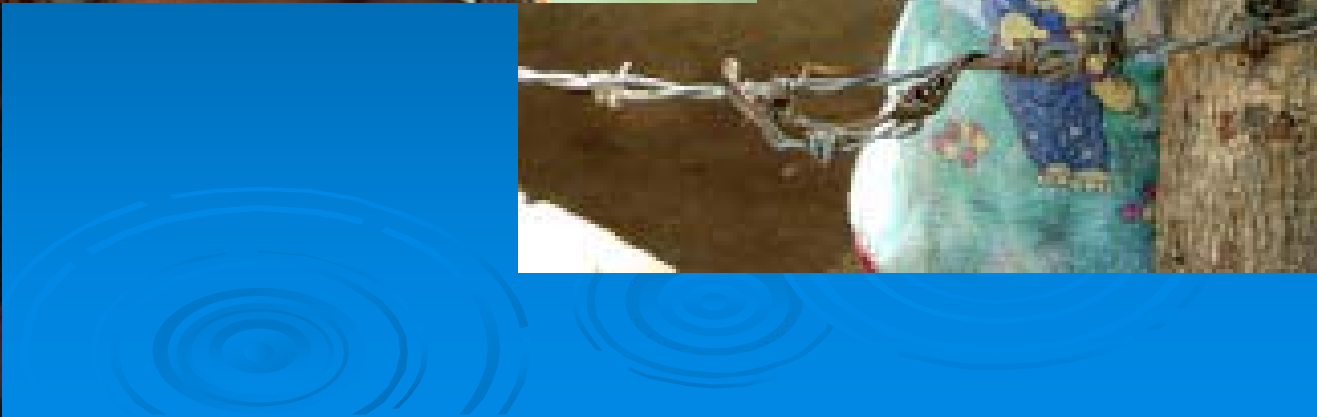
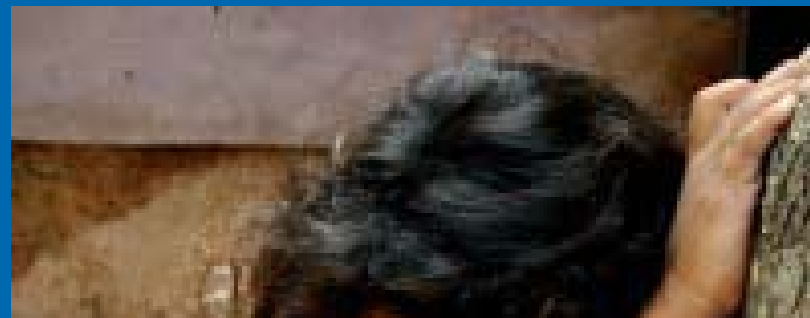


The Case For Place-Based Public Health Practice and Working To Create Health Equity

Part 1

Marin County Meeting
10-4-10

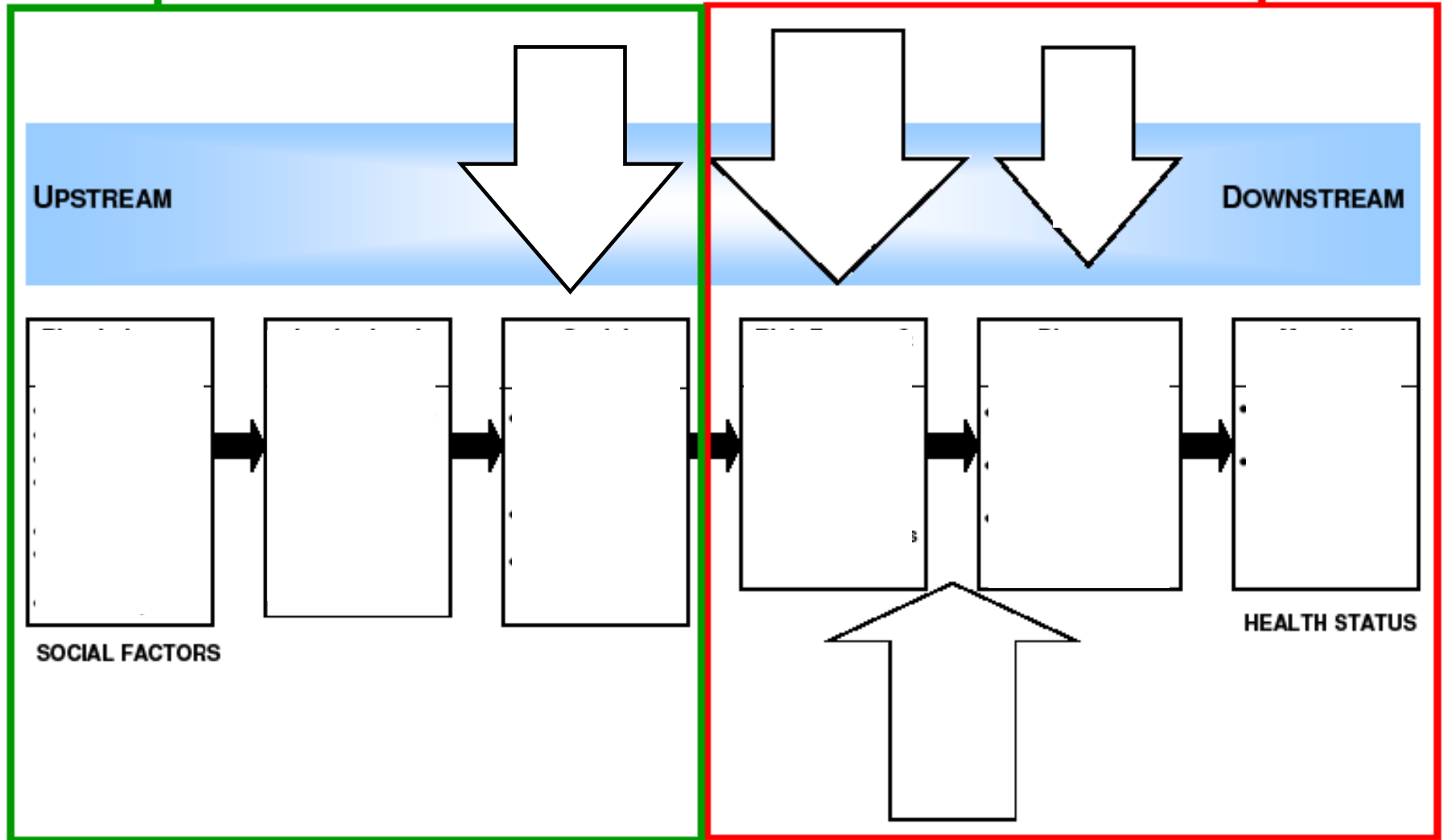
Tony Iton, M.D., J.D., MPH
Senior Vice President
The California Endowment



A Framework for Health Equity

Socio-Ecological

Medical Model



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

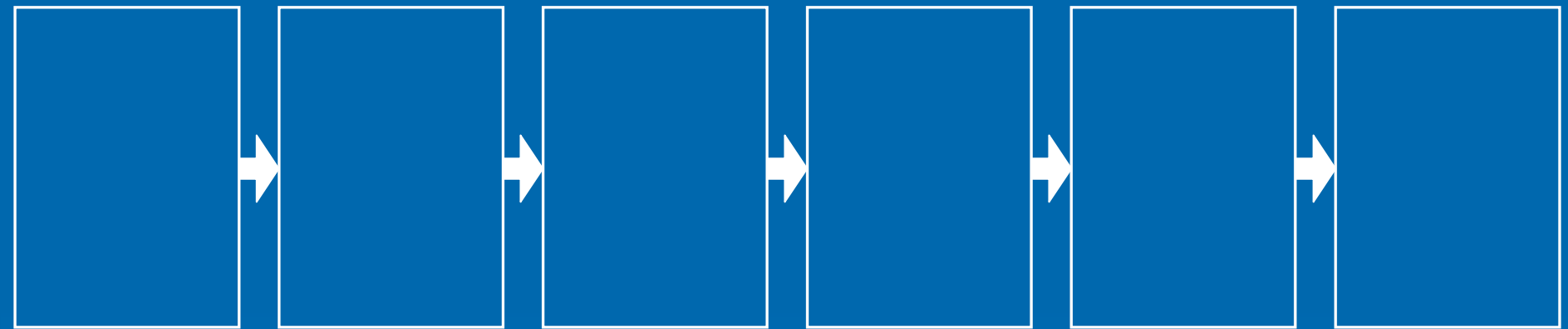
Definition of Inequities

- “Inequities refer to material, social, gender, racial, income, and other social and economic inequalities that are beyond the control of individuals and are therefore considered unfair and unjust.”

