Planning for Health in Sonoma County





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Obesity Trends* Among U.S. Adults BRFSS, 1985 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults BRFSS, 1986 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)



Obesity Trends* Among U.S. Adults (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults BRFSS, 1988 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults BRFSS, 1989 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults BRFSS, 1990 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults BRFSS, 1991 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults BRFSS, 1992 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults BRFSS, 1993 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults BRFSS, 1994 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults BRFSS, 1995 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults BRFSS, 1996 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults BRFSS, 1997 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults BRFSS, 1998 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults BRFSS, 1999 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults BRFSS, 2000 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults BRFSS, 2001 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults BRFSS, 2002

(*BMI \geq 30, or ~ 30 lbs. overweight for 5' 4" person)



Obesity Trends* Among U.S. Adults BRFSS, 2003 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults BRFSS, 2004 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults BRFSS, 2005 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)





Obesity Trends* Among U.S. Adults BRFSS, 2006 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)



No Data <10% 10%-14% 15%-19% 20%-24% 25%-29% ₩≥30%

Obesity Trends* Among U.S. Adults BRFSS, 2007 (*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)



Obesity Trends* Among U.S. Adults BRFSS, 2008

(*BMI \geq 30, or ~ 30 lbs. overweight for 5' 4" person)



Obesity Trends* Among U.S. Adults BRFSS, 2009

(*BMI \geq 30, or ~ 30 lbs. overweight for 5' 4" person)



Childhood Obesity



This is the first generation of kids in the US that are expected to have shorter life spans than their parents.

www.discoveryhealthCME.com, N Engl J Med Vol. 352(11) March 2005, pp. 1138-1145

"Improving the social and physical environments in neighborhoods can be one of the most important contributions to improving the health of populations."

> Bay Area Regional Health Inequities Initiative

Social Determinants of Health, Theory of Change



Our Zip Code Is Important to Our Health



Because of a lack of sidewalks and an adequate bike lane, the residents have to put their own signs our for the safety of their families and their children walk in the street with the risk of suffering an accident.

Maria C. Mendoza

Our Zip Code Is Important to Our Health



"It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural and physical environment conspire against such change."

Institute of Medicine, 2004

The Public Health Impacts of the Built Environment

- Physical activity
- Obesity & chronic disease
- Pedestrian injuries
- Asthma & respiratory disease
- Crime & violence
- Social capital

Water quality & quantity
Elder health & mobility
Child psychosocial development
Mental health
Health disparities

Safe & Healthy Communities Consulting

Key Risk Factors Related to Poor Health Outcomes



Poor or Inadequate Nutrition Relationship to Built Environment







Limited access to grocery stores, farmers' markets, and community gardens Concentration of fast food, liquor, and convenience stores Proliferation of unhealthy advertising

Lack of Physical Activity Relationship to Built Environment







Auto Dependencyseparation of jobs, housing, schools, essential services Limited or no open space or parks, and limited access Safety Concerns – poorly maintained parks, crime, trash, air pollution

Alcohol and Tobacco Use



Concentration of fast food, liquor, and convenience stores



Proliferation of unhealthy advertising

Unsafe Streets





Absence of buffer separating cars from walkers, wheelchairs, strollers, and bicyclists Lack of and poorly maintained pedestrian, bicycle infrastructure, walkways, crosswalks, islands, trafficcalming

The Public Health Potential of Smart Growth

SMART GROWTH PRINCIPLES	Physical Activity & Obesity	Pedestrian Injuries	Environmental Health	Social Capital	Mental Health	Health Disparities	Elder Mobility
Create walkable neighborhoods	×	X	X	×	X	X	×
Mix land uses	X	X	X	X	x	x	X
Foster distinctive, attractive places with a strong sense of place	X			X	X	X	X
Strengthen and direct development towards existing communities	X		X			X	X
Provide a variety of transportation choices	X	X	×	X	X	X	×
Preserve open space, farmland, natural beauty and critical environmental areas	×		×	×	×		
Take advantage of compact building design	X			X			×
Create range of housing opportunities and choices				X	X	X	X
Encourage community and stakeholder collaboration	x	x		x	x	x	×
Make development decisions predictable, fair and cost effective	X						X

Safe & Healthy Communities Consulting,

Make the healthy choice the easy choice





Questions and Comments

For more information, contact: Lynn Walton Healthy Communities Section Manager Public Health Division Sonoma County Department of Health Services Iwalton@sonoma-county.org or 565-6682