

*Capitol Briefing
Health Policy 101*

Health Happens Here: The Social Determinants of Health

Sacramento
February 15, 2013

George R. Flores, MD, MPH
The California Endowment

health happens **here**



health
happens
here 

Our health largely depends on conditions where
we live, learn, work and play
and not just on the medical treatment we receive

Health ≠ Health care

Where You Live Matters

It Matters A LOT!

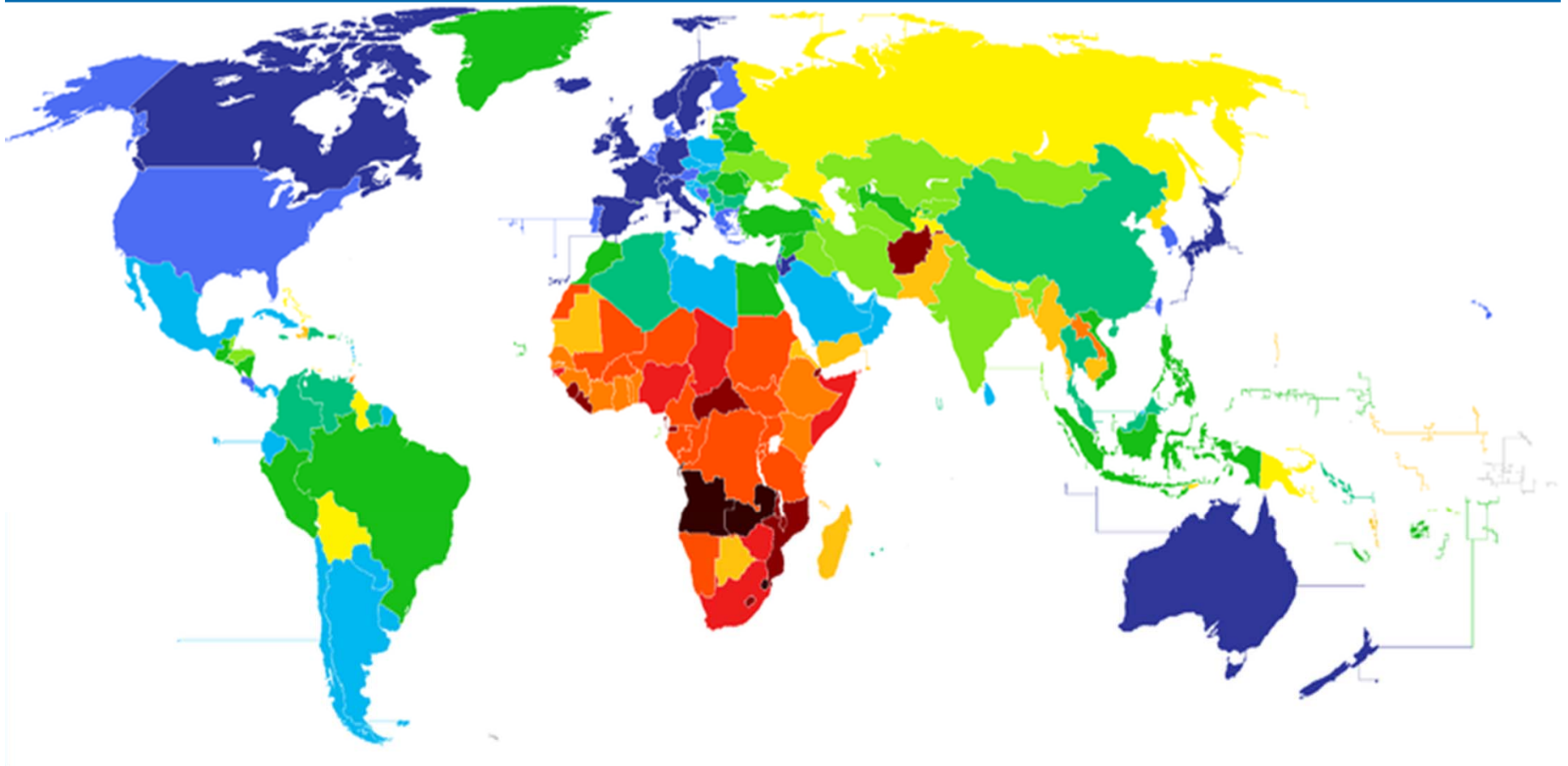




Life expectancy

... is the **average**
lifespan a newborn
can expect

Life Expectancy



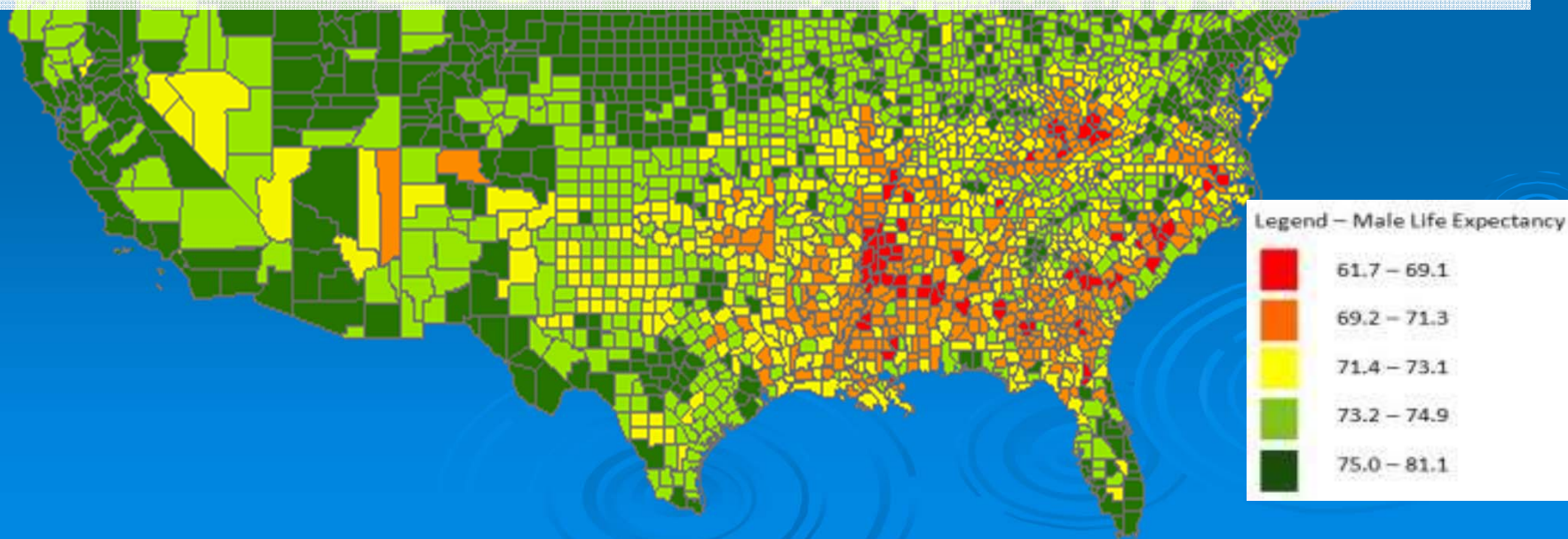
US Whites (78 years) Live Shorter Lives Than:

- 79 years: Belgium, Denmark, Finland, Malta, Portugal, Spain, Sweden, U.K., Korea
- 80 years: Austria, Cyprus, Germany, Greece, Ireland, Netherlands, Norway, New Zealand, Singapore
- 81 years: Canada, France, Iceland, Israel, Italy
- 82 years: Switzerland, Australia
- 83 years: Japan

- 26 countries

US Male Life Expectancy 1987-2007

Between 2000 and 2007, more than 80% of US counties fell in standing against the average of the 10 nations with the best life expectancies in the world, known as the international frontier.-IHME



**Does Your *Zip Code*
Matter More Than
Your *Genetic Code* ?**





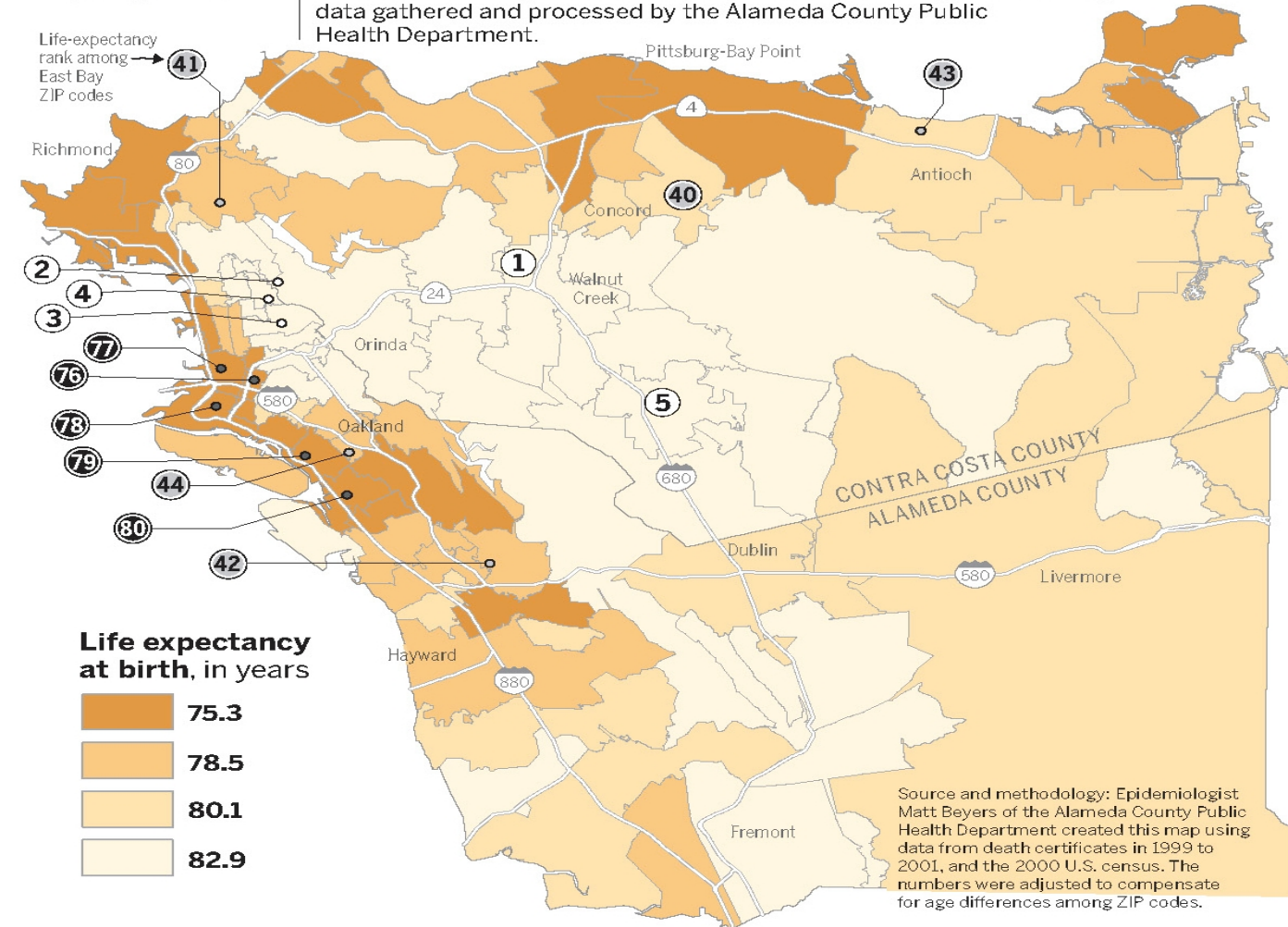
The shape of health to come: prospective study of the determinants of 30-year health trajectories in the Alameda County Study

George A Kaplan,^{1*} Peter T Baltrus² and Trivellore E Raghunathan³

A 30 year longitudinal study of nearly 7000 Alameda County residents from 1965 forward. Those residents with household income 1 SD above mean were 25% less likely to die prematurely, 1 SD below mean were 35% more likely to die early.

Disparities in how long people live

Whether people have clean air to breathe, access to healthful food, safe places to exercise, decent housing, good incomes, lower-stress lives and social opportunities all play a role in how long people live, health experts say. In the East Bay, a 16-year difference in life expectancy exists between two ZIP codes that are just 12 miles apart — differences mapped here using data gathered and processed by the Alameda County Public Health Department.



