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UniHealth Foundation awards Health Forecasting a new three-year grant to support hospital community benefit planning

Across the country, nonprofit health care providers are working to adapt to changes in government regulations requiring hospitals to improve the health of the communities they serve. Planning to meet the challenges posed by an aging population, rising rates of chronic health conditions, financial constraints on health care expenditures and complying with government mandates requires a thorough understanding of a community’s current health status and insight into what the future is likely to bring.

The Center for Health Advancement at the UCLA Fielding School of Public Health, in collaboration with the Los Angeles County and California Departments of Public Health, was awarded a three year grant from UniHealth Foundation to support the efforts of nonprofit hospitals improve community health and comply with recent additions to tax regulations.

The grant will enable Health Forecasting staff to:

- develop a new simulation model for San Bernardino and Orange Counties;
- expand the number of health interventions available that can be applied; and
- build user capacity and provide training and technical support.

Health Forecasting data reports will help nonprofit hospitals:

- quantify community benefit by assessing current and future health status;
- gauge the impact of health interventions in their catchment areas through the year 2030;
- compare interventions among population subgroups in the hospital’s catchment area.

If you would like information about the Community Benefits Project, please contact: Peggy Vadillo, Research Analyst at (310) 206-7820 or via e-mail: peggyvadillo@ucla.edu

Federal Reserve Bank convene hospitals and banks to respond to community needs

The Federal Reserve Bank of San Francisco held the first meeting of its kind in Los Angeles last month. Organized by the Federal Reserve Community Development Regional Manager and the Director of Community Benefits at California Hospital Medical Center, the meeting brought together the two groups to examine possible collaborative opportunities to promote community well-being. Under The Community Reinvestment Act (1977) and the 2010 Affordable Care Act both banks and nonprofit hospitals are required to respond to the needs of the low to moderate income communities in their service areas.
The nexus between health and community reinvestment are manifold, but sometimes not apparent. Many determinants of health are influenced by the decisions of banks and other financial institutions. Studies have strongly linked low socioeconomic status with a higher probability of living in poor health. Residents living in low-income areas also tend to have less access to adequate health care services and fewer opportunities to live a healthy, physically-fit lifestyle.

“A person’s health status is influenced by a confluence of factors, called the social determinants of health.”

Health Forecasting and Healthy City participated in the conference as health data resources in the exhibition hall. The Health Forecasting Tool is an evidence-based decision-making tool that can enable banks and hospitals project health outcomes and population changes over the long-term.

Read the conference handout: Forecasting Health for Community Benefit Planning: Informing Investments in the Health of the Community

LATINO ACCULTURATION AND COMPUTER USE IN CALIFORNIA

Two recent publications by Health Forecasting researchers delve into recreational computer use by Latino children and adolescents in California using California Health Interview Survey (CHIS) data beginning in the year 2001 and extending through 2009.

Among children (age 4-11): recreational computer use varied by age group. Among kids age 4-9, recreational computer use increased sharply among Latino children but declined among white children. For White and Latino children age 10-11, recreational use increased significantly. Level of acculturation, as measured by language spoken at home, was positively associated with recreational computer use. Among Latinos, Spanish-only spoken at home was associated with lower recreational computer use. College education among parents was a protective factor for excessive computer use. Kids living in a home with college educated parents were less likely to excessively use the computer for recreational purposes. This suggests that focused efforts are needed to increase awareness among Latino parents and other Latino caregivers of recommended screen time limits for young children, particularly given the disproportionately high rate of obesity in this population.

For adolescents (age 12-17): recreational computer use has increased for all sub groups from 2001 to 2009, but most starkly for those age 15-17. Recent immigrants use computers less while higher levels of acculturation as measured by language spoken at home was positively associated with computer use. College education among parents was also protective for excessive computer use in this age group.

Impact for public health: While closing the digital divide is important for assuring equitable access to information and all the educational, economic, and political benefit this entails, increases in recreational computer use may decrease physical activity and lead to a worsening of the obesity epidemic.

