



Beyond Health Care Reform: Effectively Addressing America's Shortfalls in Health

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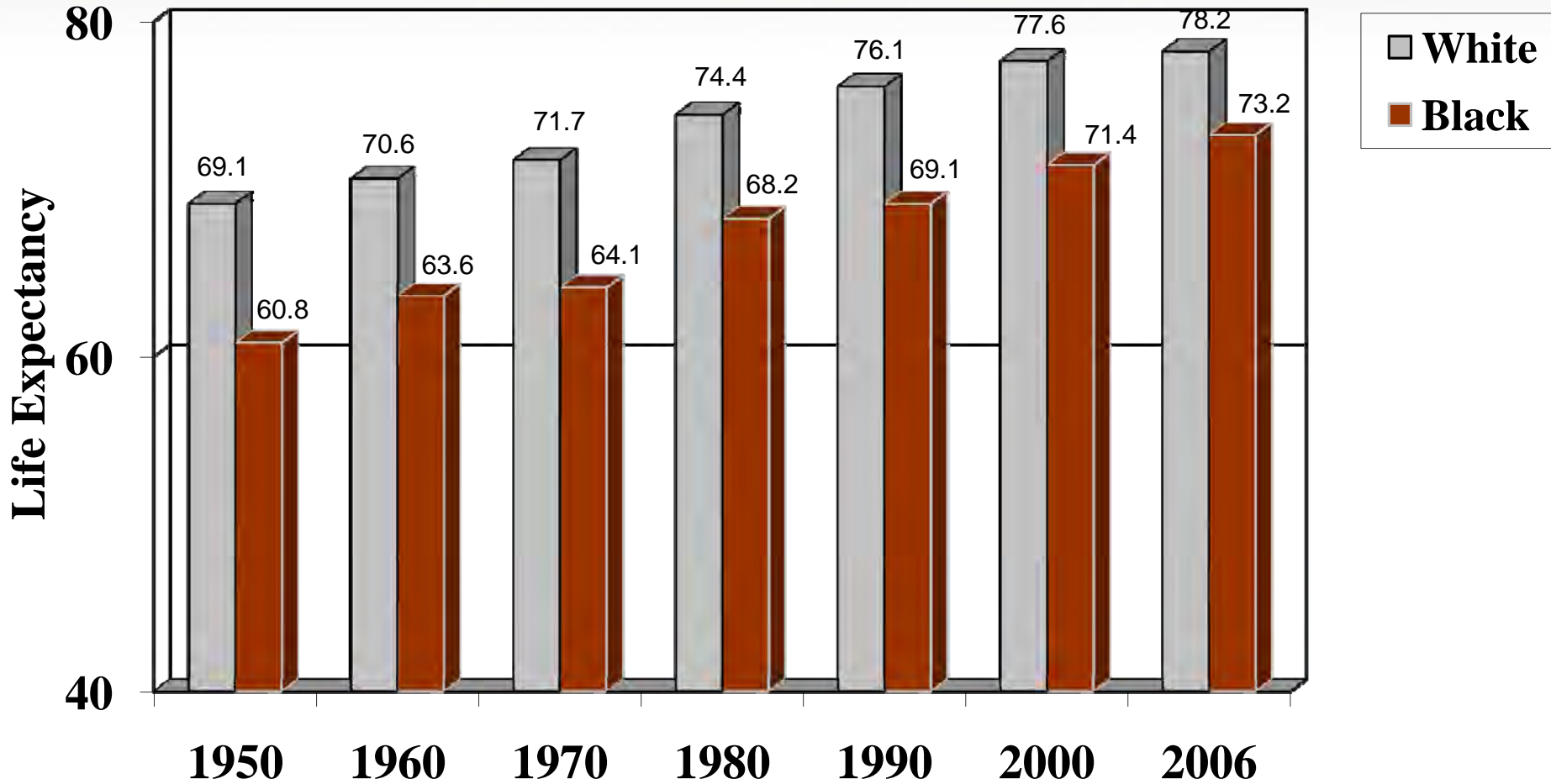


Racial Disparities in Health

- African Americans have higher death rates than Whites for 12 of the 15 leading causes of death.
 - Blacks and American Indians have higher age-specific death rates than Whites from birth through the retirement years.
 - Hispanics have higher death rates than whites for diabetes, hypertension, liver cirrhosis & homicide
 - Minorities get sick younger, have more severe illness and die sooner than Whites
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Life Expectancy, 1950-2006



