Eliminating Health Disparities at the Root

CA Health Benefit Exchange Board 12/18/2012

Tony Iton, M.D., J.D., MPH Senior Vice President The California Endowment



NIH

Despite notable improvements in the overall health of the Nation in the last two decades, there continue to be striking disparities in the burden of illness and death among African Americans, Hispanics, American Indians and Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders, and underserved groups such as disadvantaged rural Whites. -NIH/NIMHD 2012

HP 2010

Goal 1: Increase Quality and Years of Healthy Life

The first goal of Healthy People 2010 is to help individuals of all ages increase life expectancy and improve their quality of life.

Goal 2: Eliminate Health Disparities

The second goal of Healthy People 2010 is to eliminate health disparities among segments of the population, including differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation.



Definition of Health Disparities

➤ "Differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific population groups in the United States"

-NIH Working Group on Health Disparities



HP 2020 Health Disparities

> A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion



HP 2020 Health Equity

> The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.



Life

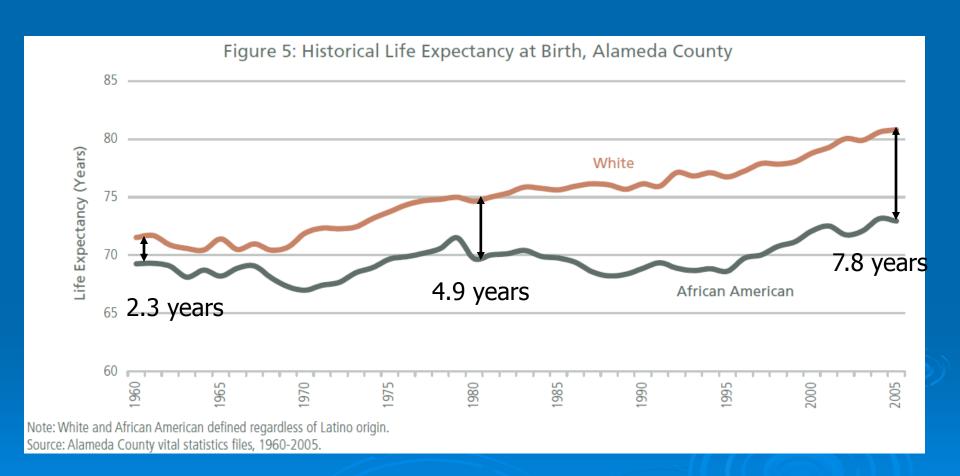
... is the **average**lifespan a newborn
can expect

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	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY N FINLAND 243-65-9974				YES X			UNK NEVER MARRIED			7. DATE OF DEATH mm/dd/ccyy 01/16/2007				003			
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INFOR-	SUE -, MOUSE						27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 345 HIGH ST, OAKLAND, CA 94601											
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PLACE OF DEATH	EDEN MEDICAL CENTER 104. COUNTY 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)									ER/OP	DOA	Hospic	106. CITY	rsing me/LTC	Ho	ecedent's ome	Other	
50													CASTRO VALLEY					
_	as cardiac and respiratory arrest, or ventricular fibrillati (Final disease or or condition resulting						atitions — that directly caused death, DO NOT enter terminal events such on without showing the etiology, DO NOT ABBREVIATE.						Time Interval Between Onset and Death (AT) HRS Time Interval Between 108. DEATH REI X YES REFEREN			S	TO CORONER?	
	in death) Sequentially, list conditions, if any,											DAYS 109.			SY PERFO	RMED?		
F DEAT	leading to cause (C) on Line A. Enter UNDERLYING CAUSE (disease or												(CT)	1	10. AUTO	PSY PER	FORMED?	
CAUSE OF DEATH	injury that initiated the events resulting in death) LAST											(DT)	11	1. USED II		ING CAUSE?		
3	112, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 167 DEMENTIA																	
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of spengion and date.) 113. If FEMALE PRESIMANT IN LAST YES NO USE.														LAST YEAR?			
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E E	02/03/2006 01/10/2007 2315 STOCKTON BLVD, SACRAMENTO, CA 95817																	
	19. IGENTEY THAT IN MY OPINION DEATH OCCUPRED AT THE HOUR DATE, AND PLACE STATED FROM THE CAUSES STATED. ACCIDING THE HOUR DATE, AND PLACE STATED FROM THE CAUSES STATED. 200. INJURED AT WORK? 120. INJURY DATE mm/bdd/coy/ 121. INJURY DATE mm/bdd/coy/ 122. HOUR (24 Hour date) MANNER OF DEATH Natural Accident Homicide Suicide Provincia and Could not be determined determined.													R (24 Hours)				
E ONLY	123, PLACE OF INJURY	123. PLACE OF MJURY (e.g., nome, construction site, wooded area, etc.)																
R'S US	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)																	
CORONER'S USE ONLY	125, LOCATION OF INJ	JURY (Street and n	number, or location, and	city, and ZIP)														
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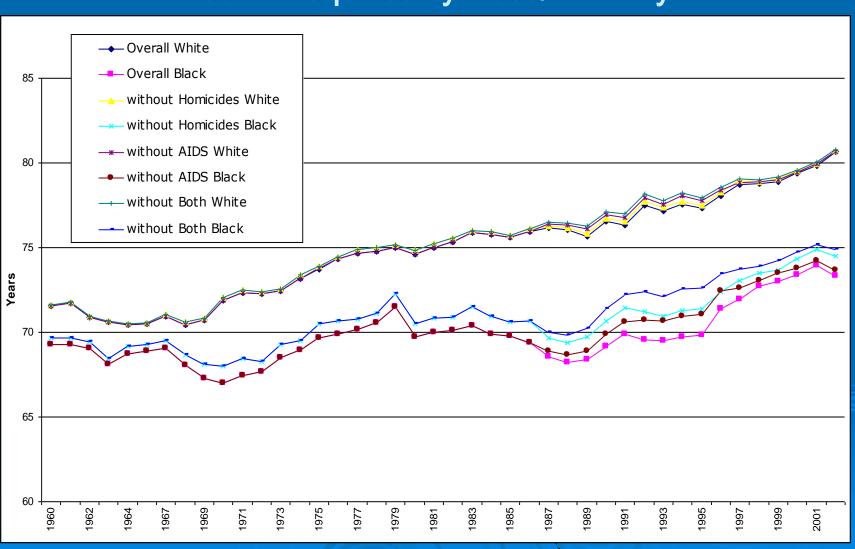
Race and Racism Matters:

Health Inequities by Race/Ethnicity

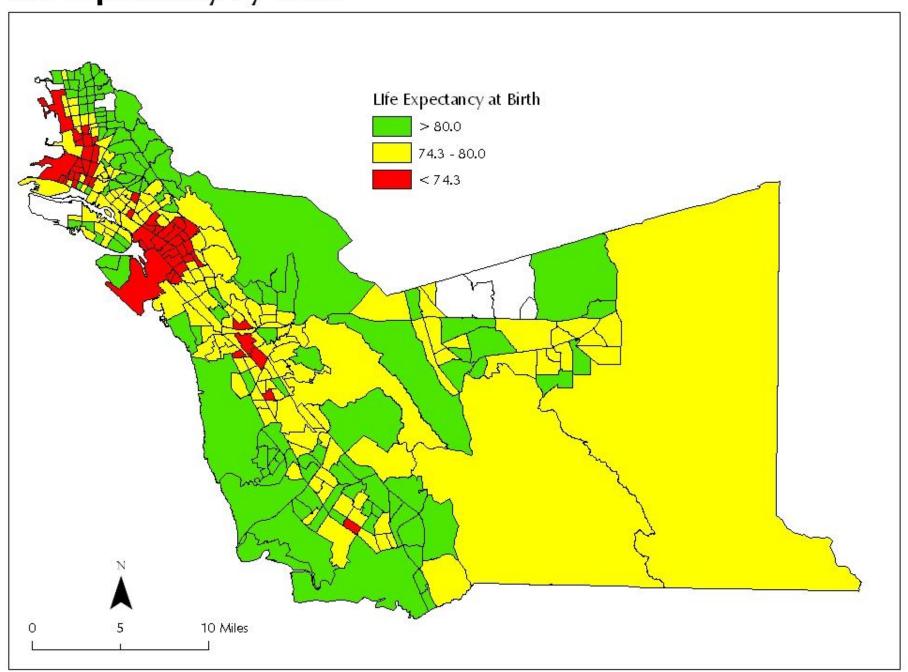


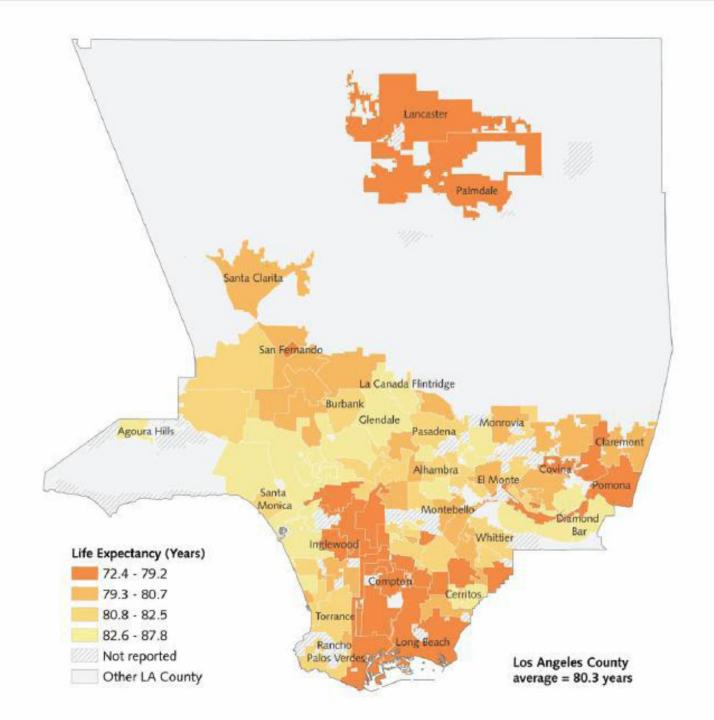
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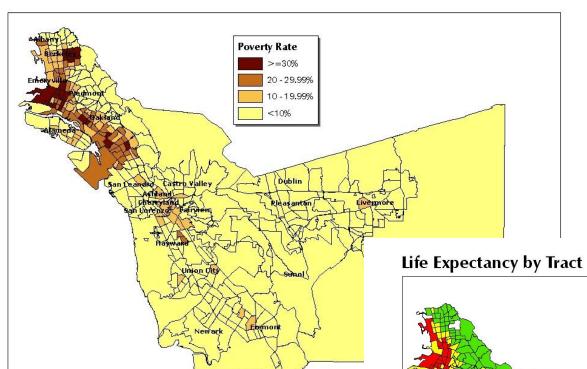