○ Top 5 ranking (with ZIP code) and life expectancy in years

1. Walnut Creek (94597) **87.4**
2. Berkeley/Kensington (94708) **85.5**
3. Berkeley (94709) **84.5**
4. Berkeley/Kensington (94707) **84.2**
5. San Ramon (94583) **83.9**

◐ Middle 5 ranking (ZIP code) and life expectancy in years

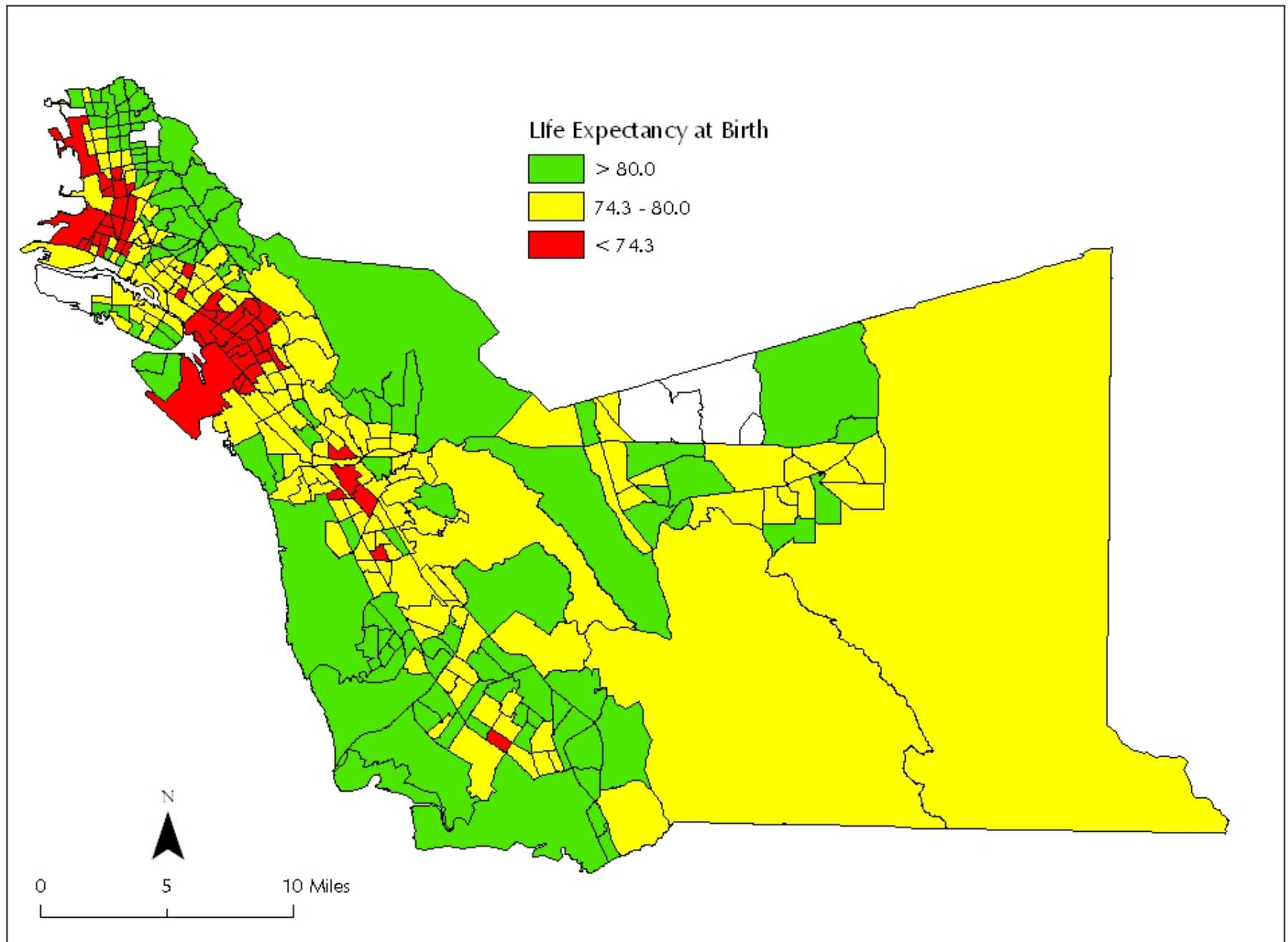
40. Concord (94518) **79.5**
41. East Richmond (94805) **79.4**
42. Hayward (94542) **79.4**
43. Antioch (94509) **79.3**
44. Oakland hills (94619) **79.1**

● Bottom 5 ranking (ZIP code) and life expectancy in years

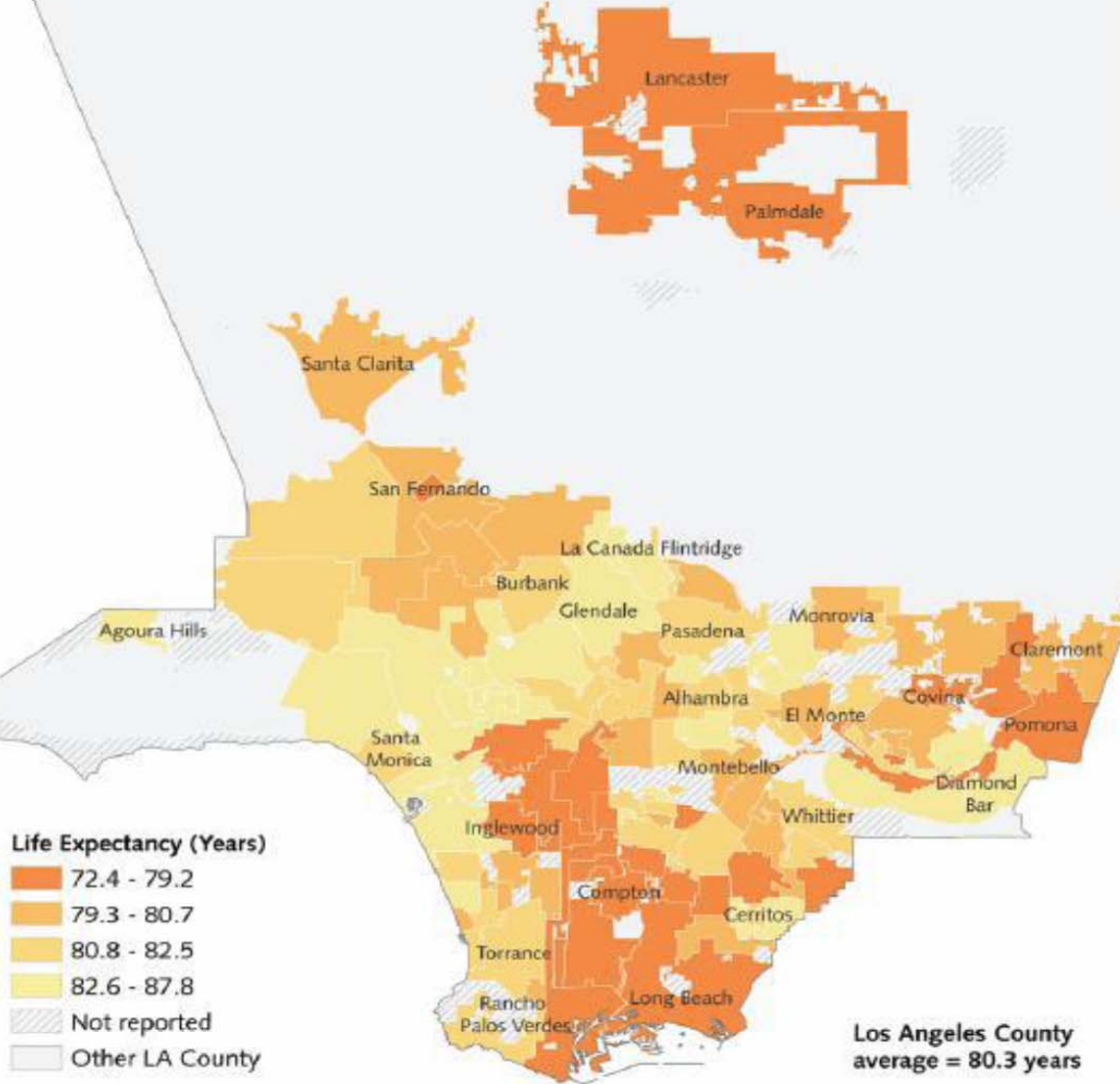
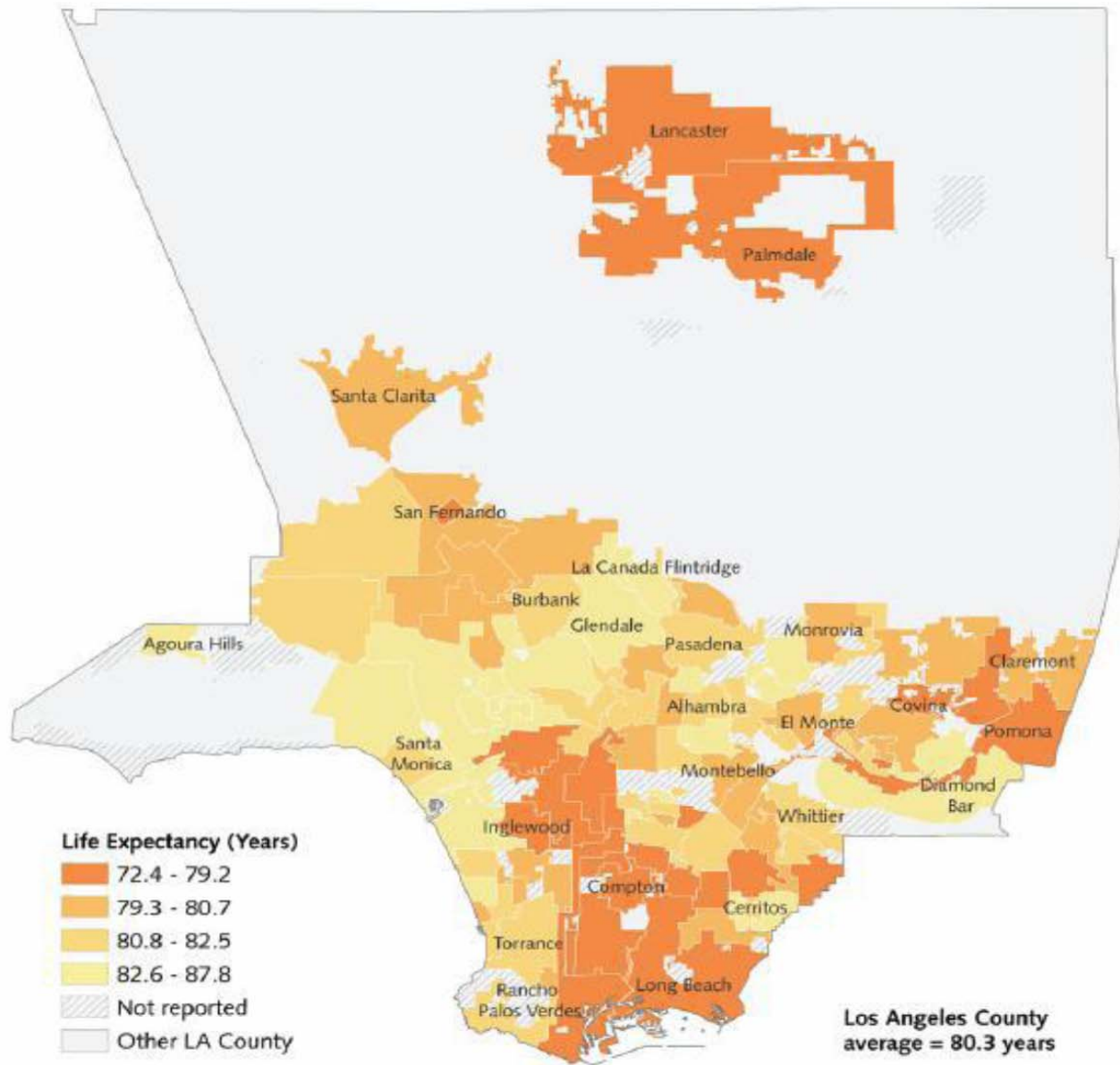
76. North Oakland (94609) **73.1**
77. North Oakland/Emeryville (94608) **72.9**
78. Downtown Oakland (94612) **72.8**
79. East Oakland (94621) **71.9**
80. East Oakland (94603) **71.2**

