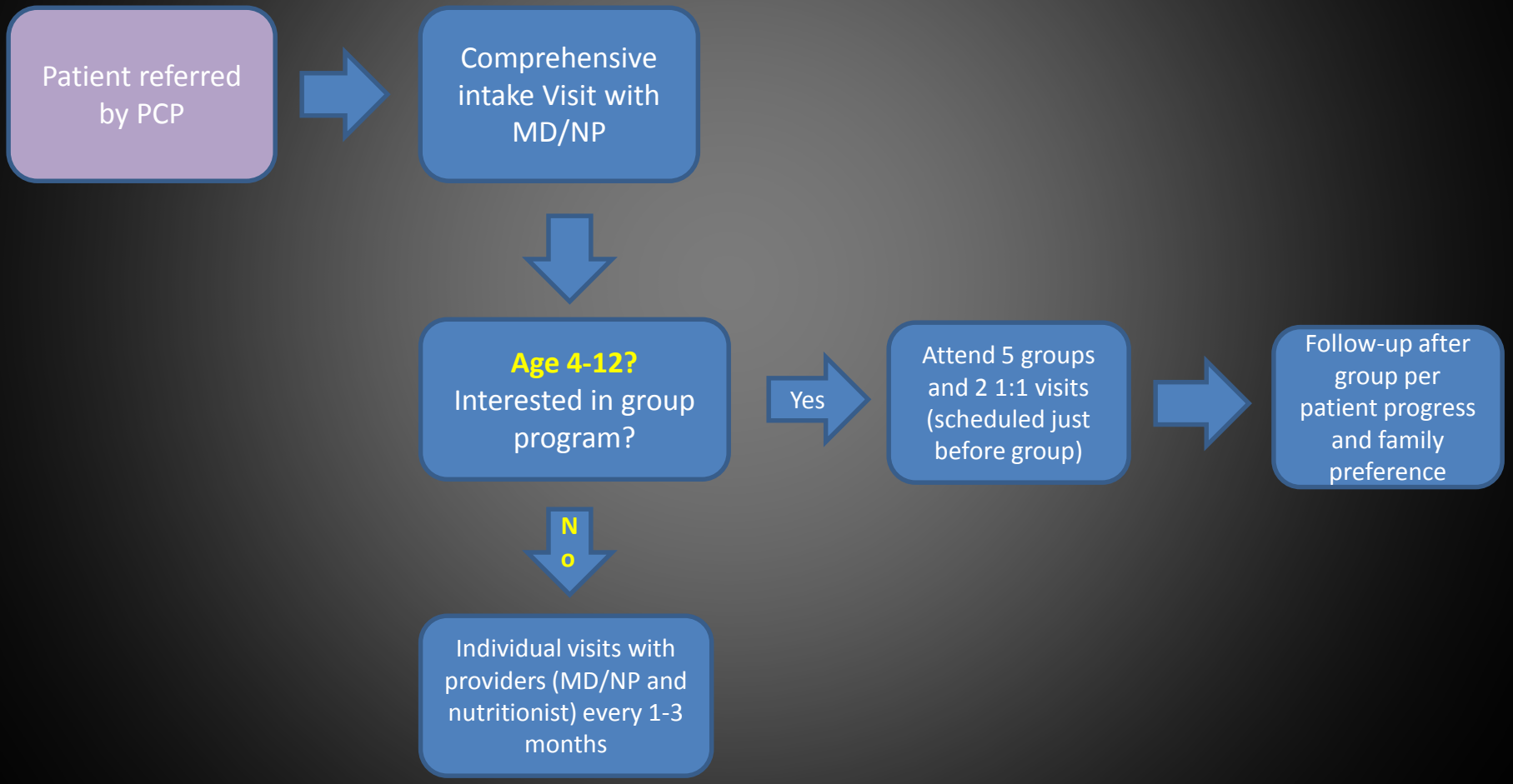
A healthy choice?

A healthy choice?

Attention to disparities

- Groups in evening to accommodate working parents
- Cost-conscious examples and tips for shopping on a budget
- Physical activity referrals coordinator to assist with finding programs and applying for scholarships
- Actively cultivate relationships with community organizations that serve youth (Parks and Rec, YMCA etc.)

Clinic Resources and Patient Flow



Adolescent needs assessment

- Interviewed 33 overweight and obese teens in our clinic
- Asked about barriers and facilitators to healthy eating and physical activity
- Asked about adolescents' preferences for programs to promote healthy eating and physical activity

Key Results

- Significant barriers to physical activity
  - Cost
  - Lack of age appropriate/desired programming
  - Age restrictions
- Perceived themselves as knowledgeable about nutrition and understood basic concepts, but had a lot of misconceptions
- Desire for cooking classes, Fitbits, physical activity opportunities, and receiving info via texts!

Healthy and Fit Teen Program

- Pilot program in collaboration with the San Francisco YMCA and 18 Reasons (Cooking Matters)
- Recruited overweight and obese adolescents from our clinic
- Twice weekly physical activity: Dance or Strength training
- Given a Fitbit
- Weekly cooking class (incorporates nutrition)
- Three motivational/educational text messages per week


PREVENTION
IS BETTER
THAN
CURE

Why begin obesity prevention in infancy?

- Rapid weight gain in infancy is associated with childhood obesity
- Obesogenic behaviors start in infancy
- High prevalence of obesity in preschoolers
- Parents of infants are typically open to education about their infants' health and have lots of contact with the health care system and with WIC
- Two studies of obesity prevention interventions starting in infancy have led to lower child weight at age 1 and 2

Wen, L. M., Baur, L. A., Simpson, J. M., Rissel, C., Wardle, K., & Flood, V. M. (2012). Effectiveness of home based early intervention on children's BMI at age 2: randomised controlled trial. BMJ (Clinical research ed.), 344, e3732-e3732.

Savage, J. S., Birch, L., Marini, M., Anzman Frasca, S., & Paul, I. M. (2016). Effect of the INSIGHT Responsive Parenting Intervention on Rapid Infant Weight Gain and Overweight Status at Age 1 Year: A Randomized Clinical Trial. JAMA Pediatrics, 170(8), 742-749.

Strong Futures/Futuros Fuertes

- Pilot randomized controlled trial based in pediatric primary care
- Latino infant/parent dyads are recruited just after birth and followed for 2 years
- Parents receive education on obesity prevention topics from a lay health educator just after well child visits at infant age 2-weeks, 2-, 4-, 6-, 9-, and 12-months
- Parents receive 2-text messages per week until 15-months and 1 text message per week until age 2

Futuros Fuertes Intervention Topics

Visit	Topics
2-weeks	Responsive feeding: Benefits and how to do it Health effects of sweet beverages
2-months	Health benefits of adequate sleep Promoting longer sleep duration Screen time avoidance
4-months	Introduction of solids Responsive feeding with solids
6-months	What to feed and what to avoid Whole grains
9-months	What to feed and what to avoid Hidden sugars
12-months	MyPlate for toddler meal planning Division of responsibility in feeding Family schedules and physical activity

Summary

- Childhood obesity is treatable but requires intensive sustained intervention (and prevention is always the better option!)
- Latino parents are motivated to learn how to address childhood obesity but face numerous structural barriers
- Leveraging both community and health systems resources is critical to help low-income families
- Meeting families (and teens) where they are is a key element for success

ADDRESSING OBESITY: POLICY OPTIONS

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ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

UCSF

DISCLOSURES

No Disclosures

OUTLINE

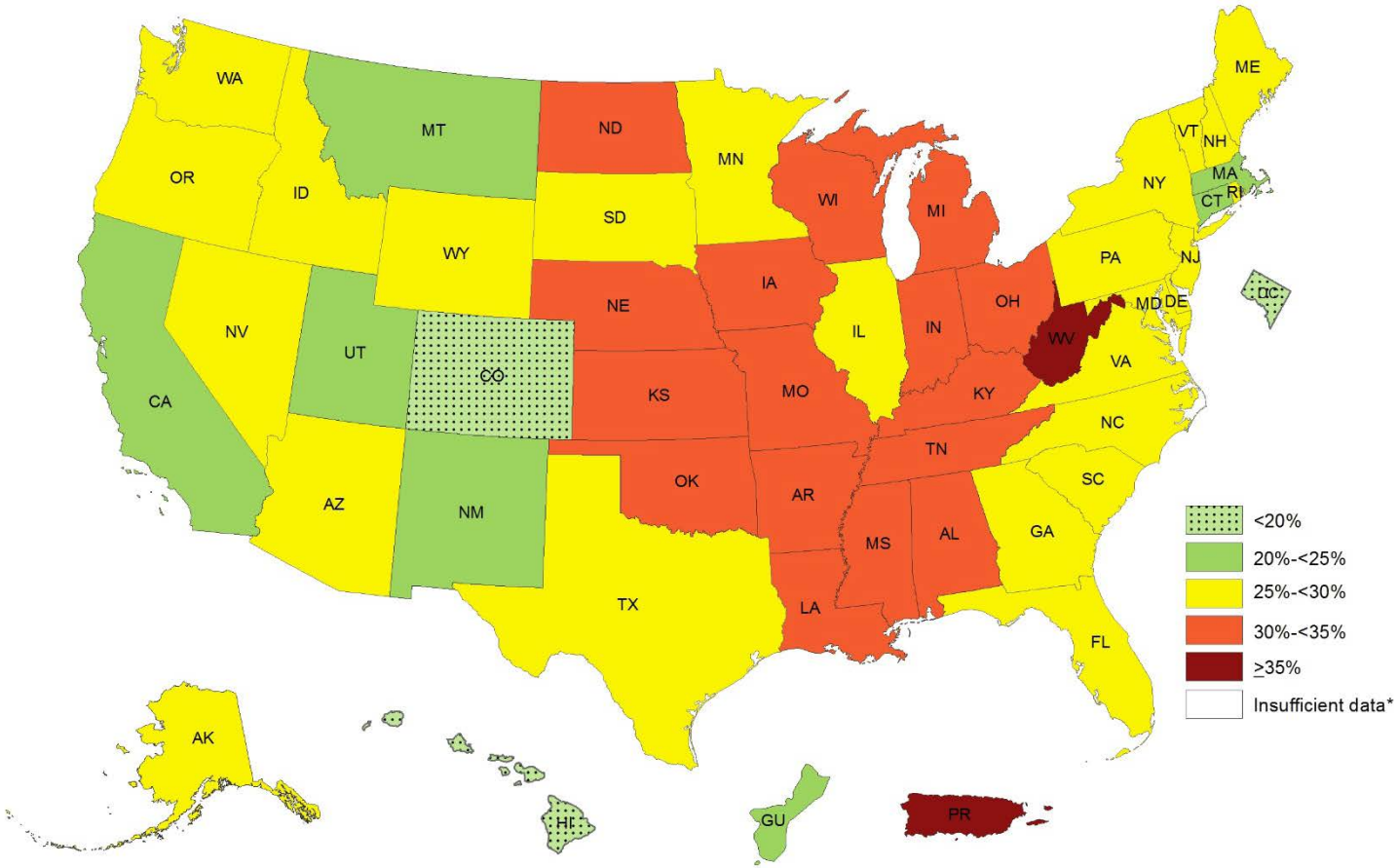
- Review of national obesity data
- San Diego Data
- Policy Options
  - Food security
  - SSB
  - Multicomponent Coalitions

Goals for Today's Talk:

- Awareness of local data
- Successes of policy options
- Harnessing knowledge/ideas from others

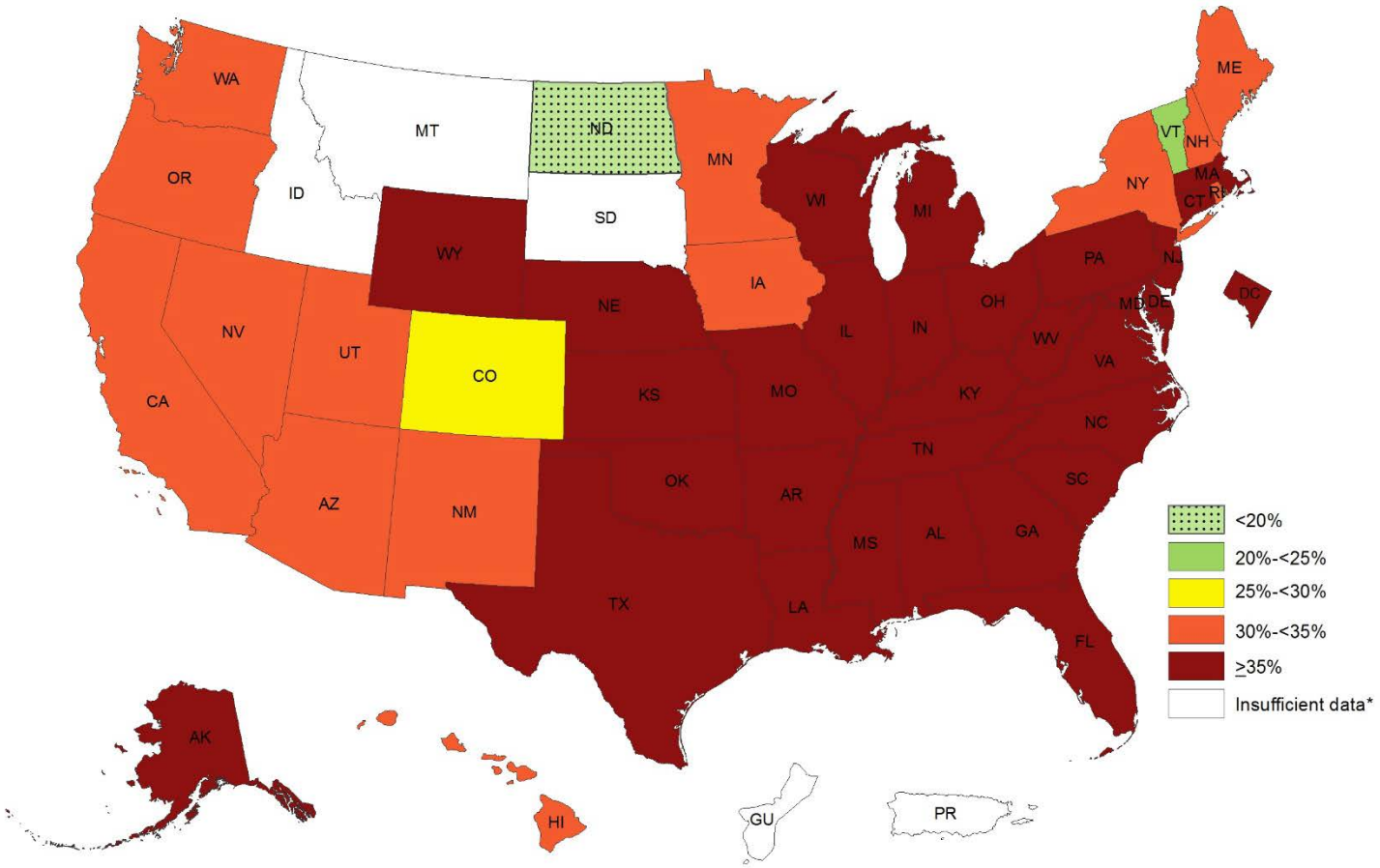
Current State of Obesity in the US

Prevalence of Self-Reported Obesity Among Non-Hispanic White Adults, by State and Territory, BRFSS, 2014-2016