-Health Canada, Population & Public Health Branch

- “Health inequities are differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust.” -Margaret Whitehead, WHO

BARHII Framework



Infant mortality



Life expectancy



CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-1 (REV 1/04)

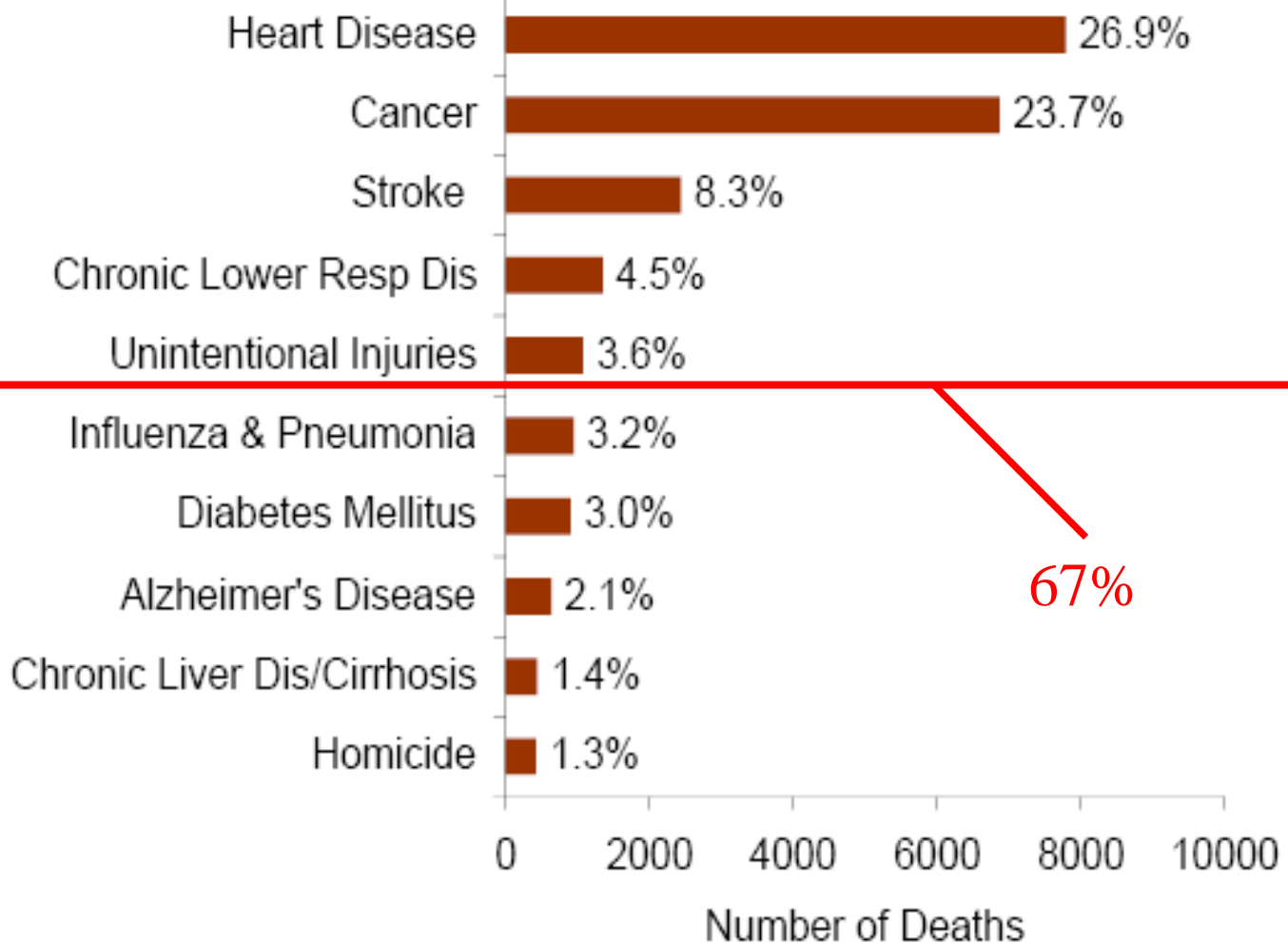
3200701000029

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given) DONALD		3. LAST (Family) DUCK	
2. MIDDLE H.		4. DATE OF BIRTH mm/dd/yyyy 02/14/1937	
5. AGE Yrs. 69		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY FINLAND		10. SOCIAL SECURITY NUMBER 243-65-9974	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at time of death) NEVER MARRIED	
13. EDUCATION -- Highest Level/Degree (see worksheet on back) 06		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back) CAUCASIAN		7. DATE OF DEATH mm/dd/yyyy 01/16/2007	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED TEACHER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION	
19. YEARS IN OCCUPATION 4		20. DECEDENT'S RESIDENCE (Street and number or location) 348 8TH AVE	
21. CITY ALAMEDA		22. COUNTY/PROVINCE ALAMEDA	
23. ZIP CODE 94501		24. YEARS IN COUNTY 3	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S RELATIONSHIP 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		28. NAME OF SURVIVING SPOUSE -- FIRST -	
29. MIDDLE -		30. LAST (Maiden Name) -	
31. NAME OF FATHER -- FIRST THOMAS		32. MIDDLE -	
33. LAST DUCK		34. BIRTH STATE CA	
35. NAME OF MOTHER -- FIRST MINNIE		36. MIDDLE -	
37. LAST (Maiden) UNKNOWN		38. BIRTH STATE UNKNOWN	
39. DISPOSITION DATE mm/dd/yyyy 01/22/2007		40. PLACE OF FINAL DISPOSITION RES 345 HIGH ST, OAKLAND, CA 94601	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER MANUEL FLORES	
43. LICENSE NUMBER EMB6370		44. NAME OF FUNERAL ESTABLISHMENT CLARENCE N COOPER MORTUARY INC	
45. LICENSE NUMBER FD381		46. SIGNATURE OF LOCAL REGISTRAR ANTHONY ITON, M.D.	
47. DATE mm/dd/yyyy 01/18/2007		101. PLACE OF DEATH EDEN MEDICAL CENTER	
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 20103 LAKE CHABOT RD	
106. CITY CASTRO VALLEY		107. CAUSE OF DEATH as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) PNEUMONIA	
108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 0		109. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DEMENTIA		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) NO	
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy 02/03/2006	
115. SIGNATURE AND TITLE OF CERTIFIER GARY WINSETT BROWN M.D.		116. LICENSE NUMBER A38965	
117. DATE mm/dd/yyyy 01/10/2007		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MICHAEL ANDREW HOGARTH M.D. 2315 STOCKTON BLVD, SACRAMENTO, CA 95817	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		CENSUS TRACT	



