

Policy Stream Survey: Taking the Pulse of California Communities Working to Improve Nutrition and Physical Activity Environments

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INTRODUCTION

In an effort to understand how California communities are engaged in policy approaches to improving nutrition and physical activity environments for obesity and chronic disease prevention, California Project LEAN (Leaders Encouraging Activity and Nutrition) (CPL), a program of the California Department of Public Health (CDPH), commissioned Samuels & Associates to conduct a survey of local nutrition and physical activity-related policy efforts. The survey was conducted in partnership with the California Convergence, a network of partners working to improve healthy eating and physical activity environments through policy change. The survey was funded by CDPH's Communities Putting Prevention to Work (CPPW) grant from the Centers for Disease Control and Prevention (CDC) and the CDC Preventive Health and Health Services Block Grant.

The over-arching purpose of this survey was to identify current efforts, opportunities, strategies, and barriers to advancing policy in five policy areas: **Healthy Food Retail, Beverage Environments, Joint Use of School Facilities, Land Use and Transportation Planning and Safety and Violence Prevention**. The focus of the CPPW grant is the Beverage Environment (sugary beverages) and Joint Use of School Facilities. The survey was expanded to include three additional policy areas of interest to the California Convergence and other key CDPH partners.

Beverage Environment

A wealth of evidence is emerging regarding the role of sugar sweetened beverages in obesity and chronic disease. The 2005 California Health Interview Survey (CHIS) data show

that 41% of children ages 2-11 drink at least one soda every day.¹ More than 62% of adolescents age 12-17 drink soda every day, including 13% who drink three or more sodas every day. More than 24% of adults drink at least one soda every day. One strategy for increasing healthy beverage consumption is to increase access to water. In a recent survey of California public schools conducted by CPL in collaboration with the California Department of Education, nearly 40% of responding districts reported not offering free drinking water in food service areas.²

Findings from the 2005 CHIS further show that there are major geographical differences in soda consumption in California. The percent of children ages 2-11 drinking at least one soda each day ranges from 18% in Marin County to 61% in Imperial County. Among adolescents, the percent drinking one or more sodas each day ranges from 39% in Mendocino County to 78% in San Joaquin County. Among adults, the percent drinking one or more sodas each day ranges from just 11% in Marin County to 39% in Kings County.³ The 2003 California Dietary Practices Survey found that significantly more African Americans (62%) and Hispanics (61%) report consuming at least one sugar-sweetened beverage (SSB) on the previous day, compared to Whites (45%) and Asians/Pacific Islanders (35%) (p<0.001). Trends from 2003-2007 suggest SSB consumption has leveled off among African Americans and Hispanics, has remained relatively unchanged for Whites, and has decreased for Asian/Pacific Islanders.⁴

Joint Use of School Facilities

Another vital facet to understanding obesity and chronic disease prevention in California is the physical activity environment. According to the 2007 CHIS, 13% of teens (12 to 17 years of age) and 18% of adults (18 years or older) do not live within walking distance of a park, playground, or open space.⁵ In addition, the 2003 California Dietary Practices Survey found significantly fewer Hispanic adults (55%) have access to safe, public indoor or outdoor recreational facilities compared to White adults (69%).

¹ Babey SH et al. Bubbling over: Soda consumption and its link to obesity in California. UCLA Center for Health Policy Research and the California Center for Public Health Advocacy. September 2009. Available at: <http://www.healthpolicy.ucla.edu/pubs/files/Soda%20PB%20FINAL%203-23-09.pdf>

² CA Project Lean. Water Survey Results. September 2009.