***Sample size <50 or the relative standard error (dividing the standard error by the prevalence) ≥ 30%.**

Prevalence of Self-Reported Obesity Among Non-Hispanic Black Adults, by State and Territory, BRFSS, 2014-2016



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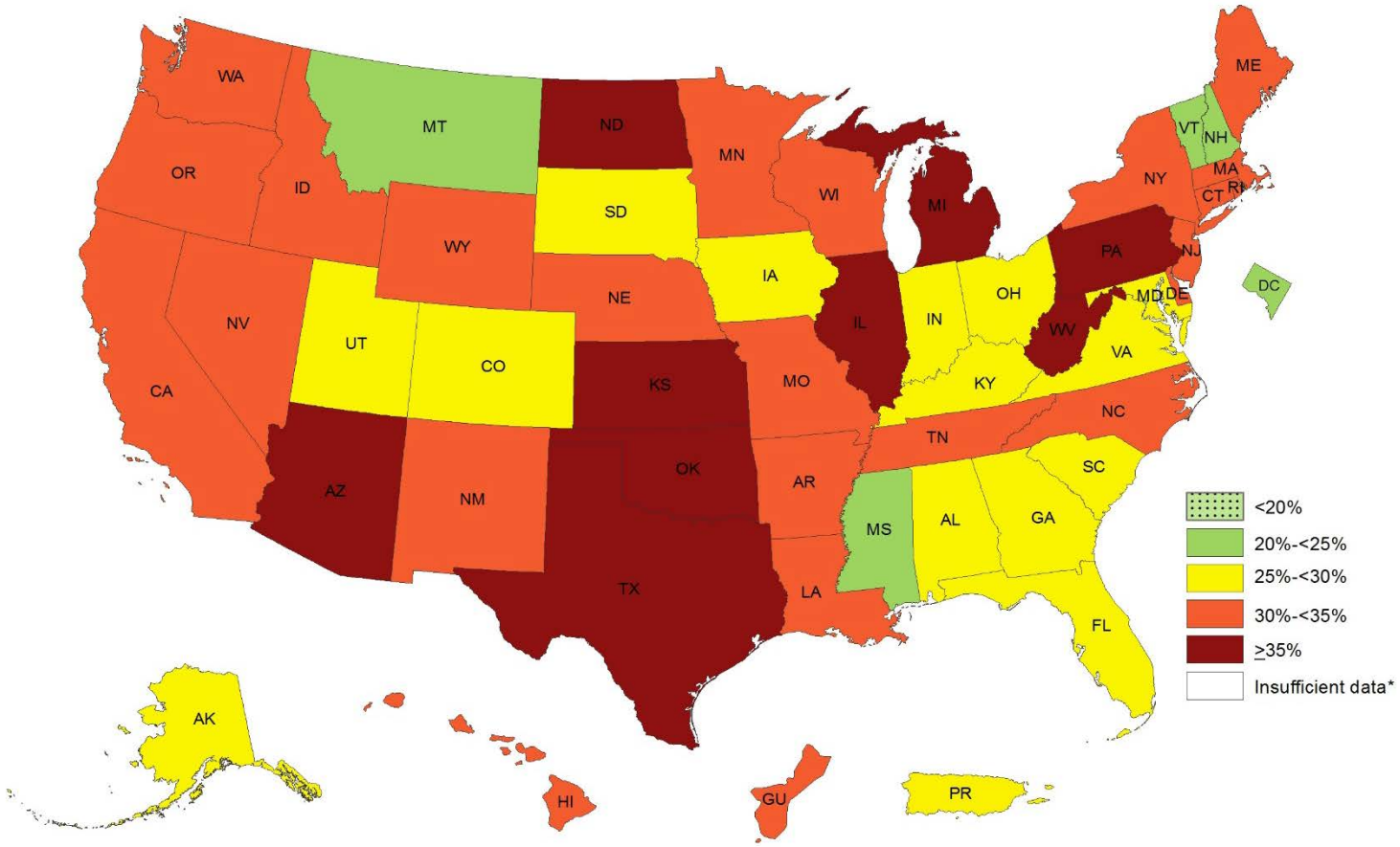
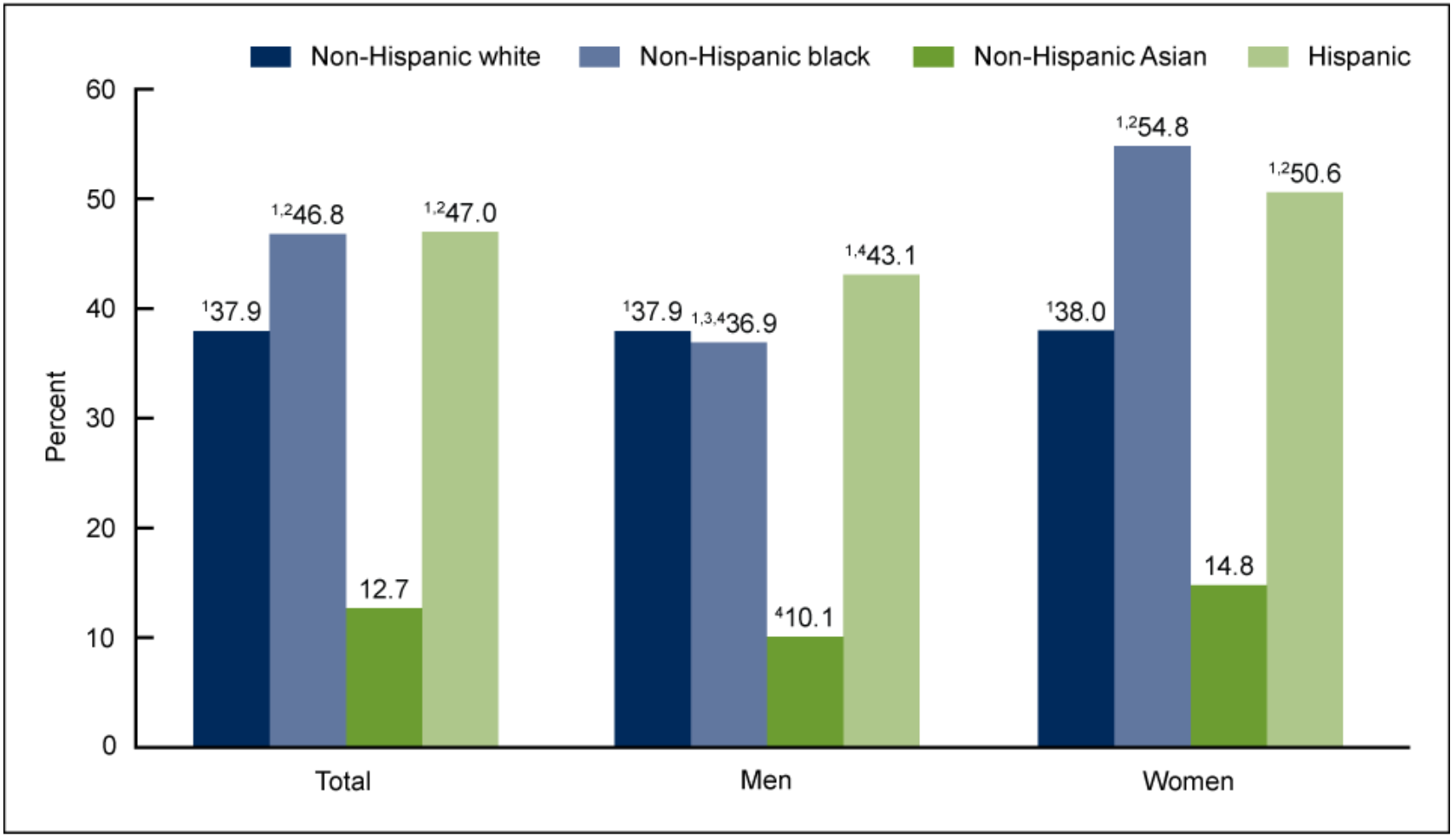
Prevalence of Self-Reported Obesity Among Hispanic Adults, by State and Territory, BRFSS, 2014-2016



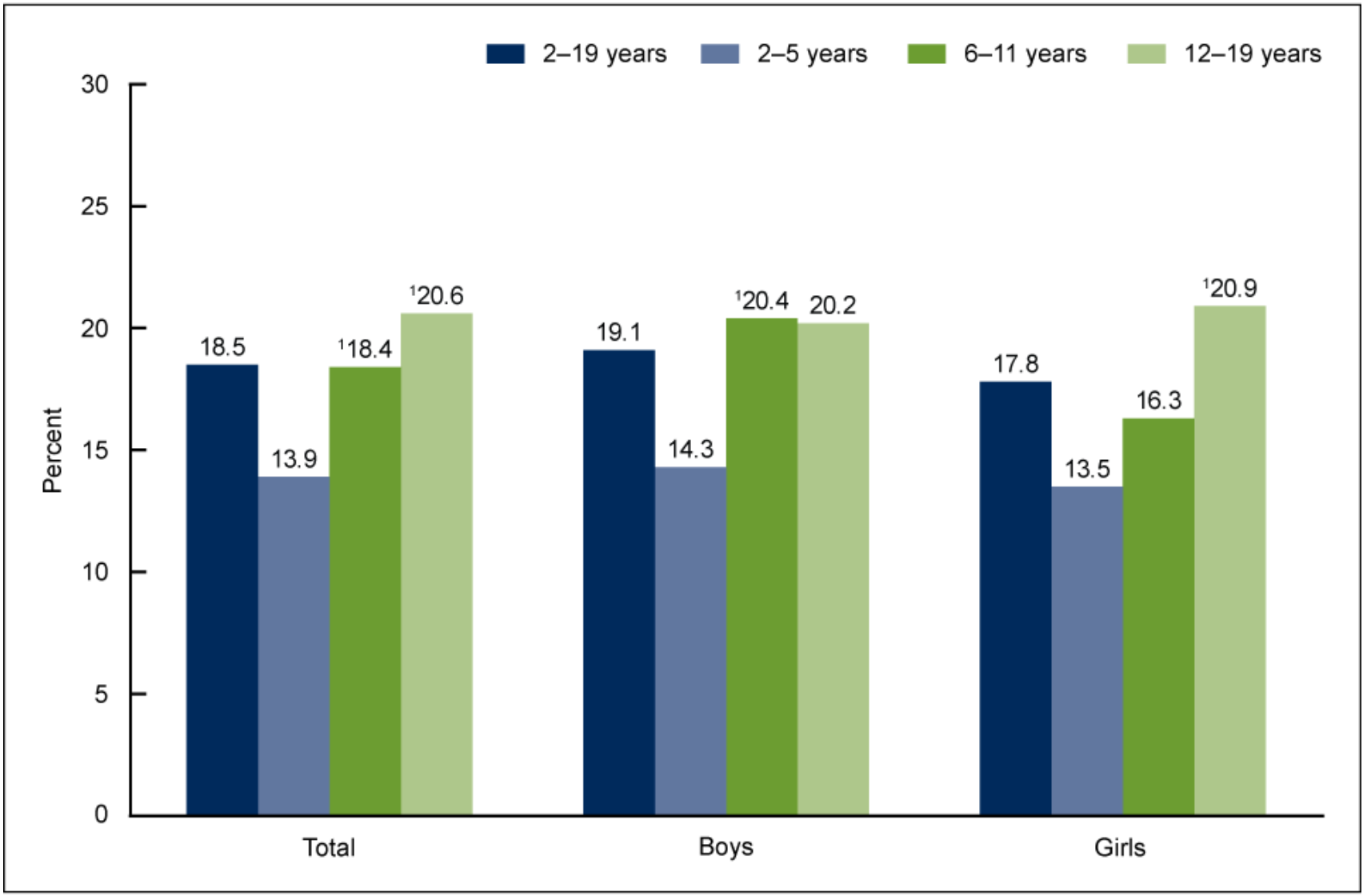
*Sample size <50 or the relative standard error (dividing the standard error by the prevalence) ≥ 30%.