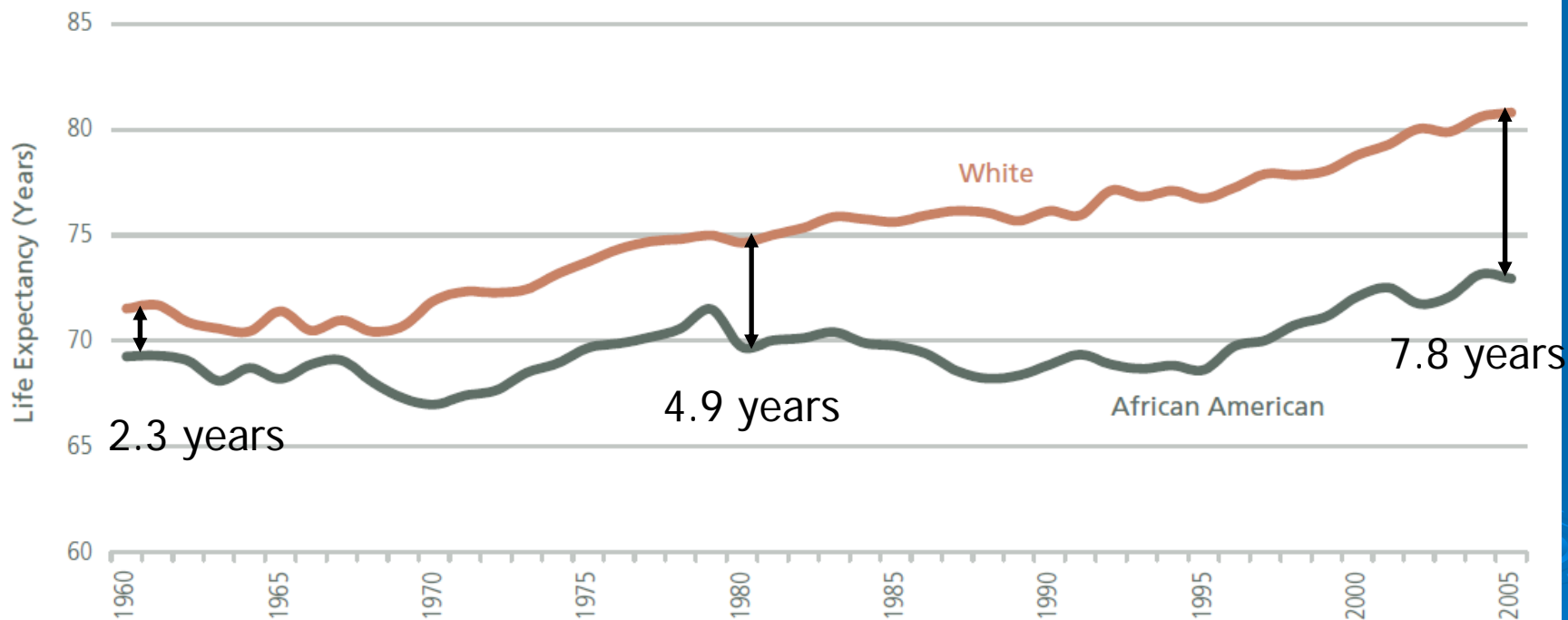
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Leading Causes of Death, Alameda County, 2001-2003 (N=28,790)



Race and Racism Matters: Health Inequities by Race/Ethnicity

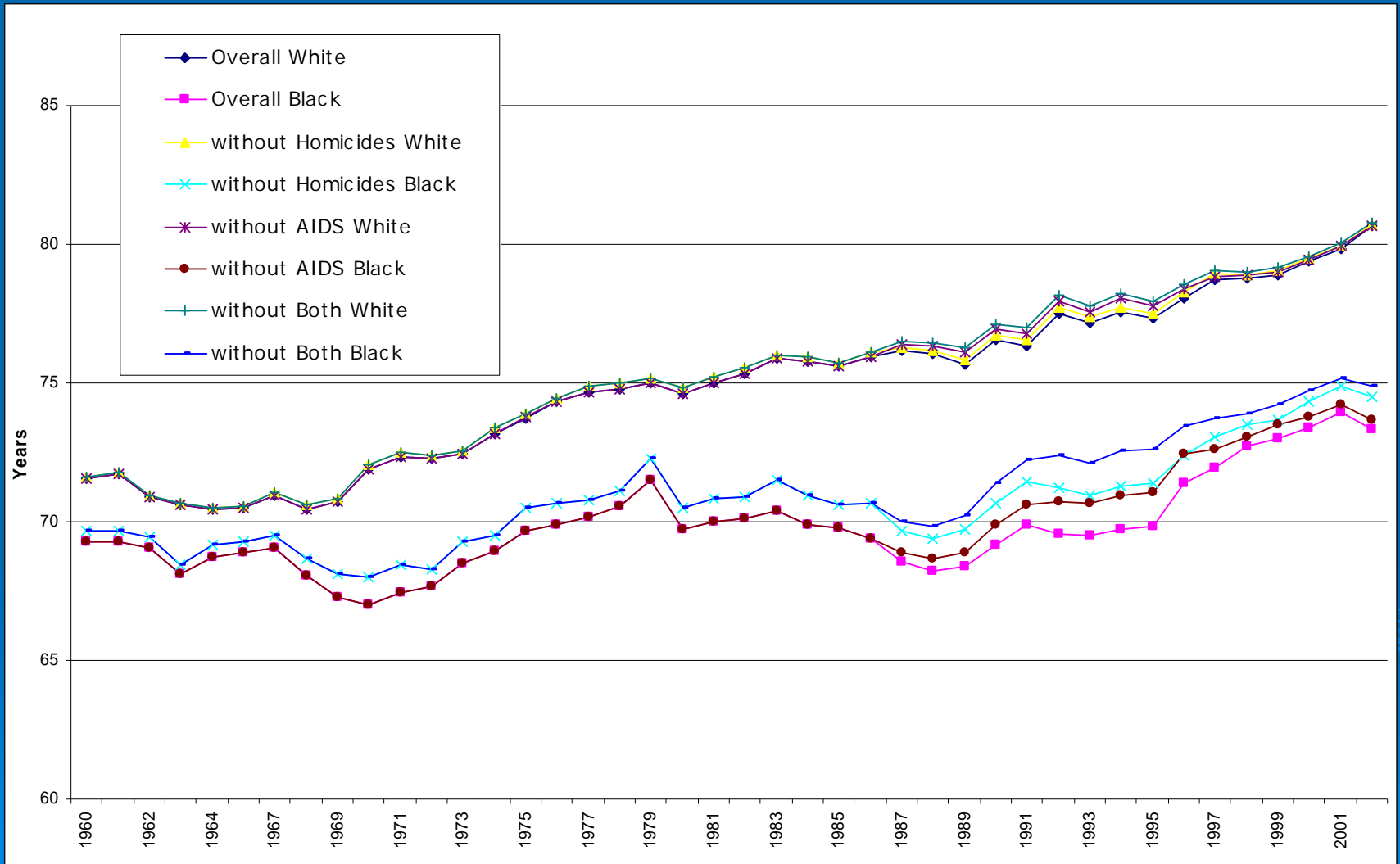
Figure 5: Historical Life Expectancy at Birth, Alameda County



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

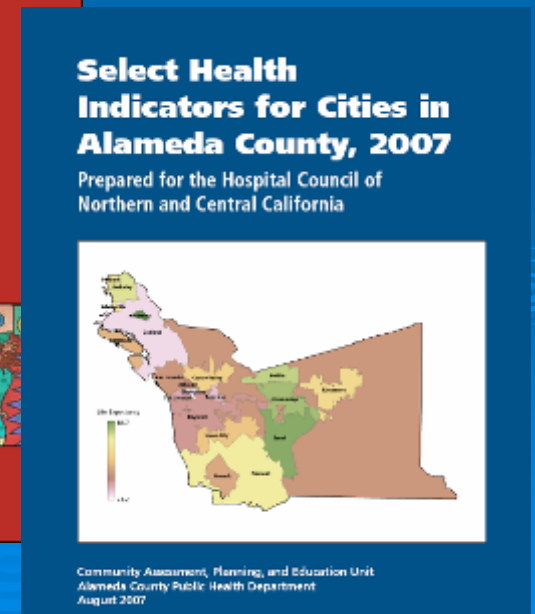
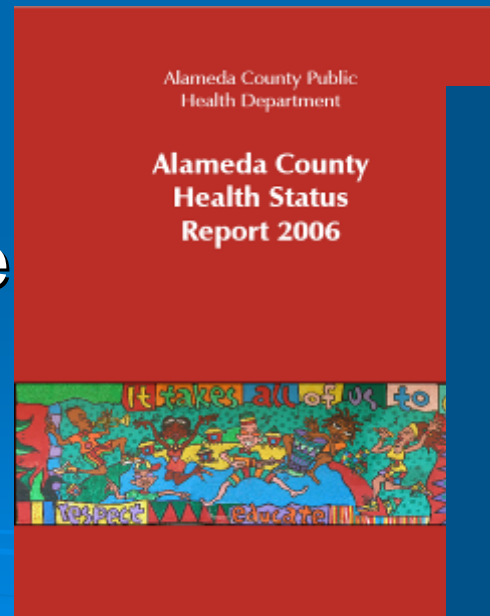
Source: Alameda County vital statistics files, 1960-2005.