DAVE JOHNSON/STAFF

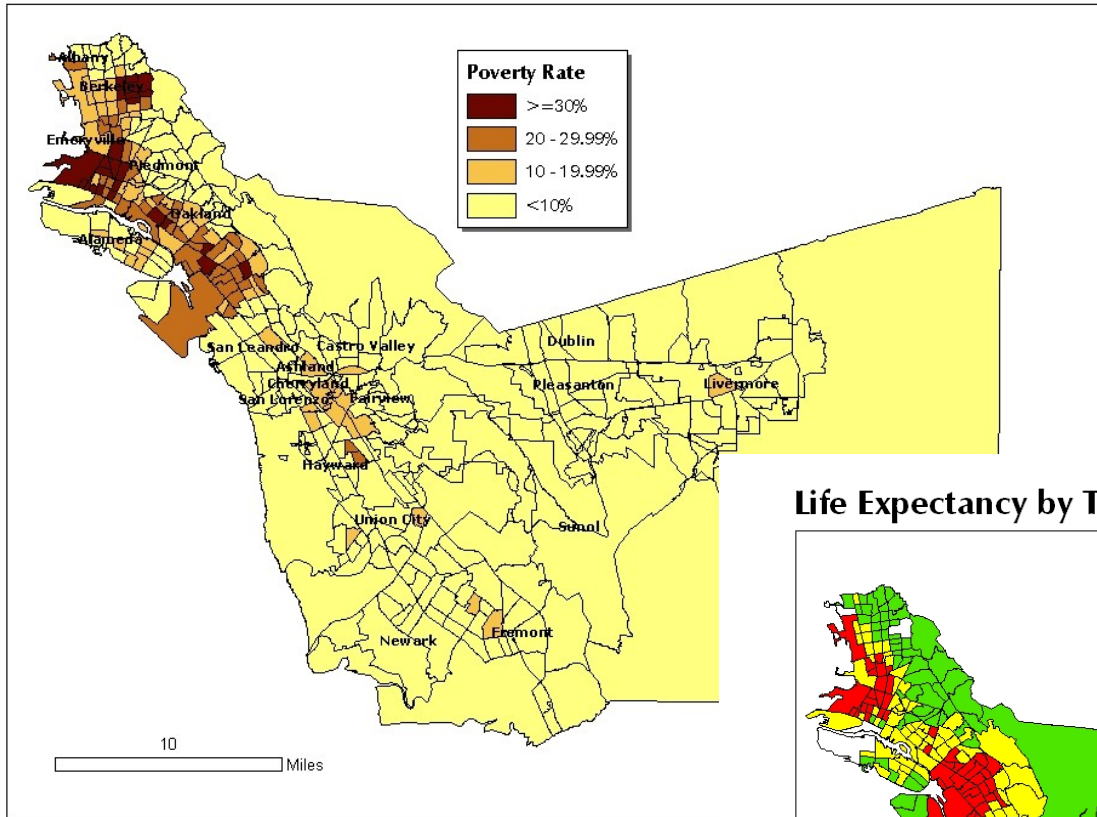
Life Expectancy by Tract



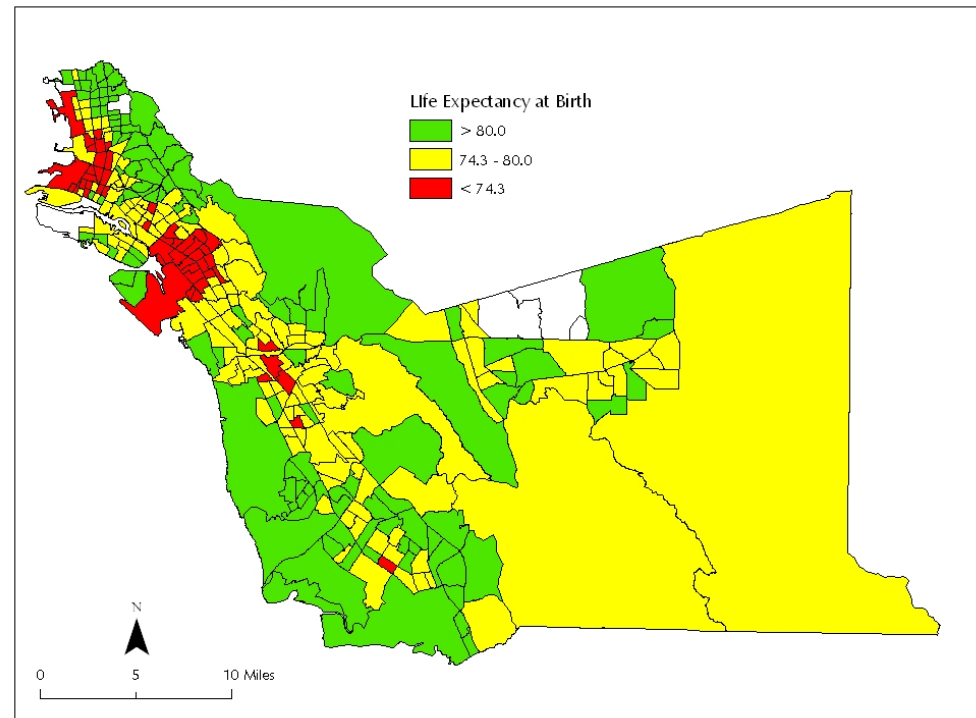
Source: CAPE, with data from vital statistics 1999-2001.



Alameda County Poverty



Life Expectancy by Tract

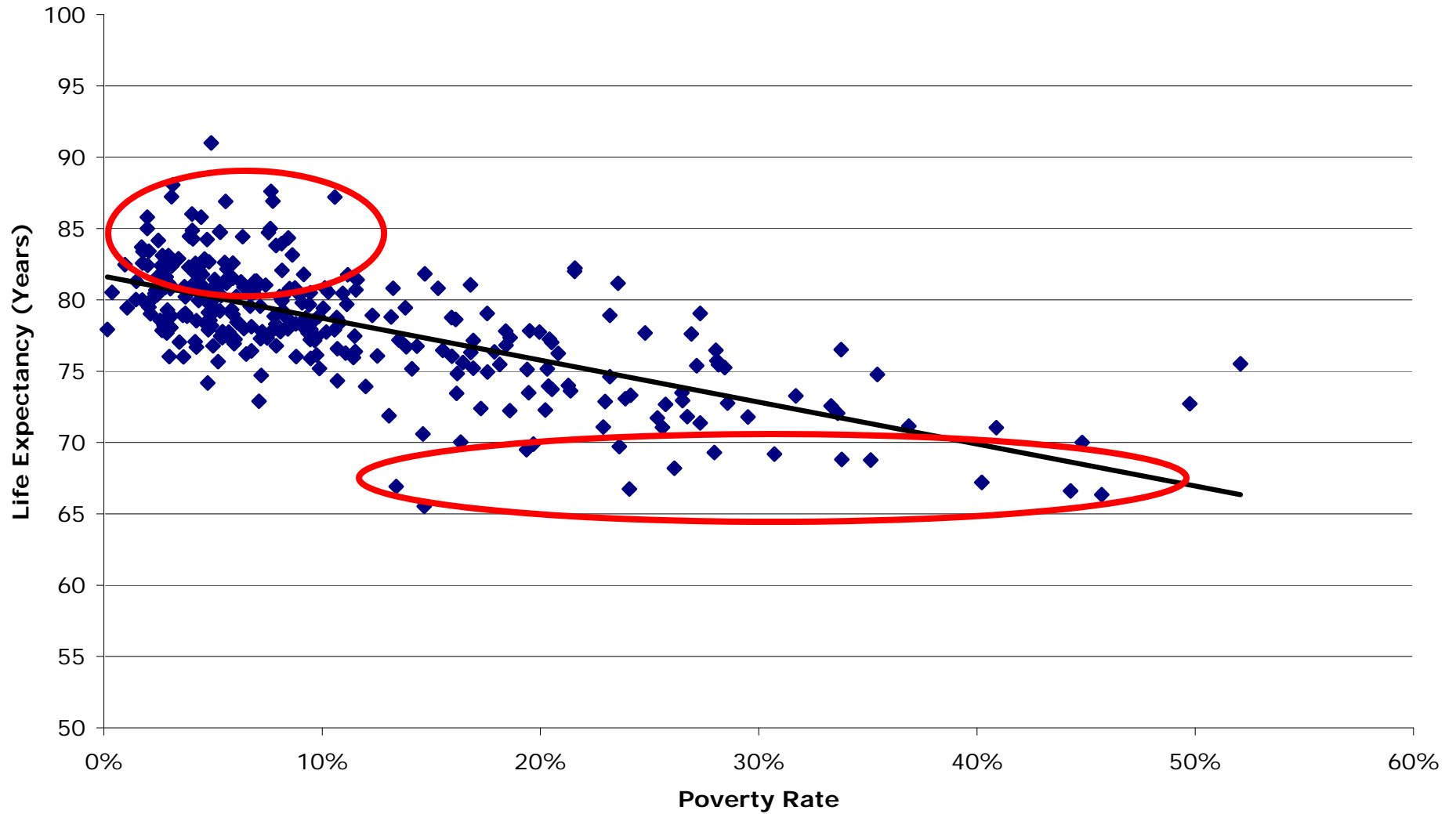


Source: CAPE, with data from vital statistics 1999-2001.