Figure 2. Age-adjusted prevalence of obesity among adults aged 20 and over, by sex and race and Hispanic origin: United States, 2015–2016



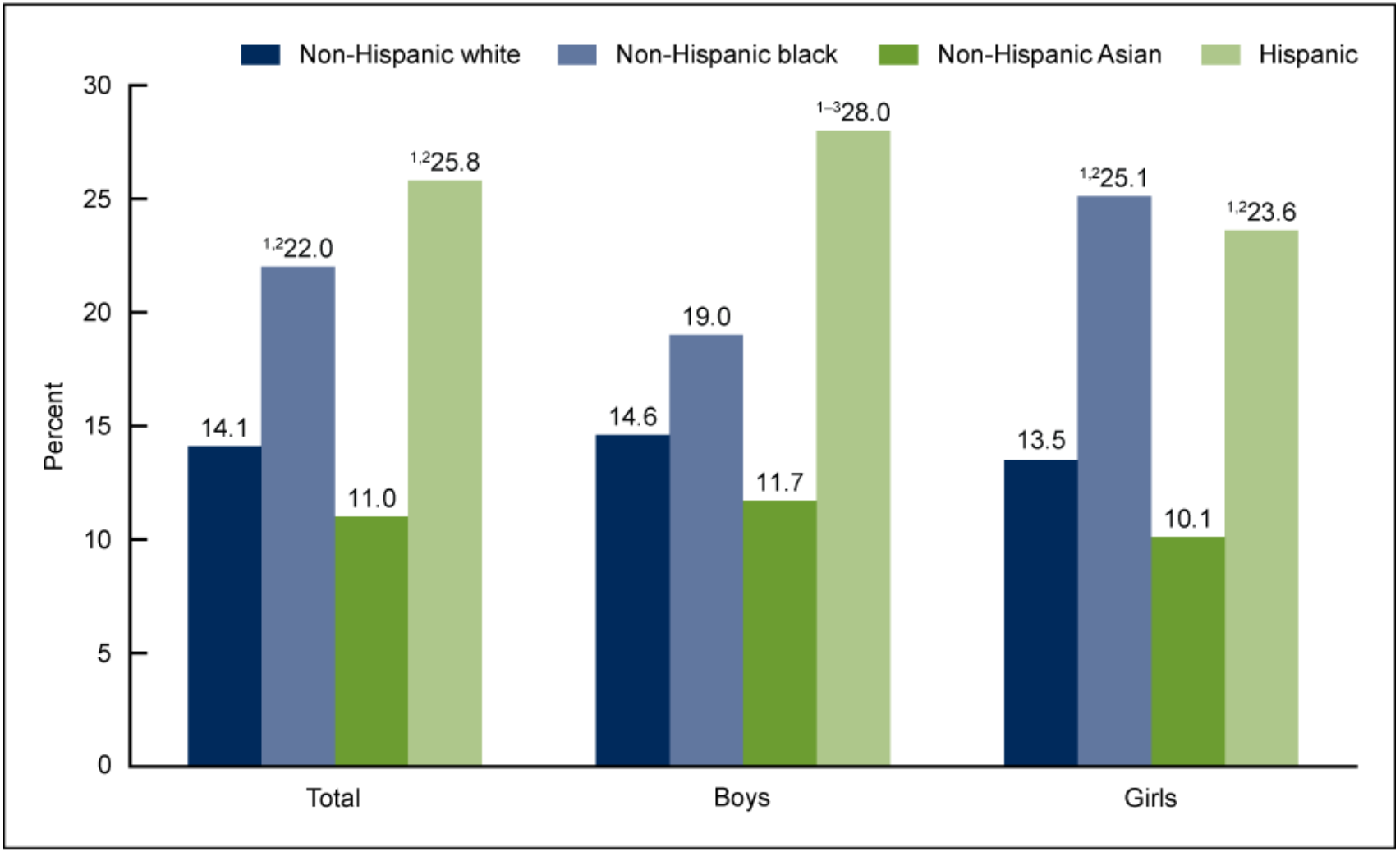
[1]Significantly different from non-Hispanic Asian persons.
[2]Significantly different from non-Hispanic white persons.
[3]Significantly different from Hispanic persons.
[4]Significantly different from women of same race and Hispanic origin.
NOTES: All estimates are age adjusted by the direct method to the 2000 U.S. census population using the age groups 20–39, 40–59, and 60 and over. Access data table for Figure 2 at: https://www.cdc.gov/nchs/data/databriefs/db288_table.pdf#2.
SOURCE: NCHS, National Health and Nutrition Examination Survey, 2015–2016.

Figure 3. Prevalence of obesity among youth aged 2–19 years, by sex and age: United States, 2015–2016



[1]Significantly different from those aged 2–5 years.
NOTE: Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db288_table.pdf#3.
SOURCE: NCHS, National Health and Nutrition Examination Survey, 2015–2016.

Figure 4. Prevalence of obesity among youth aged 2–19 years, by sex and race and Hispanic origin: United States, 2015–2016



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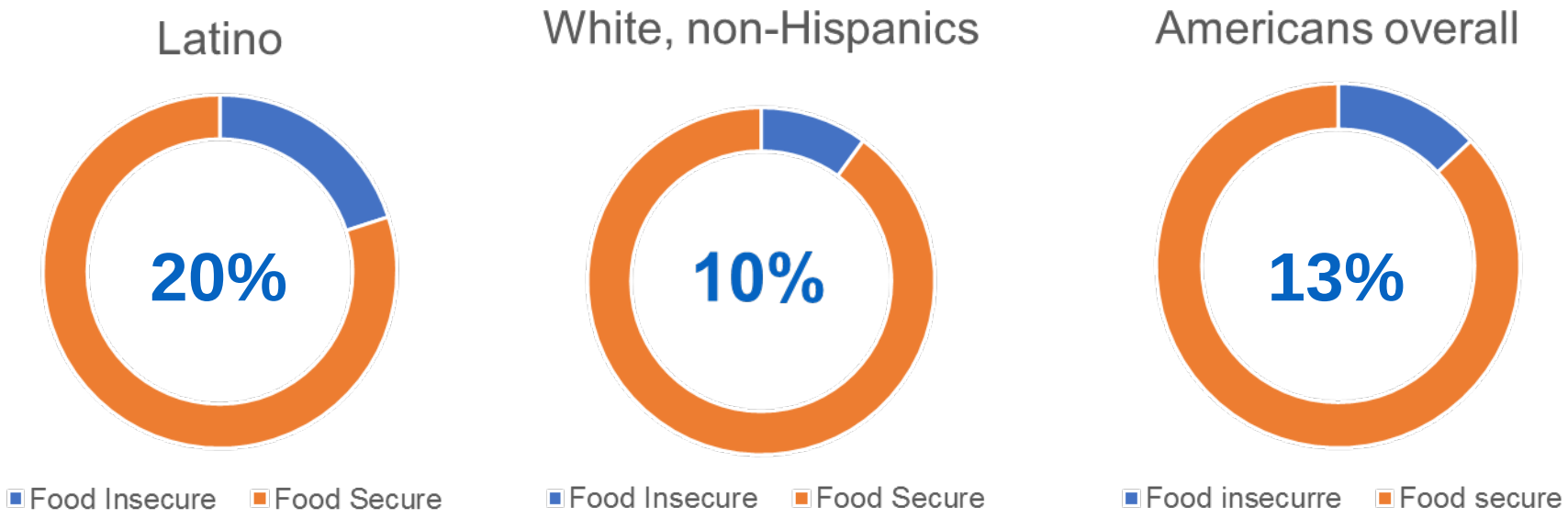
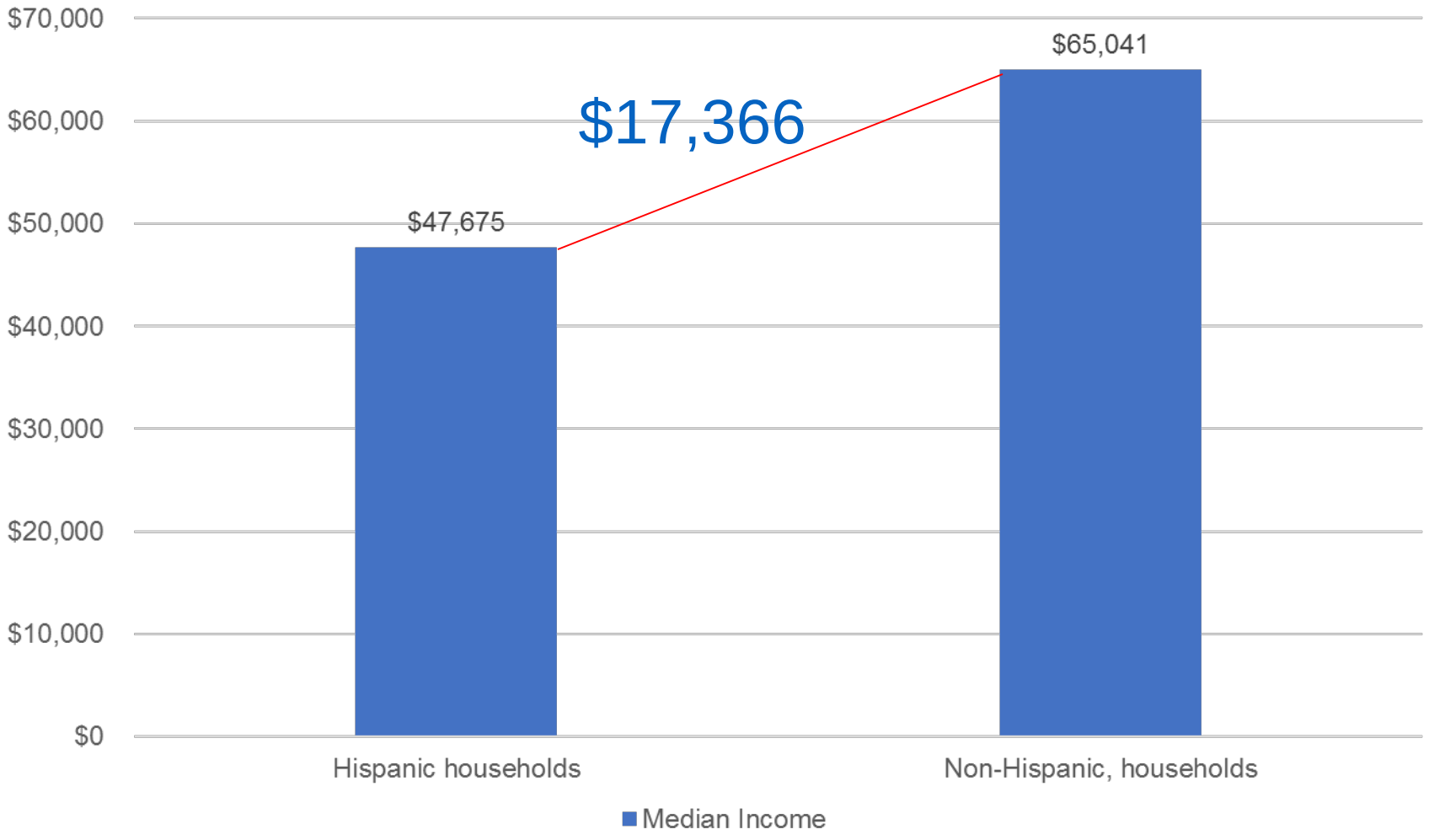
NOTE: Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db288_table.pdf#4.
SOURCE: NCHS, National Health and Nutrition Examination Survey, 2015–2016.