Race and Racism Matters: Health Inequities by Race/Ethnicity



What Do We Know?

- Major improvements in health outcomes
- Major health inequities persist or are growing - poorer residents and African Americans bear the greatest burden of poor health outcomes
- Big gap in life expectancy
- Major inequities in life expectancy and mortality driven by chronic diseases



Chronic disease

Infectious disease

Injury (intentional
and unintentional)



10 – 15%



10 – 15%

References

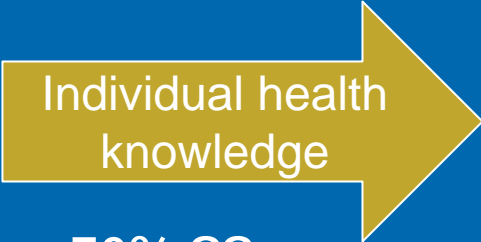
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Smoking

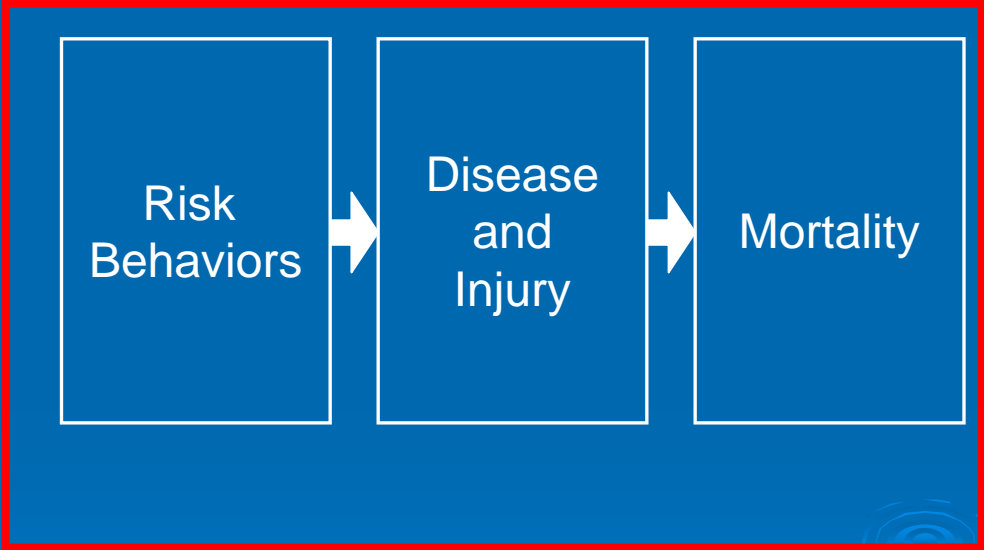
Medical Model

Nutrition

Physical activity



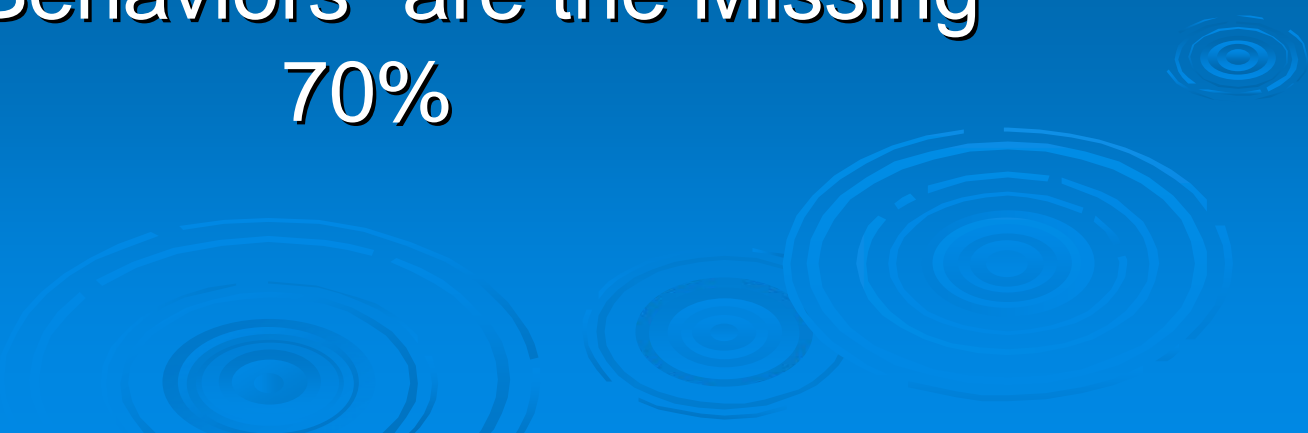
70% ??



Violence

Is This All About Personal Responsibility?

The Medical Model Assumes that
“Risk Behaviors” are the Missing
70%

The background of the slide features several sets of concentric circles in a lighter shade of blue, resembling ripples in water. These circles are positioned in the lower right and bottom center areas of the slide.

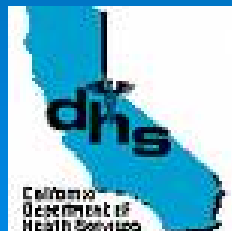
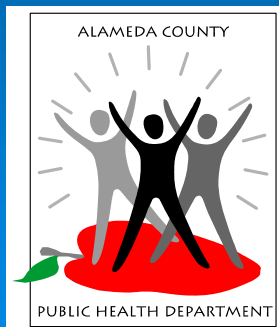
Medical Model Interventions "SERVICES"

- Tend to focus on individuals
- Tend to be remedial in nature
- Do not address underlying conditions
- Expensive and difficult to sustain
- No sustained impact on health disparities
- Majority of Health, Social Services & Criminal Justice budget spent on these kind of interventions



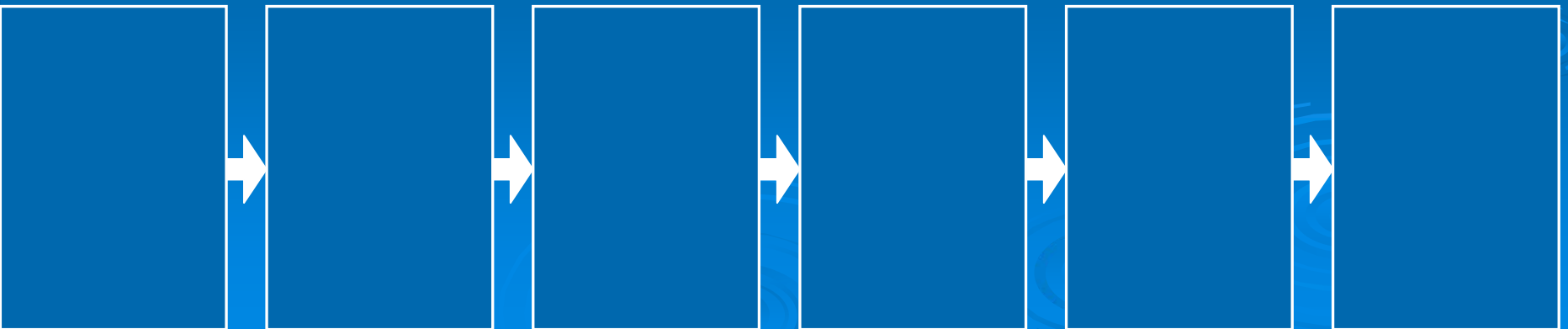
“Services Overkill?”

