

Building A System of Prevention To Promote Health Equity

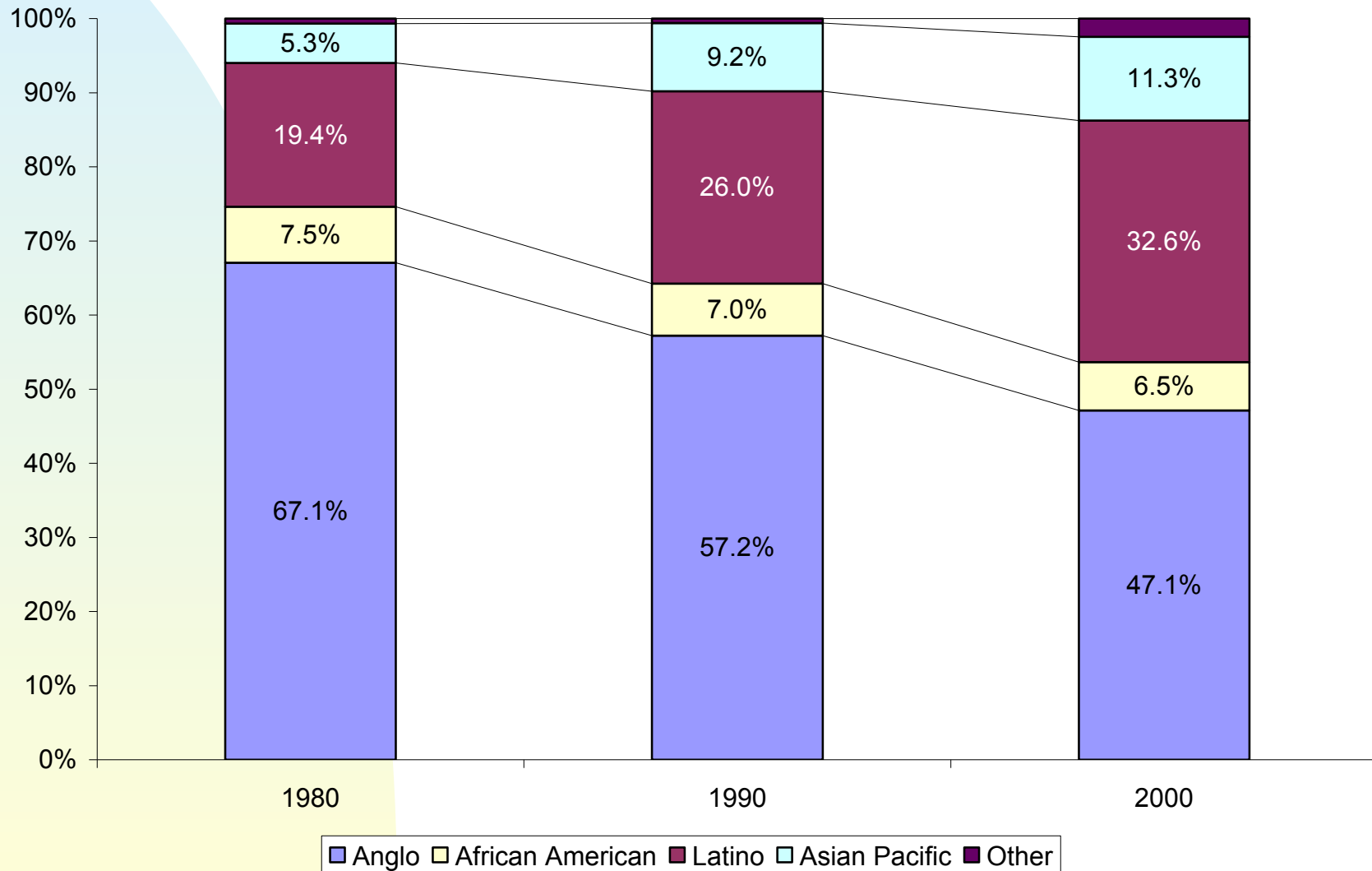
**Tony Iton, M.D., J.D., MPH
Senior Vice President
The California Endowment**

“Simply put, in the absence of a radical shift towards prevention and public health, we will not be successful in containing medical costs or improving the health of the American people.” - *President Obama*