Food Insecurity



Source: Feeding America Latino Hunger Fact Sheet September 2017

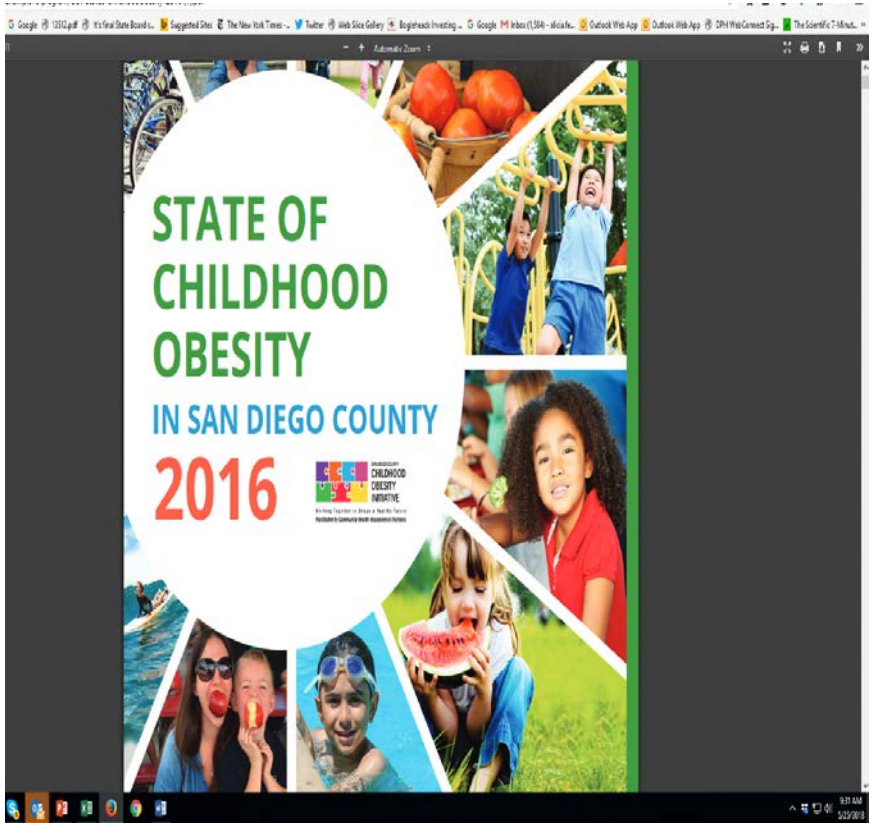
Income Inequality



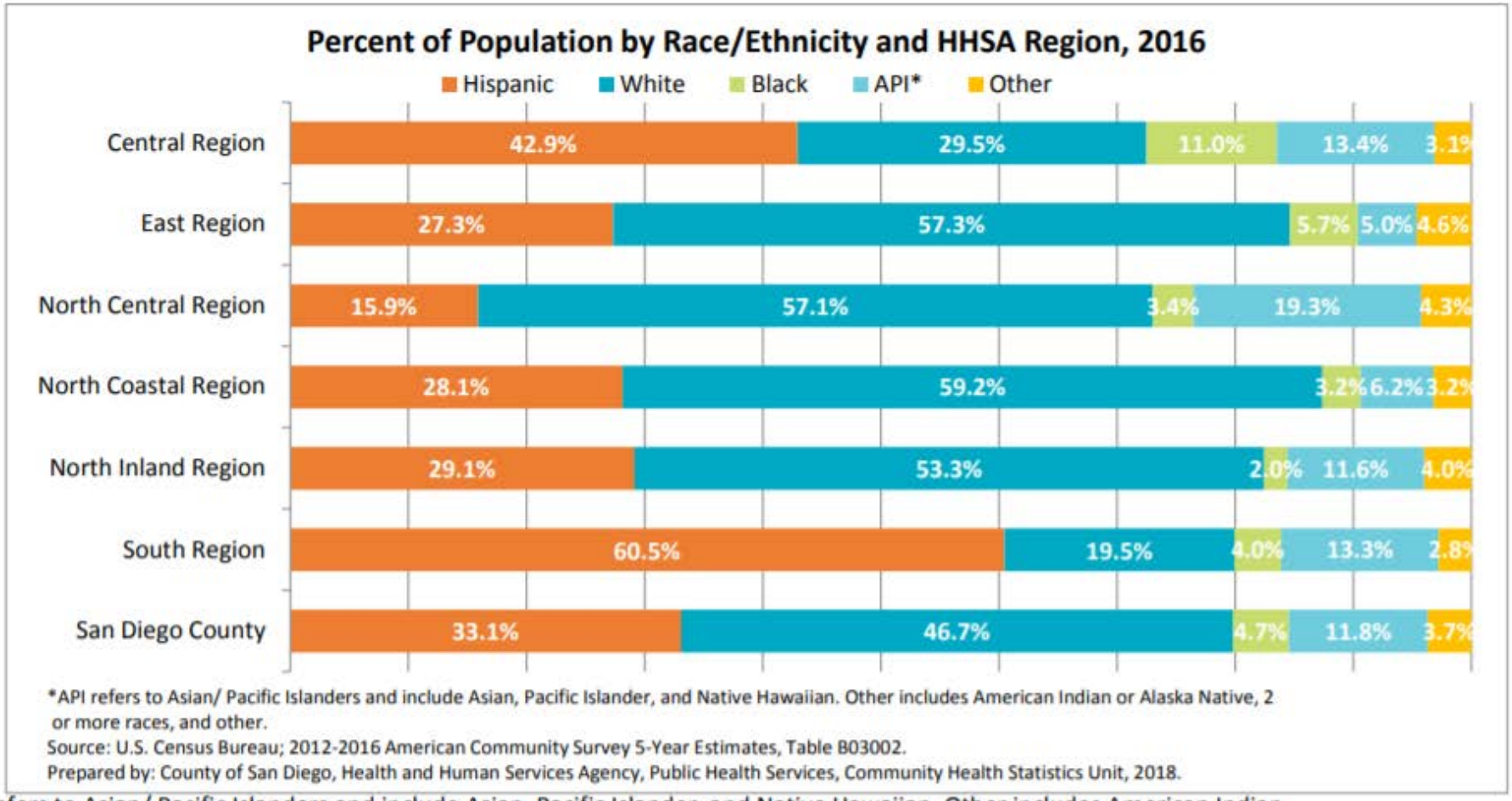
Source: Feeding America Latino Hunger Fact Sheet September 2017

San Diego County Level Data

San Diego Childhood Obesity Initiative



- SD Department Public Health
- Live Well San Diego
- Kaiser Permanente
- First 5
- CHIP



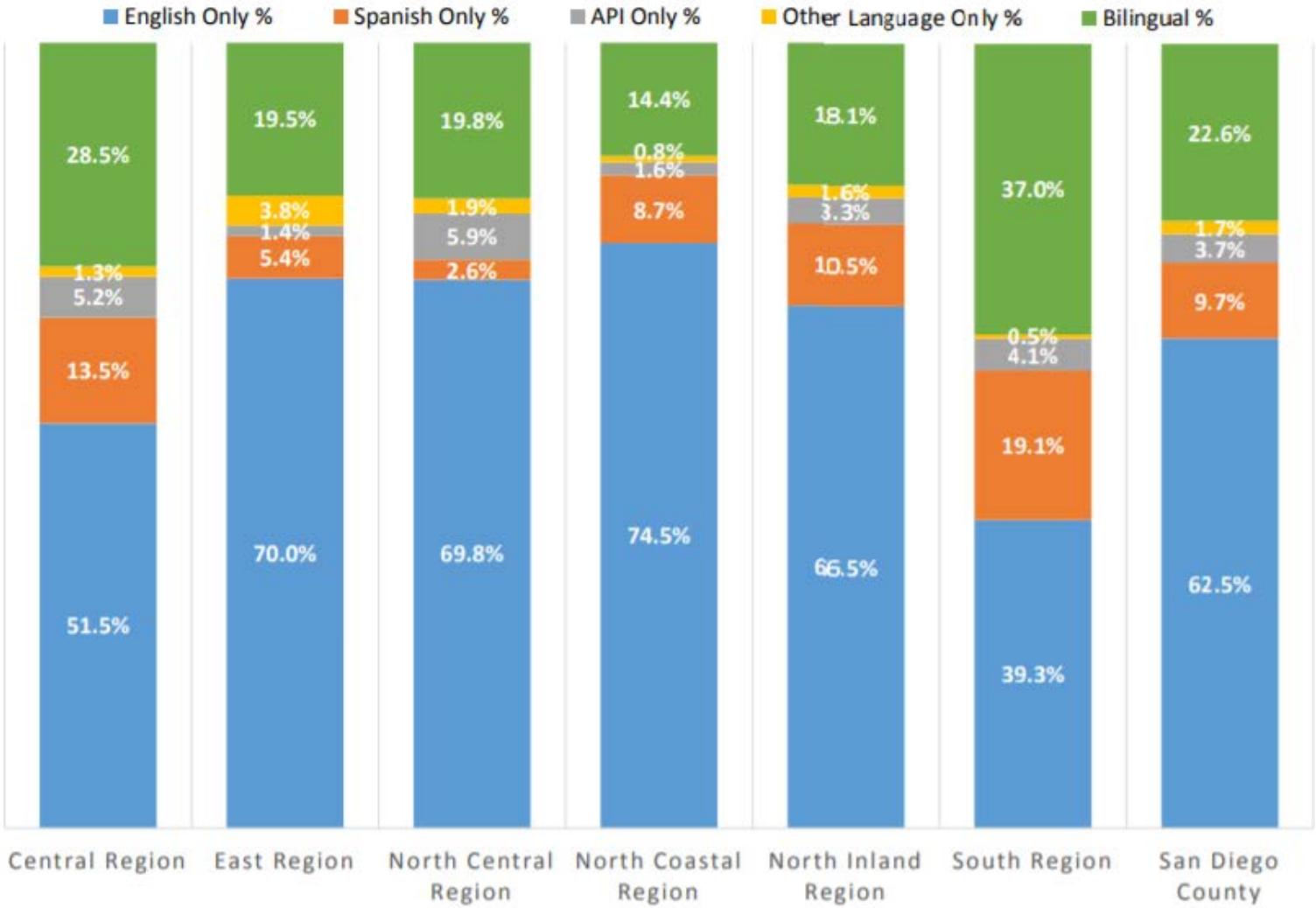
*API refers to Asian/ Pacific Islanders and include Asian, Pacific Islander, and Native Hawaiian. Other includes American Indian or Alaska Native, 2 or more races, and other.

Source: U.S. Census Bureau; 2012-2016 American Community Survey 5-Year Estimates, Table B03002.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018.

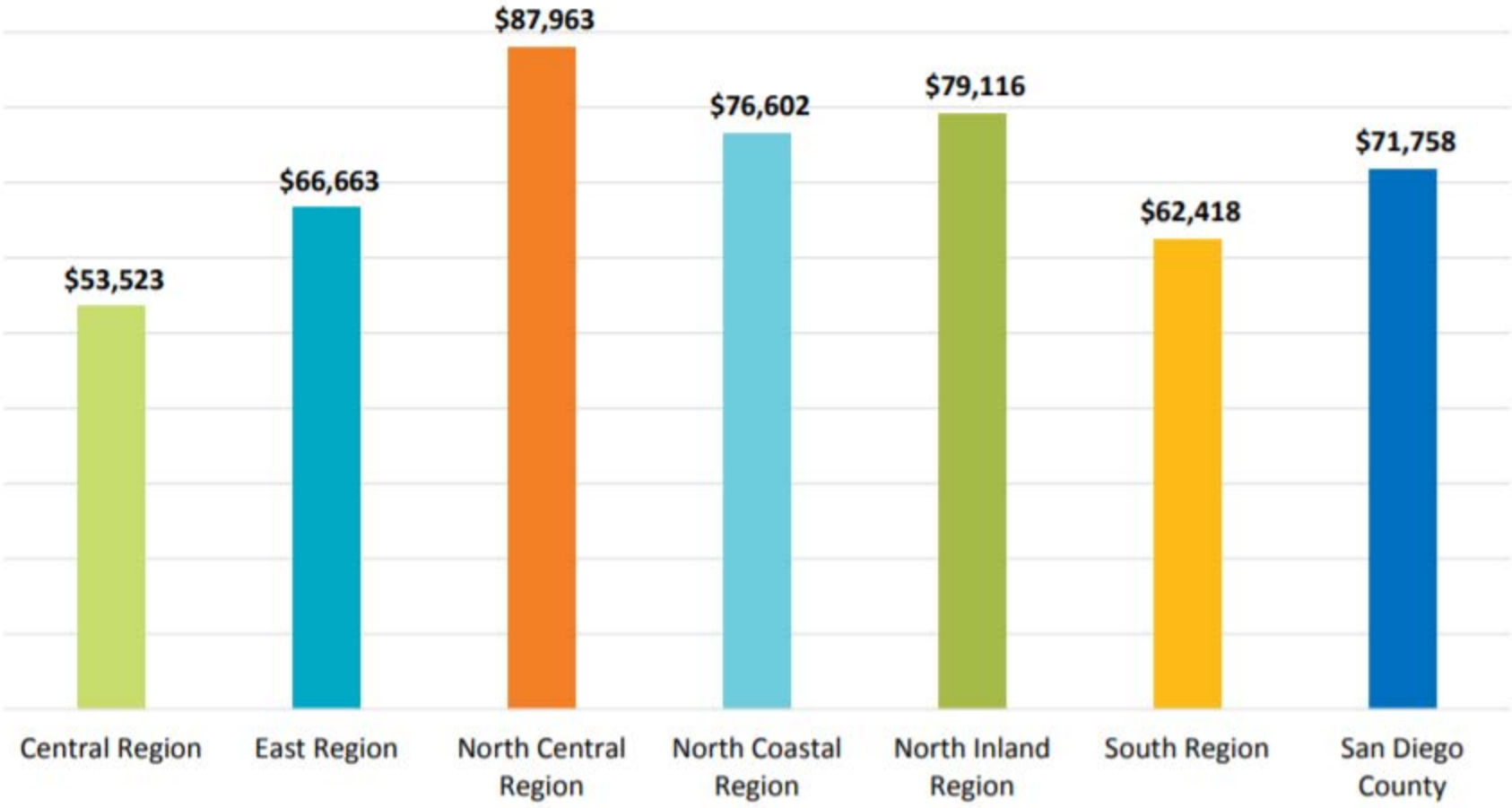
*API refers to Asian/ Pacific Islanders and include Asian, Pacific Islander, and Native Hawaiian. Other includes American Indian or Alaska Native, 2 or more races, and other.

Language Spoken at Home Among Population 5 Years and Older by HHSA Region, 2016



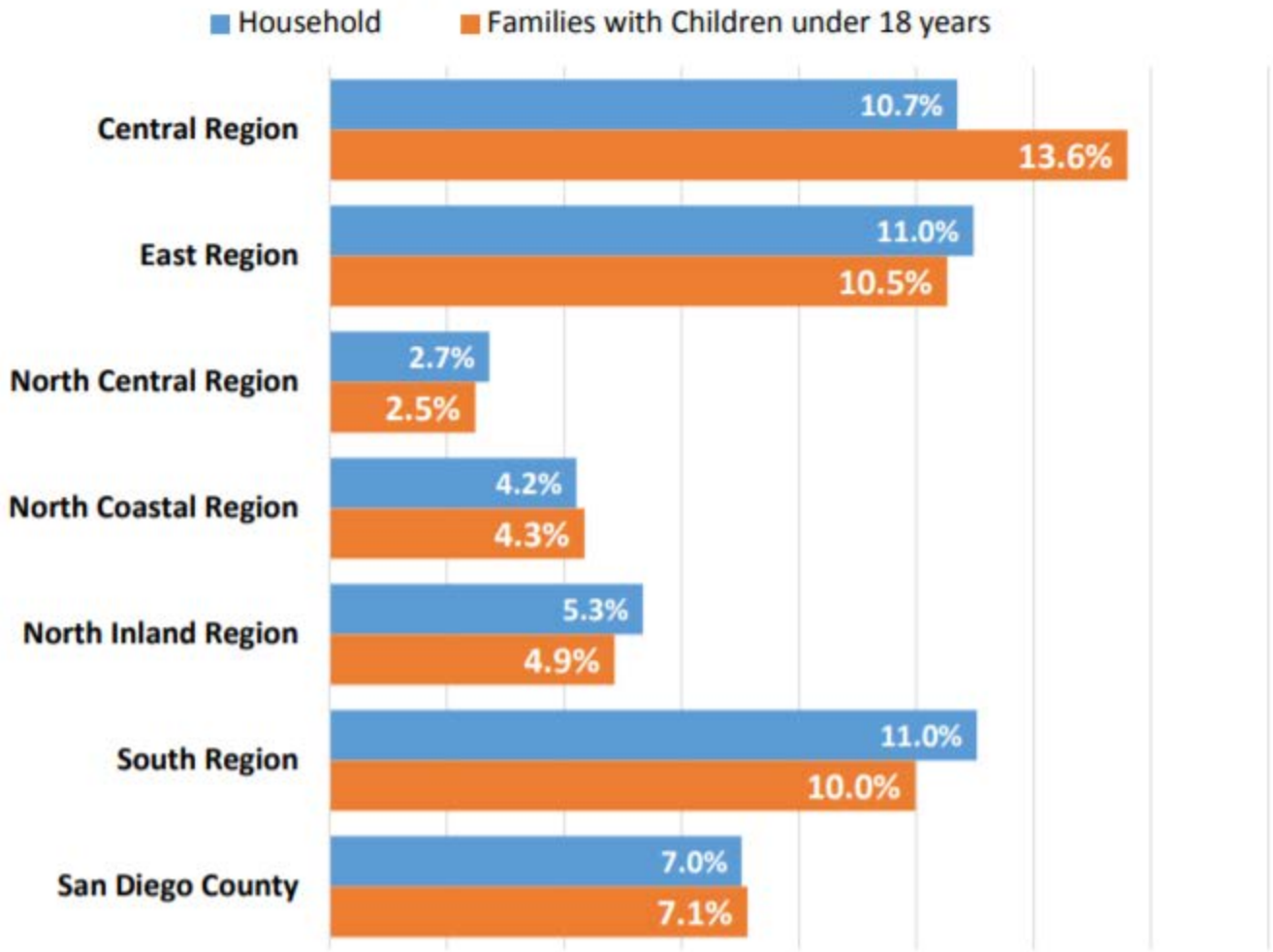
Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates, Table DP02.
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018.