How Government Human Service Agencies Behave



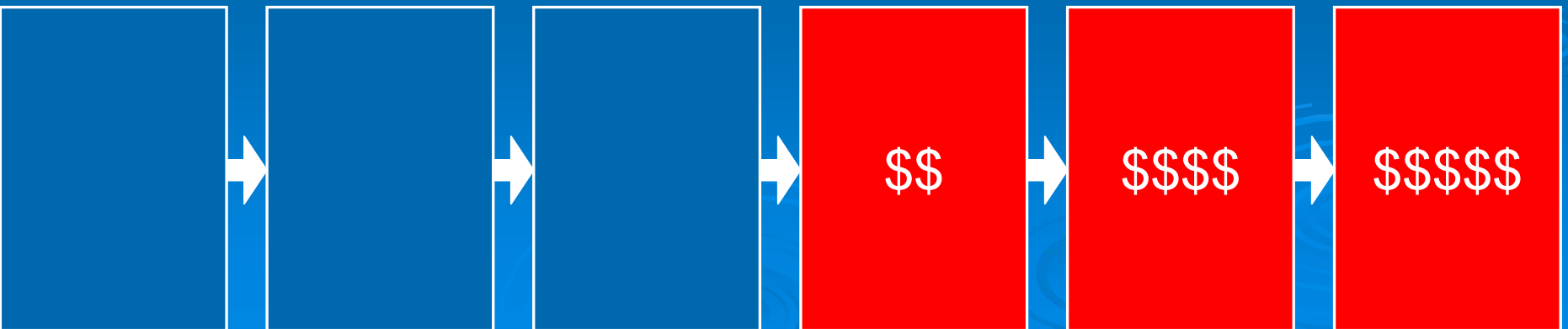
"Services Overkill?"

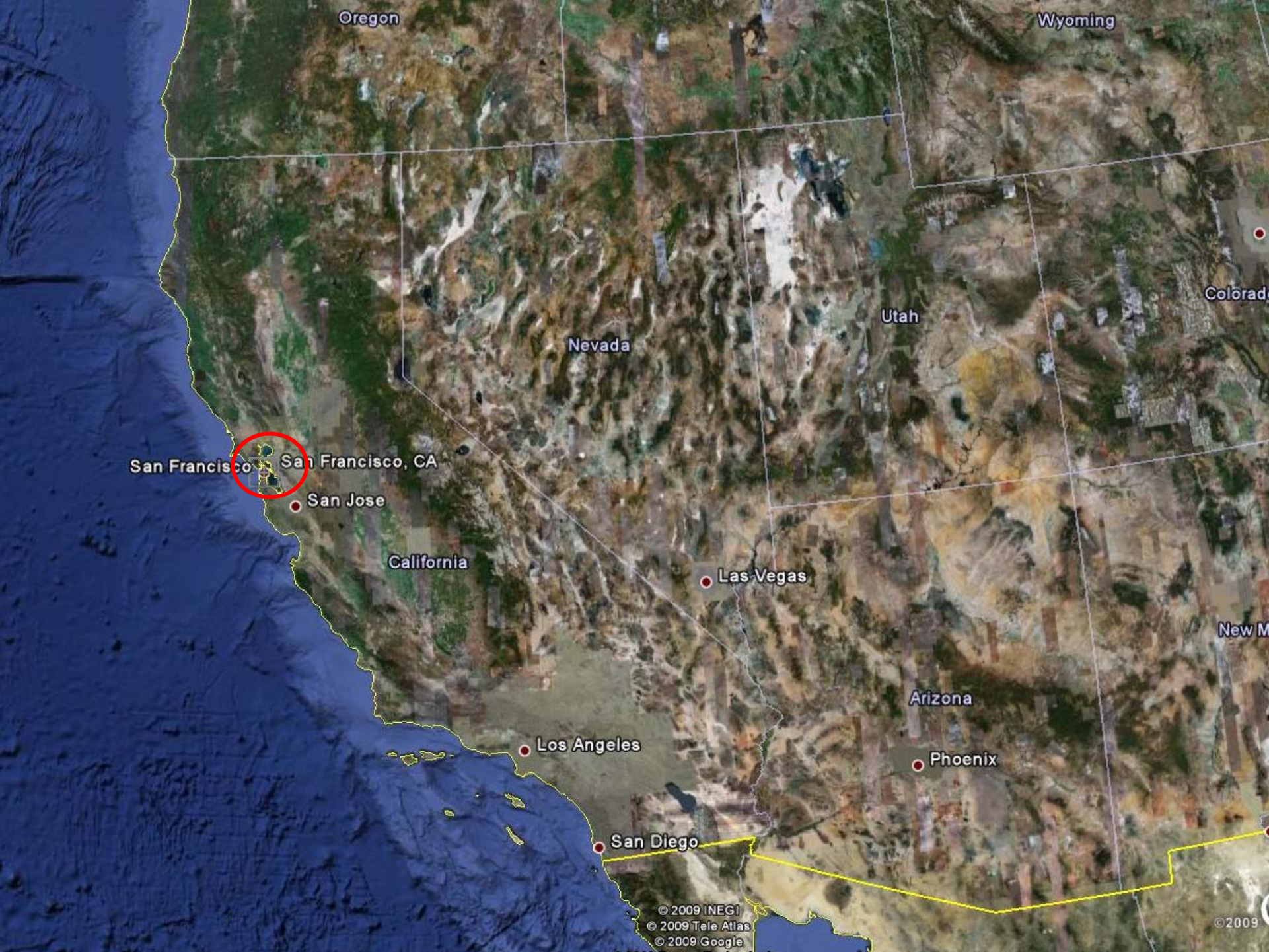
How Government Human Service
Agencies Behave



"Services Overkill?"