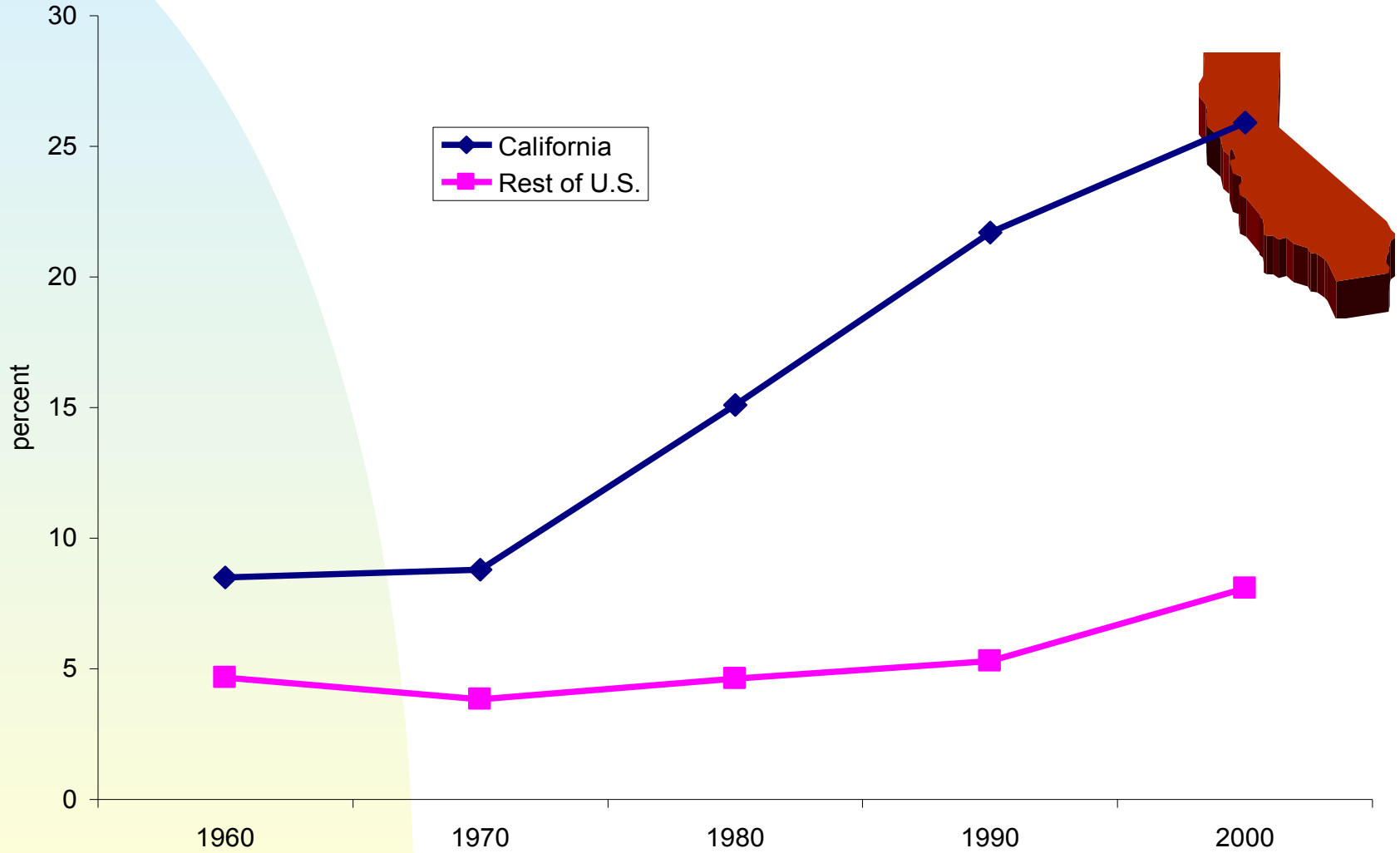
Leading the U.S. in Demographic Change

California's Changing Demographics, 1980-2000



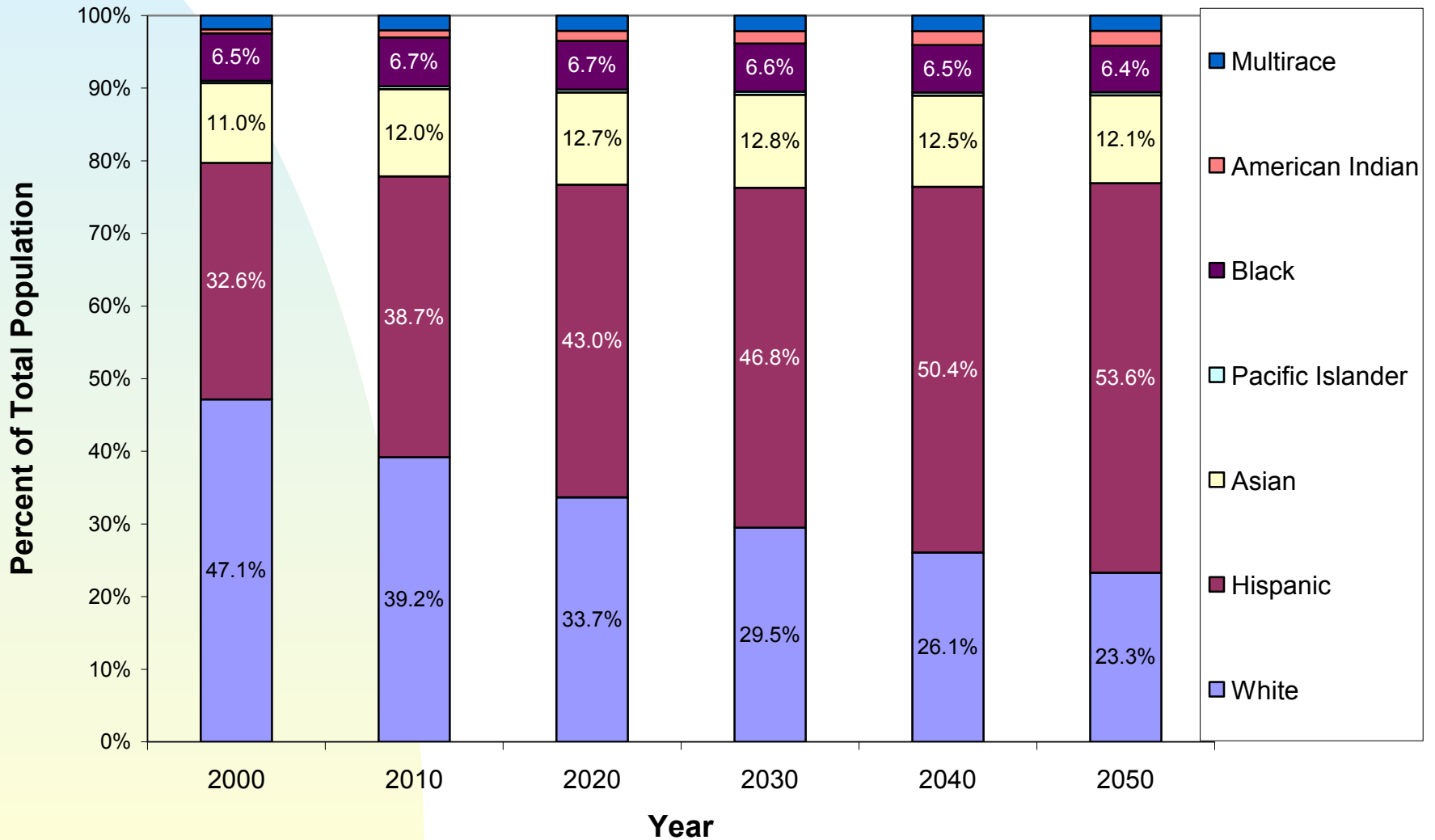
Immigration as a Factor

Immigrants as a Share of the Population,
California and the Rest of the U.S., 1960-2000



California Looking Forward, 2000-2050

California Demographic Projections, California Department of Finance



PERCENT LATINO POPULATION IN 2000 by California Counties

Sources: California Department of Finance;
Census 2000 TIGER/Line Data



Program for Environmental & Regional Equity (PERE)
USC Center for Sustainable Cities