Median Household Income by HHSA Region, 2016



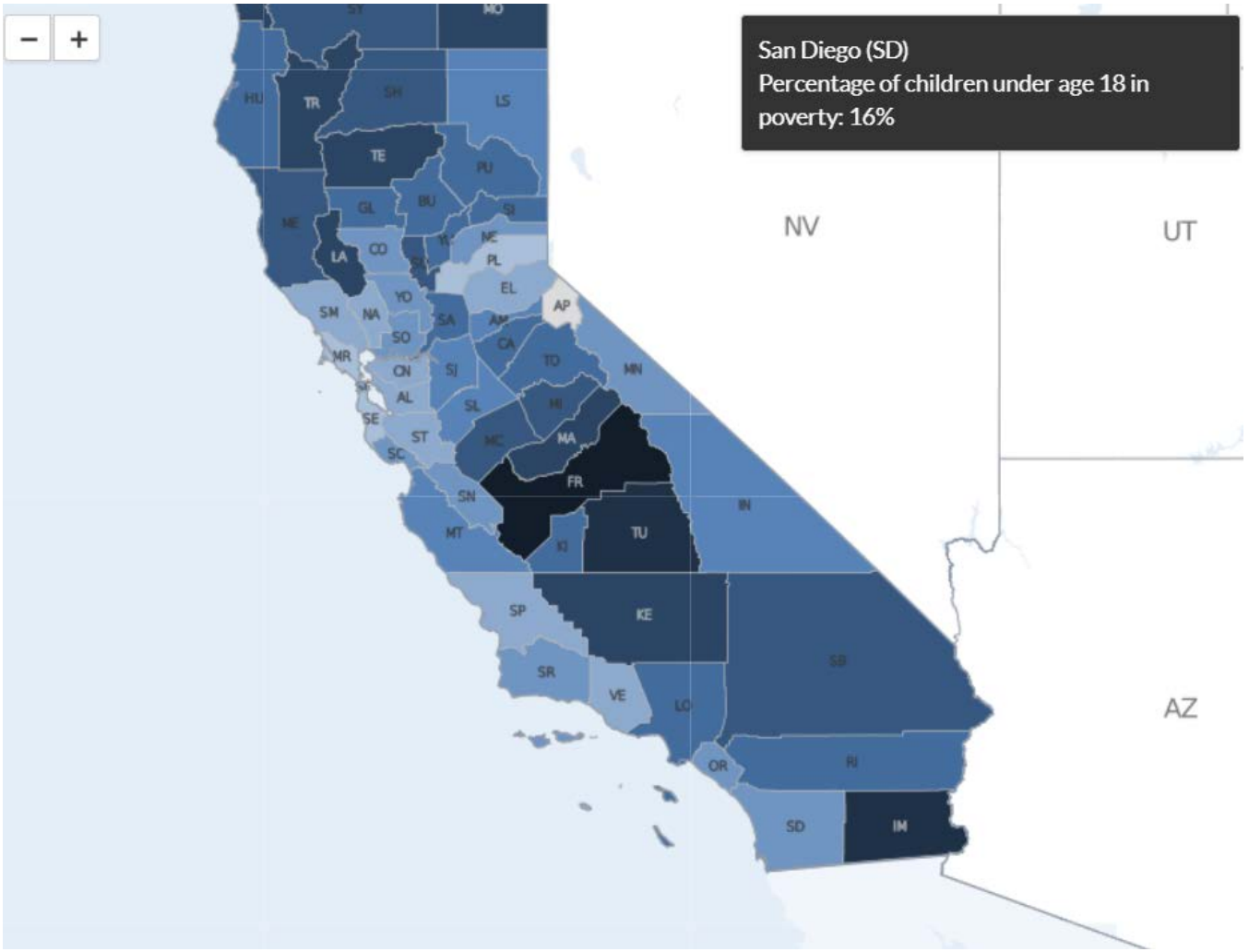
Source: U.S. Census Bureau; 2012-2016 American Community Survey 5-Year Estimates, Table DP03, DP04.
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018.

Food Stamps/SNAP/CalFresh Receipt by HHSA Region, 2016



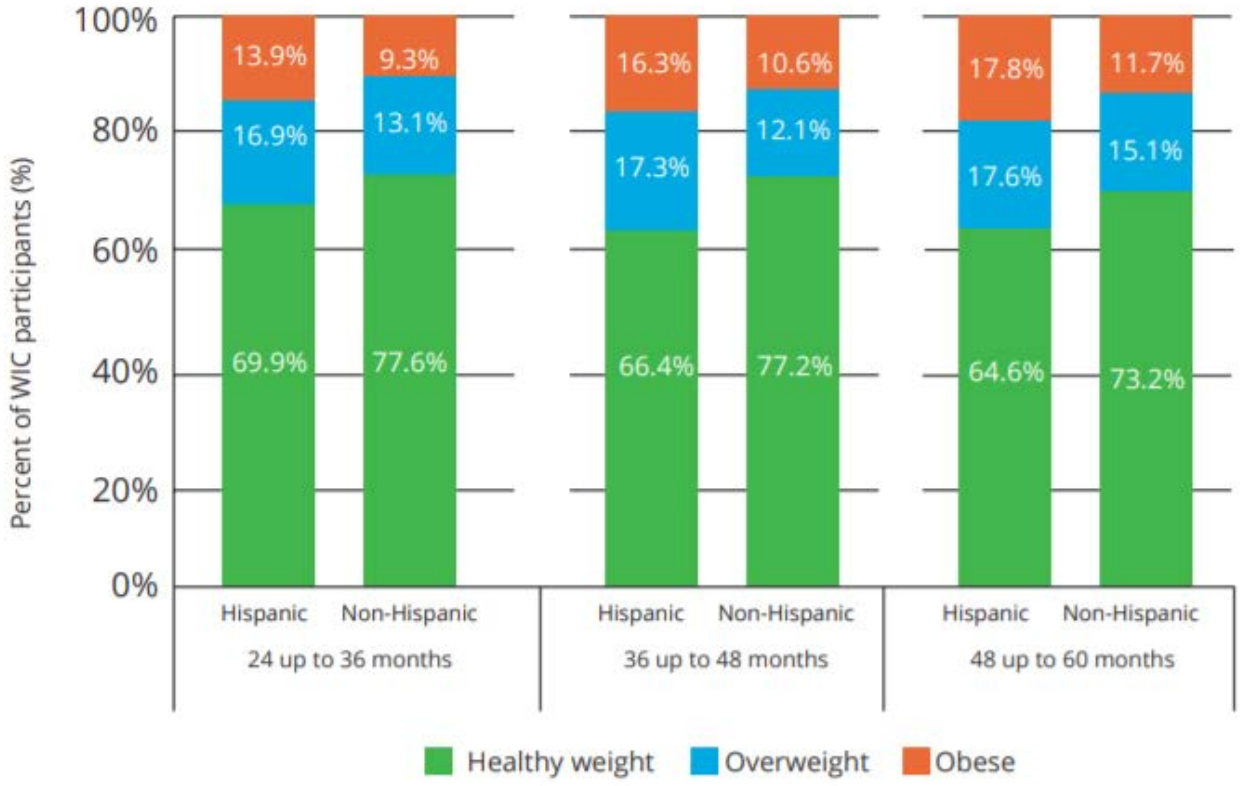
Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates, Table B22002, B22007, B17024.
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018.

Children Living in Poverty



San Diego County

Figure 7: Childhood overweight and obesity among San Diego County WIC participants ages 24 to 60 months (2015) Hispanic vs. Non-Hispanic

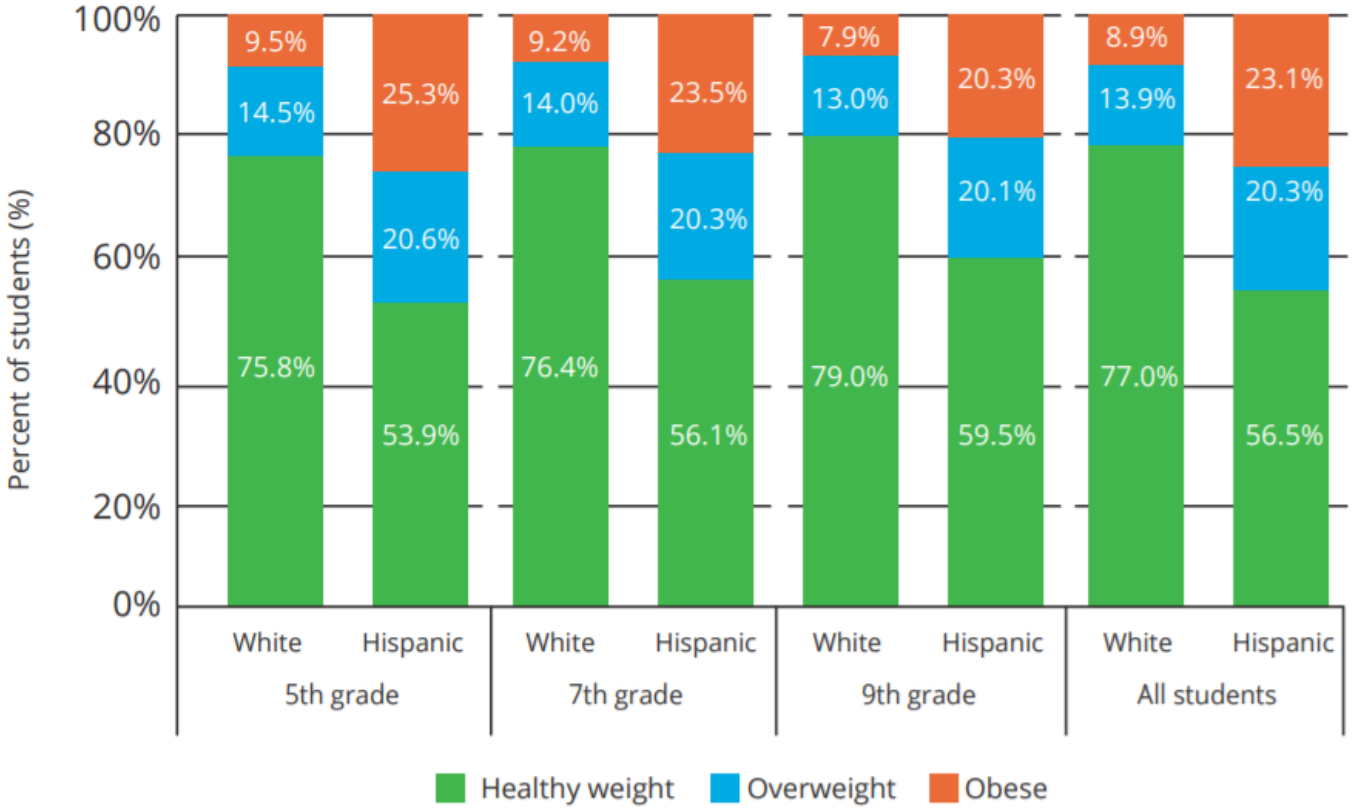


Source: San Diego County WIC agencies

The State of Childhood Obesity in San Diego County 2016

San Diego County

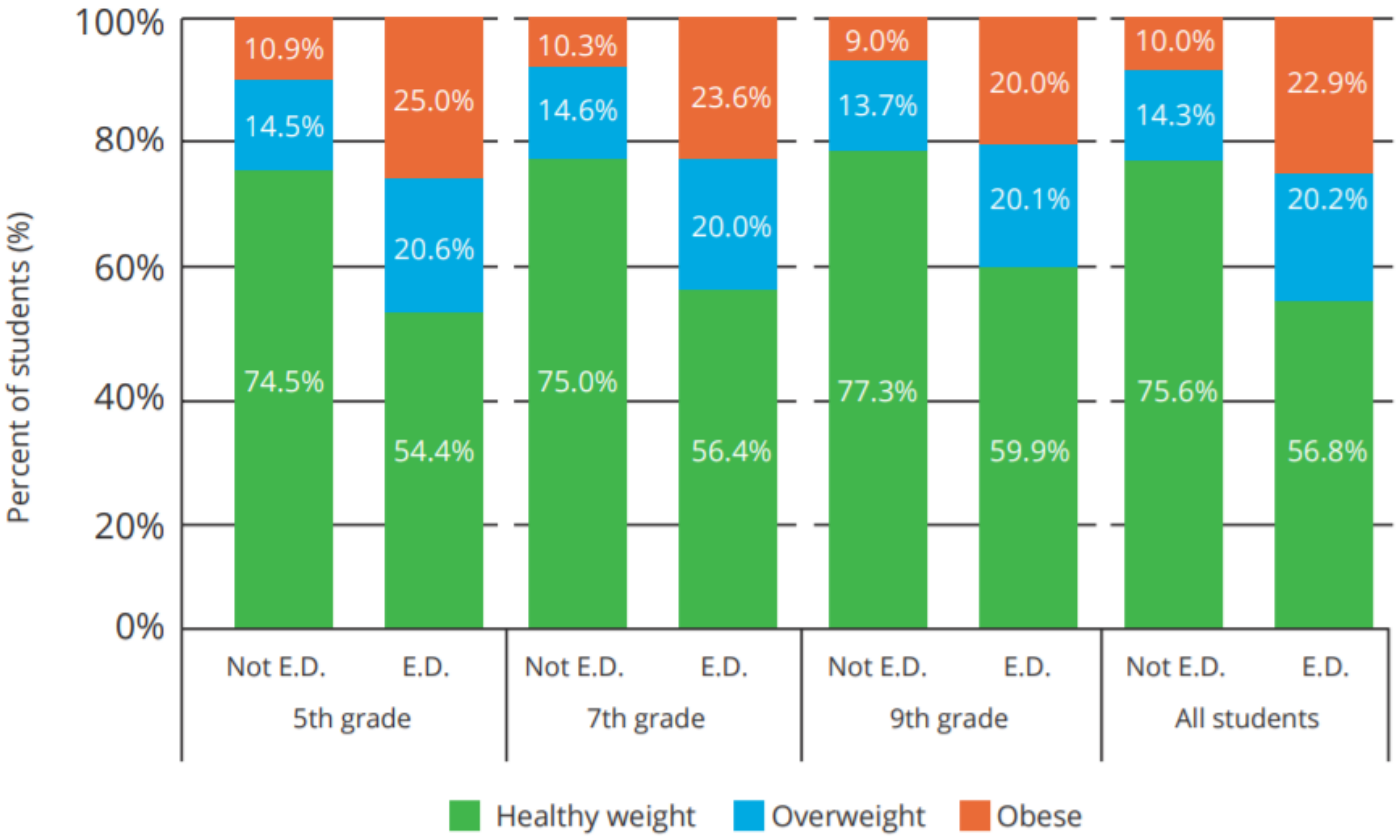
Figure 3: Childhood overweight and obesity among San Diego County 5th, 7th, and 9th grade public school students White vs. Hispanic students (school year 2014-15)