³ Babey SH et al. Bubbling over: Soda consumption and its link to obesity in California. UCLA Center for Health Policy Research and the California Center for Public Health Advocacy. September 2009. Available at: <http://www.healthpolicy.ucla.edu/pubs/files/Soda%20PB%20FINAL%203-23-09.pdf>

⁴ California Department of Public Health. 2003 California Dietary Practices Survey. September 2007. Available at: <http://www.cdph.ca.gov/programs/cpns/Documents/Network-REU-CDPS-HighFatHighSugar-2003.pdf>

⁵ California Health Interview Survey. CHIS 2007 Public Use Files. Available at <http://www.chis.ucla.edu/main/DQ3/geographic.asp> Los Angeles, CA: UCLA Center for Health Policy Research, January 2009.

One solution to lack of safe locations for physical activity is to make indoor and outdoor school facilities available to the public outside of school hours. Joint use policies and practices can mean schools informally opening their gates during non-school hours for community use and/or schools engaging in formal joint use agreements with a governmental agency or non-profit organization to share use of recreational facilities. A survey of California public school districts found that nearly 60% have some form of joint use occurring in their schools, and half reported they were in the process of building new schools that will incorporate some type of joint use facility.⁶ An online survey of public health advocates statewide conducted in 2010 by the Public Health Law and Policy (PHLP) program found that nearly 70% of the counties that responded had formal joint use agreements in place, and nearly 20% were sharing facilities through informal agreements (more commonly in situations where the use was limited to outdoor facilities). Formal agreements were more common in urban and suburban locales, while in rural areas, informal agreements were more common. In almost every instance, parks and recreation departments were a partner in the agreement.⁷

METHODS

Samuels & Associates developed the survey questions with input from CPL and California Convergence staff. The survey was administered using Survey Monkey online software and took approximately 20 minutes to complete. A link to the online survey was sent to 89 individuals. Survey recipients included CDPH's SSB and joint use grantees and California Convergence member communities. The survey was sent out electronically three times in October and November, 2010, and an incentive (a raffle to win a \$100 gift certificate) was offered to maximize the response rate (55%).