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Field: p_lat_00
View: California-Teale Ablers,
Layout: California - Teale Albers - P_Lat_00

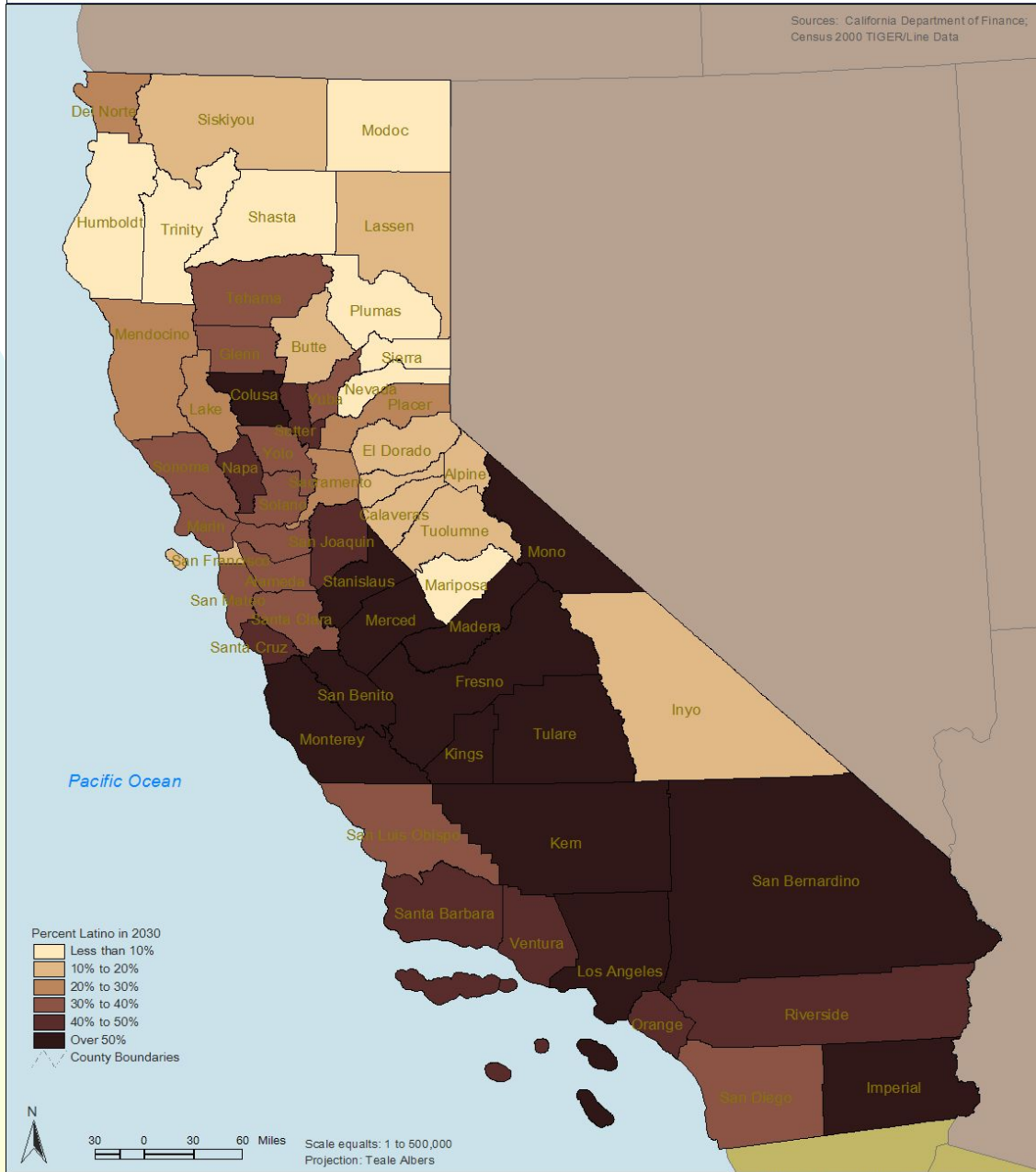
FORECASTED PERCENT LATINO POPULATION IN 2010 by California Counties