How Government Human Service Agencies Behave





Oregon

Wyoming

Colorado

Utah

Nevada

San Francisco

San Francisco, CA

San Jose

California

Las Vegas

New M

Arizona

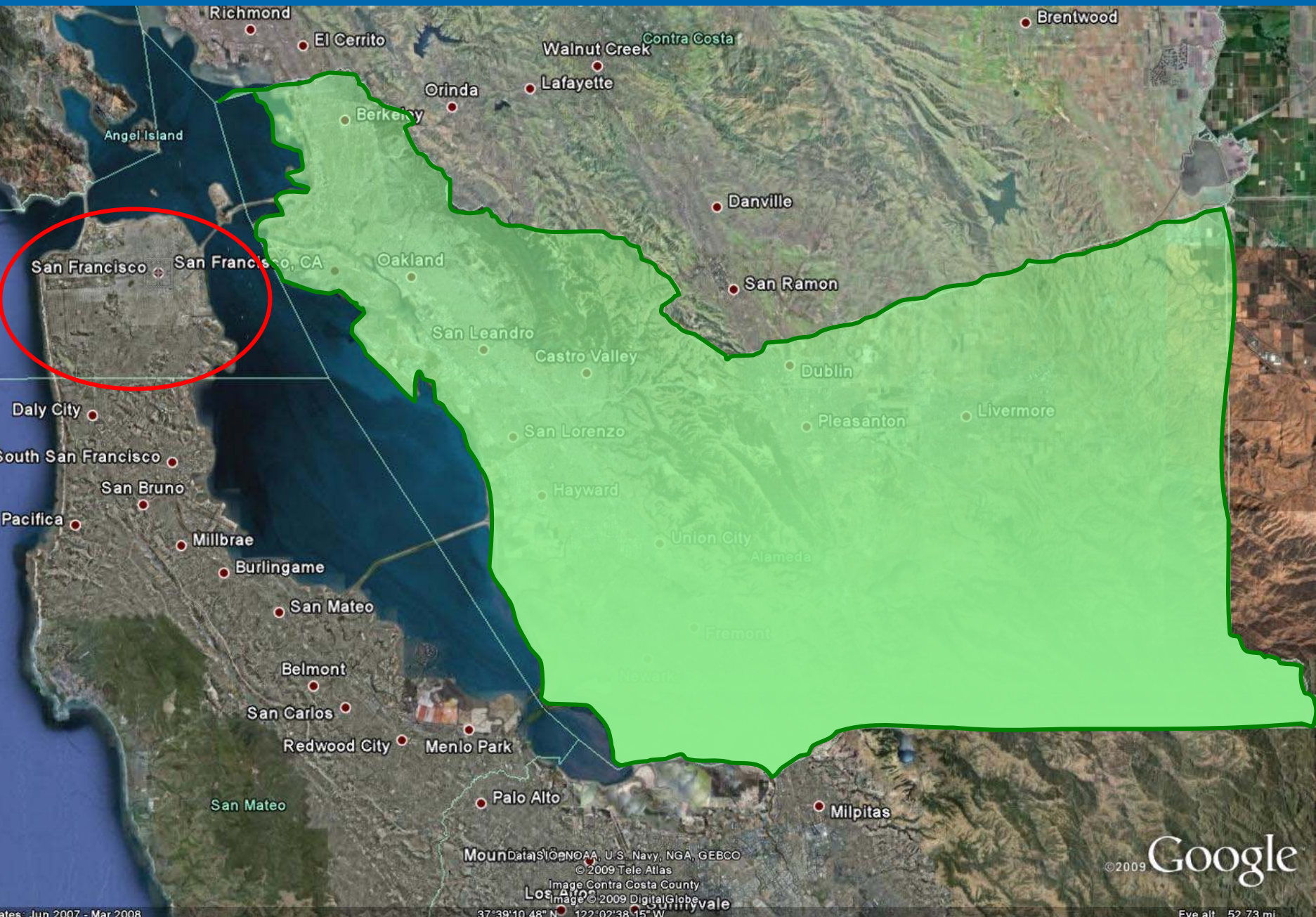
Los Angeles

Phoenix

San Diego

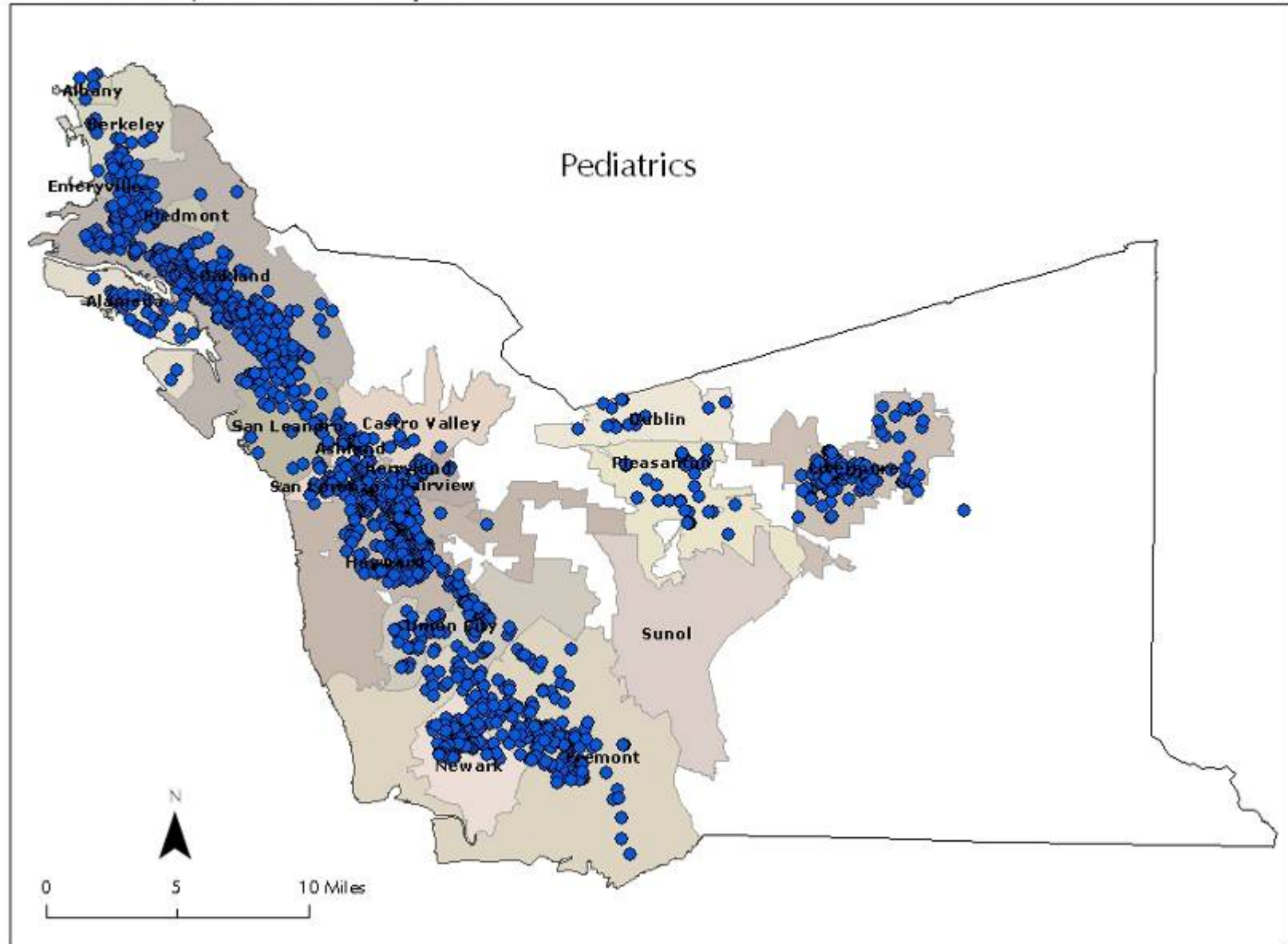
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Service Intensity FY05-06

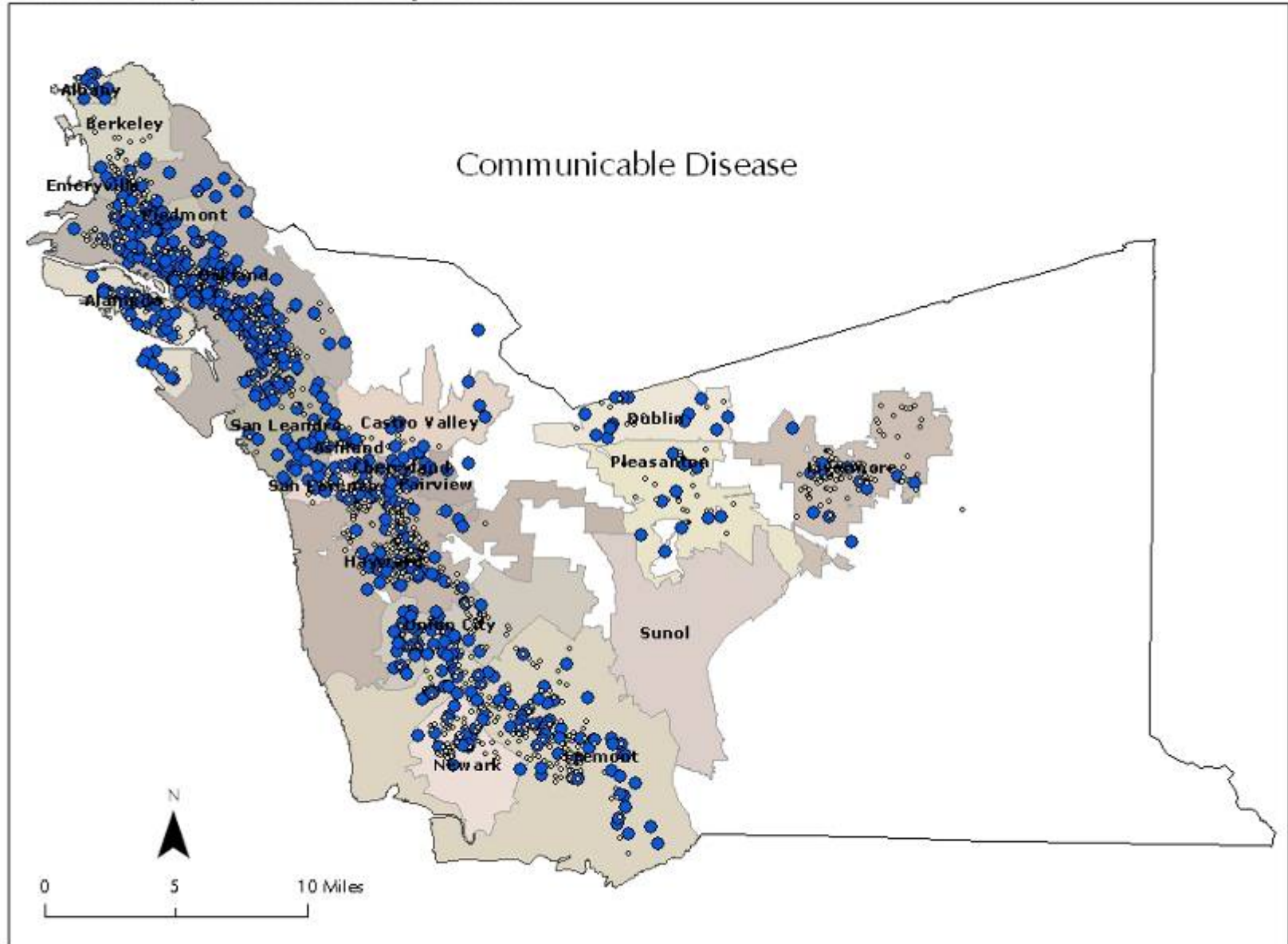
Alameda County Public Health Department



Source: CAPE.