Source: California Department of Education, FITNESSGRAM® body composition test

San Diego County

Figure 4: Childhood overweight and obesity among San Diego County 5th, 7th, and 9th grade public school students economically disadvantaged (E.D.) vs. non-E.D. students (school year 2014-15)



Source: California Department of Education, FITNESSGRAM® body composition test

Obesity in Mexico

- Second most obese country in world
- 74% of women and 67% of men are overweight/obese by WHO criteria
- Driven by urbanization, dietary changes
- Highest consumption of sugar sweetened beverages in world
- May challenge “healthy immigrant” effect

Barquera, Salud Publica Mex, 2012

San Diego County

In 2014 - 2015

- Half of all public school students in San Diego County were Hispanic
- Half of all public school students in San Diego County were low income
- High variation in school wellness initiatives
- Will require intensive and intentional health equity strategy

Contributing Factors

- Aggressive marketing

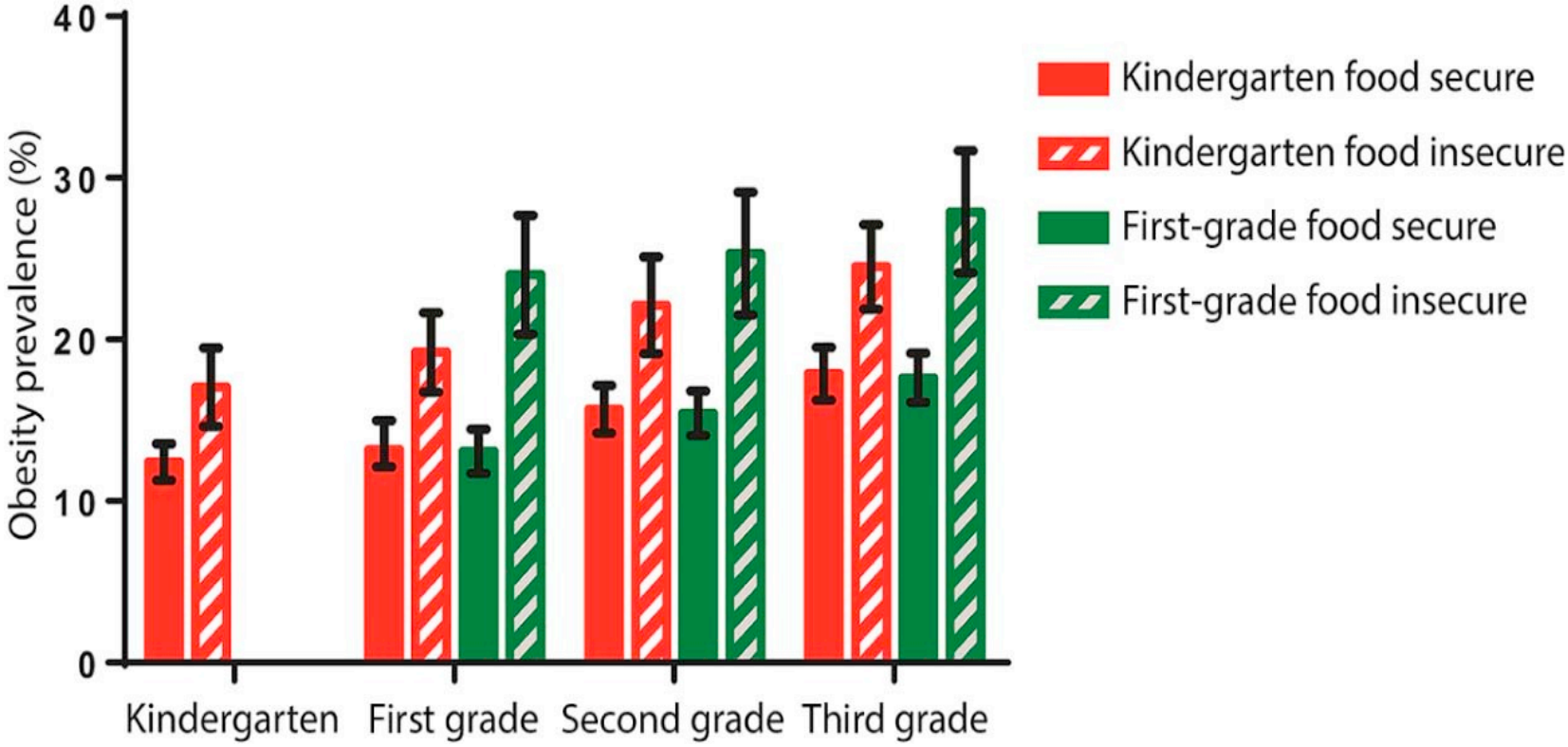
- *One XXXX-XXXX executive pointed out that "86 percent of [the company's] growth through 2020 for XXXX-XXXX's youth-target market [would] come from multicultural consumers, especially Hispanic," and concluded "focusing on this segment [is] critical to the company's future growth."*[13]

Source: BSMG, Health equity & junk food marketing: Talking about targeting kids of color

A Menu of Policy Options

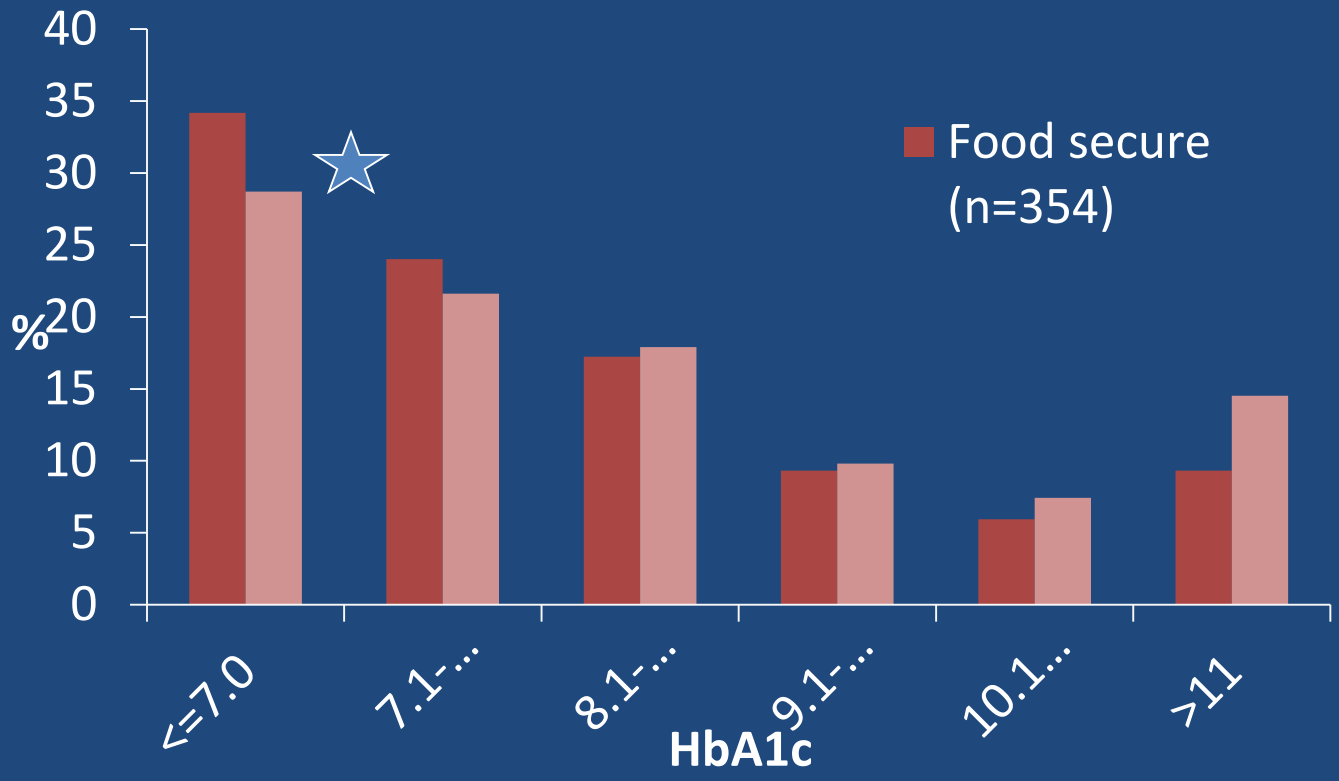
- Taxes
- Removing sugary drinks from school/government/health care buildings
- Reformulation of products
- Warning labels
- Restricted marketing to children

- Eliminating food insecurity



Lee; Nutrition 2018 51, 1-5DOI: (10.1016/j.nut.2017.12.008)

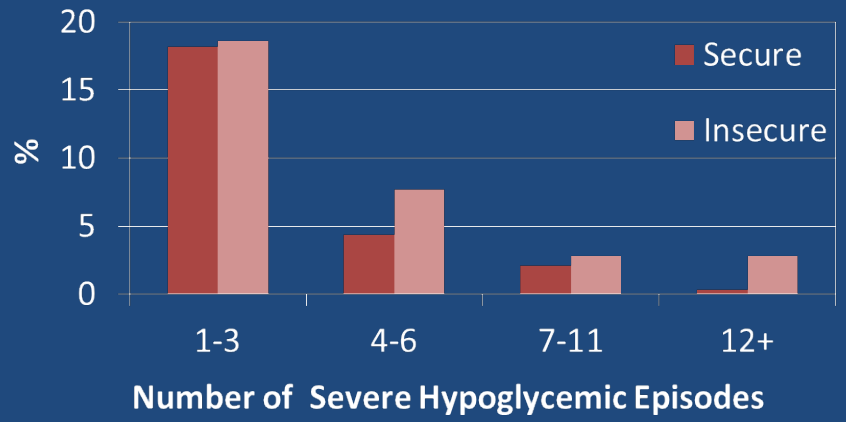
Food Insecure Adults with Diabetes Have Higher Average Blood Sugars



Seligman,/Fernandez *Diabetes Care, 2012*.

Food Insecurity and Hypoglycemia

Of the 711 participants, 197 (28%) reported at least one significant hypoglycemic episode in the previous year.



4+ episodes:
AOR 1.9 (1.1-3.5)

*Adjusted model includes age, race/ethnicity, tobacco use, English proficiency, income, educational attainment, body weight, insulin, renal disease, adherence to medication and blood glucose testing, comorbid conditions, and alcohol abuse.

Seligman/ Fernandez, *Arch Int Med*, 2011.

Healthcare and Food

HEALTHCARE FINANCE

REIMBURSEMENT | REVENUE CYCLE MANAGEMENT | STRATEGIC PLANN

MAY 16, 2017 | MORE ON PATIENT ENGAGEMENT

Major hospitals, doctors … food insecurity in patient… priority in patient care

Patients with a near-bare cupboard might buy unhealthful food or skimp on prescriptions or avoid going hungry.

Kaiser Health News

Boston Medical Center's Preventi… Food Pantry Merges Nutrition ar… Healthcare

Patients get referred to the pantry by their primary care physician.

by JAMIE DUCHARME • 9/25/2014, 10:44 a.m.

Inside the Preventive Food Pantry. Photos provided to bostonmagazine.com

MPRnews Sections Members More

Hospital hands out food to patients in need

Julie Siple · Minneapolis · Feb 4, 2011 Issues

LISTEN Doctor launches food shelf at HCMC
3min 41sec

Shanelle Milo, Diana Cutts *MPR Photo/Julie Siple*

Every time Dr. Diana Cutts walks into the pediatric clinic at Hennepin County Medical Center in Minneapolis, she knows there's a nearly one in three chance she'll find a family struggling with hunger.

With such research in mind -- and the knowledge that poor nutrition affects a child's physical and cognitive development -- Cutts pays close attention to whether families consistently have nutritious food at home.

When she meets parents like Shanelle Milo, a mother who recently brought in her eight-month-old daughter Saraiya for an exam, the conversation can quickly shift to food. That's what happened when Milo mentioned that she had run out of baby formula.

Milo, who lives in a shelter, told Cutts she has trouble affording enough nutritious food to feed her three children.

Cutts makes sure Milo receives benefits from the federal Women, Infants and

Thx to Alice Chen, MD

Why not provide food? Eat SF

Healthy fruit and vegetable voucher program for low-income SF residents with diet-sensitive chronic diseases and families with children <5 years old

Food Security

- EatSF improves access to fruits and vegetables at the market where people regularly shop.

Community Transformation

- Participating vendors will stock an increased variety and amount of quality fruits and vegetables in response to customer demand. This will increase access to healthy food for everyone, not just those in the EatSF program.