Sources: California Department of Finance,
Census 2000 TIGER/Line Data



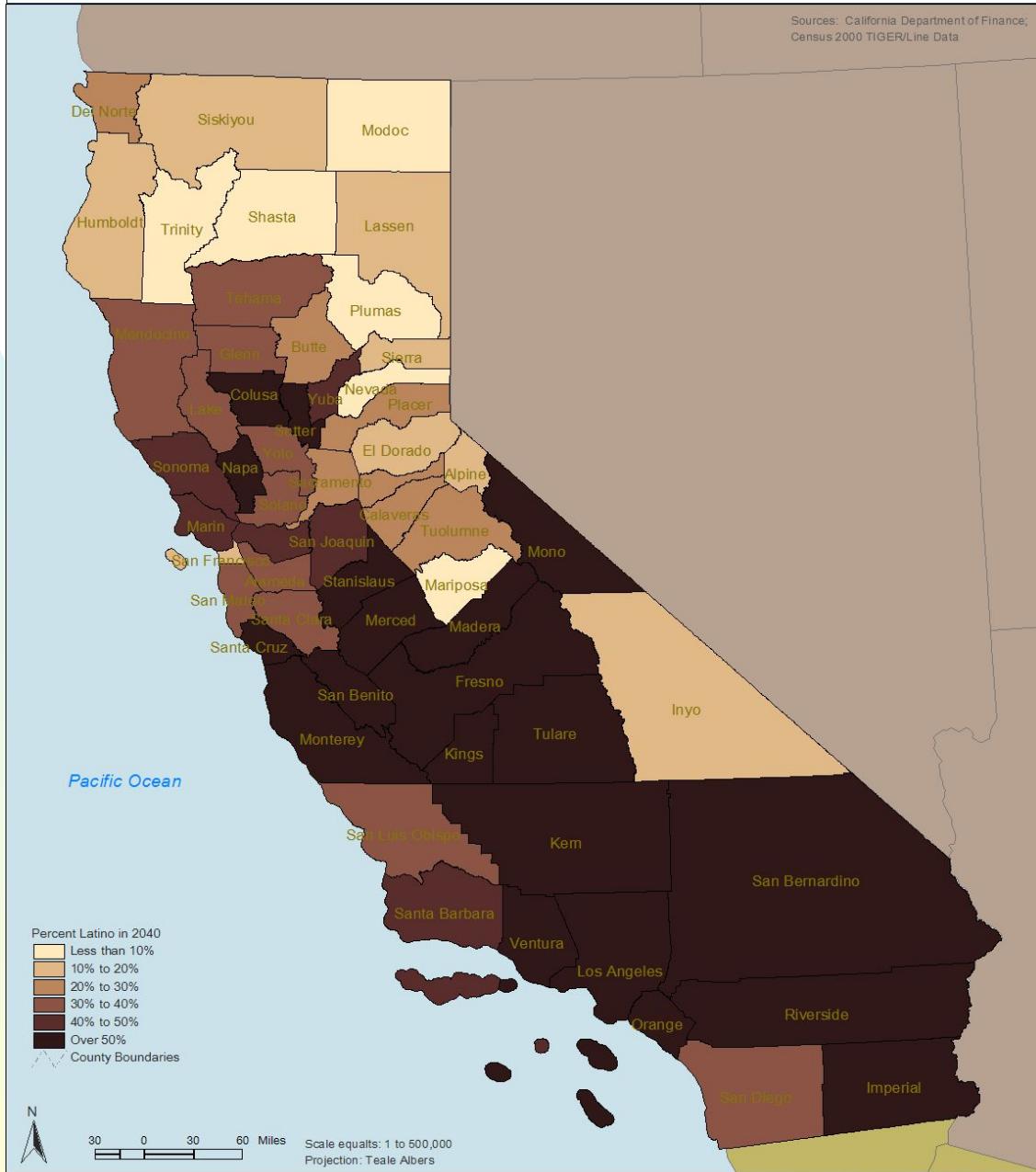
FORECASTED PERCENT LATINO POPULATION IN 2030 by California Counties

