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Many of California's *Building Healthy Communities* Residents Face Barriers to Active Living

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Insufficient physical activity is a problem across much of the United States, and communities included in The California Endowment's BHC initiative are no exception. Participating in regular physical activity provides important health benefits including reduced risk of heart disease, stroke, diabetes and obesity.¹ A significant proportion of BHC residents do not meet national physical activity guidelines.² Children and teens in BHC communities average only 3.7 days of at least 60 minutes of physical activity per week, well below the federal recommendation of at least 60 minutes of daily physical activity. Similarly, more than one third of parents and young adults living in BHC communities do not meet national physical activity guidelines of at least 150 minutes of physical activity per week.

Availability of safe places to engage in physical activity is an important community resource that promotes active living.³ However, many BHC residents lack this resource. Only one-fifth of the children and young adults across BHC sites (21%) have easy access to a park. In addition, nearly 30% do not feel safe in the neighborhoods in which they live, more than twice as high as the statewide average. These conditions create significant barriers to active living for BHC residents.

About *Building Healthy Communities*

Building Healthy Communities is a ten year, comprehensive community change initiative sponsored by The California Endowment. In 14 locations across California, residents are working towards transforming their communities through the promotion of health in their neighborhoods and schools. In order to help track and inform the efforts of these communities, the UCLA Center for Health Policy Research measured the health status of residents of BHC sites as part of the 2009 California Health Interview Survey (CHIS 2009). The data collected include more than 500 children, adolescents, parents, and adults age 40 and younger living in each of the 14 BHC sites (approximately 8,400 BHC residents across all 14 sites). This fact sheet utilizes the CHIS 2009 *Building Healthy Communities* oversample data. Additional health information for each of the sites is available through the BHC community health profiles.

Exhibit 1

Park Access, Neighborhood Safety and Physical Activity Levels in The California Endowment's Building Healthy Communities Initiative Sites, 2009

BHC Site	Has Access to a Public Park or Open Space	Feels Neighborhood is Unsafe	Days with at Least 60 Minutes of Physical Activity	Meets Physical Activity Guidelines
	All BHC Respondents	All BHC Respondents	BHC Children & Teens	BHC Adults
South Kern (Arvin-Lamont)	36%	31%	4.5	58%
Boyle Heights	12%	31%	3.8	74%
City Heights	<10%*	19%	3.3	74%
Eastern Coachella Valley	47%	18%	4.0	54%
Del Norte County	67%	15%	4.6	67%
Southwest/East Merced County	35%	18%	3.9	62%
East Oakland	<10%*	40%	2.8	51%
East Salinas	<10%*	38%	4.1	58%
Central/Southeast/Southwest Fresno	34%	21%	4.6	50%
Central/West Long Beach	<15%*	20%	4.2	72%
Richmond	<10%*	39%	4.2	51%
Central Santa Ana	49%	28%	3.2	72%
South Los Angeles	29%	47%	2.7	50%
South Sacramento	13%	25%	3.9	60%
All of California	23%	12%	3.6	64%
All BHC sites	21%	29%	3.7	61%

Data Sources: 2009 California Health Interview Survey full sample and BHC oversample; California Protected Areas Database

Notes: The CHIS 2009 BHC oversample interviewed the following groups for the BHC initiative: 1) adolescents and children living in BHC sites; 2) adults older than age 40 with children under age 18; and 3) adults age 40 and younger, regardless of whether they have children.

Estimates for California (from the CHIS 2009 full sample) are comparable to the BHC oversample based on the aforementioned eligibility criteria.

Residents were considered to have access to a park if they live within a quarter mile of a small park (under one acre) or within a half mile of a larger park.

Meeting physical activity recommendations for adults was defined as participating in at least 150 minutes of moderate to vigorous physical activity per week.

*Unable to provide more precise estimate due to small sample sizes

The proportion of residents with easy access to a park varies considerably by BHC site. Residents were considered to have access to a park if they live within a quarter mile of a small park (under one acre) or within a half mile of a larger park. In some rural areas, like Del Norte County and the Eastern Coachella Valley, more than 40% of residents have access to a park, while in other more urban areas like East Oakland and City Heights fewer than 10% of residents have access to parks (Exhibit 1).

BHC communities are uniformly perceived by residents to be less safe than the average California neighborhood. Among California residents, 12% report feeling unsafe in their neighborhood, whereas among BHC communities, the proportion ranges from 15% in Del Norte County to 47% in South Los Angeles. Feeling unsafe can be a significant barrier to engaging in physical activity.⁴

There is also considerable variation in physical activity levels across the BHC sites. BHC communities in Central California have the highest levels of physical activity among youth (though none meet the national recommendation), but also the lowest proportion of adults who meet physical activity recommendations. In contrast, BHC sites in Southern California have a relatively high proportion of adults who meet physical activity guidelines, but lower physical activity levels among youth.

Summary

A considerable proportion of residents in BHC communities do not meet national physical activity guidelines. Increasing physical activity levels among youth and adults means a healthier population with lower risks for debilitating chronic health conditions. However, many areas face significant barriers to physical activity, such as lack of access to nearby parks or concerns about neighborhood safety. High levels of variation among BHC communities also suggest that there is no single barrier to active living among BHC residents; and helping residents meet national recommendations will entail community-specific solutions. The challenge for communities is to determine the local barriers to active living and then work to address them. Many communities are already identifying and implementing strategies to address their residents' specific concerns. Local-level data combined with local knowledge about the community can inform these activities.

Methods

In 2009, the California Health Interview Survey (CHIS 2009) conducted an oversample of The California Endowment's 14 *Building Healthy Communities* (BHC) sites. This fact sheet presents CHIS 2009 data from that sample, which includes the following groups: 1) all adolescents and children living in the BHC sites; 2) adults older than age 40 who have children age 18 and younger; and 3) adults age 40 and younger, regardless of whether they have children. The data include responses from 8,400 residents of these 14 communities—more than 500 at each site. For more information about the sample and data collection, visit <http://healthpolicy.ucla.edu/chis/bbc/Pages/BHC-Data-Collection.aspx>. For a snapshot of health in the BHC sites, visit the BHC Health Profiles: <http://healthpolicy.ucla.edu/chis/bbc/Pages/Get-BHC-Data.aspx>. Using Geographic Information System (GIS) software, CHIS 2009 data was linked with locations of parks and public open spaces from the California Protected Areas

Database (CPAD), a GIS inventory of all protected park and open space lands in California (www.calands.org).

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References and Notes

- 1 U.S. Department of Health and Human Services. Physical activity guidelines advisory committee report. Washington, DC: U.S. Department of Health and Human Services, 2008.
- 2 The following groups were included in the CHIS 2009 BHC oversample: 1) all adolescents and children living in the BHC sites; 2) adults older than age 40 who have children age 18 and younger; and 3) adults age 40 and younger, regardless of whether they have children.
- 3 Cohen DA, McKenzie TL, Sehgal A, Williamson S, Golinelli D, Lurie N. Contribution of public parks to physical activity. *American Journal of Public Health*. Mar 2007;97(3):509-514.
- 4 Making the Connection: Linking Policies to Improve Public Safety with Preventing Childhood Obesity Brief. Princeton, NJ: Leadership for Healthy Communities, a National Program of the Robert Wood Johnson Foundation; 2012. Available from: www.leadershipforhealthycommunities.org.



This publication contains data from the California Health Interview Survey (CHIS), the nation's largest state health survey. Conducted by the UCLA Center for Health Policy Research, CHIS data give a detailed picture of the health and health care needs of California's large and diverse population. Learn more at: www.chis.ucla.edu



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