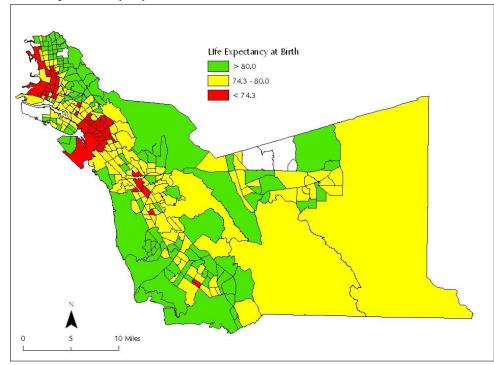
Life Expectancy by Tract



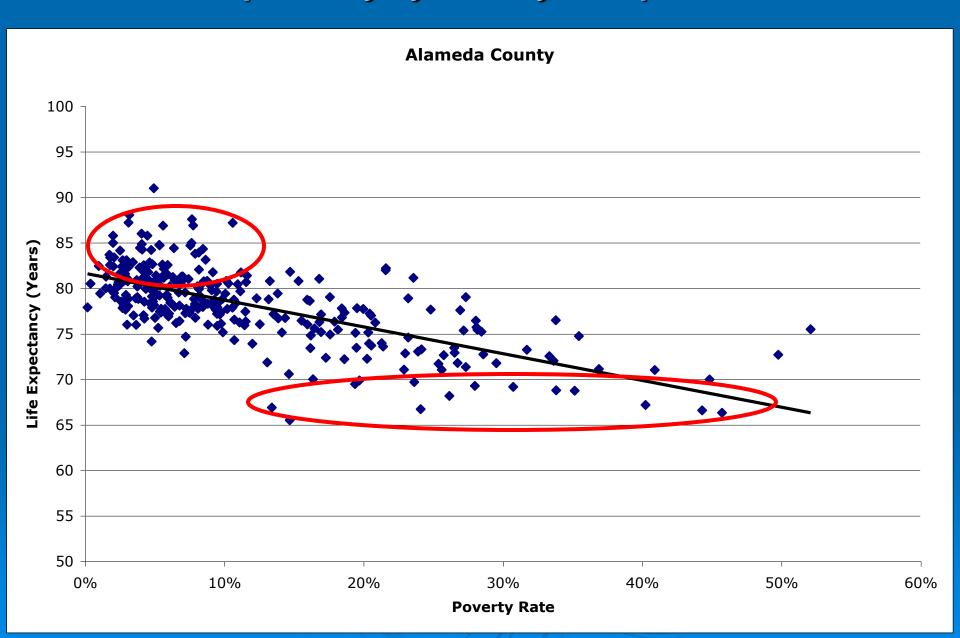


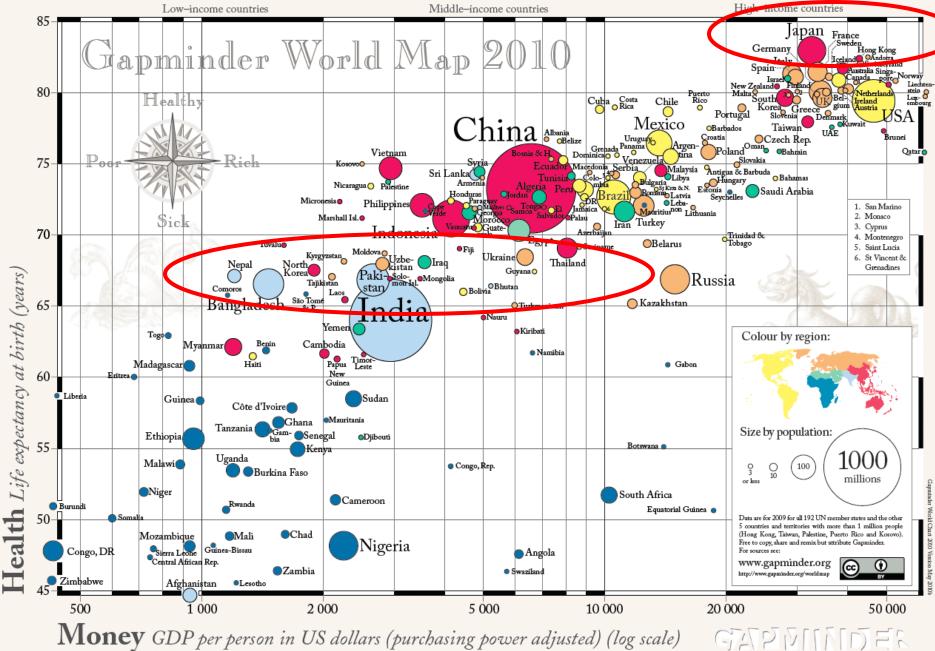
Alameda County Poverty





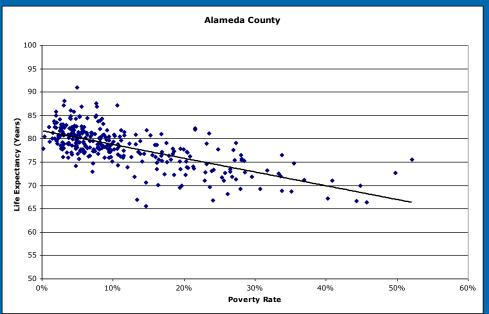
Life Expectancy by Poverty Group 2000-2003