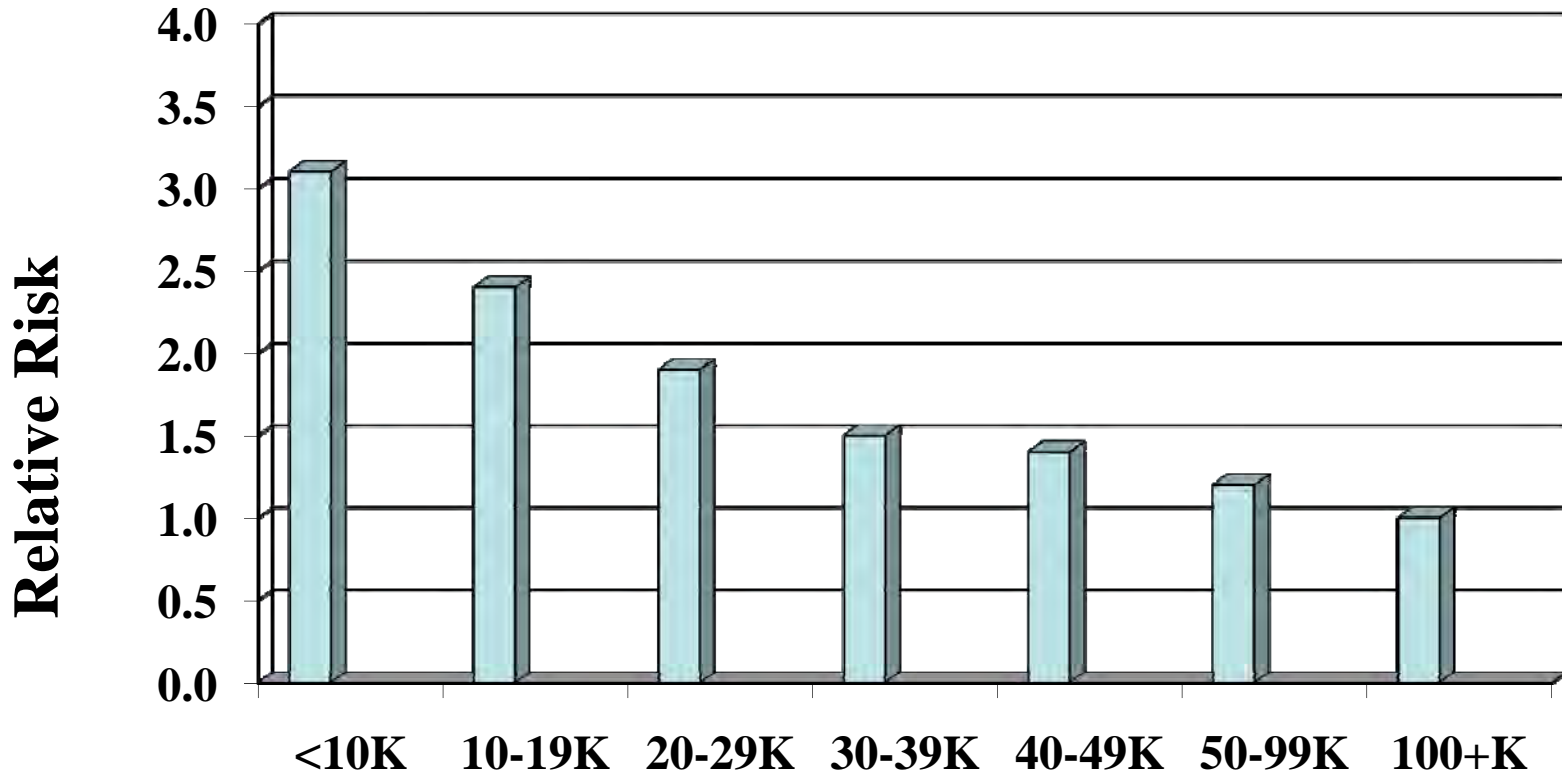


SES: Key Driver of Health

- Socioeconomic Status (SES) usually measured by income, education, or occupation influences health in virtually every society
 - SES is one of the most powerful predictors of health, more powerful than genetics, exposure to carcinogens, and even smoking
 - The gap in all-cause mortality between high and low SES persons is larger than the gap between smokers and non-smokers.
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Relative Risk of Premature Death by Family Income (U.S.)



Family Income in 1980 (adjusted to 1999 dollars)