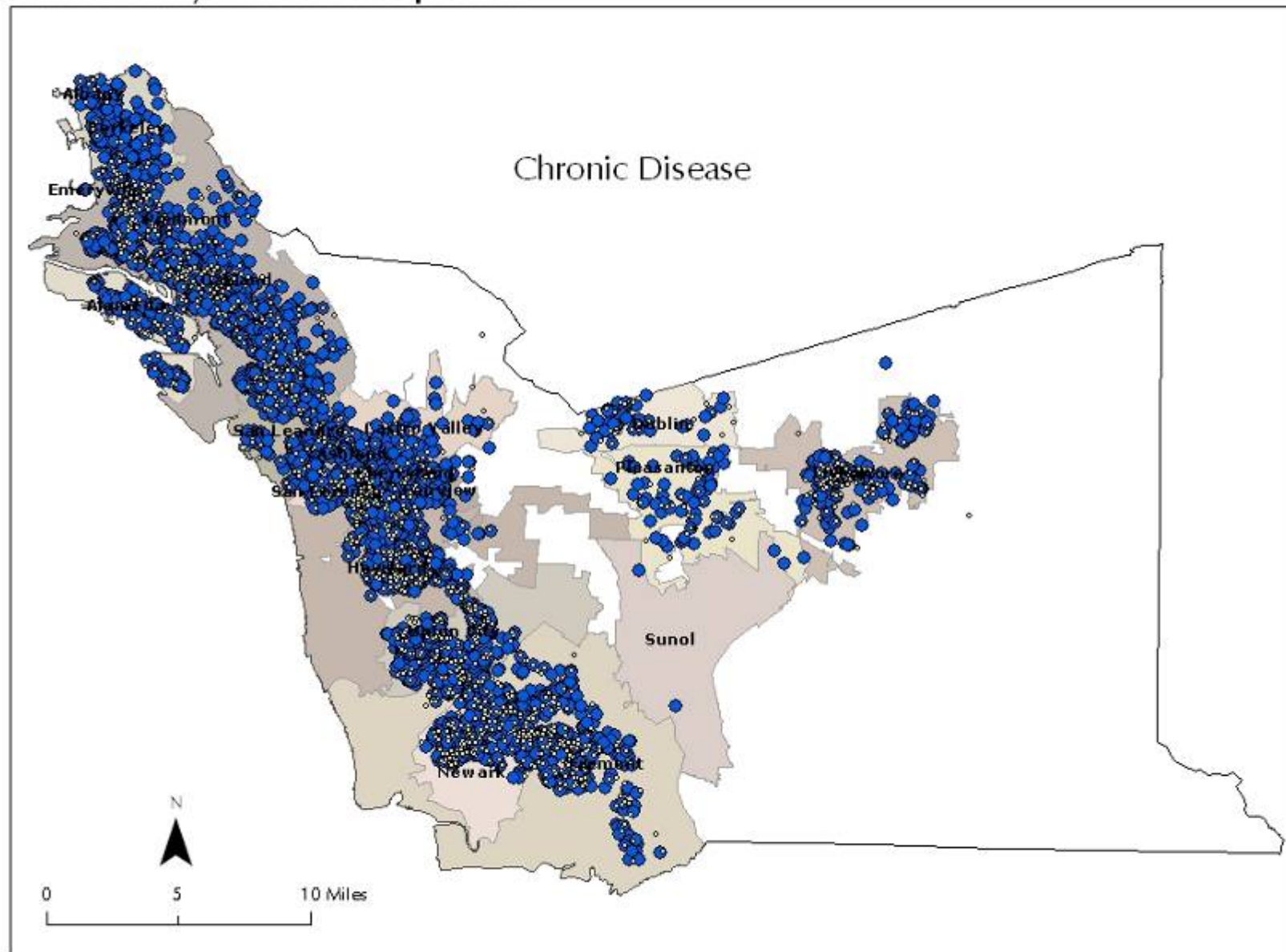
Service Intensity FY05-06

Alameda County Public Health Department



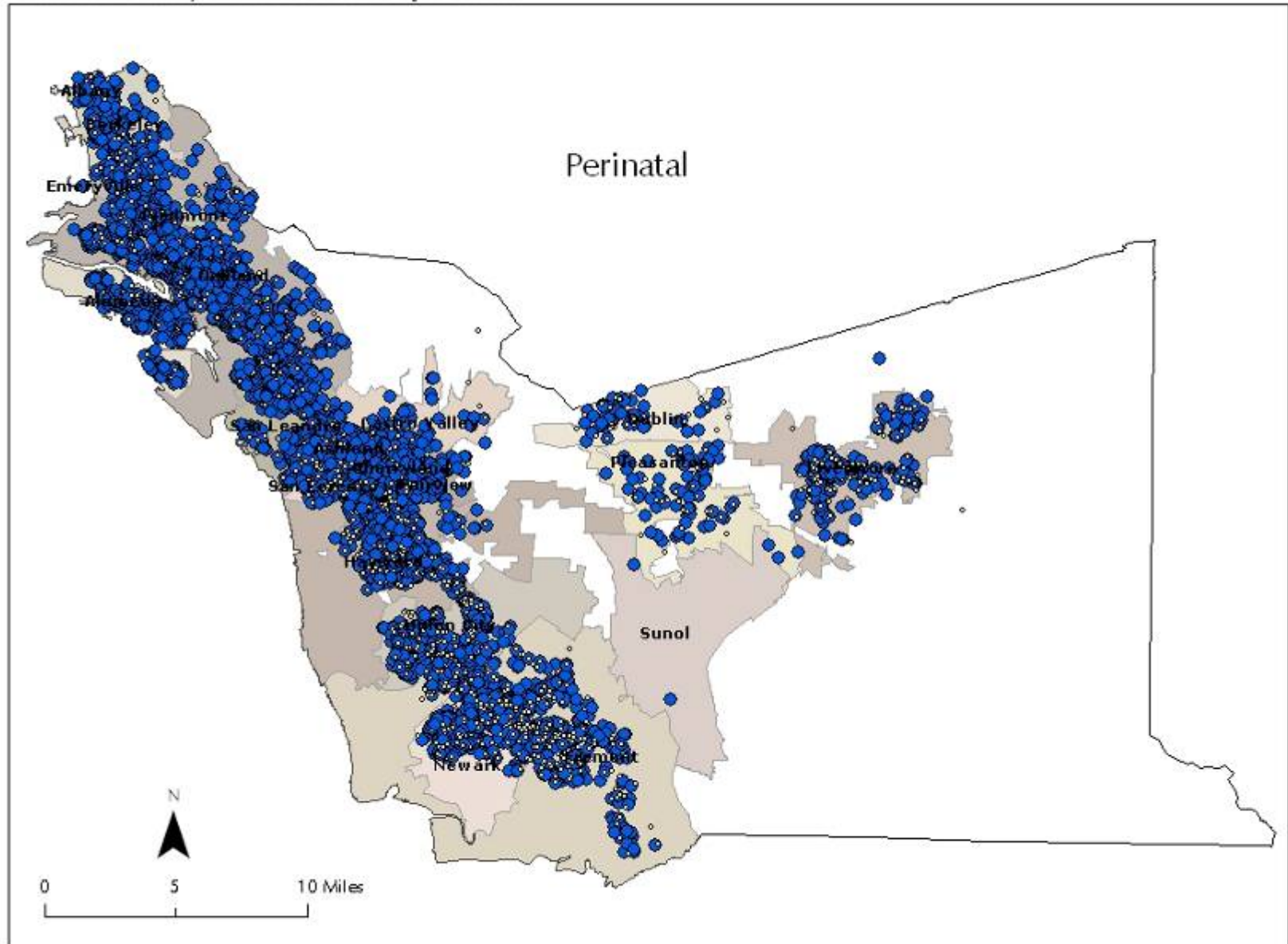
Service Intensity FY05-06

Alameda County Public Health Department



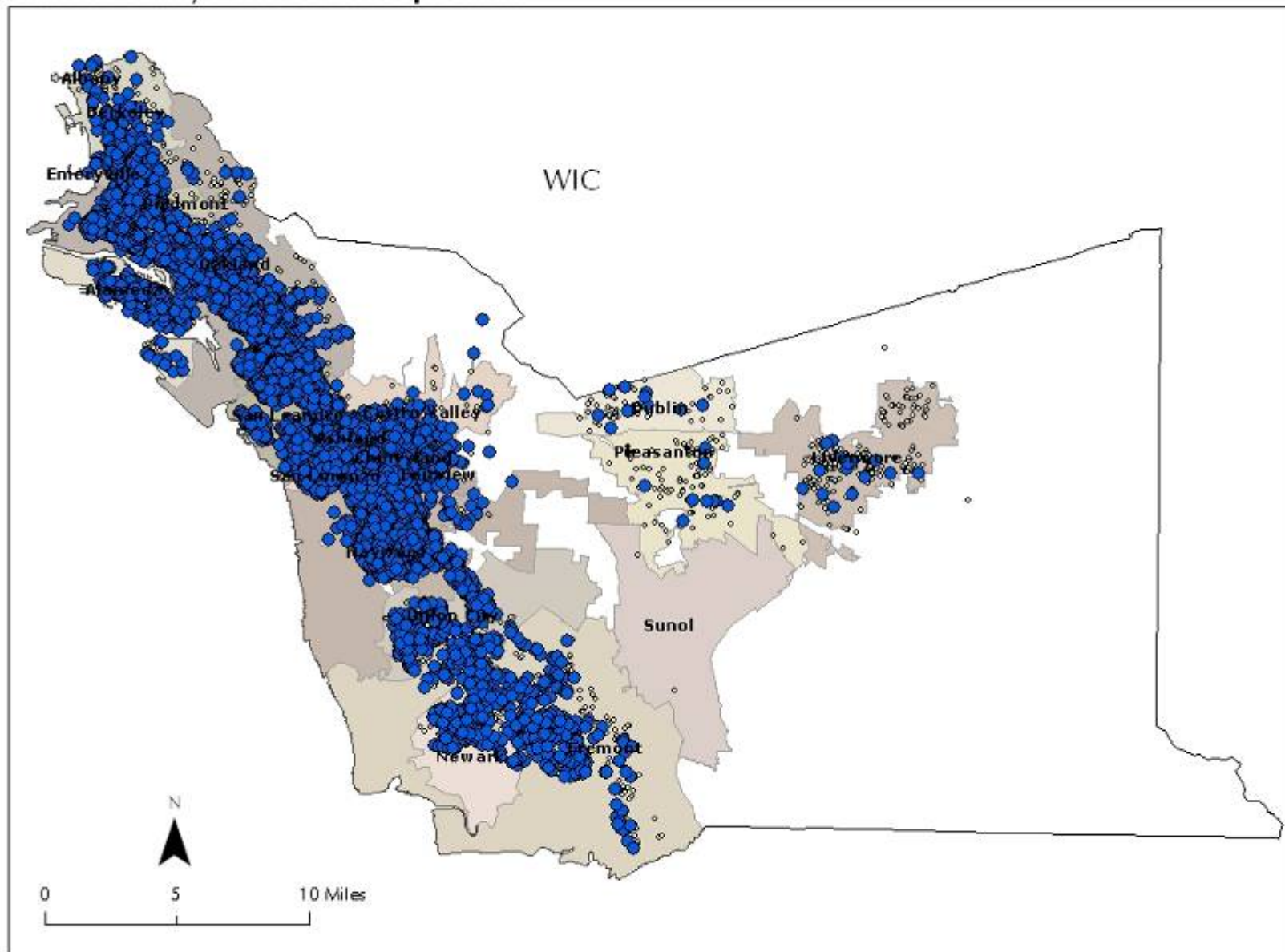
Service Intensity FY05-06