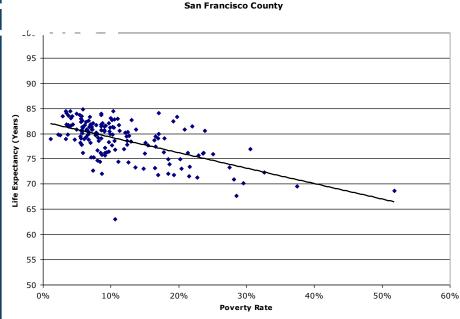


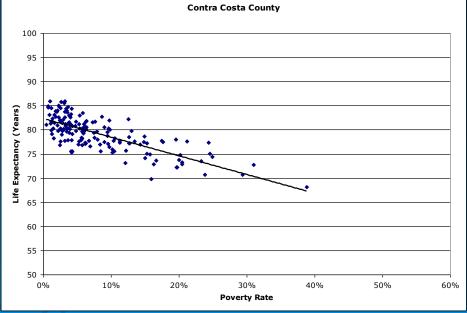


Tract Poverty vs. Life

Exped

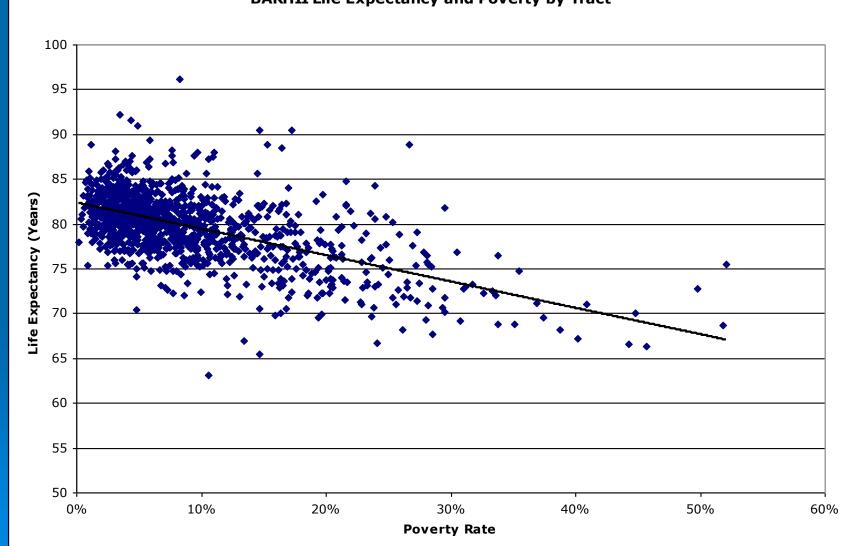




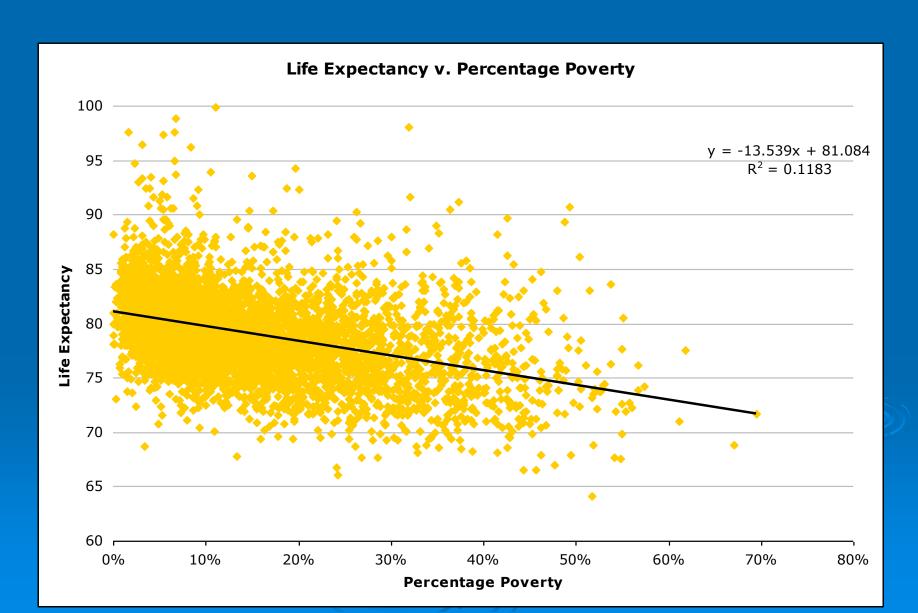


Bay Area Poverty vs. Life Expectancy





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 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.



SPECIAL REPORT

Volume 352:1138-1145 <u>March 17, 2005</u> Number 11

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

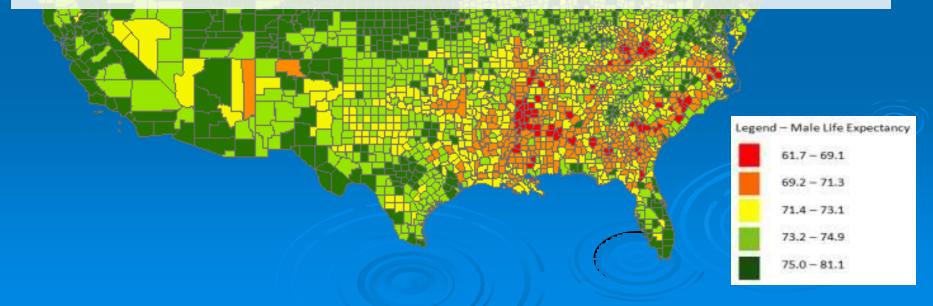
S. Jay Olshansky, Ph.D., Douglas J. Passaro, M.D., Ronald C. Hershow, M.D., Jennifer Layden, M.P.H., Bruce A. Carnes, Ph.D., Jacob Brody, M.D., Leonard Hayflick, Ph.D., Robert N. Butler, M.D., David B. Allison, Ph.D., and David S. Ludwig, M.D., Ph.D.

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.

