



BUILT ENVIRONMENT FOR NUTRITION

The built environment includes the settings and structures around us, the spaces where we live, play, learn and work. Growing evidence demonstrates the relationship between features of the built environment and health; the built environment can contribute to disease and injury or promote good health and habits.^{1,2}

Characteristics of the community or neighborhood that limit healthy food options, such as a lack of grocery stores that sell fresh fruits and vegetables, or a limited availability of quality, affordable produce and other nutritious foods can contribute to the risk for obesity, diabetes, and other chronic health conditions. Poor diet is a significant contributor to the growing obesity epidemic in Los Angeles (LA) County, where the prevalence of obesity among adults has dramatically increased from 14% in 1997 to 24% in 2011, and the prevalence of diabetes increased from 6% to 10% over the same period.

A nutrition environment that promotes consumption of fruits, vegetables and other healthy foods is an important built environment feature that impacts the overall health of all residents in LA County. The 2011 Los Angeles County Health Survey asked adults (18+ years old) about their perceptions of the nutrition environment.

Nutrition Environment

- In 2011, approximately 90% of LA County adults reported that accessing fresh fruits and vegetables was very or somewhat easy.
- Although access to fresh fruits and vegetables was high in the County, only 16% of adults reported eating five or more servings of fruits and vegetables during the past day.
- Proximity or access to fresh fruits and vegetables may not be sufficient to promote increased consumption. Other factors such as cost, transportation, lack of quality and variety, and changing societal norms are

barriers to fruit and vegetable consumption.³

- Easy access to fresh produce, and daily fruit and vegetable consumption varied by race/ethnicity. A higher percentage of whites and Asians reported having easy access to fresh fruits and vegetables, and meeting the recommended daily guideline for fruit and vegetable consumption compared to African Americans and Latinos (Figure 1).
- Only 78% of adults living below the Federal Poverty Level (FPL) reported easy access to fresh fruits and vegetables compared to 97% of adults living at or above 300% FPL (Figure 2).

Figure 1: Percent of Adults who Reported That Accessing Fresh Fruits and Vegetables was Easy; Ate Five or More Servings of Fruits and Vegetables in the Past Day, by Race/Ethnicity, LACHS 2011

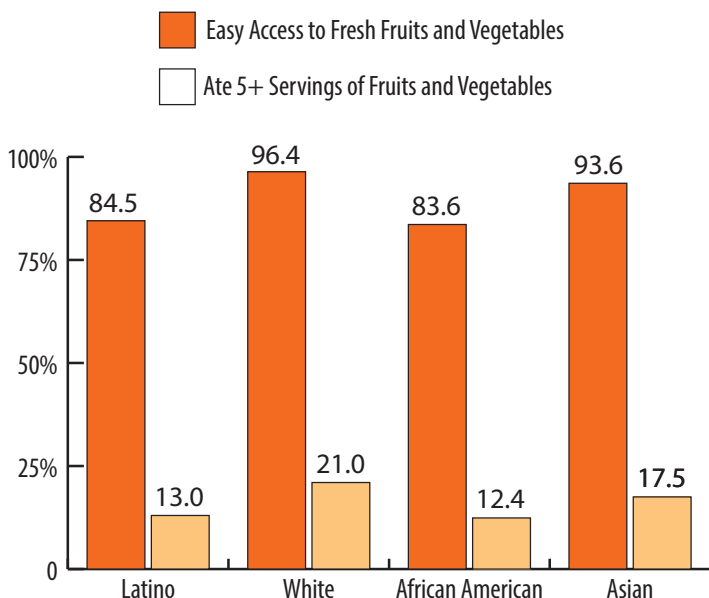
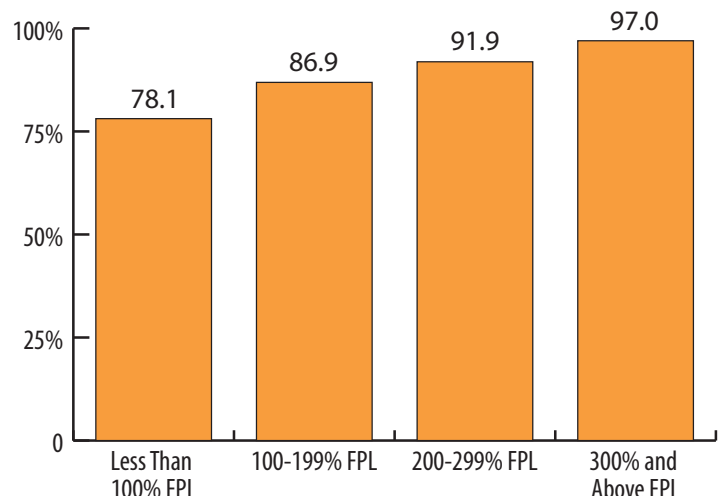


Figure 2: Percent of Adults who Reported That Accessing Fresh Fruits and Vegetables was Easy, by Household Income (FPL), LACHS 2011



LA Health

DATA SNAPSHOT



- Among adults who reported it was somewhat or very difficult to access fresh produce, 77% said this was because fresh fruits and vegetables were too expensive, 43% said the quality of the produce where they shop was poor, and about a quarter (28%*) responded that fresh fruits and vegetables were not available in their neighborhood stores.
- In 2011, 40% of LA County adults reported eating fast food at least once a week and 36% reported drinking at least one soda or sugar-sweetened beverage (SSB) per day.
- A higher percentage of Latinos (46%) and African Americans (45%) ate fast food each week compared to Asians (34%) and whites (33%). Similarly, a higher proportion of Latinos (48%) and African Americans (36%) drank SSBs per day compared to whites (26%) and Asians (21%*).
- Consumption of SSBs varied by education; as education increased, the proportion of adults who reported drinking at least one SSB per day decreased (Figure 3).