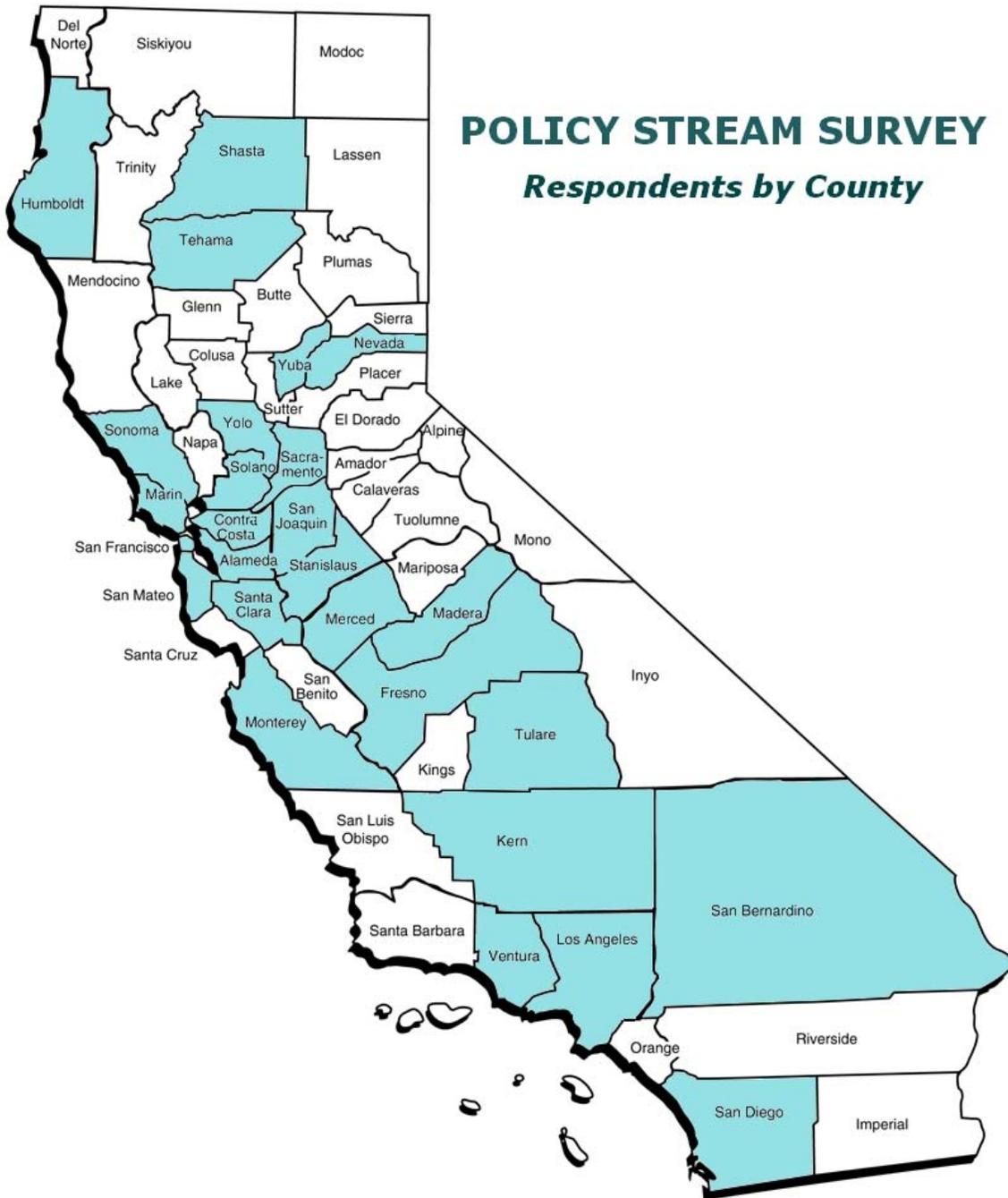
Respondent Characteristics

The 49 individuals who completed the survey represented 27 (of 58) California counties (See Figure 1). Half reported that they work for a health department (49%), 29% work for a community-based organization, 20% work for a variety of other organizations, 2% work for a school. Eighty percent of respondents reported that their work is part of a community collaborative or coalition. To assess the geographical reach of the survey, respondents reported which zip code(s) they work in and this information was projected onto a map of California counties. A county was considered represented if at least one of its zip codes was reported (Figure 1).

⁶ Vincent J. Building California's new schools: A survey of the state's public school districts. Center for Cities & Schools, University of California, Berkeley. 2008. Unpublished manuscript

⁷ Planning for Healthy Places, a project of Public Health Law & Policy (PHLP). Opening school grounds to the community after hours: A toolkit for increasing physical activity through joint use agreements. 2010.