Alameda County Public Health Department



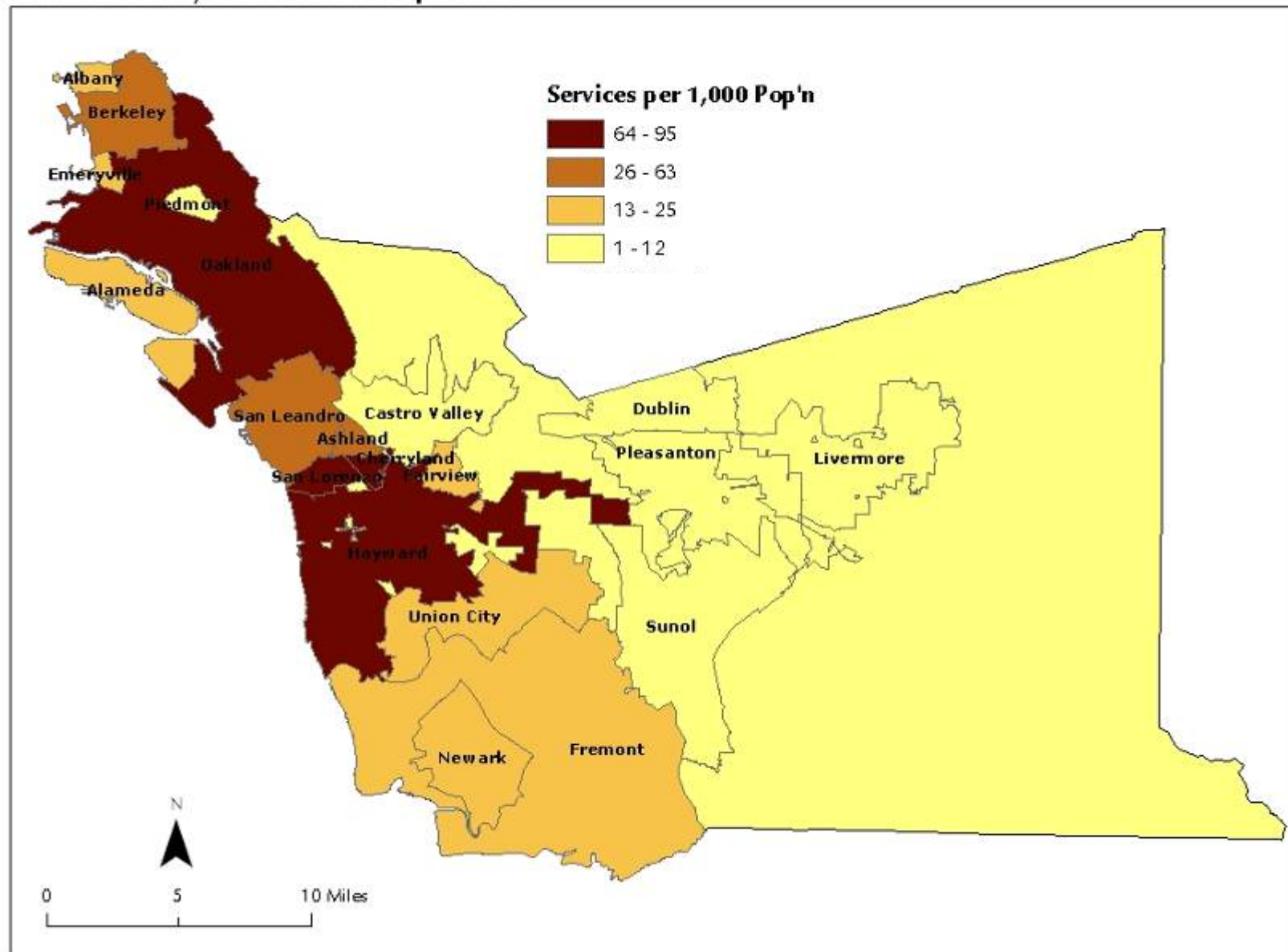
Service Intensity FY05-06

Alameda County Public Health Department



Service Intensity FY05-06

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Service Intensity FY05-06

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