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





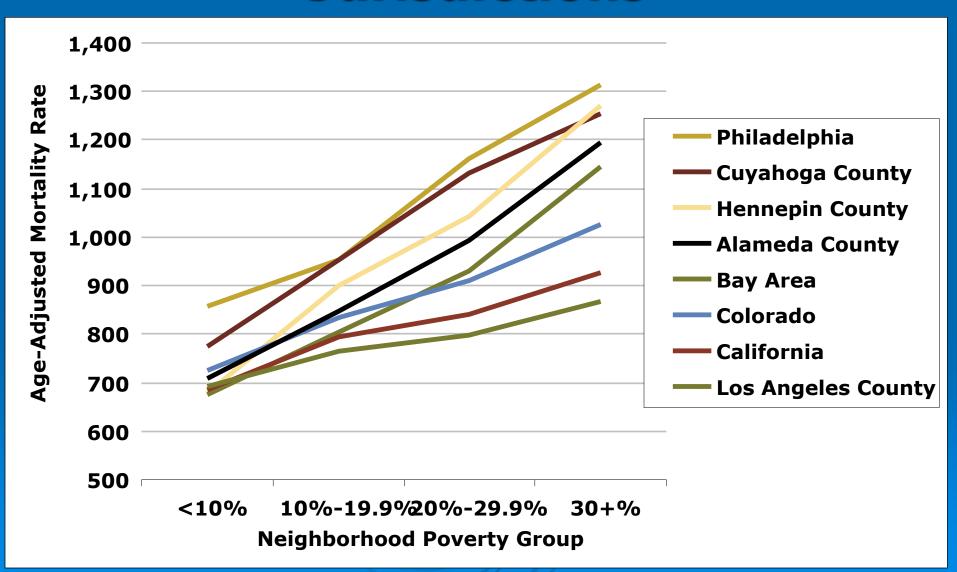
Geographic and Racial Variation in Premature Mortality in the U.S.: Analyzing the Disparities

Mark R. Cullen¹*, Clint Cummins², Victor R. Fuchs^{1,2}

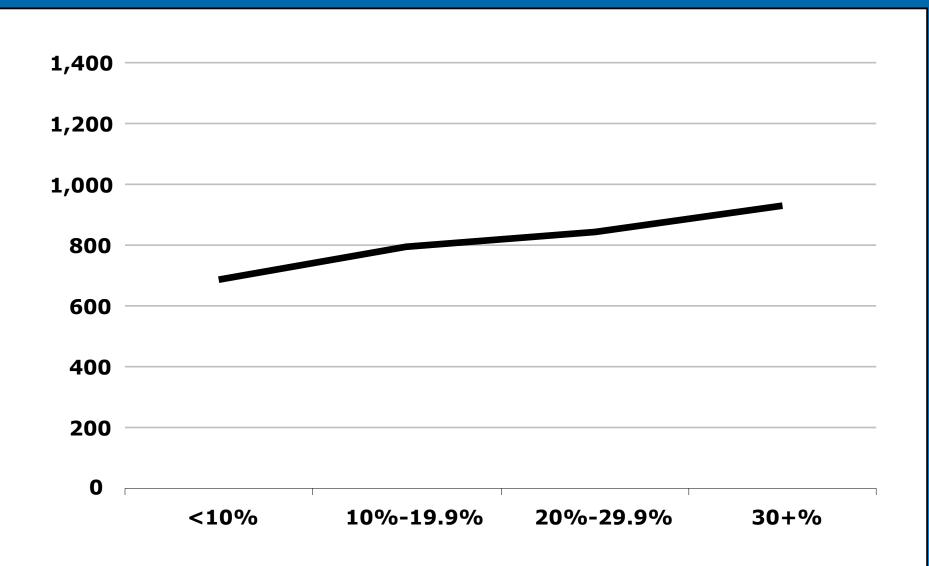
1 General Medical Disciplines, Stanford University School of Medicine, Stanford, California, United States of America, 2 Departments of Economics and Health Research and Policy, Stanford University, Stanford, California, United States of America

"Geographic and racial disparities," said first author Mark Cullen, MD, "are best understood as related to disparities in education, occupations and the like, which are strongly associated with outcomes in every county we studied, whether it was large, small, urban, rural, Southern or not."