9-year mortality data from the National Longitudinal Mortality Survey

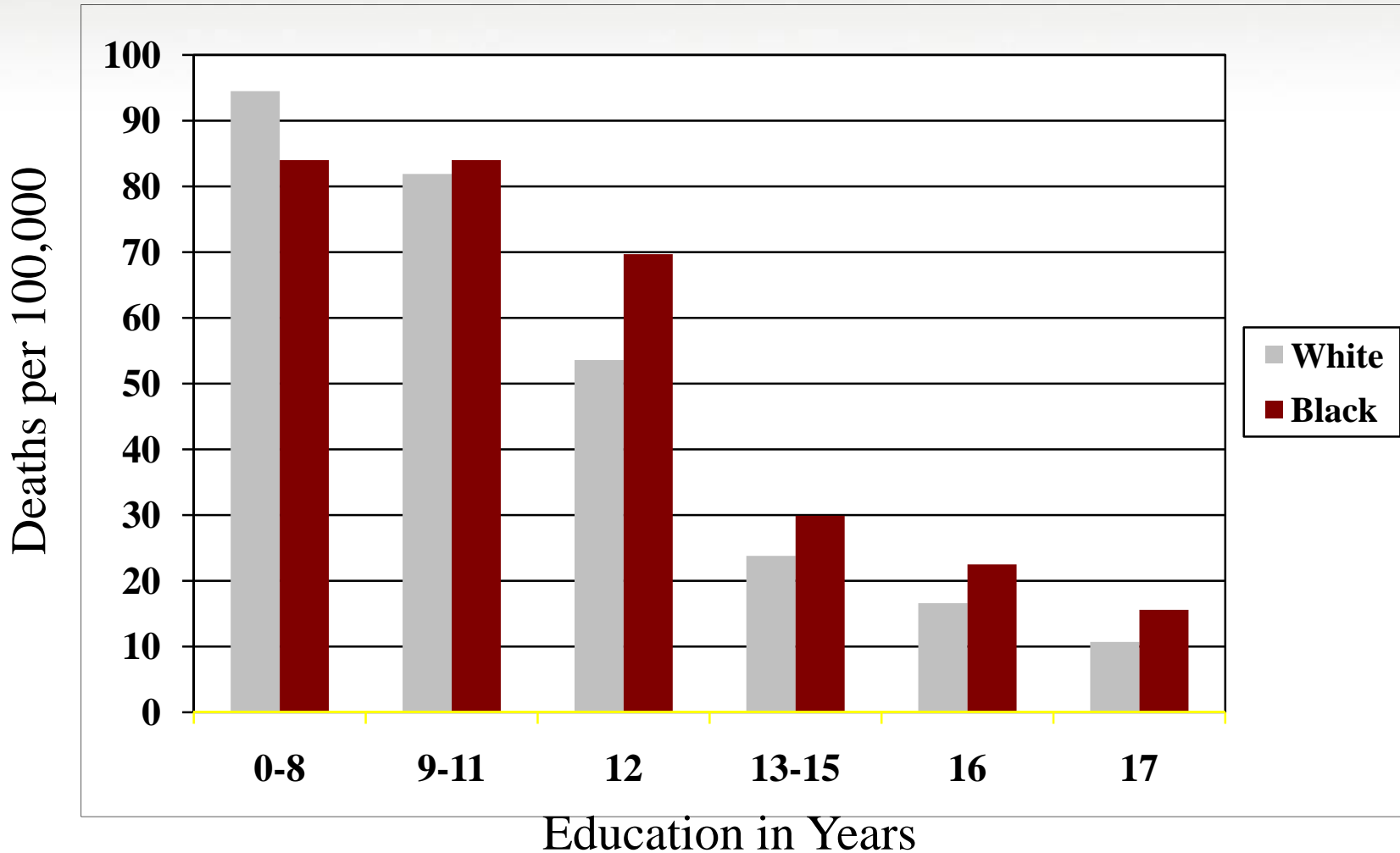


SES Disparities: Tobacco

- Low income men and women, regardless of race and ethnicity, are more likely to be current smokers than higher income persons
- Differences in lung cancer mortality by education are markedly larger than those by race
- White men with 8 or less years of education have a lung cancer mortality rate that is **9 times higher** than their peers with 17+ years of education
- Most of the decline in lung cancer mortality in recent years has occurred among highly educated



Lung Cancer Death Rates, Men, 2001





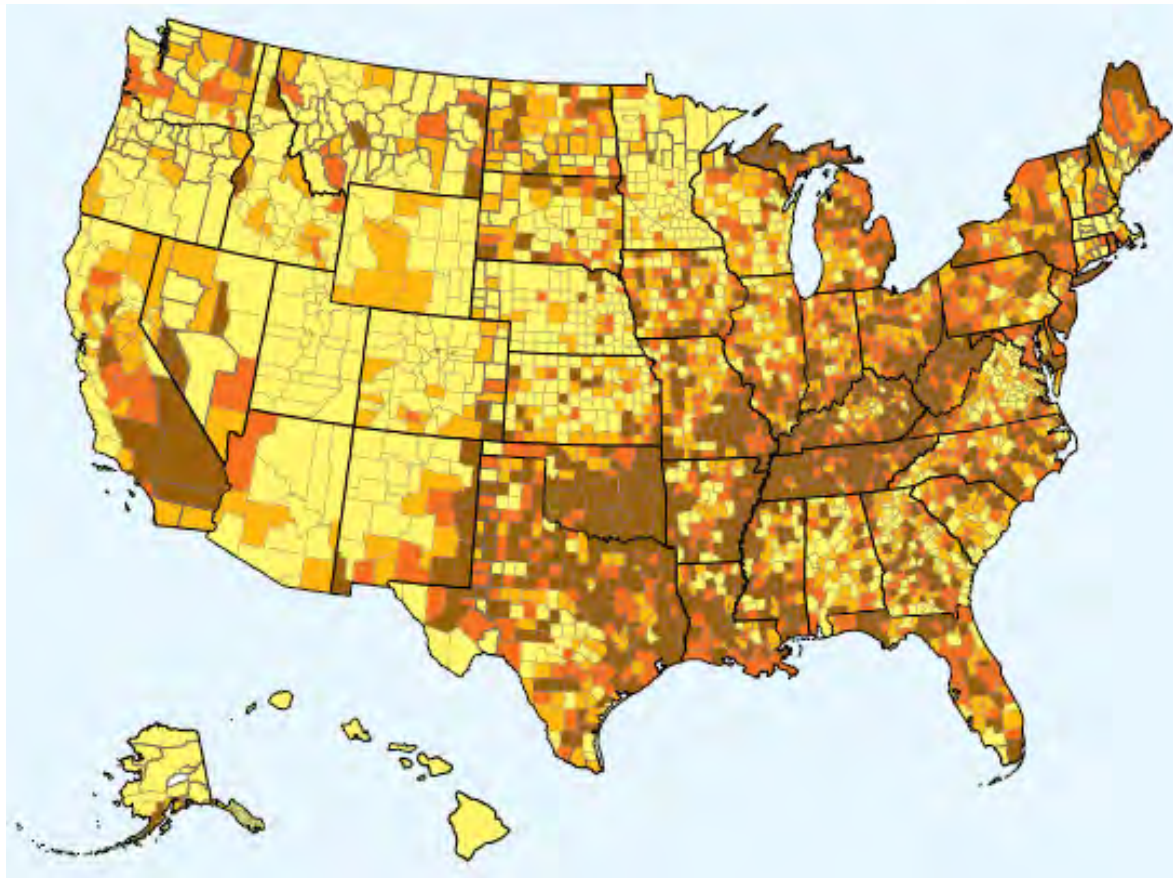
Life Expectancy, Age 25

Group	White	Black	Difference
All	53.4	48.4	5.0
Education			
a. 0-12 Years	50.1	47.0	3.1
b. 12 Years	54.1	49.9	4.2
c. Some College	55.2	50.9	4.3
d. College Grad	56.5	52.3	4.2
Difference	6.4	5.3	