- A higher percentage of adults in the Southeast, San Antonio, and Whittier Health Districts ate fast food each week compared to adults in the Hollywood/Wilshire (29%) and West (28%) Health Districts, which had the lowest percentages (Figure 4).

Figure 4: Percent of Adults Who Reported That They Ate Fast Food at Least Once a Week, by Health District, LACHS 2011

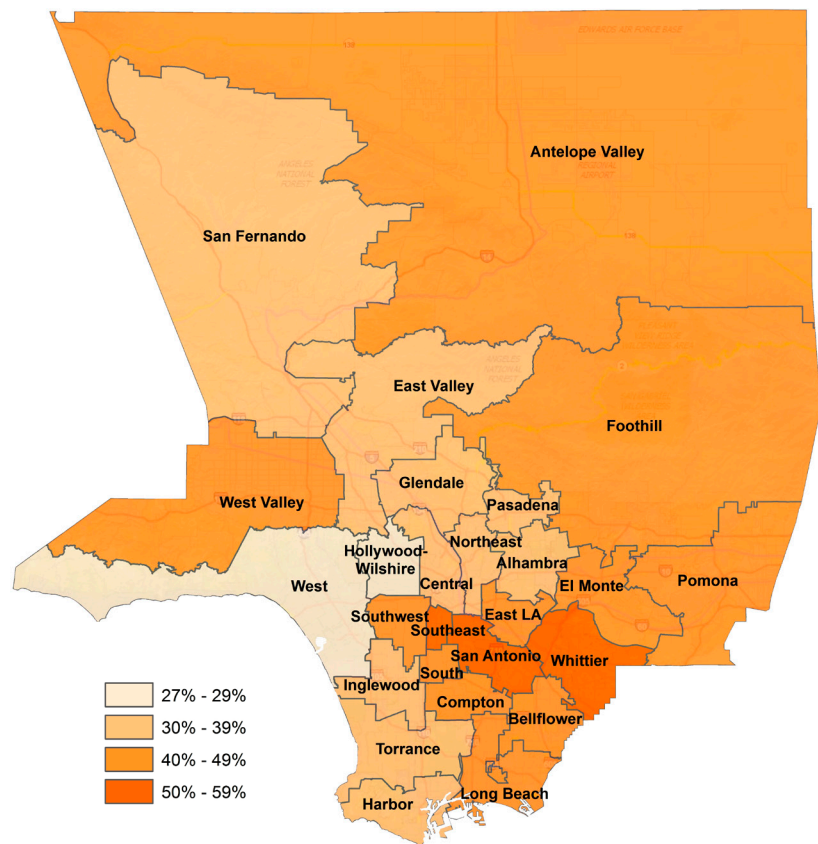
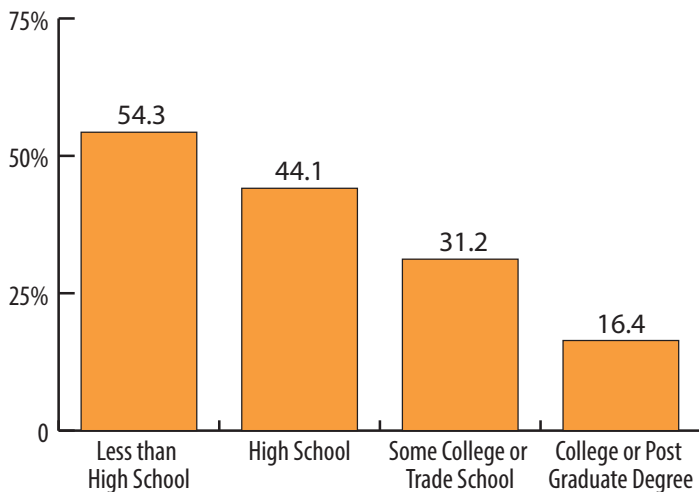


Figure 3: Percent of Adults who Reported Drinking At Least One Soda or Sugar-Sweetened Beverage per Day, by Education, LACHS 2011



1. Urban Land Institute. Intersections: Health and the Built Environment. Washington, D.C.: Urban Land Institute, 2013.
 2. The Impact of the Built Environment on Community Health: The State of Current Practice and Next Steps for a Growing Movement. Produced by PolicyLink for The California Endowment, August 2007.
 3. Haynes-Maslow L, Parsons SE, Wheeler SB, Leone LA. A Qualitative Study of Perceived Barriers to Fruit and Vegetable Consumption Among Low-Income Populations, North Carolina, 2011. *Prev Chronic Dis* 2013;10:120206.

*The estimate is statistically unstable (relative standard error $\geq 23\%$) and therefore may not be appropriate to use for planning or policy purposes