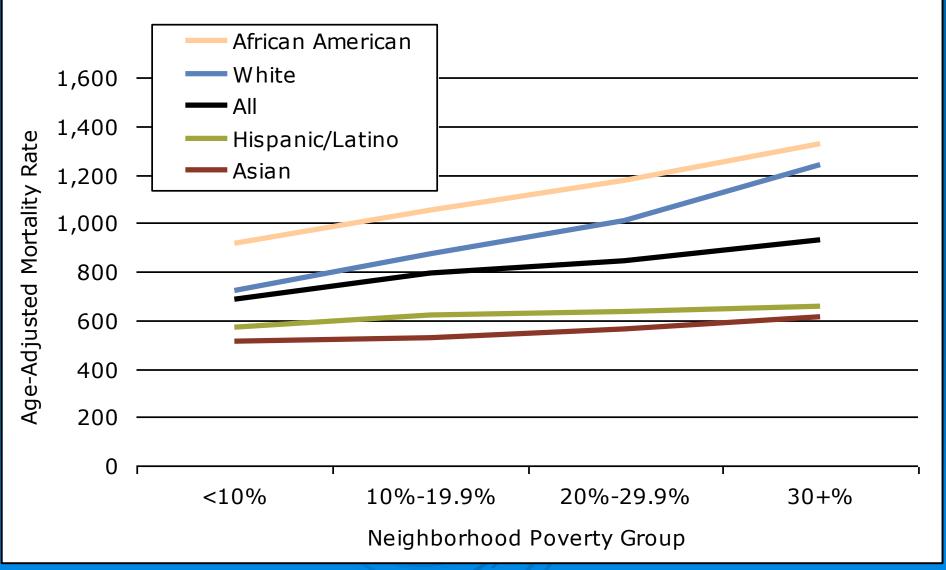
Social Gradients Various Jurisdictions



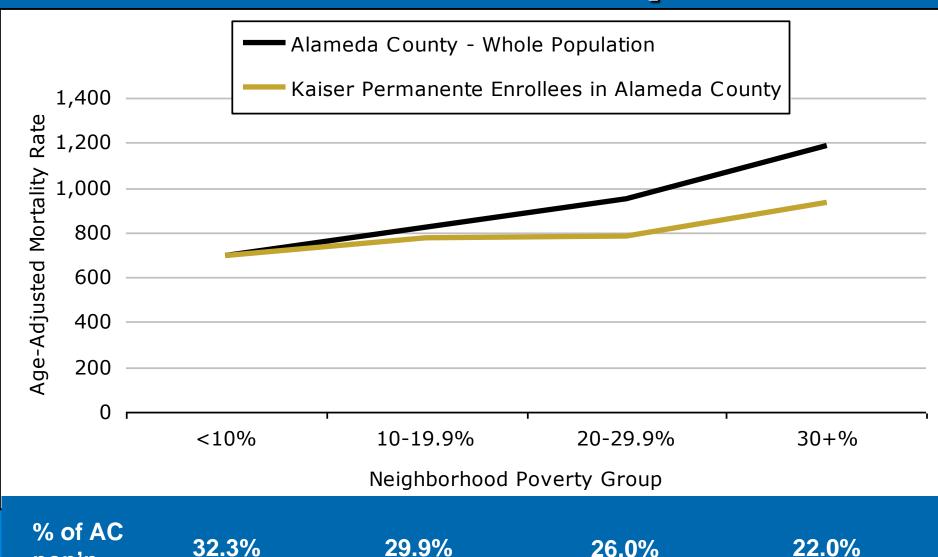
California Social Gradient



California Social Gradient by Race/Ethnicity



Insured vs. Whole Population



pop'n



Disparities are the tip of the iceberg...



The Health of White Americans

US Whites

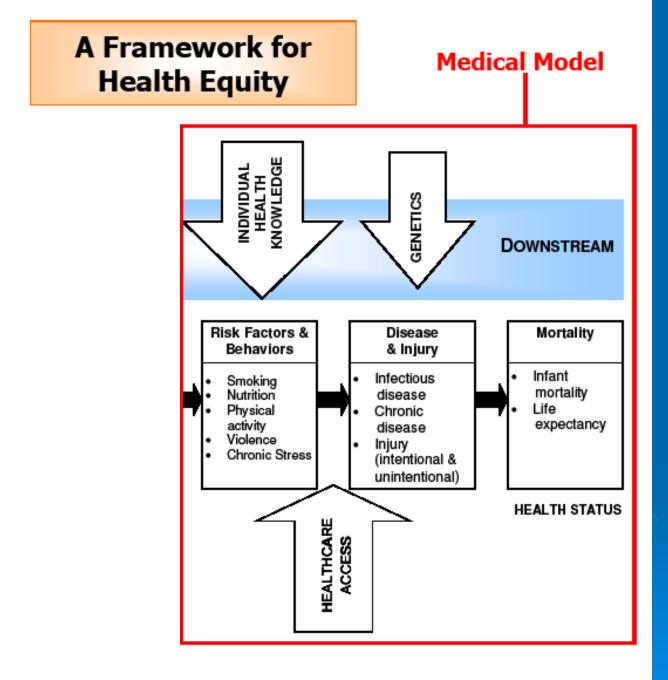
	Life Expectancy
US White	78 years
Chile	78 years
Costa Rica	78 years
Cuba	78 years
Slovenia	78 years
Kuwait	78 years

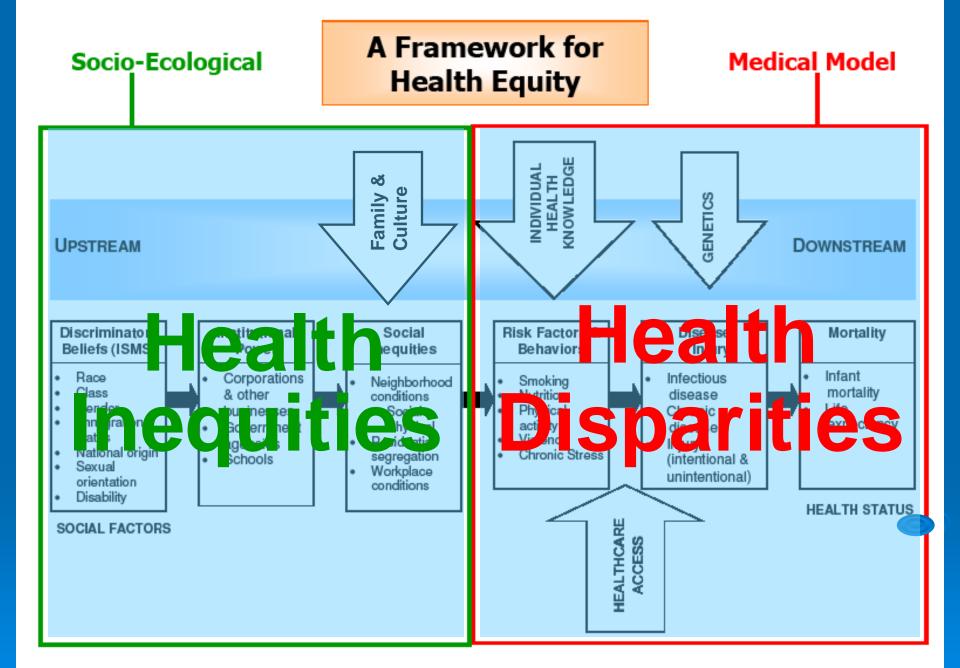
US Whites Living Shorter Lives Than:

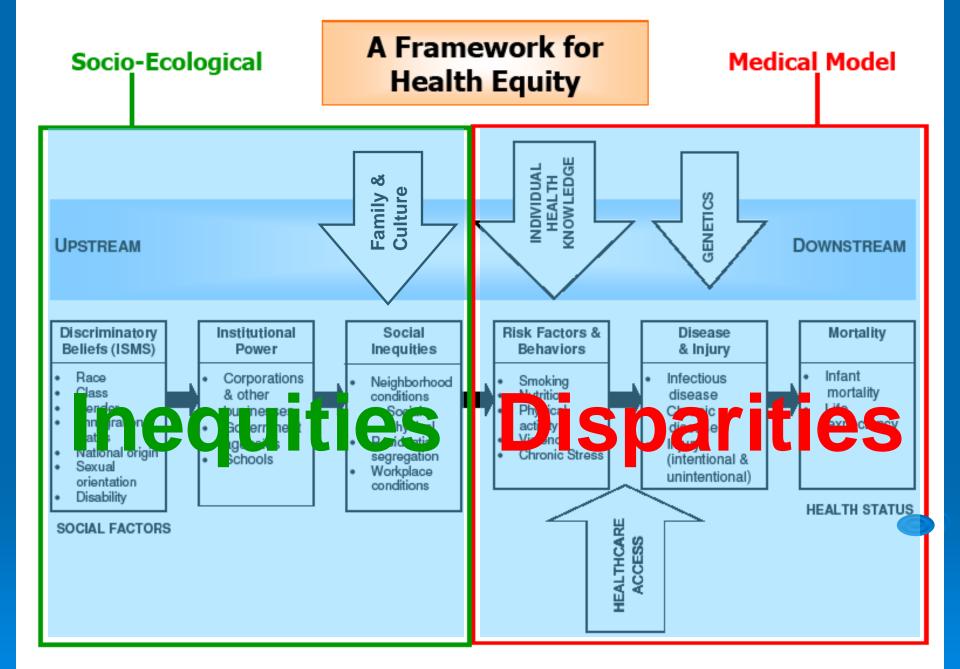
- 79 years: Belgium, Denmark, Finland, Malta, Portugal, Spain, Sweden, U.K., Korea
- <u>80 years</u>: Austria, Cyprus, Germany, Greece, Ireland, Netherlands, Norway, New Zealand, Singapore
- > 81 years: Canada, France, Iceland, Israel, Italy
- > 82 years: Switzerland, Australia
- 83 years: Japan
- > 26 countries

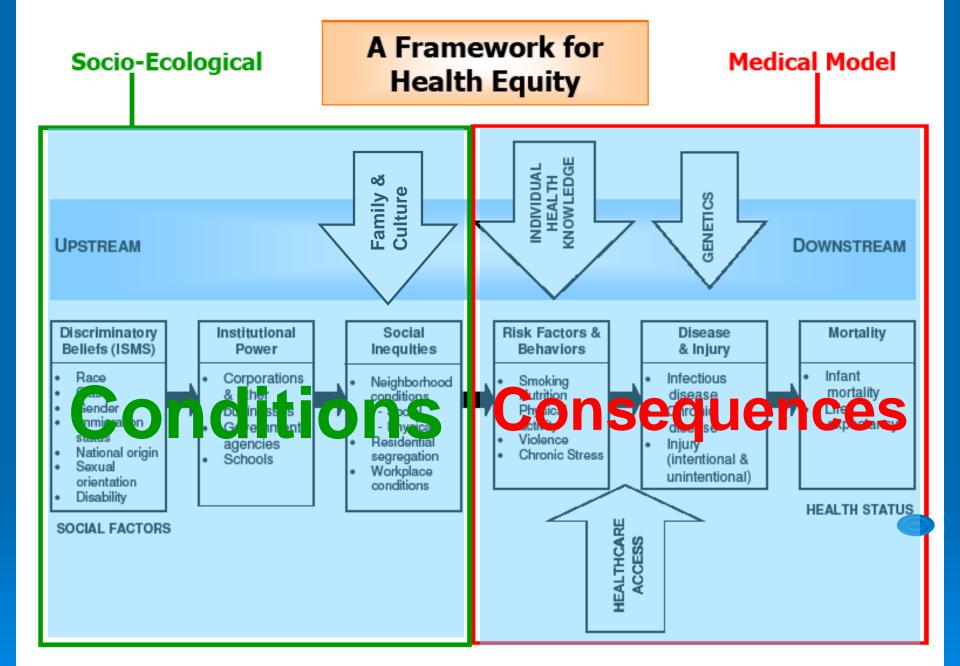
Understanding Health at the Macro Level

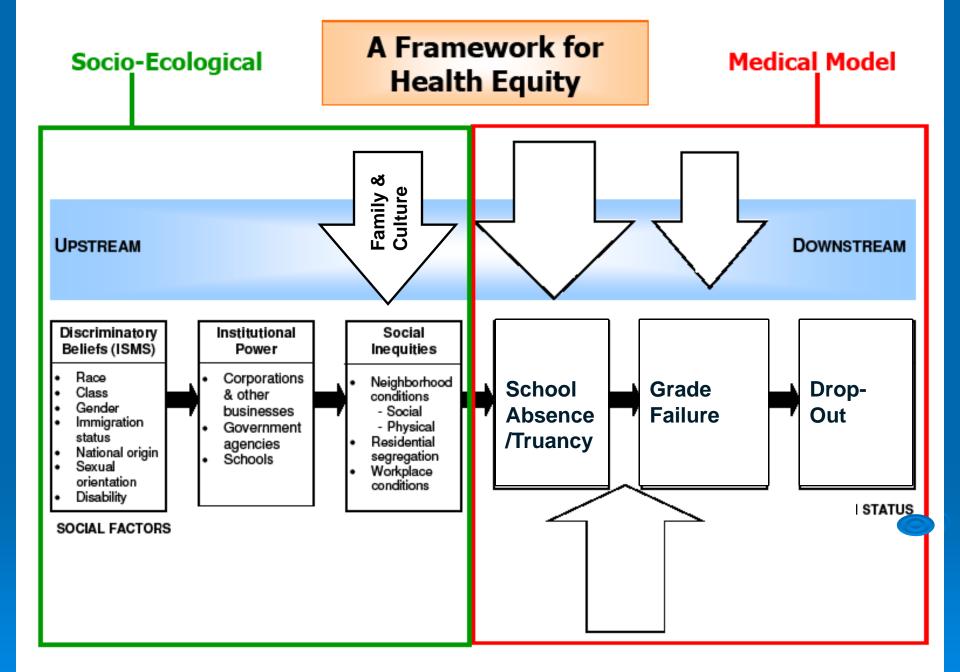
- Despite our wealth, the U.S. is unhealthier across the board than our peers.
- There is evidence that flattening the social gradient improves the health of all. (Not a zero sum proposition).
- Focused upstream interventions (policy and place) may offer promise.