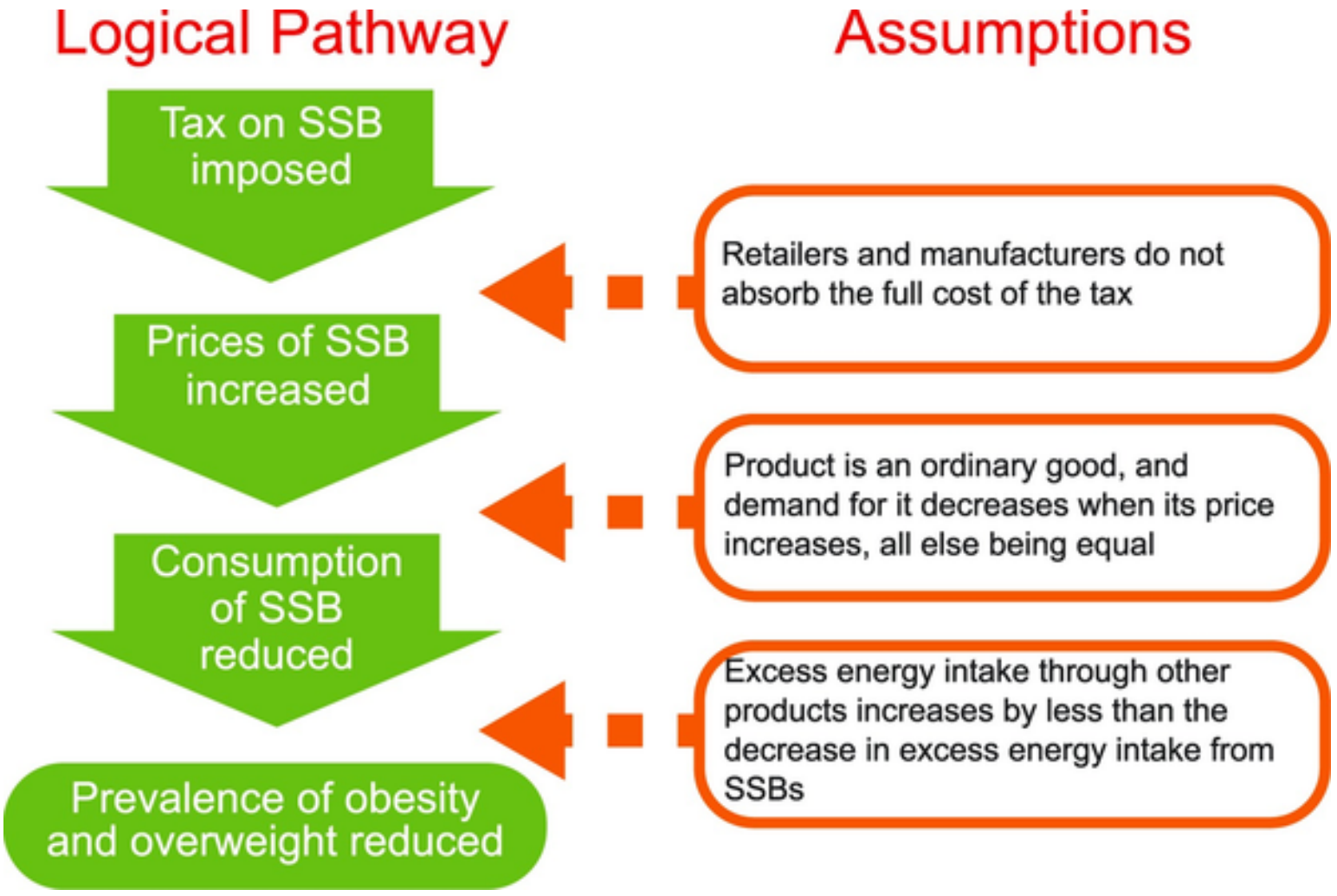
Economic Development

- By driving business to the participating corner stores and providing them with a small reimbursement fee, EatSF is helping small neighborhood businesses thrive.

Hilary Seligman, PI

EAT SF

Fig 1. Logical Pathway from Taxing SSBs to Public Health Impact.



Nakhimovsky SS, Feigl AB, Avila C, O'Sullivan G, Macgregor-Skinner E, et al. (2016) Taxes on Sugar-Sweetened Beverages to Reduce Overweight and Obesity in Middle-Income Countries: A Systematic Review. PLOS ONE 11(9): e0163358. https://doi.org/10.1371/journal.pone.0163358
http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0163358

Soda Taxes

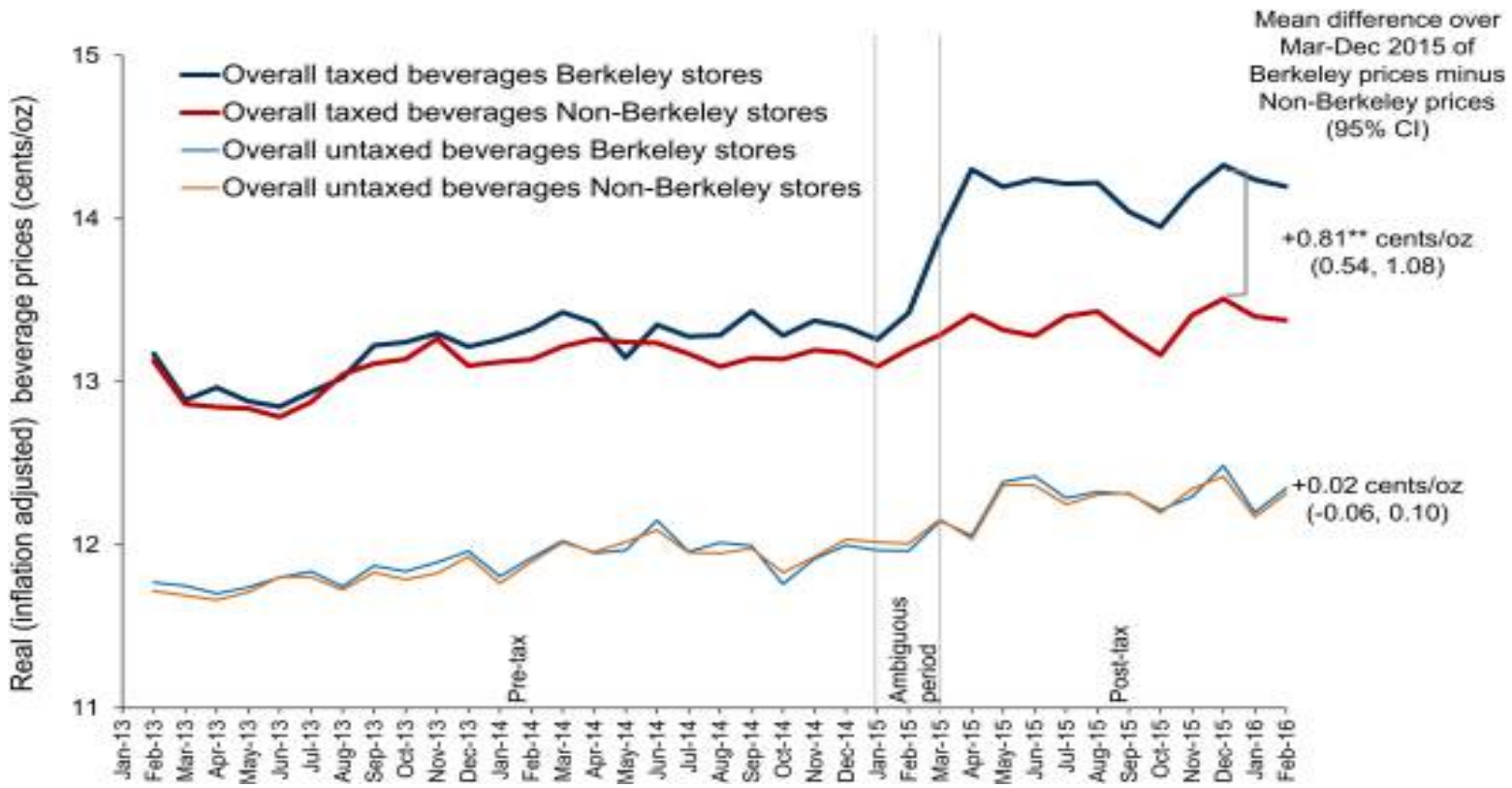
- Mexico and eight U.S. local governments, including Berkeley and San Francisco, CA, Seattle, WA, and Philadelphia, PA, have adopted sugary drink taxes.

- 9 evaluations – all show decrease in consumption of SSB

- Mexico: 1 peso per liter tax on SSB Jan 2014
- Year 1 impact: 6% decrease in purchases
- Year 2 impact: 9% decrease in purchases
- Increase purchase of bottled water

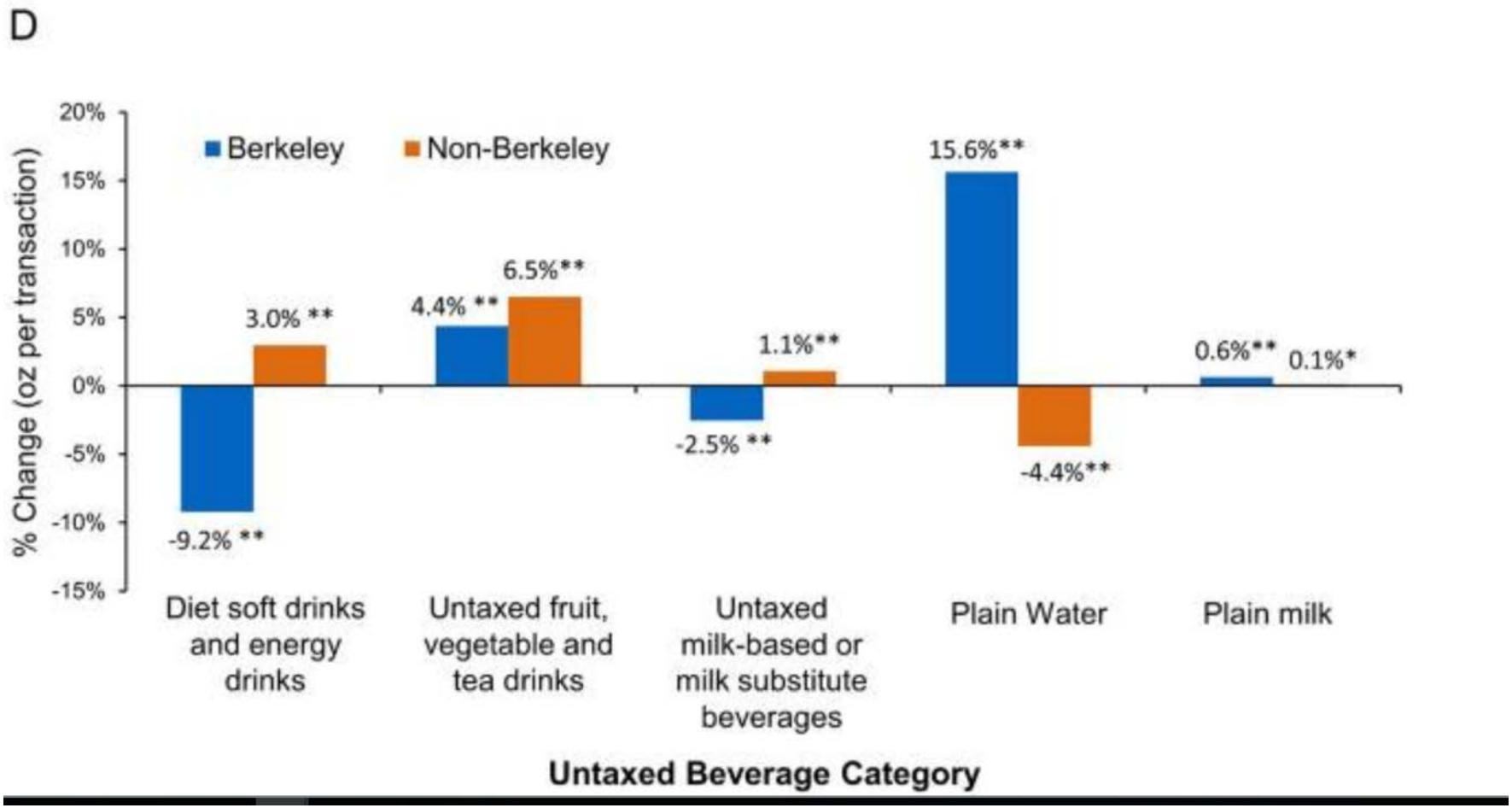
Colchero, Health Aff (Millwood). 2017 Mar 1;36(3):564-571

Prices increased with SSB tax



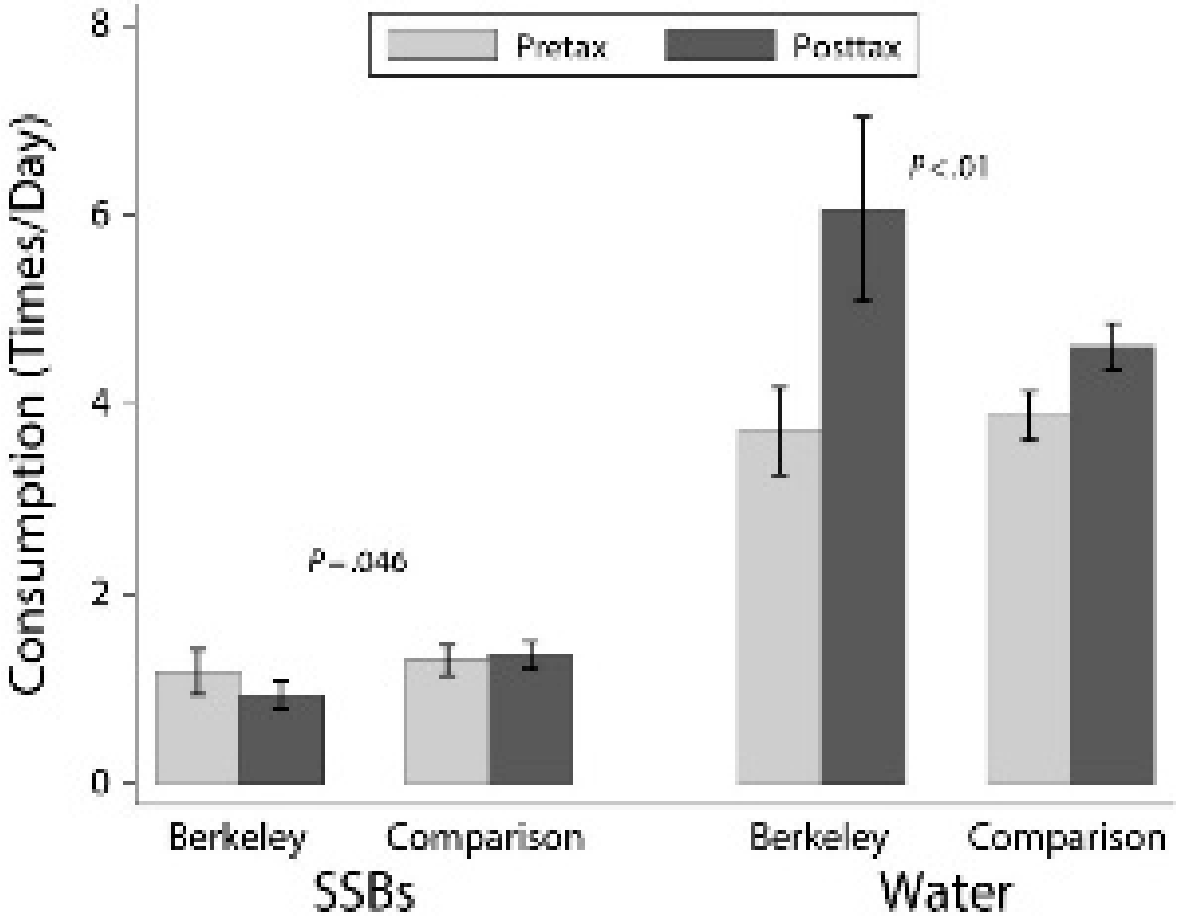
Silver L; PLoS Med. 2017 Apr; 14(4): e1002283.