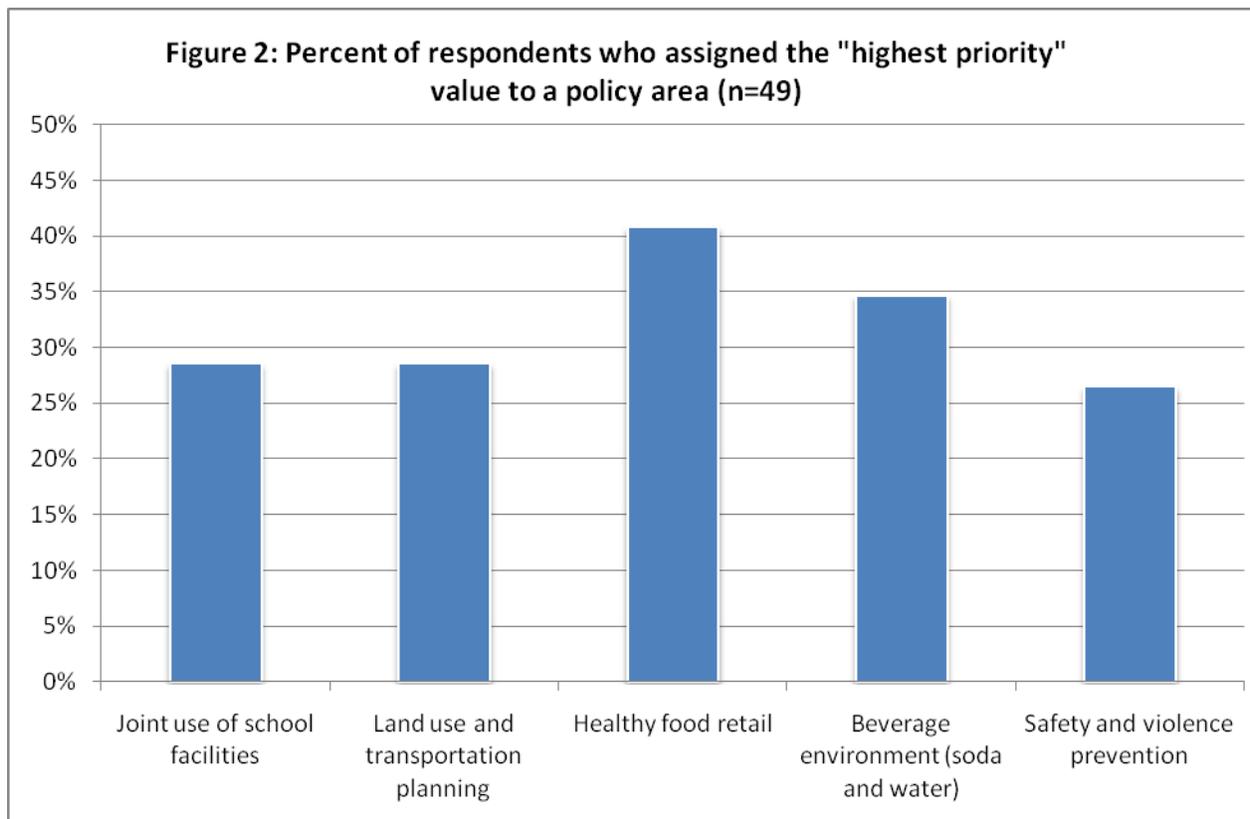
FIGURE 1



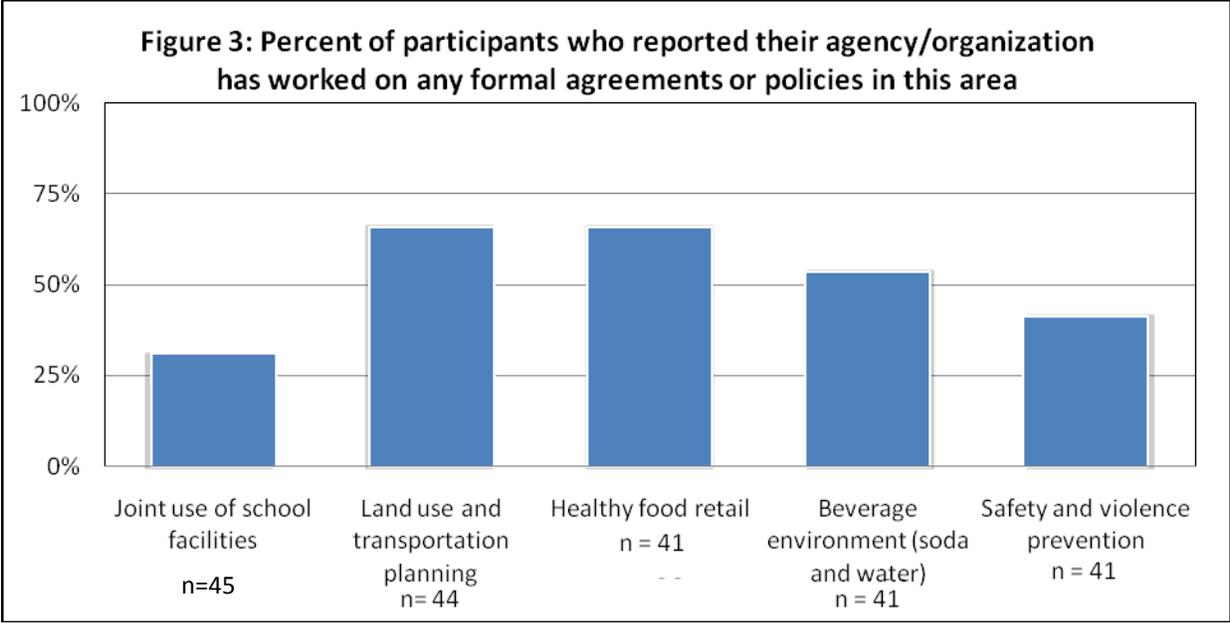
OVERALL FINDINGS

The survey explored the state of policy development pertaining to community level nutrition (healthy food retail and the beverage environment) and physical activity (joint use of school facilities; land use and transportation planning; and safety and violence prevention).

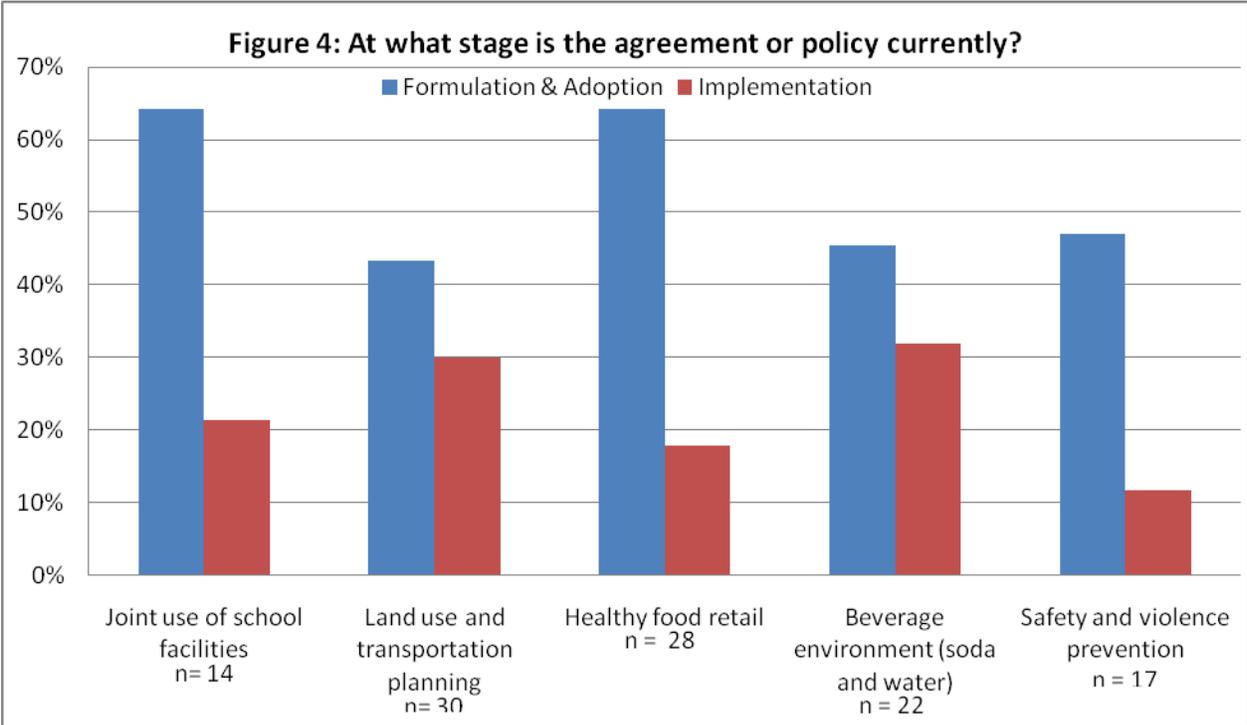
Respondents were asked to assign each of the five policy areas a value based on how much of a priority the policy area is to their organization (1 = highest priority to 5 = lowest priority). Respondents could assign more than one policy area a “highest priority” ranking. The nutrition policy areas appear to hold a high priority with more of the respondents’ organizations (Healthy food retail received the most “highest priority” rankings followed by the beverage environment) than the physical activity policies (joint use of school facilities, land use and transportation, and safety and violence prevention) (Figure 2).