For more information about screen time and Latino youth: Contact Dr. Lu Shi centerforhealthadvancement@ucla.edu or 310-206-1141

Referenced journal articles:


The association between acculturation and recreational computer use among Latino adolescents in California. Published in the Journal of Pediatric Obesity. (2012). Authors: Jeroen van Meijgaard, Lu Shi & Paul Simon
HEALTH IMPACT ASSESSMENT OF STATE GAS TAX ALTERNATIVES

Have you been at a gas station and seen the placard sticker posted on the pump showing the breakdown of different taxes being assessed on that gasoline? While these taxes may seem like an immutable fact of life, change may be on the horizon. A number of states are considering changes to their state gas taxes. California’s gasoline excise tax is currently 36 cents per gallon (this does not include state and local sales taxes). It is the primary source of revenue for state funding of transportation infrastructure, including the construction and maintenance of roads, bridges and transit systems. Like the infrastructure itself, the gas tax mechanism for funding transportation infrastructure is showing some cracks that threaten its viability. One alternative is a mileage-based user fee (MBUF). Would this change how much people drive? Would it change the amount and distribution of environmental externalities associated with automobile travel-air pollution, noise and congestion? Would it be more or less equitable than the current gas tax? These are some of the questions addressed in a health impact assessment being conducted by the Center for Health Advancement with funding from the Robert Wood Johnson Foundation.

Those 36 cents on each gallon of gas added up last year to $5.2 billion. That’s a lot of money, but there is broad agreement among transportation policymakers, planners and engineers that this falls short of current needs. Roads and bridges built during the building boom of the 1950s and 1960s are reaching the end of their design life. There is already a massive backlog of maintenance from years of postponed maintenance. And, gas tax revenues are decreasing as a result of inflation and improved vehicle fuel efficiency. New federal fuel efficiency standards to be phased in over the next twelve years will severely exacerbate this problem. A mileage-based user fee would stabilize revenue and it would more efficiently do what the gas tax was designed to do—charge people for how much they use the transportation infrastructure. A pilot program in Oregon demonstrated that the fee could be automatically assessed when refueling a vehicle with no added administrative burden on drivers.

Under the guidance of transportation planning experts Dr. Martin Wachs and Dr. Brian Taylor in the UCLA Luskin School of Public Affairs, Center staff have built a state-of-the-art transportation model to predict how costs and vehicle use will change for different demographic and income groups under different gas tax and MBUF scenarios. After layering these travel predictions on GIS data for Sacramento and Southern California, they will examine the downstream health-related effects of these changes, including air pollution, congestion and noise exposure, mobility/employment access and financial stress on low-income households. To bring stakeholder perspectives into the health impact assessment process, the Center has partnered with the UCLA Lewis Center and the California Pan-Ethnic Network (CPEHN) who will organize and facilitate townhall-style meetings in numerous locations throughout the state. Results will be presented later this year in policy-briefings and workshops to agency and legislative staff in Sacramento and stakeholder groups throughout the state.

For more information, visit our website: Health Impact Assessment or contact Dr. Brian Cole: blcole@ucla.edu or 310-206-4253

STAFF REPORT

Health Forecasting would like to thank Jeroen van Meijgaard for his work developing the Community Benefit local health estimates forecasting model. Jeroen recently accepted a job offer in the private health care sector. We wish him and his family well in his new venture.

Dr. Lu Shi has been appointed Professor at Clemson University. He will continue his work with the modeling component of the Community Benefit local health estimates project. Dr. Shi has been instrumental in developing the first simulation model for the UniHealth Foundation project four years ago. During his time on the Health Forecasting team, Lu published 19 journal articles, many of which were based on his work simulating forecasts of health.
Publications and Presentations


"Nonprofit hospital community benefit project presentation". St. Mary Medical Center Community Benefits Committee. San Bernardino County, California. February 19, 2013.

Our Projects

The California Endowment
Expanding the capabilities of the UCLA Health Forecasting Tool by incorporating education and income, two critical social determinants of health, and focusing on interventions relevant to underserved individuals and communities in California.

National Institutes of Health
Forecasting and improving Latino health by examining the role of acculturation and physical activity to account for health disparities among the Latino population.

Robert Wood Johnson Foundation
Incorporating additional risk factors (i.e. smoking) and disease outcomes (i.e. lung cancer) into the forecasting model and applying the model to other states, beginning with Arkansas and Wisconsin.

UniHealth Foundation
Supporting local not-for-profit hospitals in assessing current and future characteristics of the populations they serve and identifying long-term planning needs of local communities. Providing information on future health and health disparities among sub-populations in the absence of additional effective health promotion and disease prevention efforts.

About Us

Health Forecasting is based at the UCLA Fielding School of Public Health, and is a collaborative effort with the California Department of Public Health and the Los Angeles County Department of Public Health.