Murphy, NVSS 2000; Braveman et al. 2010, NLMS 1988-1998



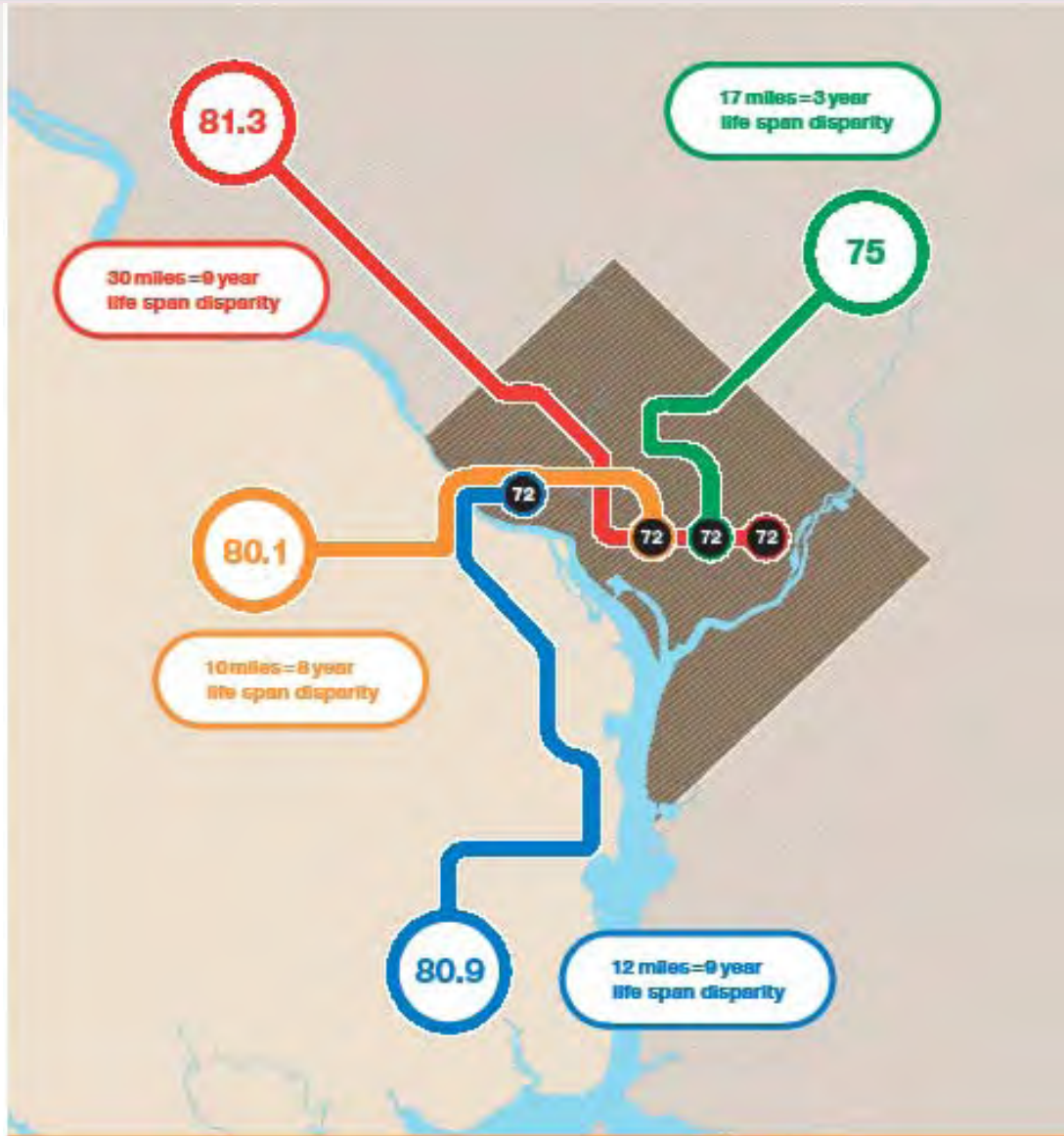
Mapping Disease: Geographic differences in health often mirror geographic differences in income, education, and racial or ethnic composition



- Disease varies geographically.
- For example, higher rates of death due to heart disease are often seen in areas where fewer adults have college educations.

Age-adjusted Heart Disease Mortality Rate per 100,000 Persons, 1999–2003

- 0.0–150.0
- 150.1–175.0
- 175.1–200.0
- >200.0
- No Data



Red Line between Union Station in Washington and Shady Grove in Montgomery County, Md. are 17 metro stops spanning 30 miles and an estimated nine year difference in life span.

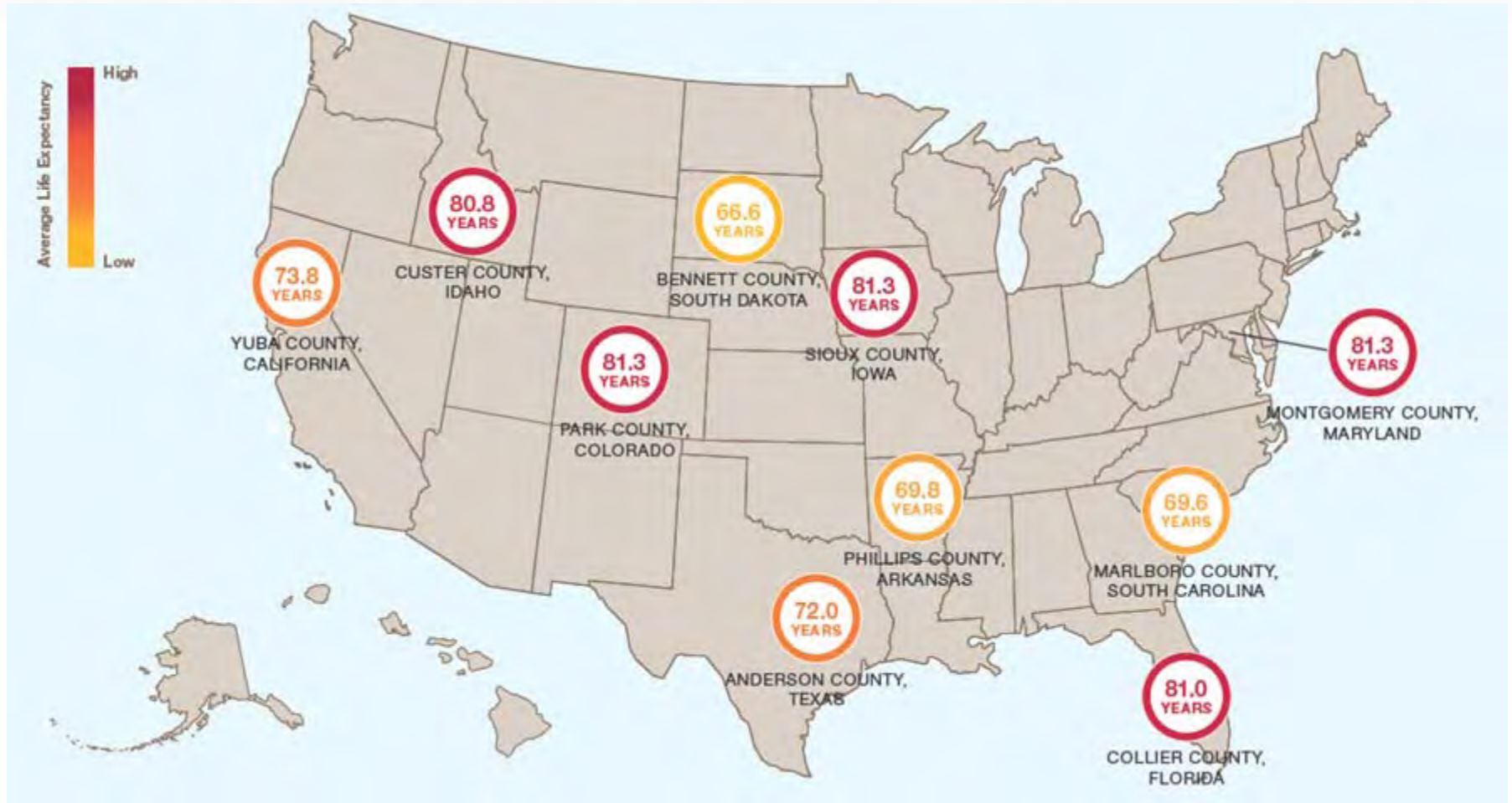
Orange Line between Metro Center in Washington and East Falls Church in Arlington County, Va. are nine metro stops spanning 10 miles and an estimated eight year difference in life span.