Changes in Consumption One Year Post Tax



SilverL; PLoS Med. 2017 Apr; 14(4): e1002283.

Decreased Consumption of SSB in Berkeley



Falbe, *Am J Public Health2016;106:1865-71*.

Howard County—Multilevel Initiative

Interpersonal Level	Better Beverage Finder (online tool) Street teams (fairs, swim pools, healthy drinks)
Organizational Level	Hopkins Medicine Healthy Beverages Healthy Play – local soccer team AAP– teach local pediatricians best practices Better choices – 50 CBO commit to healthy bevs and improve vending machine choices Dental Coalition – best practices local dentist Head Start curriculum Healthy child care – 70 facilities certified

Community Level	Joint data collection (4 major com. health institutions) Youth documentary contest Sugar Free Kids – coalition of 240 members, lots of media Community partnerships: key groups ie faith org, teacher union, non-profits Media campaign Joint Chamber of Commerce Study on obesity (with Horizon Foundation)
Policy Level	School policy– using Well-SAT; changed vending machines to meet standards State Law– children facilities can only serve healthy bev (water, lowfat/nonfat milk) County property – vending machines and youth programs meet national standards

JAMA Network

Association of a Community Campaign for Better Beverage Choices With Beverage Purchases From Supermarkets

JAMA Intern Med. 2017;177(5):666-674. doi:10.1001/jamainternmed.2016.9650

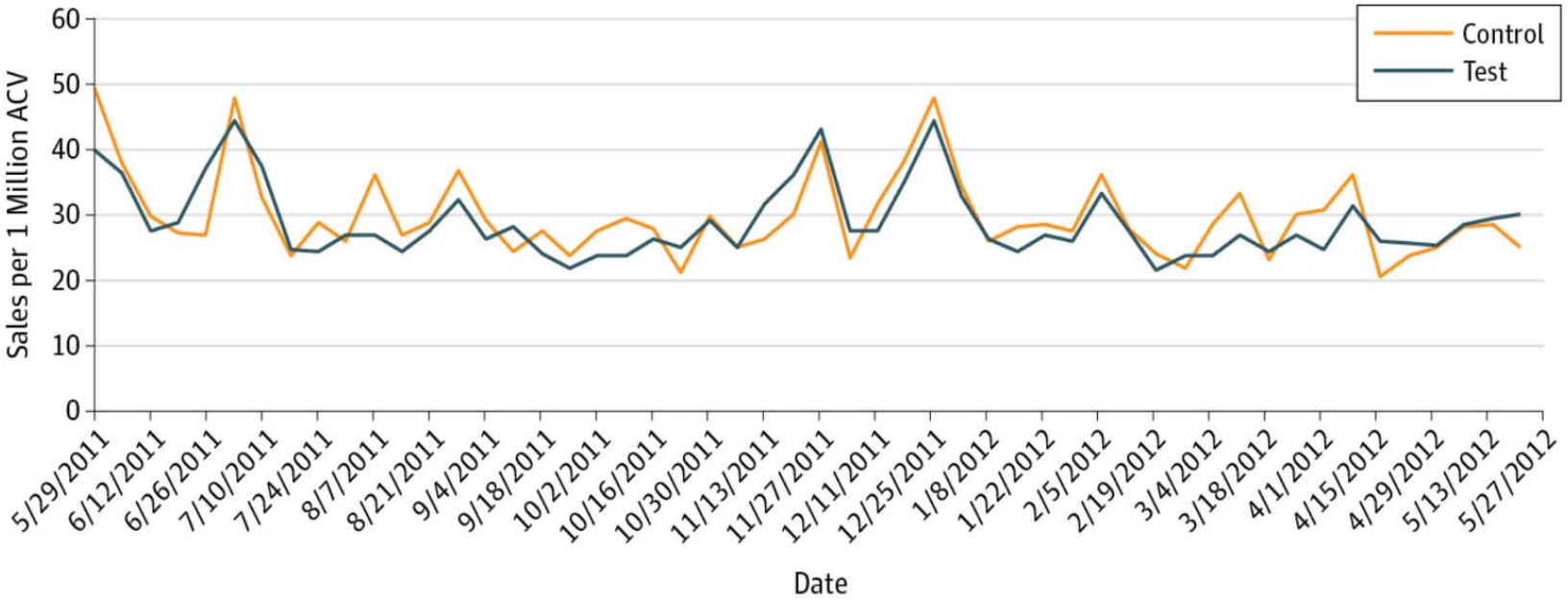


Figure Legend:

Comparison of Store Groups in Sales of Regular SodaThis graph was produced by IRI MarketAdvantage to demonstrate the close match between Howard County, Maryland (HC) and comparison stores in sales of regular soda. The total sales of regular soda per 1 million all-commodity volume (ACV) of total supermarket sales in the HC stores (test) and comparison stores (control) for the 52 weeks ending on May 20, 2012, are given.

JAMA Network™

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JAMA Intern Med. 2017;177(5):666-674. doi:10.1001/jamainternmed.2016.9650

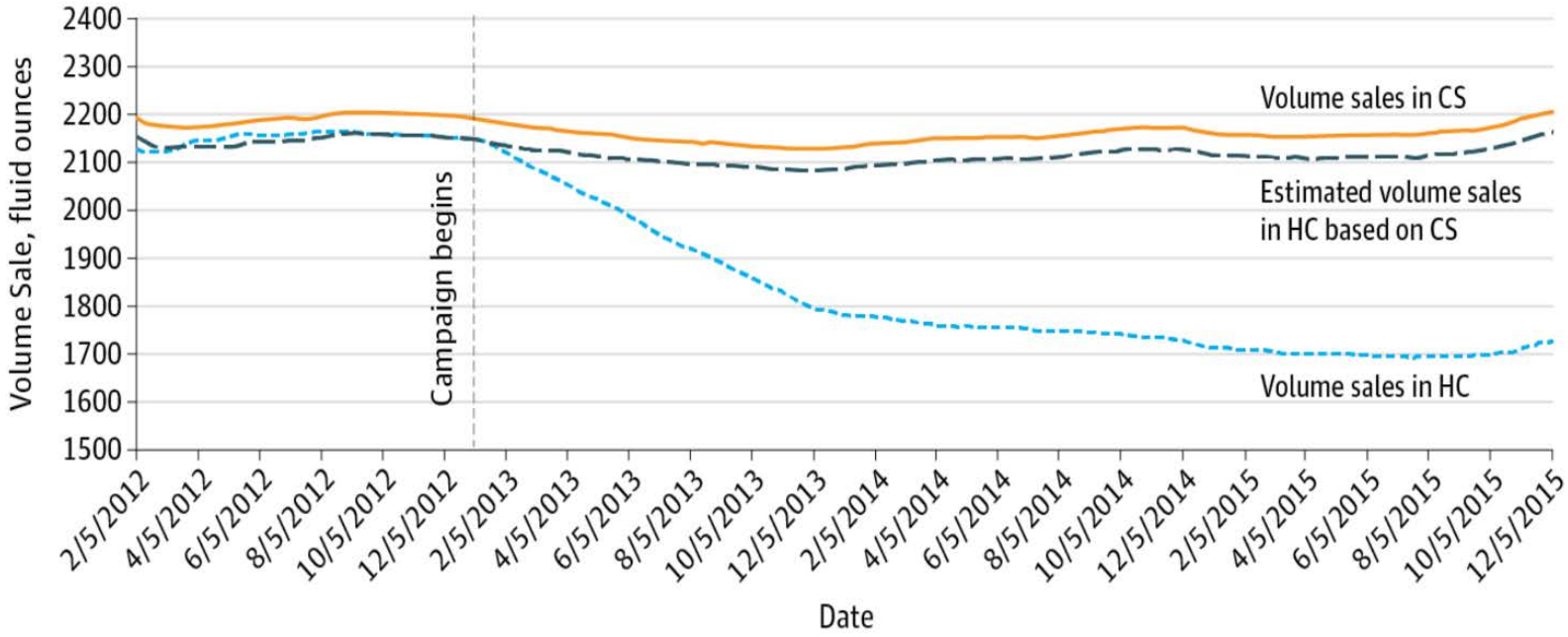

Figure Legend:

Moving Mean of Adjusted Weekly Volume SalesThe moving mean sales of regular soda for stores in Howard County, Maryland (HC) and comparison stores (CS) and the estimated volume sales for HC are shown. The estimated sales represent the expected HC sales without exposure to the campaign. The HC estimated sales were calculated by adjusting the intercept of the volume sales in comparison stores. To convert fluid ounces to milliliters, multiply by 30.

JAMA Network™

Association of a Community Campaign for Better Beverage Choices With Beverage Purchases From Supermarkets

JAMA Intern Med. 2017;177(5):666-674. doi:10.1001/jamainternmed.2016.9650

Table 2. Adjusted Means of Volume Sold in Supermarkets From 2012 Through 2015

	HC Stores					Comparison Stores				
	Volume Sold, fl oz per Product per Store per Week				Change From 2012 to 2015, %	Volume Sold, fl oz per Product per Store per Week				Change From 2012 to 2015, %
Beverage (No. of Brands)	2012 (Baseline)	2013	2014	2015		2012 (Baseline)	2013	2014	2015	
Regular soda (n = 13)	2148	1784	1717	1725	−19.7	2193	2123	2162	2211	0.8
Sports drinks (n = 2)	3924	3406	3063	2938	−25.1	4891	5087	4513	4503	−7.9
Fruit drinks (n = 6)	2004	1928	1655	1696	−15.3	2315	2882	2315	2301	−0.6
Diet soda (n = 7)[a]	2325	2056	1899	1911	−17.8	2463	2338	2216	2184	−11.3
100% fruit juice (n = 4)[a]	2991	2996	2689	2544	−15.0	3204	3389	3241	3135	−2.1

Abbreviation: HC, Howard County.

SI conversion factor: To convert fluid ounces to milliliters, multiply by 30.

[a] Indicates nontargeted product.

SF Health Improvement Partnership

- **University of California San Francisco (UCSF) Clinical and Translational Science Institute (CTSI)**
- **San Francisco Department of Public Health (SFDPH)**
- **Chicano/Latino/Indigena Health Equity Coalition**
- **African American Community Health Equity Council**
- **Asian and Pacific Islander Health Parity Coalition**
- **Community hospitals**
- **San Francisco Unified School District (SFUSD)**
- **Public Utilities Commission**
- **San Francisco Board of Supervisors,**

Grumbach, Prev Chronic Dis 2017;14:160469

Achievements SF HIP, 2010 – 2016

- Most San Francisco hospitals implemented or have committed to implementing healthy beverage policies prohibiting serving or sale of SSBs (2015–2017).
- 2 new local SSB ordinances banning use of San Francisco government funds to purchase SSBs and requiring health warnings on advertisements for SSBs (2015).
- Sugar tax ballot measures June 2014 and November 2016 elections; June 2014 ballot measure was defeated by voters but voters passed the November 2016 ballot measure.
- 19 new neighborhood tap water filling stations installed in low-income neighborhoods (2016–2017).
- SFUSD wellness policy was adopted prohibiting sale or serving of SSBs (2016)
- 9 community health workers were trained on SSBs for education campaign in low income and minority neighborhoods (2016).

Grumbach, Prev Chronic Dis 2017;14:160469

Collective Impact Model

Table 1. Principles of Collective Impact and Evidence-to-Policy Population Health Translational Science, San Francisco Health Improvement Partnership, 2010–2016

Principle	Component
Core elements of collective impact[a]	Common agenda
	Shared measurement strategy
	Mutually reinforcing activities
	Continuous communication
	"Backbone" support from organizations that provide staff and financial resources
Key ingredients of population health translational science[b]	Research responsive to user needs
	Understanding of the decision-making environment
	Effective stakeholder engagement
	Strategic communication
Health equity[c]	Achievement of social justice in health, measured by elimination of health disparities

[a] Source: Hanleybrown, et al (1).
[b] Source: Woolf, et al (3).
[c] Source: Braveman (5).

Grumbach, Prev Chronic Dis 2017;14:160469

Summary

- Policy interventions such as SSB taxes work
- Multi-level, multicomponent interventions led by community coalitions can create sustained change
- Much work is needed!

Resources

- Rudd Obesity Center http://www.uconnruddcenter.org/
- SugarScience UCSF http://sugarscience.ucsf.edu/
- Obesity Prevention Source, Harvard

https://www.hsph.harvard.edu/obesity-prevention-source/