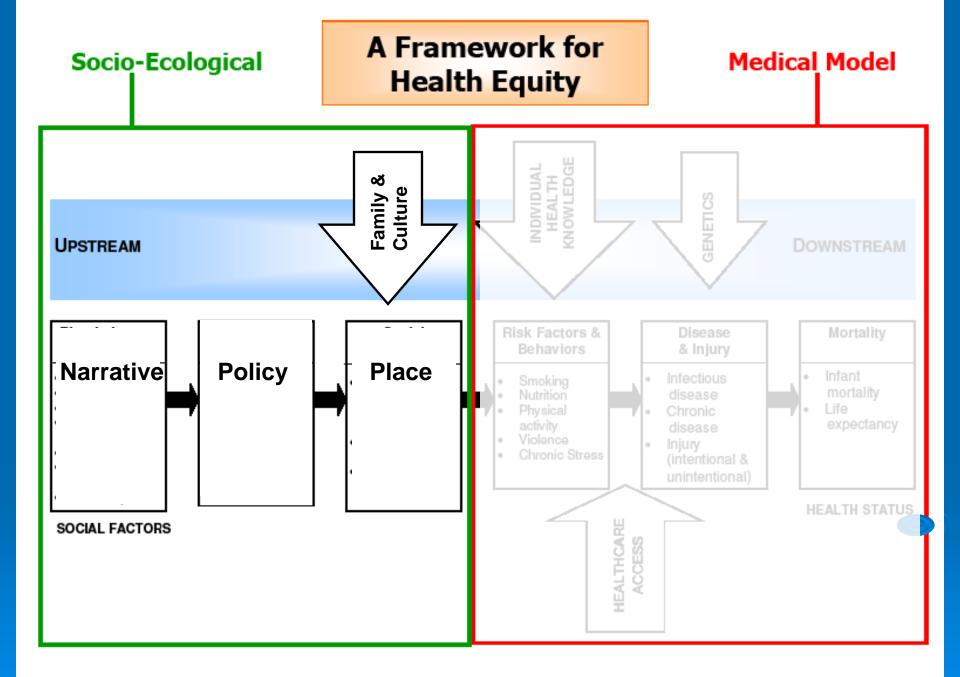


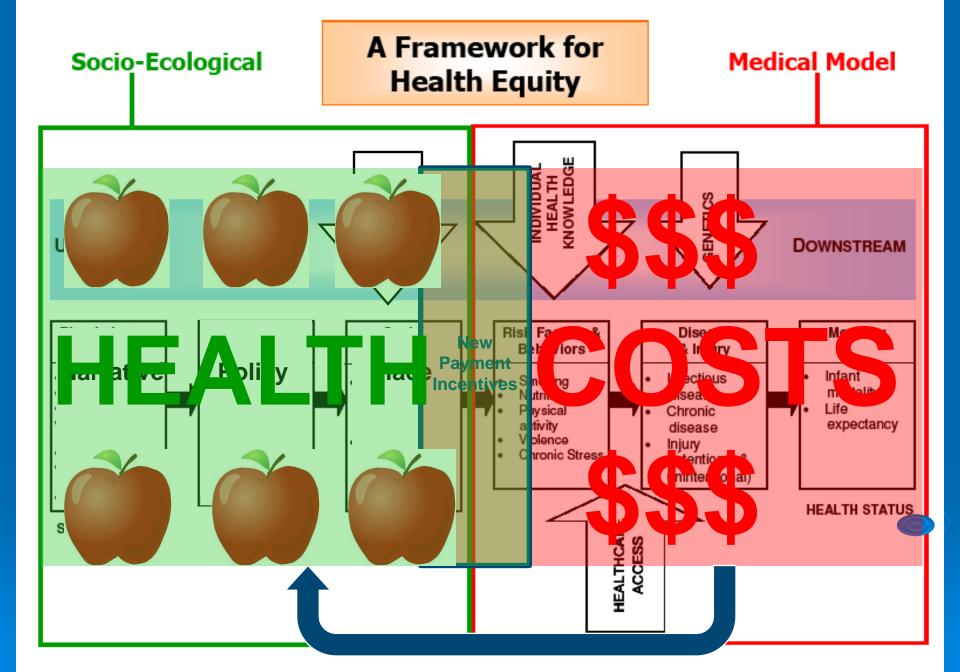












The Interface Between The Clinic & The Community

- Health homes
- > Promotoras
- In home interventions (asthma, nurse home visitation)
- > Telehealth
- Cooking, shopping and gardening programs
- > SBHCs

Contact Information

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aiton@calendow.org 510 271-4310