Green Line between Gallery Place in Washington and Greenbelt in Prince Georges County, Md. are 11 metro stops spanning 17 miles and an estimated three year difference in life span.

Blue Line between Foggy Bottom in Washington and Springfield-Franconia in Fairfax County, Va. are 10 metro stops spanning 12 miles and an estimated nine year difference in life span.



Across America, Differences in How Long and How Well We Live





A Larger Context for Disparities

Racial, socioeconomic, and geographic disparities should be understood within the context of the larger national disparity

All Americans are far less healthy than we could, and should be



The Big Picture

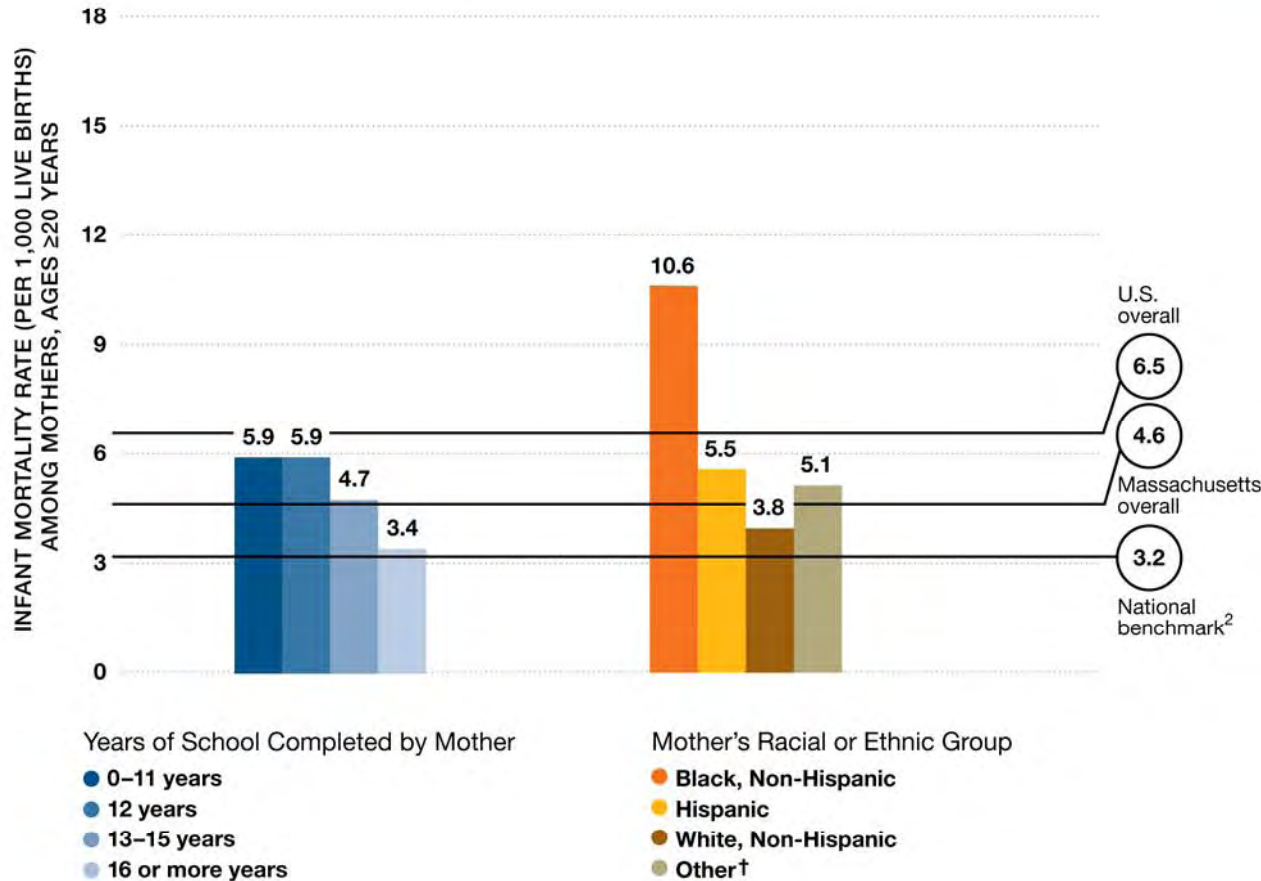
- U.S. ranks near the bottom of industrialized countries on health, and we are losing ground:
- 1960 = 11th on infant mortality;
- 2004 = 29th. US ranked behind Cuba, Korea, Czech Republic, Greece, N. Ireland and Hungary in taking care of our infants.
- And it is not just the minorities doing badly! In 2004, white America would be = 26th; Blacks = 35th (just behind Russia).