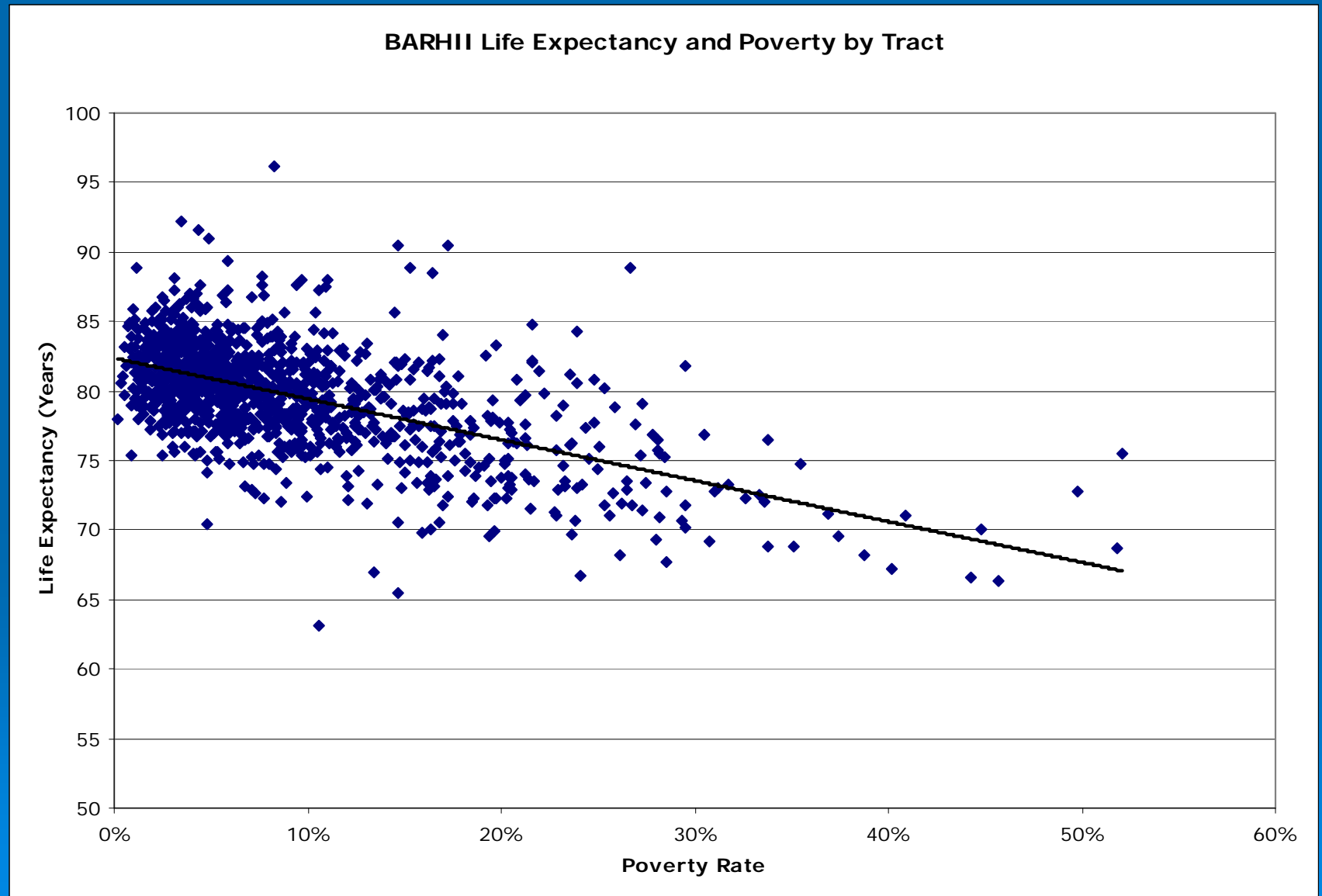


Life Expectancy by Poverty Group 2000-2003

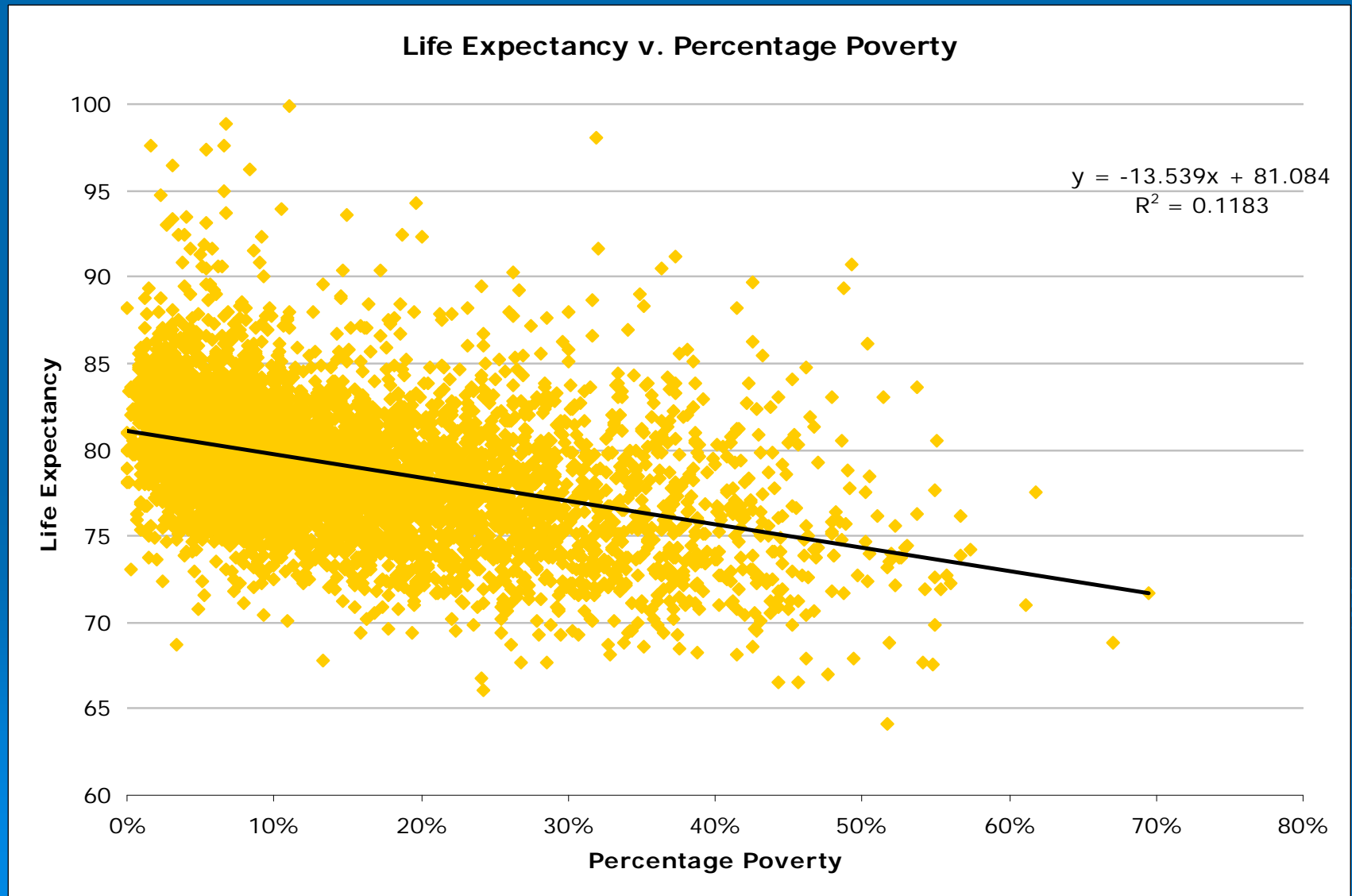
Alameda County



Bay Area Poverty vs. Life Expectancy



California Poverty vs. Life Expectancy



Cost of Poverty in San Francisco Bay Area

- *Every additional \$12,500 in household income buys one year of life expectancy*
- *(Benefit appears to plateau at household incomes above \$150,000)*
- *Similar gradients in Baltimore, NYC, Philadelphia, Hennepin County (Minneapolis-St. Paul), Colorado, California, AND Cuyahoga County (\$6304/year of life)*



The NEW ENGLAND
JOURNAL of MEDICINE

SPECIAL REPORT

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March 17, 2005

Number 11

A Potential Decline in Life Expectancy in the United States in the 21st Century

S. Jay Olshansky, Ph.D., Douglas J. Passaro, M.D., Ronald C. Hershow, M.D., Jennifer Layden, M.P.H., Bruce A. Carnes, Ph.D., Jacob Brody, M.D., Leonard Hayflick, Ph.D., Robert N. Butler, M.D., David B. Allison, Ph.D., and David S. Ludwig, M.D., Ph.D.

ABSTRACT

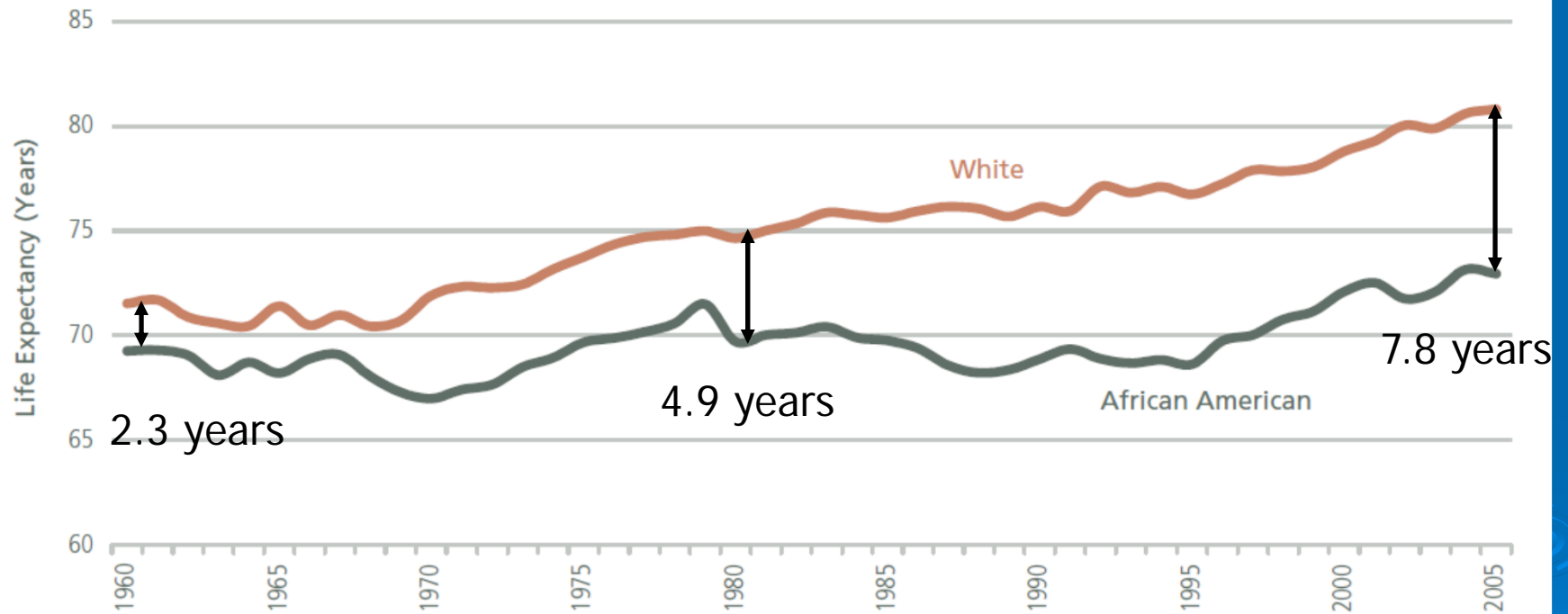
Forecasts of life expectancy are an important component of public policy that influence age-based entitlement programs such as Social Security and Medicare. Although the Social Security Administration recently raised its estimates of how long Americans are going to live in the 21st century, current trends in obesity in the United States suggest that these estimates may not be accurate. From our analysis of the effect of obesity on longevity, we conclude that the steady rise in life expectancy during the past two centuries may soon come to an end.

It's Not Just Poverty

- Babies born to non-H.S. grad moms are more than twice as likely to die in the first year of life as a baby of a mom with 16 or more years of education.
- Men with less than H.S. education live 7 years less than those with 16 or more years of education.

Race and Racism Matters: Life Expectancy Gap Widening Between Races

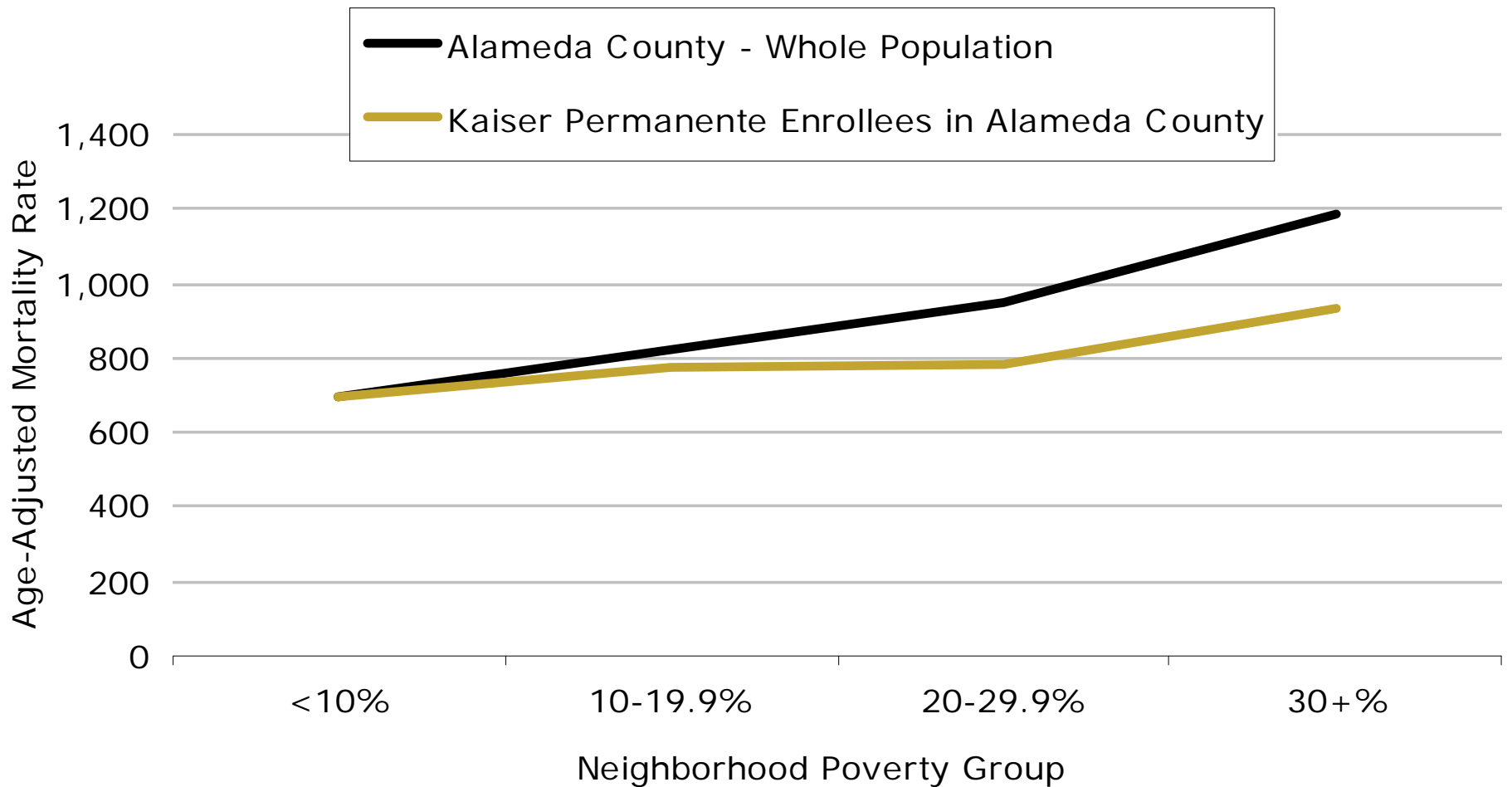
Figure 5: Historical Life Expectancy at Birth, Alameda County



Note: White and African American defined regardless of Latino origin.

Source: Alameda County vital statistics files, 1960-2005.