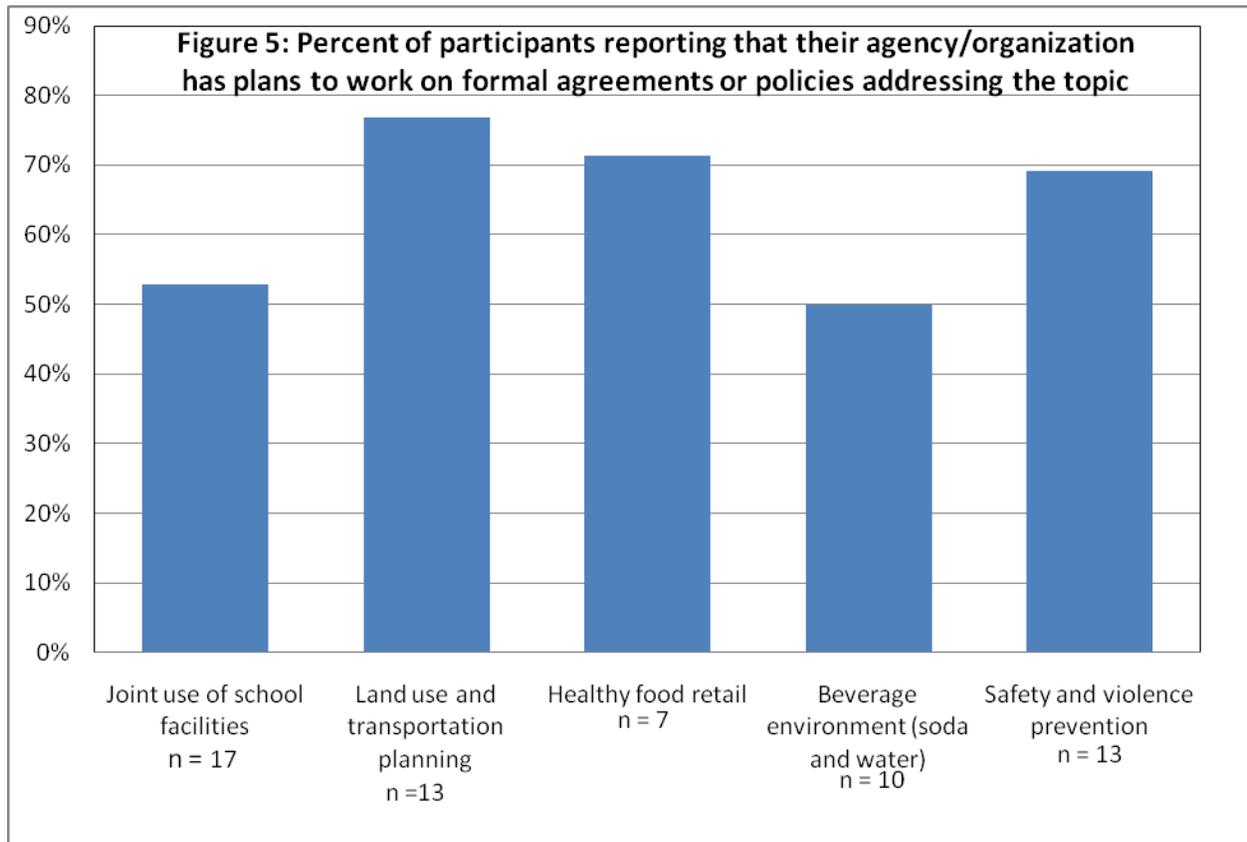
In an effort to better understand the extent that these topics were addressed by respondents, the survey also asked whether the respondents’ organizations had worked on any policies for each of the five policy areas (Figure 3).