Life Expectancy

- 1980 = 11th on Life Expectancy
- 2006 = 33rd ,tied with Slovenia
- U.S. Ranked behind Cyprus, United Arab Emirates, South Korea, Costa Rica and Portugal
- And it is not just the minorities doing badly!
- In 2006, White America would be = 30th
- In 2006, Black America would be 58th

MASSACHUSETTS: Gaps in Infant Mortality



Infant mortality rates¹—a key indicator of overall health—vary by mother’s education and racial or ethnic group in Massachusetts.

- Compared with babies born to the most-educated mothers, babies born to mothers with less education are more likely to die before reaching their first birthdays. While the infant mortality rates appear highest among babies born to mothers with 12 or fewer years of education, the rate for babies born to mothers with 13-15 years of schooling is nearly 40 percent higher than that for babies born to mothers with 16 or more years of schooling.
- The infant mortality rate among babies born to non-Hispanic black mothers is nearly three times the rate seen among babies of non-Hispanic white mothers and nearly twice that of Hispanic mothers.

Comparing Massachusetts’ experience against the national benchmark² for infant mortality reveals unrealized health potential among Massachusetts babies in most maternal education and racial or ethnic groups. Infants in almost every group could do better.

Prepared for the RWJF Commission to Build a Healthier America by the Center on Social Disparities in Health at the University of California, San Francisco.

Source: 2000-2002 Period Linked Birth/Infant Death Data Set.

¹ The number of deaths in the first year of life per 1,000 live births.

² The national benchmark for infant mortality represents the level of mortality that should be attainable for all infants in every state. The benchmark used here—3.2 deaths per 1,000 live births, seen in New Jersey and Washington state—is the lowest statistically-reliable rate among babies born to the most-educated mothers in any state.

† Defined as any other or unknown racial or ethnic group, including any group representing fewer than 3 percent of all infants born in the state during 2000-2002.

Beyond Health Care Reform

- Improved access to health care is essential, but it will not make us a healthy nation
 - An individual's chances of getting sick are largely unrelated to the receipt of medical care
 - **Where we live, learn, work, play and worship** determine our opportunities and chances for being healthy
 - Social Policies can make it easier or harder to make healthy choices
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ROBERT WOOD JOHNSON FOUNDATION
Commission to Build a Healthier America

RWJF Commission to Build a Healthier America

David R. Williams, PhD, MPH
Staff Director



Commission Leadership



Mark McClellan

Physician and economist who helped develop and then effectively implemented Medicare prescription drug benefit. Former CMS Administrator (2004) and FDA Commissioner (2002). Director of the Engelberg Center for Health Care Reform, Senior Fellow in Economic Studies and Leonard D. Schaeffer Director's Chair in Health Policy Studies at the Brookings Institution.



Alice M. Rivlin

Former U.S. Cabinet official, and an expert on the budget. First woman to hold the position of Director of the Office of Management and Budget and was founding director of the Congressional Budget office. Currently, Director of Greater Washington Research Program at Brookings Institution.



Commissioners



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ABC News



Jim Towey
President, Saint Vincent College



Gail L. Warden
Professor, University of Michigan School of Public Health and
President Emeritus, Henry Ford Health System



So what makes us sick in the first place?

And why are some Americans so much healthier than others?



Where we Live, Learn, Work and Play has a greater impact on how long and how well we live than medical care



The Commission's Recommendations

A twin philosophy: Good health requires personal responsibility and a societal commitment to remove the obstacles preventing too many Americans from making healthy decisions



The recommendations focus on people and the places where we spend the bulk of our time:

- Homes and Communities
- Schools
- Workplaces

Building a healthier America is feasible in years, not decades, if we collaborate and act on what is making a difference



Starting Early

- ◆ Ensure that all children have **high-quality early developmental support** (child care, education and other services). This will require committing substantial additional resources to meet the early developmental needs particularly of children in low-income families.
- ◆ Feed children only **healthy foods** in schools.
- ◆ Require all schools (K-12) to include time for all children to be **physically active** every day.



Early Childhood Assistance

Investments in early childhood programs in the U.S. have been shown to have decisive beneficial effects



- **African-American children, living in poverty and at risk of school failure.**
 - **Randomly assigned to initially similar program and no-program groups.**
 - **4 teachers with bachelors' degrees held a daily class of 20-25 three- and four-year-olds and made weekly home visits.**
 - **Children participated in their own education by planning, doing, and reviewing their own activities.**
-



Results at Age 40

Those who received the program:

- had **better academic performance** (more likely to graduate from high school)
- did **better economically** (higher employment, income, savings & home ownership)
- **less criminal behavior** (fewer arrests for violent, property & drug crimes)

The program was **cost effective**: A return to society of **\$17 for every dollar** invested in early education



Challenge of Obesity

- More than 23 million U.S. children and adolescents are obese or overweight
- For the 1st time in history, we are raising children that will live sicker, shorter lives than their parents
- Doubling of obesity since 1987 accounts for almost 30% of the increase in health care costs
- If current trends continue, more than 44 million Americans will have diabetes in 25 years
- And the costs of treating diabetes will triple
- **School-based interventions can be effective in increasing physical activity and healthy eating and in preventing overweight and obesity**



Accessing Healthy Foods

- ◆ Fund and design WIC and SNAP (Food Stamps) programs to meet the needs of hungry families with nutritious food.
- ◆ Create public-private partnerships to open and sustain full-service grocery stores in communities without access to healthful foods.