Insured Life Expectancy Gap Widens Across Social Gradient



**% of AC
pop' n**

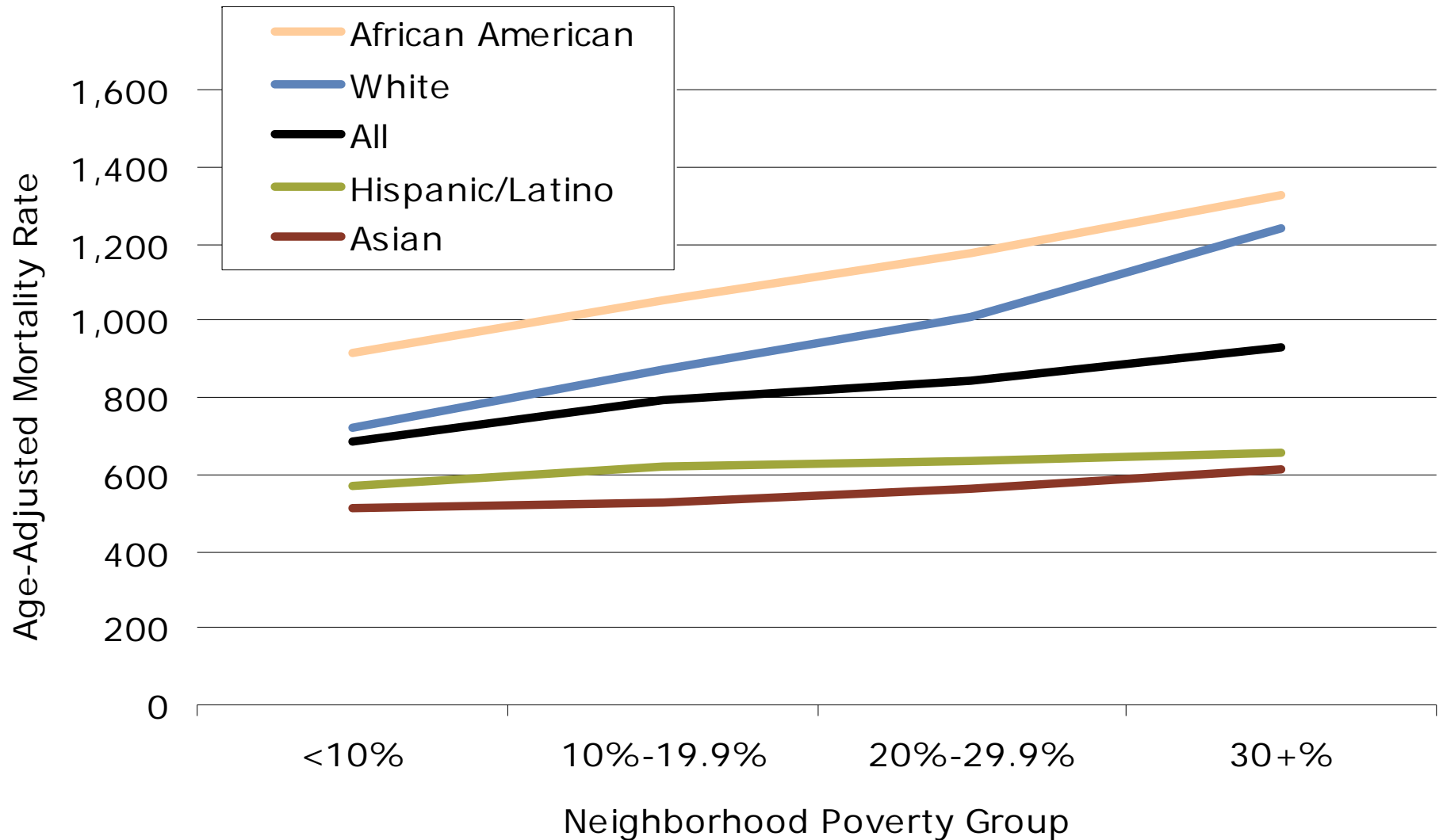
32.3%

29.9%

26.0%

22.0%

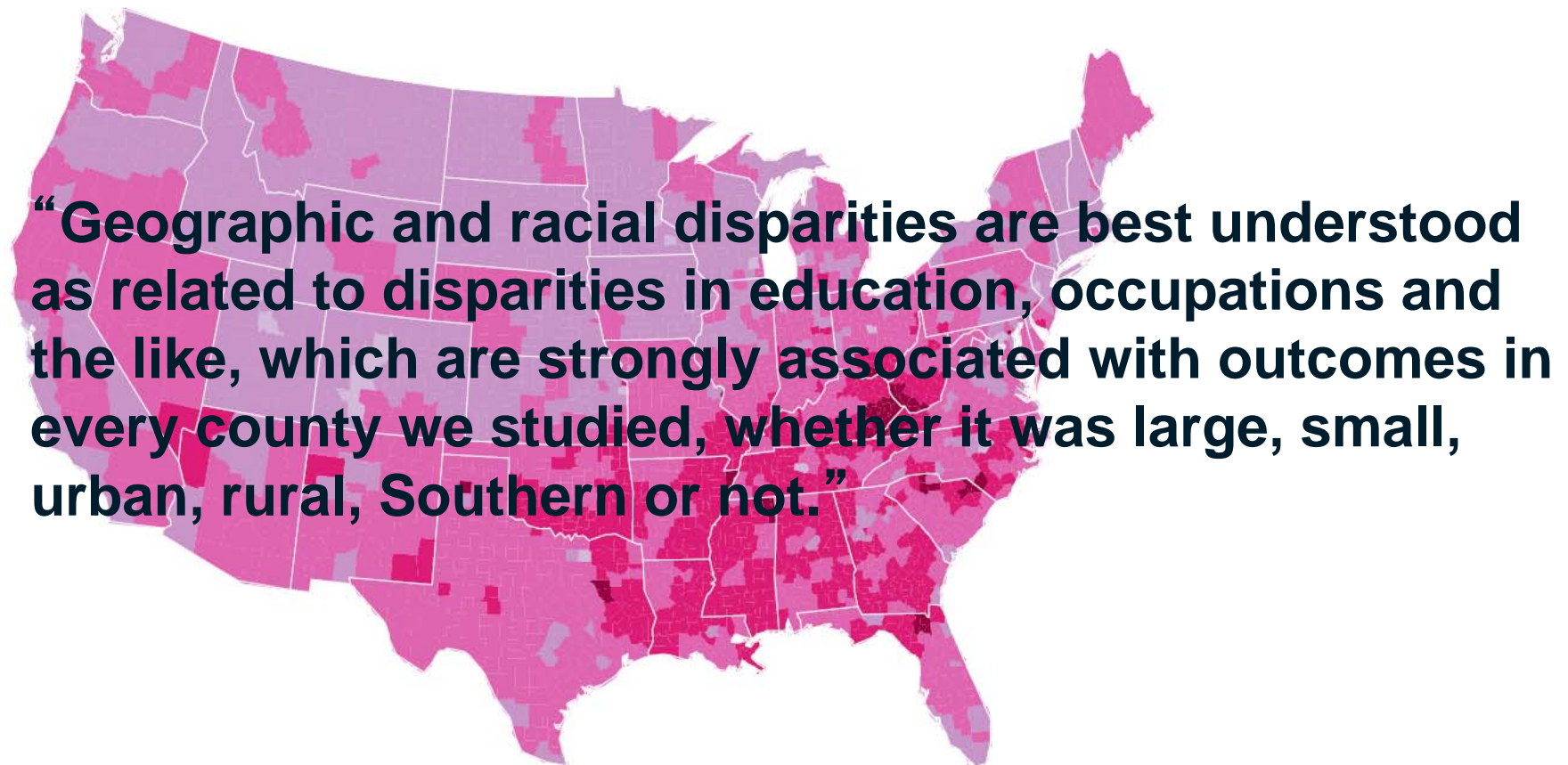
California Race/Ethnicity Life Expectancy Gap Widens Across Social Gradient



Geographic and Racial Variation in Premature Mortality in the U.S.: Analyzing the Disparities

Mark R. Cullen^{1*}, Clint Cummins², Victor R. Fuchs^{1,2}

¹ General Medical Disciplines, Stanford University School of Medicine, Stanford, California, United States of America, ² Departments of Economics and Health Research and Policy, Stanford University, Stanford, California, United States of America



U.S. HEALTH
IN
INTERNATIONAL PERSPECTIVE



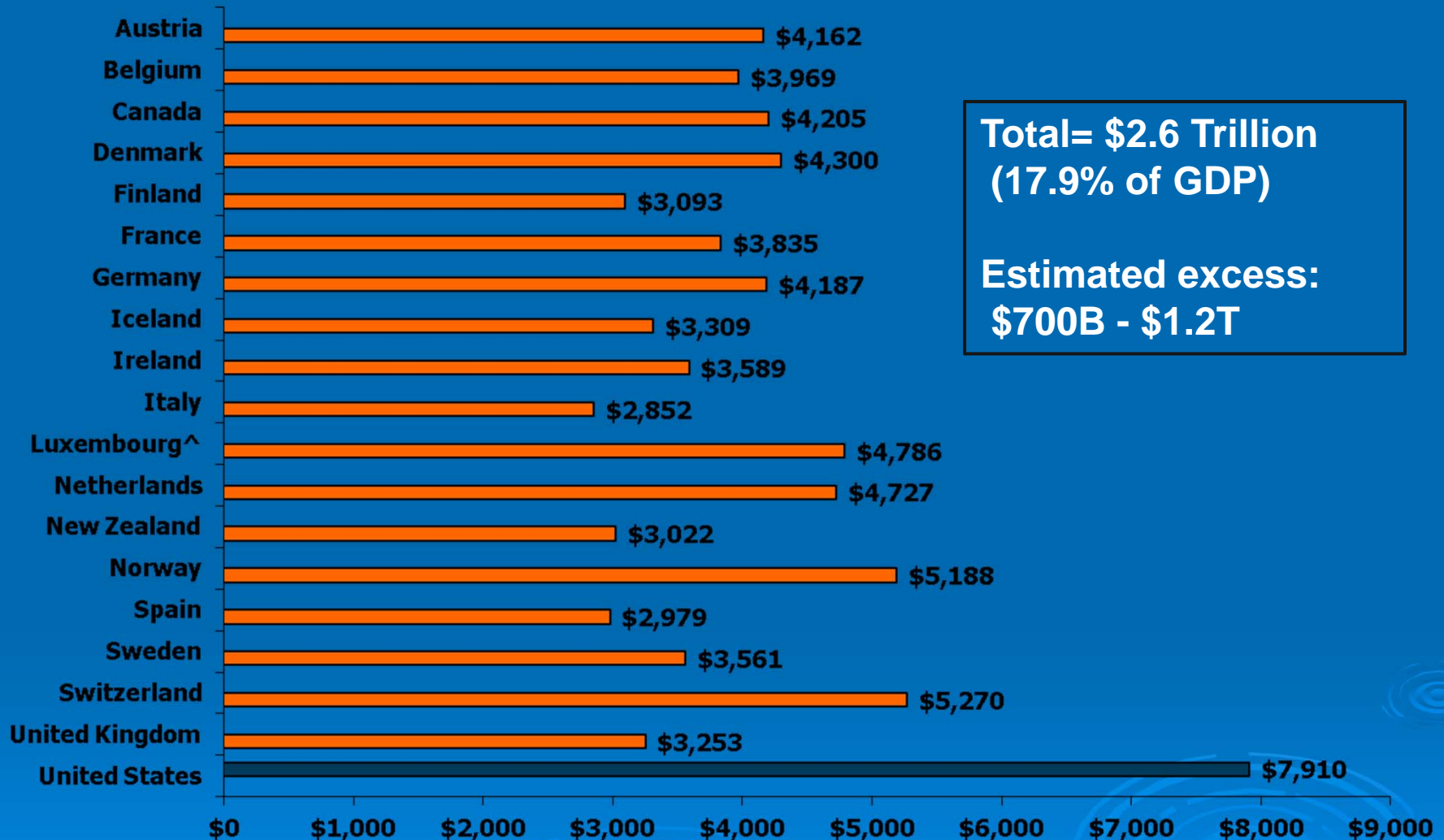
Shorter Lives, Poorer Health

NATIONAL RESEARCH COUNCIL AND
INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Compared to 16 high income countries, we...

- Spend far more for care
- Have poorer health
- Die younger
- It's worse among poor, minorities
- Not so good for even non-poor Whites

Per Capita Total Current Health Care Expenditures, U.S. and Selected Countries, 2010

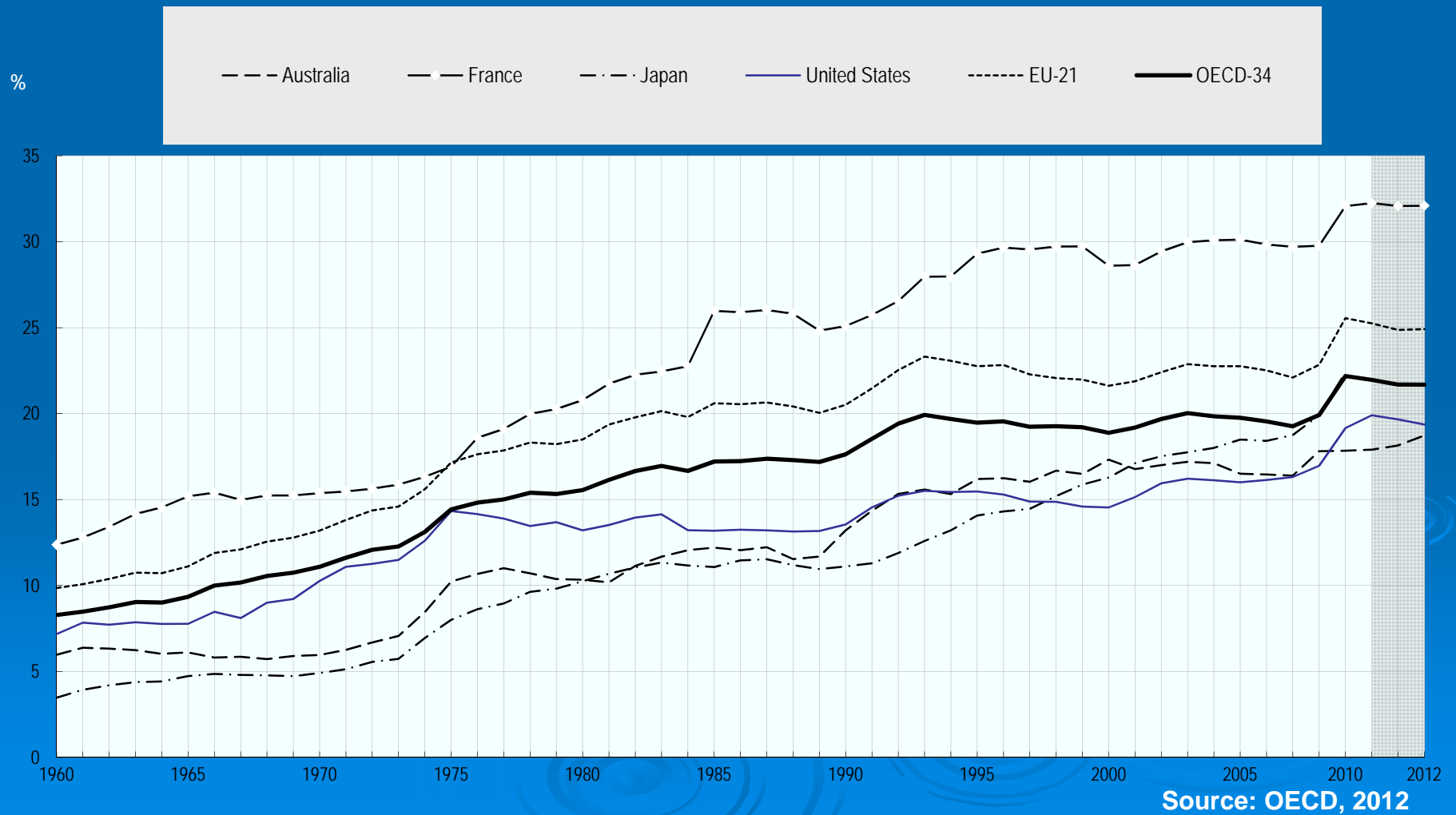


^ 2009 data

Notes: Amounts in U.S.\$ Purchasing Power Parity, see www.oecd.org/std/ppp; includes only countries over \$2,500. OECD defines Total Current Expenditures on Health as the sum of expenditures on personal health care, preventive and public health services, and health administration and health insurance; it excludes investment.