Participants reported working on policies regarding healthy food retail (66%), land use and transportation (66%), beverage environment (54%), safety and violence prevention (42%), and joint use of school facilities (31%). For respondents who reported having worked on policies, follow up questions ascertained the current stage of the policy work (Figure 4). In each of the five policy areas, respondents were more likely to be engaged in the policy formation and adoption stage than the policy implementation stage.



Respondents not working on policies in any of the five policy areas were asked if their agency had plans to do so in the future (Figure 5). About 70% of respondents reported plans to work on healthy food retail, transportation and land use, as well as safety and violence prevention. In the areas of joint use of facilities and the beverage environment, respondents were split nearly evenly on whether they planned to work on policies or agreements.



For each of the five policy areas, respondents reported whether their organization was involved in public education/social marketing or media advocacy efforts. Nearly all respondents answering this question indicated involvement in public education/social marketing (>90%), but only 20-30% reported participating in media advocacy on the same topics.

CPPW PRIORITY POLICY AREAS FINDINGS

Beverage Environment

The 30 respondents who reported that their organization had worked on policies addressing the beverage environment identified the following strategies:

- Limiting the sale of sodas and other SSBs in public settings (68%)
- Improving access to and consumption of water (65%)
- Supporting breastfeeding in the workplace (55%)
- Limiting marketing and advertising of sodas and other SSBs in public settings (39%)
- Improving nutrition standards for beverages served in licensed child care settings (36%)
- Eliminating sports drinks from middle and high schools (20%)

Generally, these policies covered county, city, and school district jurisdictions.

Moving forward, respondents (n=10) plan to work on the following policies regarding the beverage environment:

- Limiting the sale of sodas and other SSBs (90%)
- Improving access and consumption of water (70%)
- Limiting marketing of SSBs (60%)
- Eliminating sports drinks from schools (50%)
- Supporting breastfeeding in the workplace (50%)
- Improving nutrition standards for beverages served in licensed child care settings (30%)

Eighty percent of respondents requested additional information on all aspects of the beverage environment to help them advance related policies.

Joint Use of School Facilities

Over 80% of respondents reported that at least some schools in their community are open for public use outside of regular school hours. In response to follow up questions, respondents (n=40) indicated that schools in their community:

- Make their outdoor facilities available to the community outside of regular school hours (78%)
- Make outside facilities available to community organizations or sports leagues (63%)
- Allow for indoor facility use by local government agencies (58%)
- Allow for indoor facility use by community members (40%)

Nearly half of the respondents did not know if their school districts had plans to enter into formal joint use agreements, but only a small number of respondents were working for schools. Of those respondents who were familiar with their school district's joint use activities,

- 35% indicated that their district had formal, written joint use agreements with one or more government agencies, community organizations, and/or non-profits describing the facilities to be shared and outlining the specific responsibilities of the partners in the agreement.
- 20% were clear that their district had no joint use policy or agreement.
- 20% were aware of a joint use policy that outlined their district's position on joint use of school facilities.

If physical activity facilities were not open to the public in a respondent's community, the possible reasons reported included:

- Maintenance issues (77%)
- Liability concerns (75%)
- Risk of vandalism (66%)
- Lack of staffing (64%)
- Safety and funding concerns (55%)
- Regulatory constraints (18%)

Respondents' requests for additional information on joint use policy stemmed from their reported challenges. If their organization was not working on joint use issues (n=8), most indicated that it was simply not a priority for their organization (88%) and half cited limited capacity or training.