'Food Deserts' in PA

- The Food Trust – Building strong communities through healthy foods
 - -- Farmer's markets, Co-ops, school initiatives
- Fresh Food Financing Initiative's Supermarket Campaign in collaboration with the Reinvestment Fund and the Philadelphia Urban Affairs Coalition (a public private partnership)
- 58 new supermarkets in urban and rural underserved areas



Jeffrey Brown & ShopRite

- Operates 10 stores
 - Half in urban under-served areas
 - Opened a 65K sq ft supermarket store in inner-city, AA, low income area last summer
 - Area had been without a supermarket for 30 years
 - Same price in all stores
 - Same hours as other stores (7am-11pm)
 - All stores have community rooms (free)
-



Innovation

- Customized customer service: market research with churches and community organizations
 - Good community citizen
 - Community conference room in store
 - All store managers on local community boards
 - Support entrepreneurship with minority businesses
 - 40 of 280 employees are ex-offenders (technical and life-skills training)
 - Quarterly: gifts for guns prog. (\$100 cert) (400 guns)
-



Shattering Myths

- No higher level of shrinkage in inner-city supermarkets
 - High training costs but low turn-over
 - Same volume of fruit and vegetables sales
 - Higher poultry and fish sales
-



Supermarkets:

Engine of economic re-vitalization

- Property values increase
 - Stimulates other retail shopping
 - Seniors can walk to store
 - Attracts more capital
 - Community resource and outreach center (health screening; WIC, CHIP, Food Stamps outreach)
-



Creating Healthy Communities

- ◆ Become a smoke-free nation. Eliminating smoking remains one of the most important contributions to longer, healthier lives.
- ◆ Integrate safety and wellness into every aspect of community life.
- ◆ Develop a “health impact” rating for housing and infrastructure projects that reflects the projected effects on community health and provides incentives for projects that earn the rating.
- ◆ Create “healthy community” demonstrations to evaluate the effects of a full complement of health-promoting policies and programs.



Policy Area

Place Matters

Geographic location determines exposure to risk factors and resources that affect health.



Our Neighborhood Affects Our Health

Unhealthy Community

vs

Healthy Community

Unsafe even in daylight



Safe neighborhoods, safe schools, safe walking routes

Exposure to toxic air, hazardous waste



Clean air and environment

No parks/areas for physical activity



Well-equipped parks and open/spaces/organized community recreation

Limited affordable housing is run-down; linked to crime ridden neighborhoods



High-quality mixed income housing, both owned and rental

Convenience/liquor stores, cigarettes and liquor billboards, no grocery store



Well-stocked grocery stores offering nutritious foods

Our Neighborhood Affects Our Health

Unhealthy Community

vs

Healthy Community

Streets and sidewalks in disrepair



Clean streets that are easy to navigate

Burned-out homes, littered streets



Well-kept homes and tree-lined streets

No culturally sensitive community centers, social services or opportunities to engage with neighbors in community life



Organized multicultural community programs, social services, neighborhood councils or other opportunities for participation in community life

No local health care services



Primary care through physicians' offices or health center; school-based health

Lack of public transportation, walking or biking paths



Accessible, safe public transportation, walking and bike paths



Tobacco

- Worldwide 5 million die from tobacco each year
- Lung cancer is the number one cause of cancer deaths in the US and worldwide
- Tobacco causes 1 in 5 deaths in the US
- Despite declines in cigarette use, smoking is still the single most preventable cause of death
- Smoking causes more deaths than overweight and obesity, high cholesterol, alcohol, and the low intake of fruits and vegetables **combined**
- Lung cancer kills more Americans annually than breast, prostate, colon and pancreatic cancer **combined!**



Creating a Culture of Health

- Living healthier requires the creation of a culture of health
 - We need to better incorporate health into our homes, schools, neighborhoods, workplaces
 - Safety and wellness needs to be integrated into every aspect of community life
 - Health, therefore, needs to be factored into all policy making
 - We need to work across traditional policy silos to engage in cross-sector partnerships and solutions
- Public and private resources need to be combined



Measuring Progress, Building In Accountability

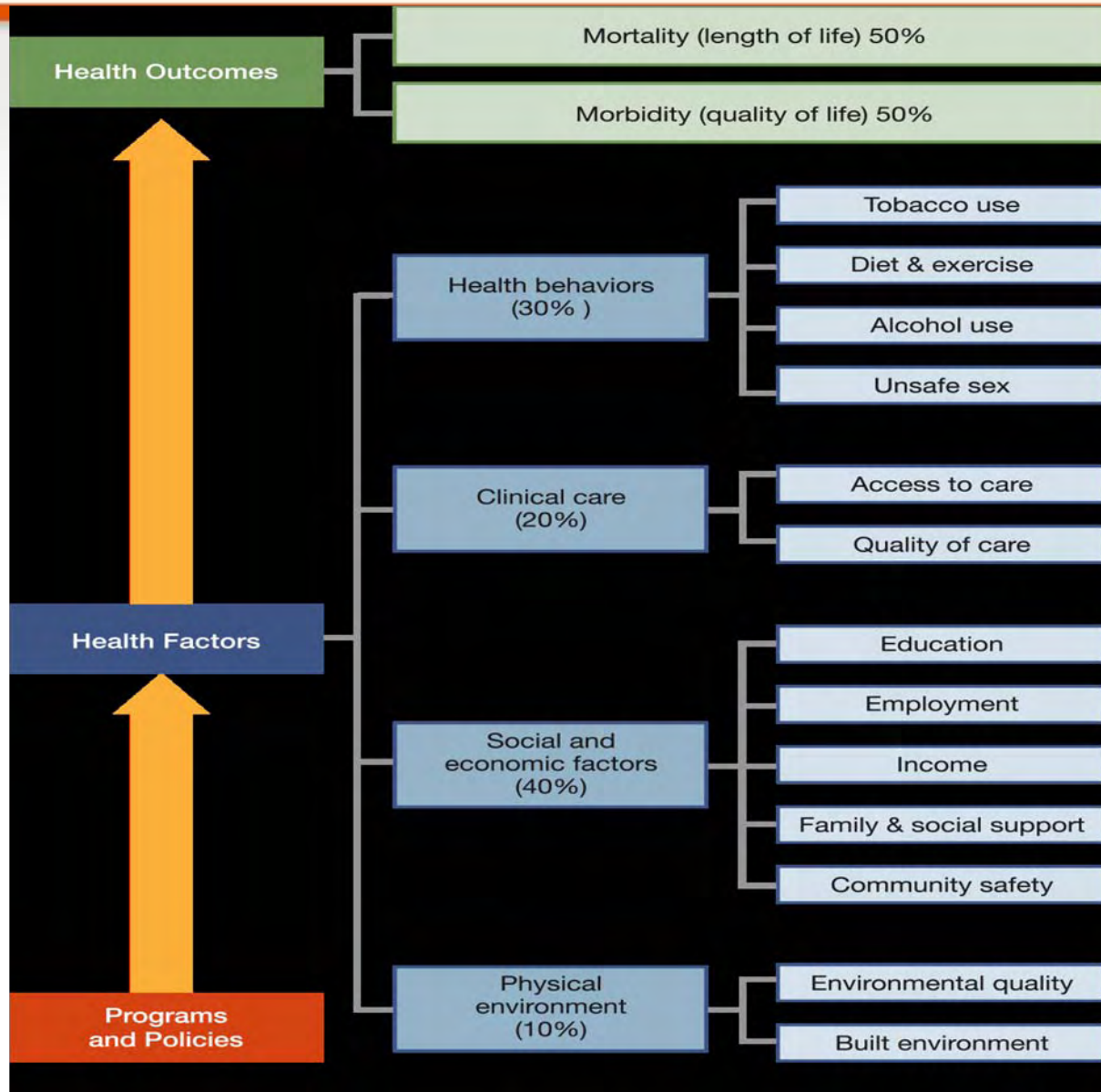
Decision makers at national, state, and local levels need reliable data on health status, disparities, and the effects of social determinants of health.