Source: Organisation for Economic Co-operation and Development. "OECD Health Data: Health Expenditures and Financing", OECD Health Statistics Data from internet subscription database. <http://www.oecd-library.org>, data accessed on 08/23/12.

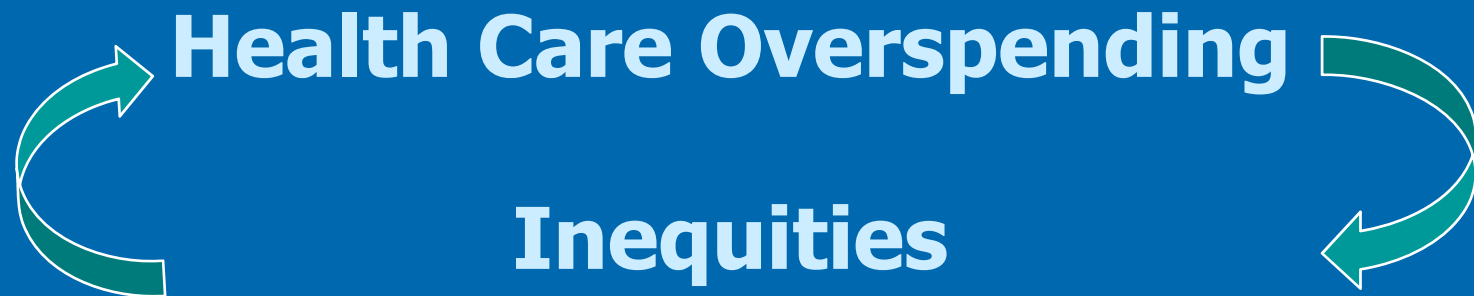
Public Social Spending in Selected Countries Percentage of GDP, 1960-2012

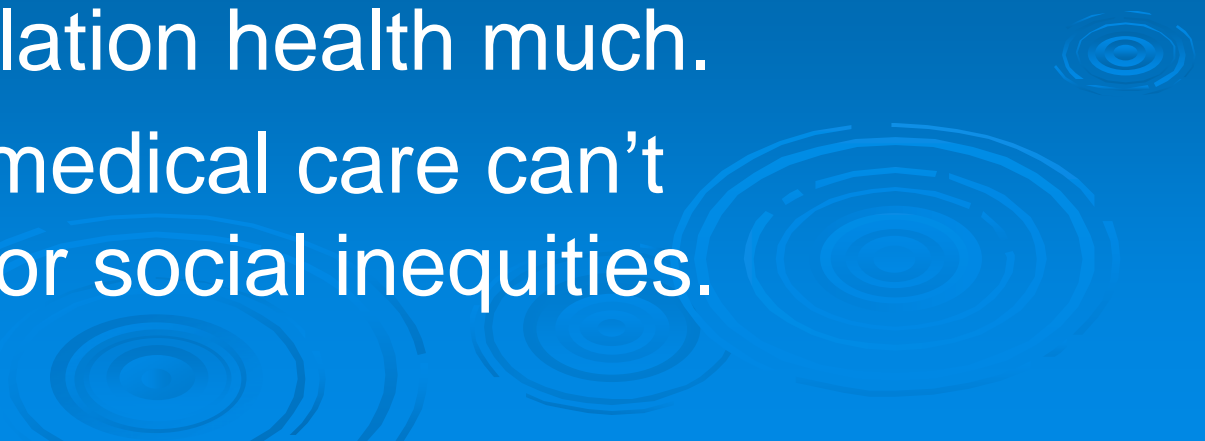


Source: OECD, 2012

Health Care Overspending

Inequities



- Disproportionate medical care spending leaves resources for population health and equity unstable and insufficient.
 - Medical care spending does not even improve population health much.
 - Even a lot of medical care can't compensate for social inequities.
- 

Disparities are the tip of the iceberg...



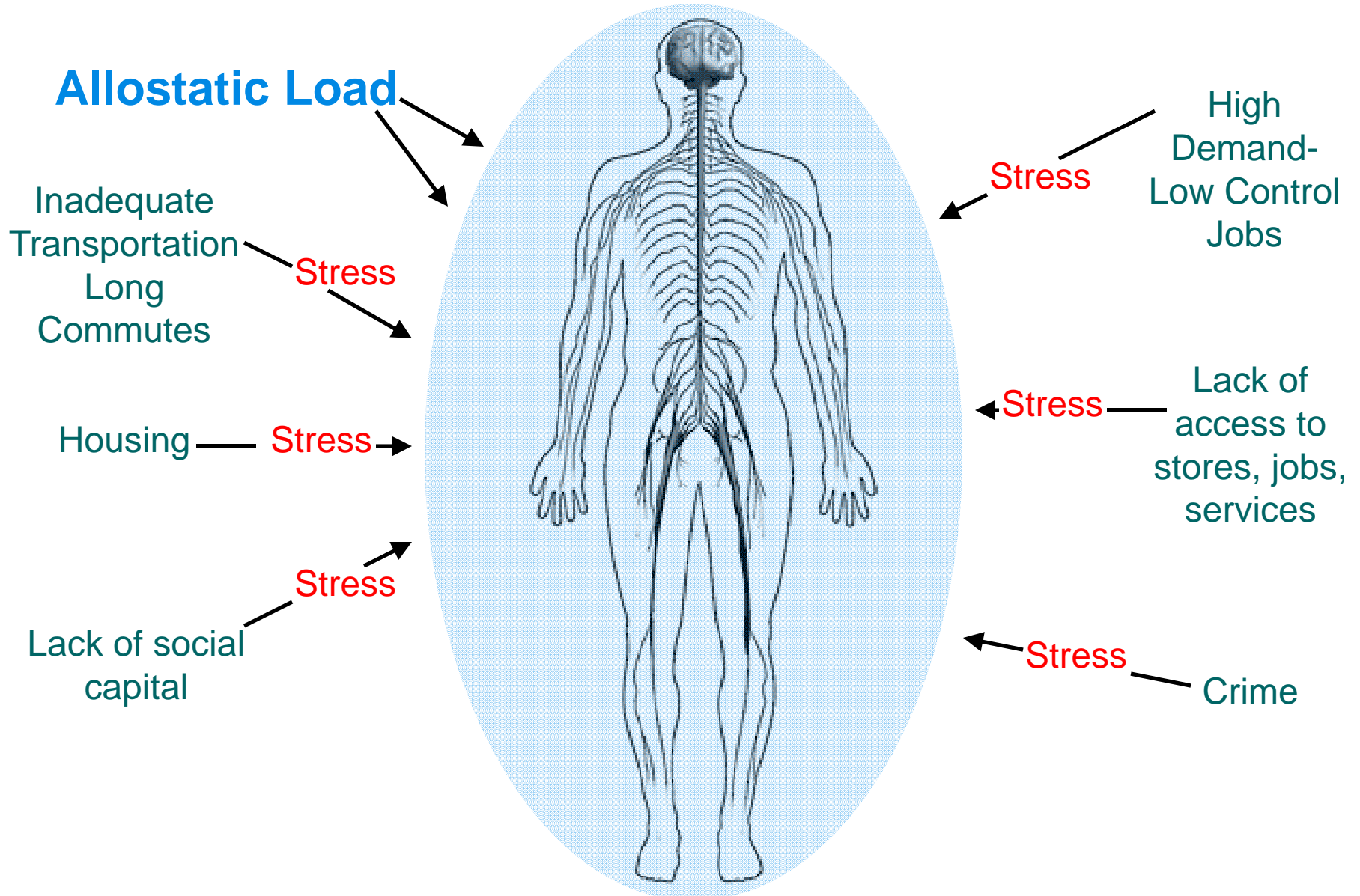
PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

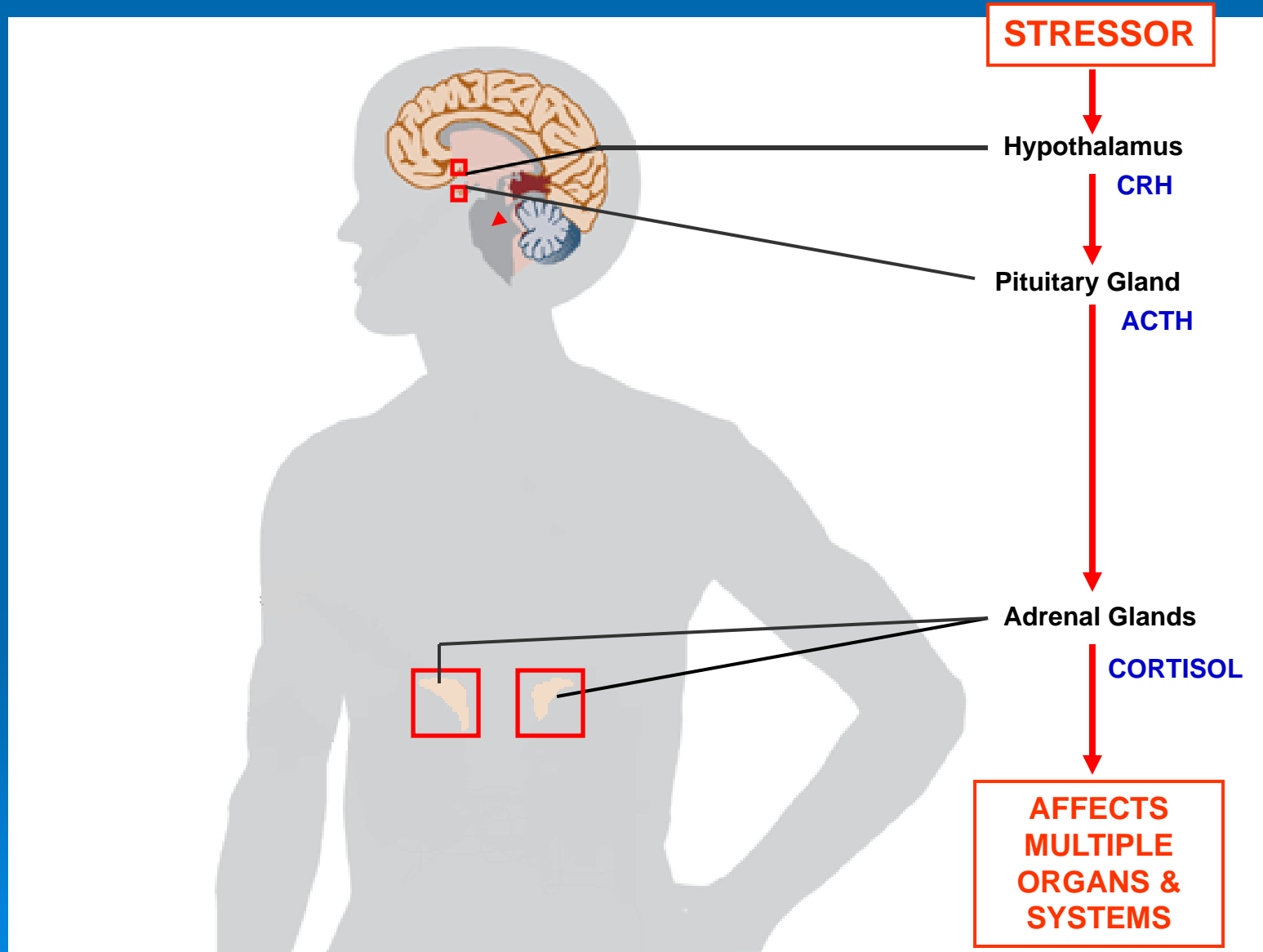
The Lifelong Effects of Early Childhood Adversity and Toxic Stress

Advances in fields of inquiry as diverse as neuroscience, molecular biology, genomics, developmental psychology, epidemiology, sociology, and economics are catalyzing an important paradigm shift in our understanding of health and disease across the lifespan. This converging, multidisciplinary science of human development has profound implications for our ability to enhance the life prospects of children and to strengthen the social and economic fabric of society.