FINDINGS FOR OTHER POLICY PRIORITY AREAS

Healthy Food Retail

Respondents who reported having worked on healthy food retail environments (n=23) addressed the following policy areas:

- Farmers markets and/or produce stands (80%)
- Supplemental Nutrition Assistance Program (SNAP) and Women, Infants and Children Program (WIC) foods access (63%)
- Store improvements (50%)
- Community gardens (46%)
- Advertising and marketing of unhealthy foods (25%)
- Grocery store attraction through redevelopment, restaurants promoting healthier foods, or zoning regulations (all 13%)
- Menu/package labeling (8%)

The vast majority of these policies cover city or county jurisdictions.

Moving forward, respondents (n=5) plan to work on the following:

- Community gardens (100%)
- Restaurants promoting healthier foods (80%)
- Farmers markets (60%)
- Menu/package labeling (60%)

The five respondents who have no plans to work in this policy area cited limited capacity to do so or lack of priority for this topic area within their organizations.

Land Use and Transportation Planning

Respondents who reported having worked on land use and transportation policies (n=28), reported working on the following areas:

- Safe routes to schools (72%)
- Pedestrian and bicycle master plans (66%)
- Park and open space development (55%)
- Complete streets (48%)
- Trail and path development (45%)
- Traffic calming (41%)
- Transit-oriented development and climate change (38%)
- Mixed-use development (35%)

The vast majority of these policies cover county, city, regional, or school district jurisdictions.

Moving forward, respondents (n=5) plan to work on safe routes to schools and park and open space. For the small number of respondents that had no plans to work on these issues, all cited lack of resources.

Safety and Violence Prevention

The 18 respondents who stated that their organization had worked on safety and violence prevention worked on the following policy areas:

- Safe routes to schools (61%)
- Park improvements and maintenance (39%)
- Community design and aesthetics (33%)
- Animal control (28%)
- Park programming, joint use of school or community facilities, policing high crime areas, jobs skills development or employment, or alcohol availability and advertising (all less than 25%)

For all policies worked on, the majority covered city and county jurisdictions.

Moving forward, respondents (n=9) plan to address safety and violence prevention through work in the following areas:

- Safe routes to schools (89%)
- Park improvements and maintenance (78%)
- Joint use of school facilities (78%)
- Community design and aesthetics (67%)
- Park programming (44%)
- Job skill development, policing, alcohol, or animal control (all less than 35%)

Of the four respondents not planning to work on this topic, two cited lack of resources and two cited a lack of priority within their organizations.

CONCLUSIONS

The survey findings provide a snap-shot of how community leaders throughout California are addressing nutrition and physical activity strategies for obesity prevention. The communities responding to the survey are actively pursuing a number of the obesity prevention policy strategies examined in the survey. The communities surveyed are in the earlier stages of this policy work, with most at the policy formulation or adoption stages.

Healthy food retail emerged as a nutrition policy area being pursued by respondents; farmers markets and/or produce stand policies and federal food assistance programs were the mostly commonly identified areas of work; however, actual policy implementation is at low levels. Over half of respondents are working to address the beverage environment and the most common beverage environment change strategy is working to remove sugar sweetened beverages from public settings. Land use and transportation planning are the most common physical activity policy areas on which survey respondents have worked. Far fewer respondents report working on joint use policies.

LESSONS LEARNED AND RECOMMENDATIONS

Results from the survey indicate that communities need support addressing nutrition and physical activity environments across a variety of policy areas to accelerate their work. Communities need examples of successful strategies as they venture into newer areas such as joint use of school facilities. In the area of safety and violence prevention, where multiple types of policies are needed to create safe physical activity environments, communities may need highly targeted technical assistance. As more communities formulate and adopt nutrition and physical activity policies, technical assistance may be needed to help communities advance from the policy adoption to the policy implementation stage. Other

potential targets for technical assistance include less commonly pursued strategy areas such as beverages in childcare settings, eliminating sports drinks sales at schools, and addressing beverage marketing to improve beverage environments. Communities should be encouraged and supported in using a wide variety of strategies to support policy work, including media advocacy, and technical assistance should build capacity to assure policies are implemented after development and adoption.