- Better data must be developed for use at the local level, in particular.
- Fund research to understand the health effects of social factors and promote application of findings by decision makers.



County Health Rankings

Mobilizing Action Toward Community Health





Large Economic Impacts

**America's shortfalls in health
are very costly to our society**



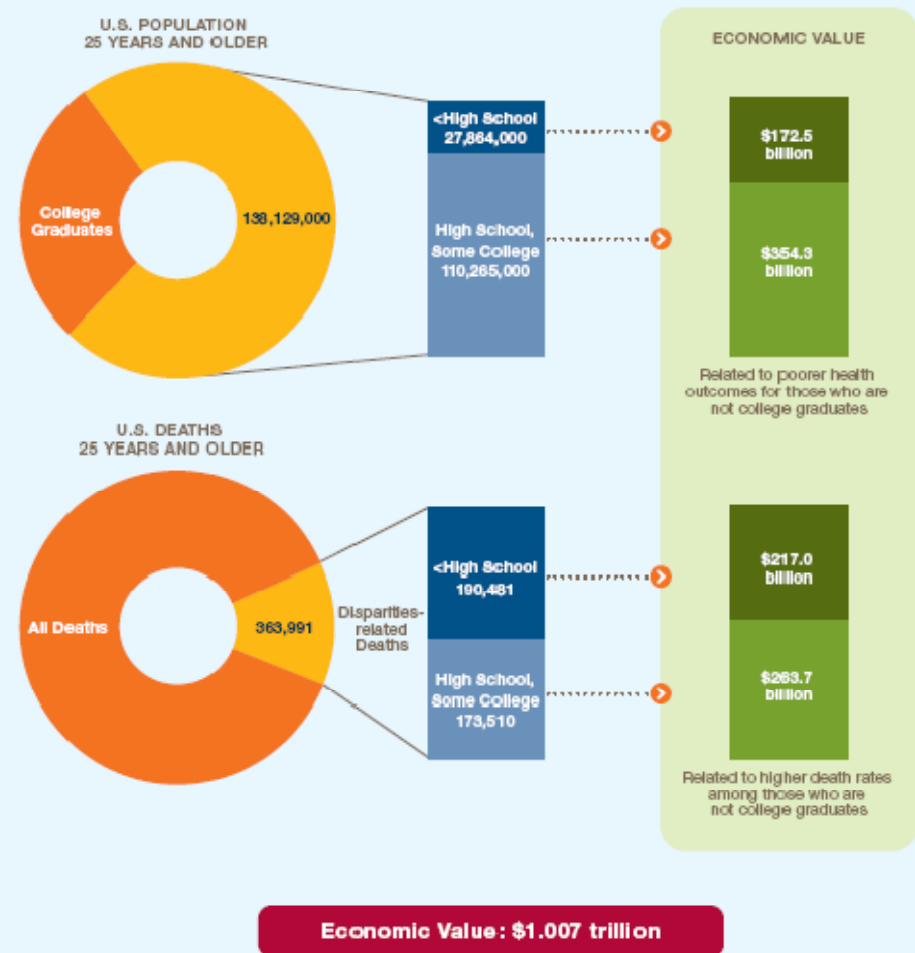
Costs: Racial Gaps, 2003-06

- Medical Care Costs = \$229.4 Billion
- Lower worker productivity & premature death costs = \$1,008 Trillion
- **Total Costs = \$1.24 Trillion**
- **\$309.3 Billion annual loss** to the economy
- Social Justice can be cost effective
- Doing nothing has a cost that we should not continue to bear



How large are the expected economic gains from reducing Education differences in health?

- If adult Americans who have not completed college experienced the lower death rates and better health status of college graduates, they would live longer and healthier lives.
- These improvements would translate into potential gains of **\$1.007 trillion annually.**





Conclusions

- **Health care system reform is critical, but insufficient to improve America's health**
 - **Social factors such as education, housing, the environment and transportation have decisive impacts on health**
 - **There are promising approaches from around the country that are making a difference now**
 - **We need to bring public and private resources together in a concerted focus to modify where and how Americans live, learn, work and play**
 - **We need to attend to those who are farthest behind**
-