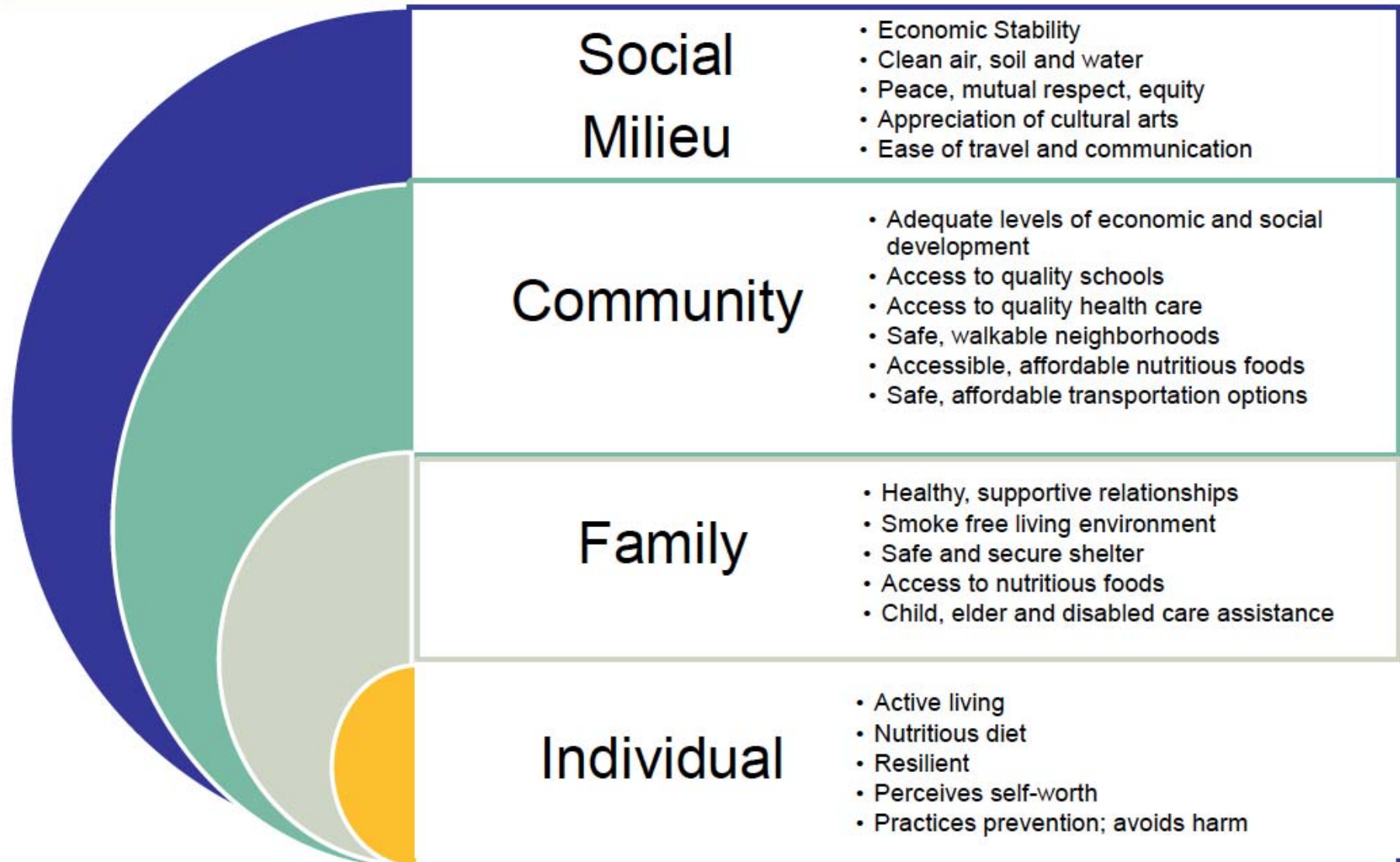
When the external becomes internal: How we internalize our environment



Stress pathway from brain to body



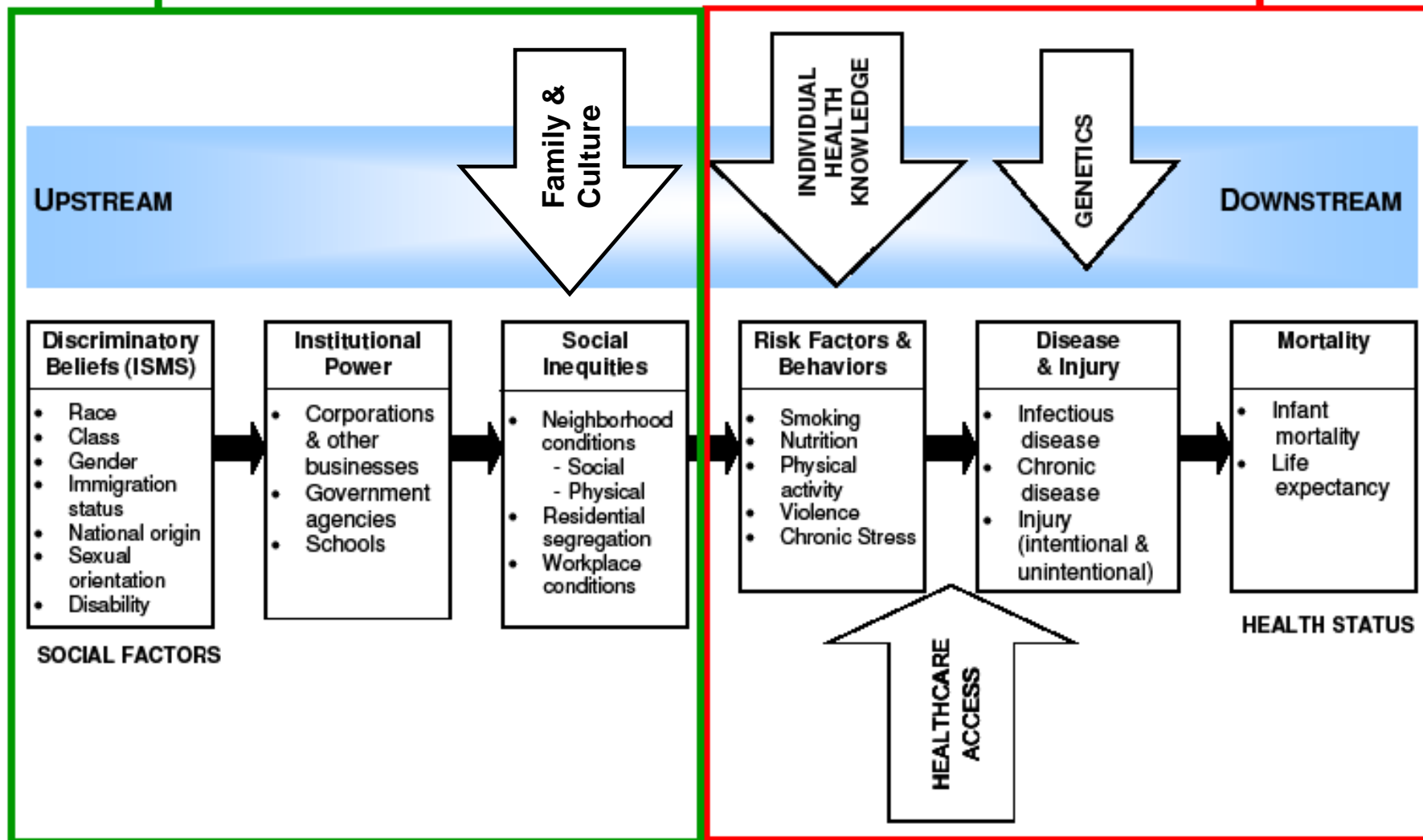
Social Ecology Model



A Framework for Health Equity

Socio-Ecological

Medical Model

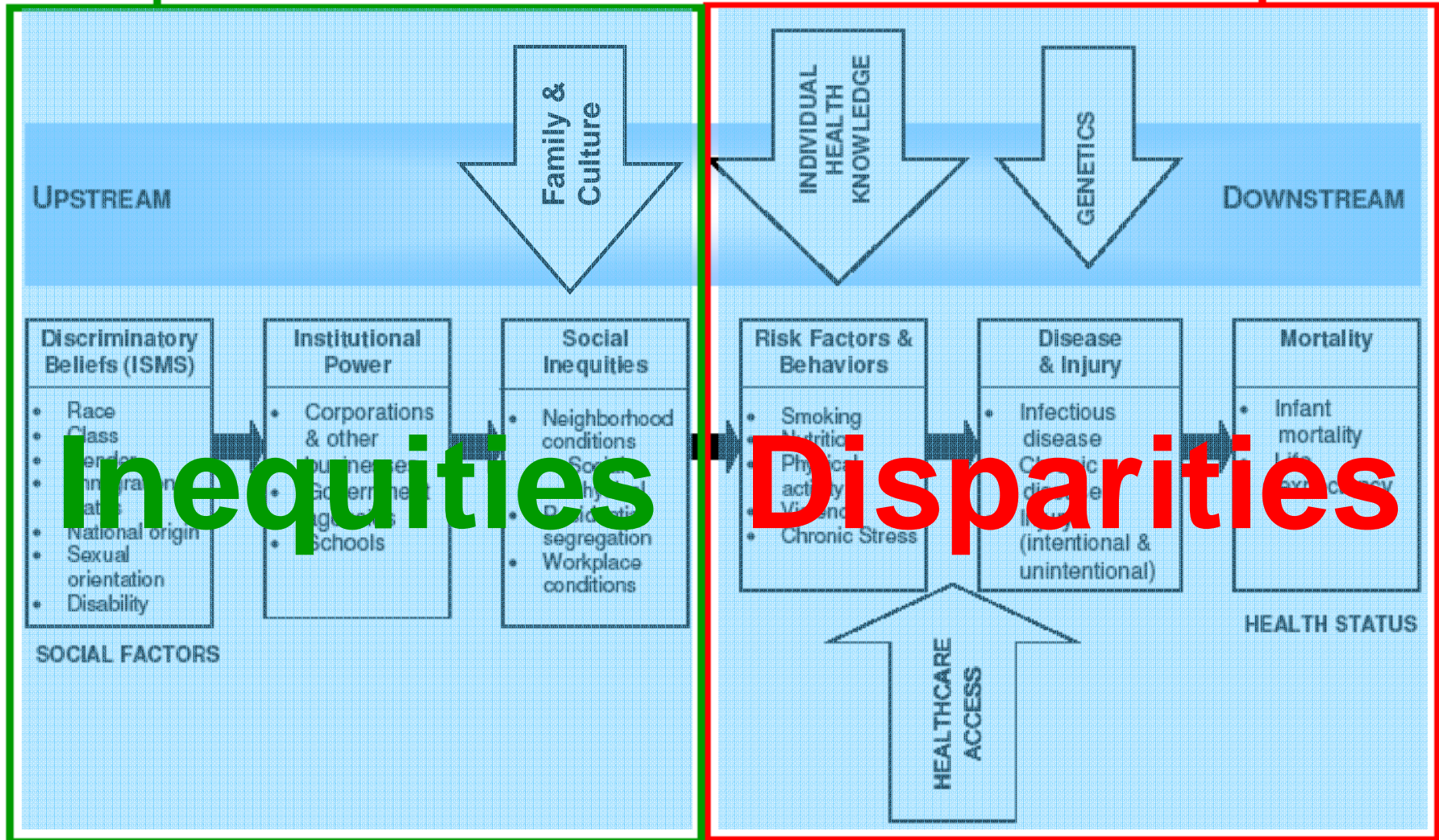


- Adapted by ACPHD from the Bay Area Regional Health Inequities Initiative, Summer 2008

A Framework for Health Equity

Socio-Ecological

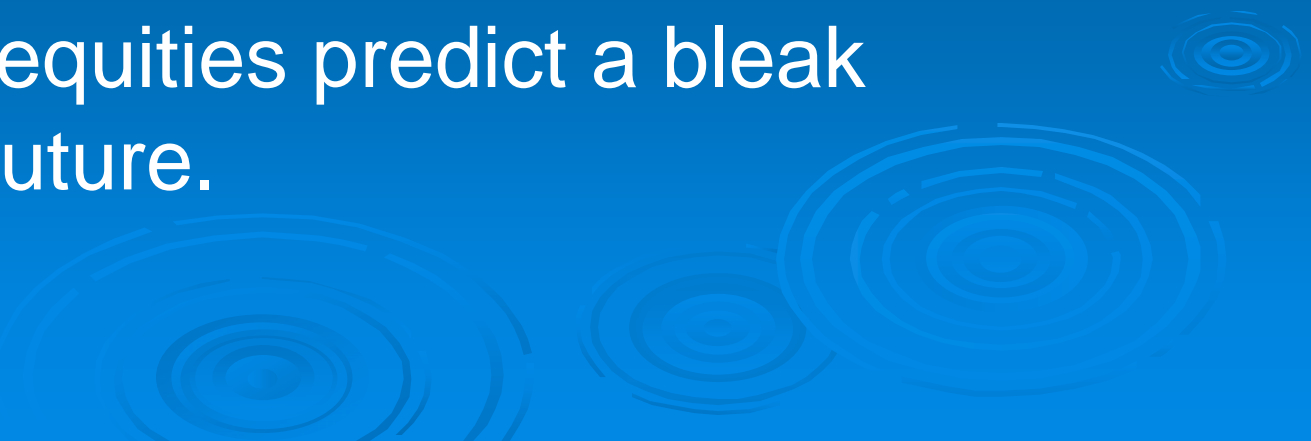
Medical Model



Why Are We Unhealthy?

- Greater income inequality, child poverty
- Less social mobility, uneven education
- Holes in safety net
- Communities designed around cars
- Limited access to primary health care
- More calories, less walking
- More substance use, firearms in violence

Health Matters for Equity and Efficiency

- U.S. has fallen to 5th in global competitiveness and 42nd in health and primary education.
 - Because so much health care is federally financed, poor outcomes contribute substantially to the federal debt.
 - Growing inequities predict a bleak economic future.
- 

The Health Dividend

- Despite our wealth, the U.S. is unhealthier across the board than our peers.
- There is evidence that flattening the social gradient improves the health of all.
- Transferring medical care overspend to social and infrastructure investments can both stabilize the nation's fiscal health, and improve well-being.
- Focused upstream interventions (policy and place) may offer promise.

Factors that Affect Health

Smallest
Impact

Largest
Impact



Examples

Eat healthy, be physically active

Rx for high blood pressure, high cholesterol, diabetes

Immunizations, brief intervention, cessation treatment, colonoscopy

Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax

Poverty, education, housing, inequality

THE OVERLOOKED CONNECTION BETWEEN SOCIAL NEEDS AND GOOD HEALTH

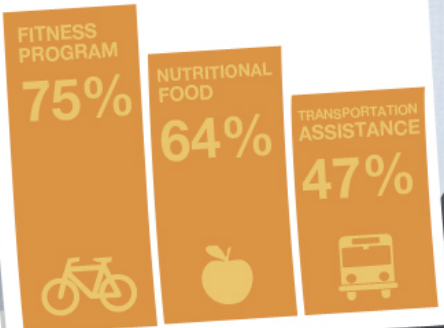


Robert Wood Johnson Foundation



Rx

Physicians wish they could write prescriptions to help patients with social needs.



Rx

Physicians whose patients are mostly urban and low-income wish they could write prescriptions for



4 IN 5 PHYSICIANS SURVEYED
Say patients' social needs are as important to address as their medical conditions.

Say unmet social needs are directly leading to worse health.

Are not confident in their capacity to address their patients' social needs.

3 IN 4 PHYSICIANS SURVEYED
Wish the health care system would pay for the costs associated with connecting patients to services that address their social needs.

What Surrounds Us Shapes Our Health





Health in All Policies

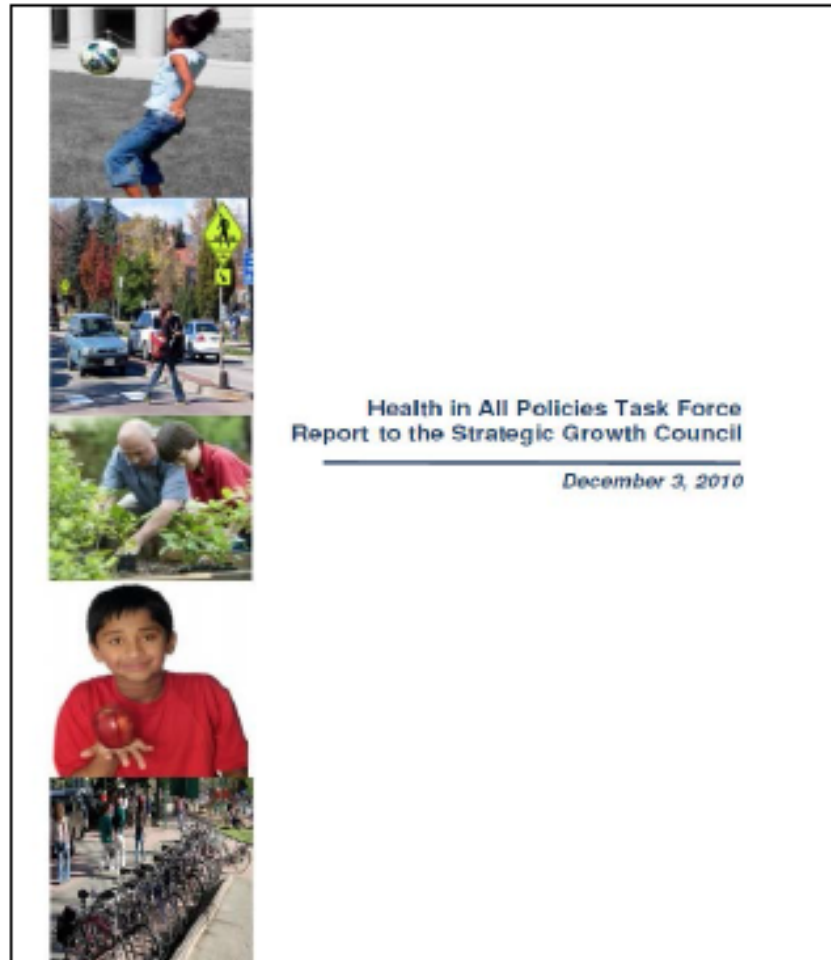
OFFICE
of
HEALTH
EQUITY

- addresses health and equity
- a collaborative approach to improving the health of all people
- by incorporating health considerations into decision-making
- across sectors and policy areas.

Source: Kickbusch I, Buckett K (Eds) (2010) Implementing Health in All Policies, Adelaide 2010. Government of South Australia

- ✓ Inter-sectoral action for shared societal goals (e.g. equity)
 - ✓ Health implications explicitly considered in policy-making and planning processes
 - ✓ Shared goals/strategies that address health determinants – win/win “co-benefits” strategies
 - ✓ Health as a shared goal across government
-

Implementation Plans within the Strategic Growth Council



Topic areas



Active transportation



Housing and indoor
spaces



Parks, urban greening,
and places to be active



Community safety
through violence
prevention



Healthy food



Healthy public policy



Update on current activities

OFFICE
of
HEALTH
EQUITY

- Farm to Fork Office
- Community Safety and Violence Prevention
- Health and Health Equity Criteria in State Grant processes
- Active Transportation and SB 375
- Housing Siting and Air Quality
- Urban and Community Greening and Access to Green Spaces
- Health and Health Equity in State Guidance Documents
- Healthy and sustainable food procurement

SGC's Health in All Policies Task Force

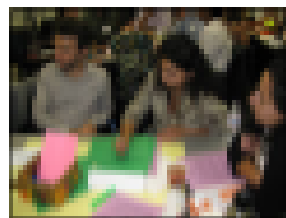
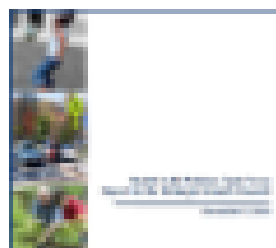


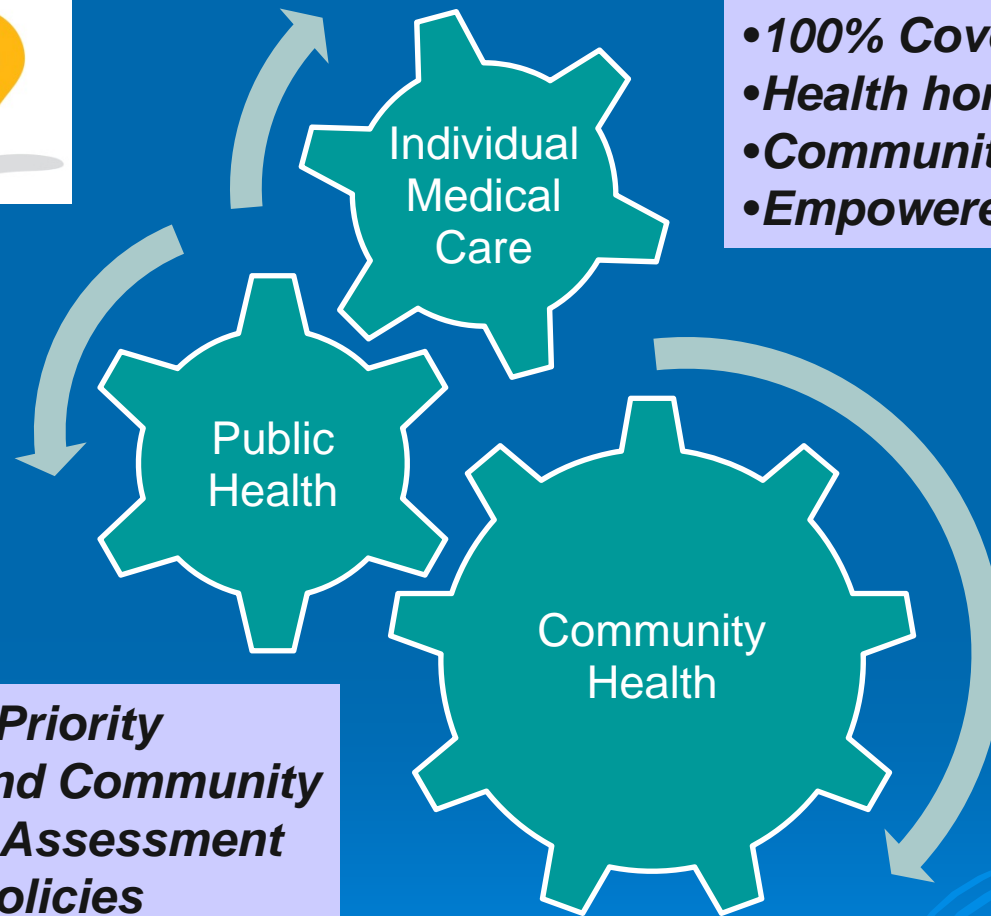
Table 1. Healthy Communities Framework – What is a Healthy Community?
A Healthy Community provides for the following through all stages of life:
► Meets basic needs of all
▪ Safe, sustainable, accessible and affordable transportation options
▪ Affordable, accessible and nutritious foods and safe drinkable water
▪ Affordable, high quality, socially integrated and location-efficient housing
▪ Affordable, accessible and high quality health care
▪ Complete and livable communities including quality schools, parks and recreational facilities, child care, libraries, financial services and other daily needs
▪ Access to affordable and safe opportunities for physical activity
▪ Able to adapt to changing environments, resilient, and prepared for emergencies
▪ Opportunities for engagement with arts, music and culture
► Quality and sustainability of environment
▪ Clean air, soil and water, and environments free of excessive noise
▪ Tobacco- and smoke-free
▪ Green and open spaces, including healthy tree canopy and agricultural lands
▪ Minimized toxics, greenhouse gas emissions and waste
▪ Affordable and sustainable energy use
▪ Aesthetically pleasing
► Adequate levels of economic, social development
▪ Living wage, safe and healthy job opportunities for all, and a thriving economy
▪ Support for healthy development of children and adolescents
▪ Opportunities for high quality and accessible education
► Health and social equity
► Social relationships that are supportive and respectful
▪ Robust social and civic engagement
▪ Socially cohesive and supportive relationships, families, homes and neighborhoods
▪ Safe communities, free of crime and violence



health happens **here**



Collaboration for Health and Equity



- **100% Coverage & access**
- **Health homes**
- **Community outreach**
- **Empowered patients**

- **Health Equity Priority**
- **Bridge Care and Community**
- **Health Impact Assessment**
- **Health in All Policies**

- **Build Capacity**
- **Advocate**
- **Partnerships**
- **Stewardship**
- **Involve youth**



- Santa Ana – 60 adults and 61 youth involved in civic discourse on neighborhood improvement
- Arvin / Lamont – 300 residents push for closure of nuisance recycling plant ; 250 for school wellness policies
- Greenfield – 75 residents secure approval and funds to improve parks
- Boyle Heights – 500 youth organize for improved school food, access to health services, reduced community violence
- Coachella – 150 residents training to participate in public land use and transportation decision-making



- Santa Ana – joint use at 2 schools; 2 new parks; community garden; walking and exercise groups
- Arvin-Lamont – new parks and sidewalks, abate pollution, improved school nutrition, PE, and water access
- Coachella – health and wellness element in general plan; farmers market; improved school food and access to drinking water; school clinic
- West Fresno – walking / jogging trails; revitalization and smart growth; school discipline;
- South Merced – community garden; farmers market; joint use;
- East Salinas – violence reduction; “health in all places” policy in city -county planning;
- South Sacramento, Coachella, South Kern, City Heights /San Diego --school wellness policies



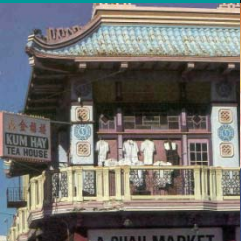
Housing



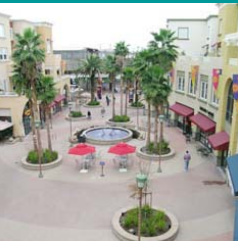
Childcare



Medical Care



Jobs



Healthy Food



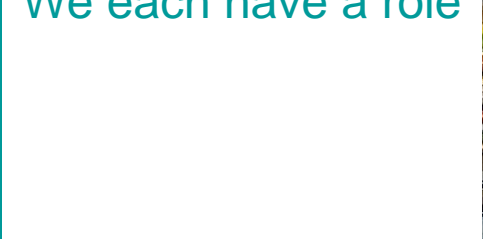
We each have a role



Clean Air



Parks and Activities



Policy Makers



Education



Economic Justice



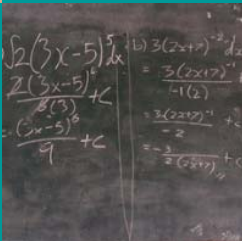
Preschool



Safe Neighborhoods



Residents



Transportation





For more information:
www.calendow.org
gflores@calendow.org