Sources: California Department of Finance,
Census 2000 TIGER/Line Data



FORECASTED PERCENT LATINO POPULATION IN 2040 by California Counties

Sources: California Department of Finance,
Census 2000 TIGER/Line Data

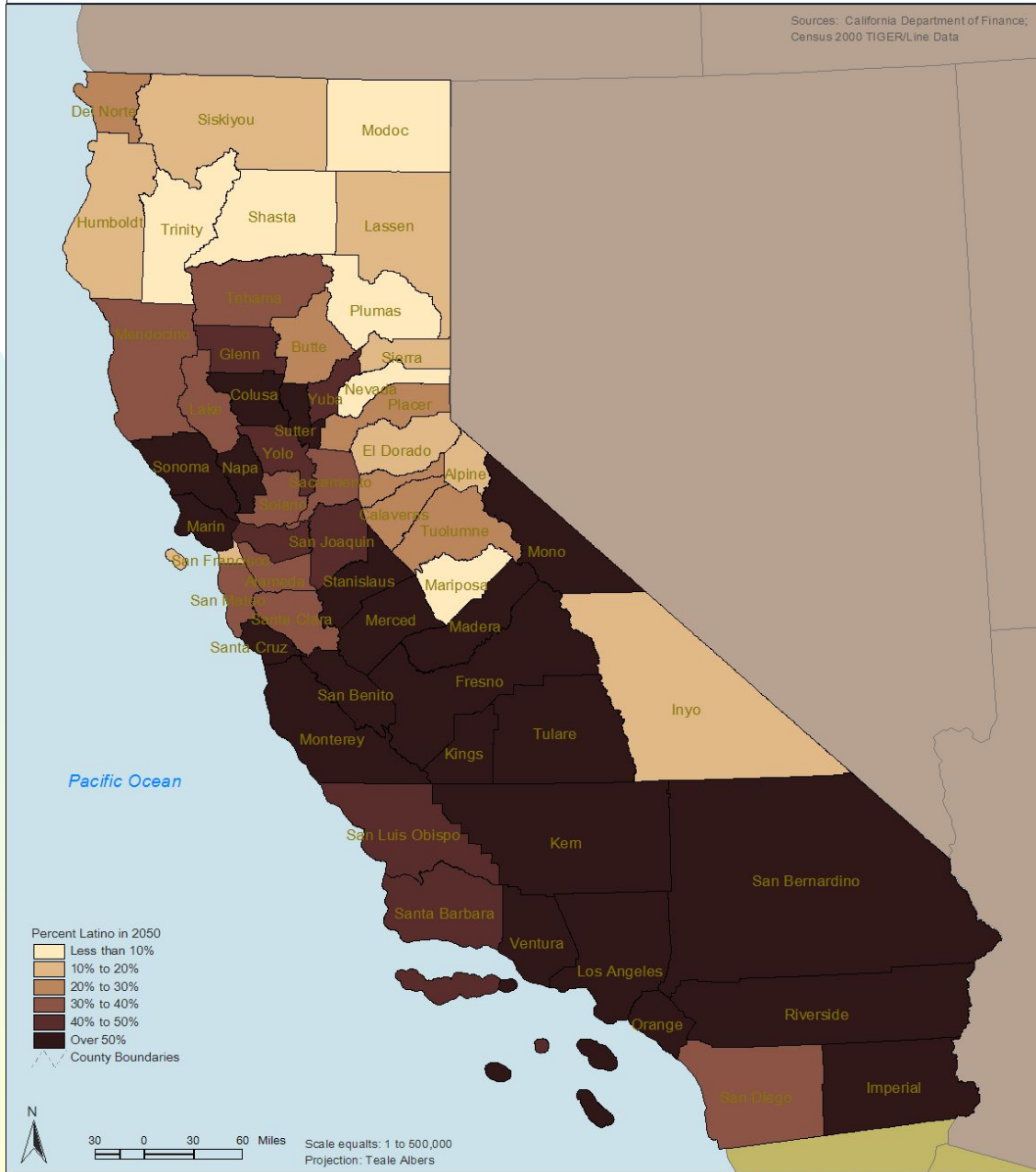


Program for Environmental & Regional Equity (PERE)
USC Center for Sustainable Cities

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View: California-Teale Albers,
Layout: California - Teale Albers - P_Lat_40

FORECASTED PERCENT LATINO POPULATION IN 2050 by California Counties

Sources: California Department of Finance,
Census 2000 TIGER/Line Data

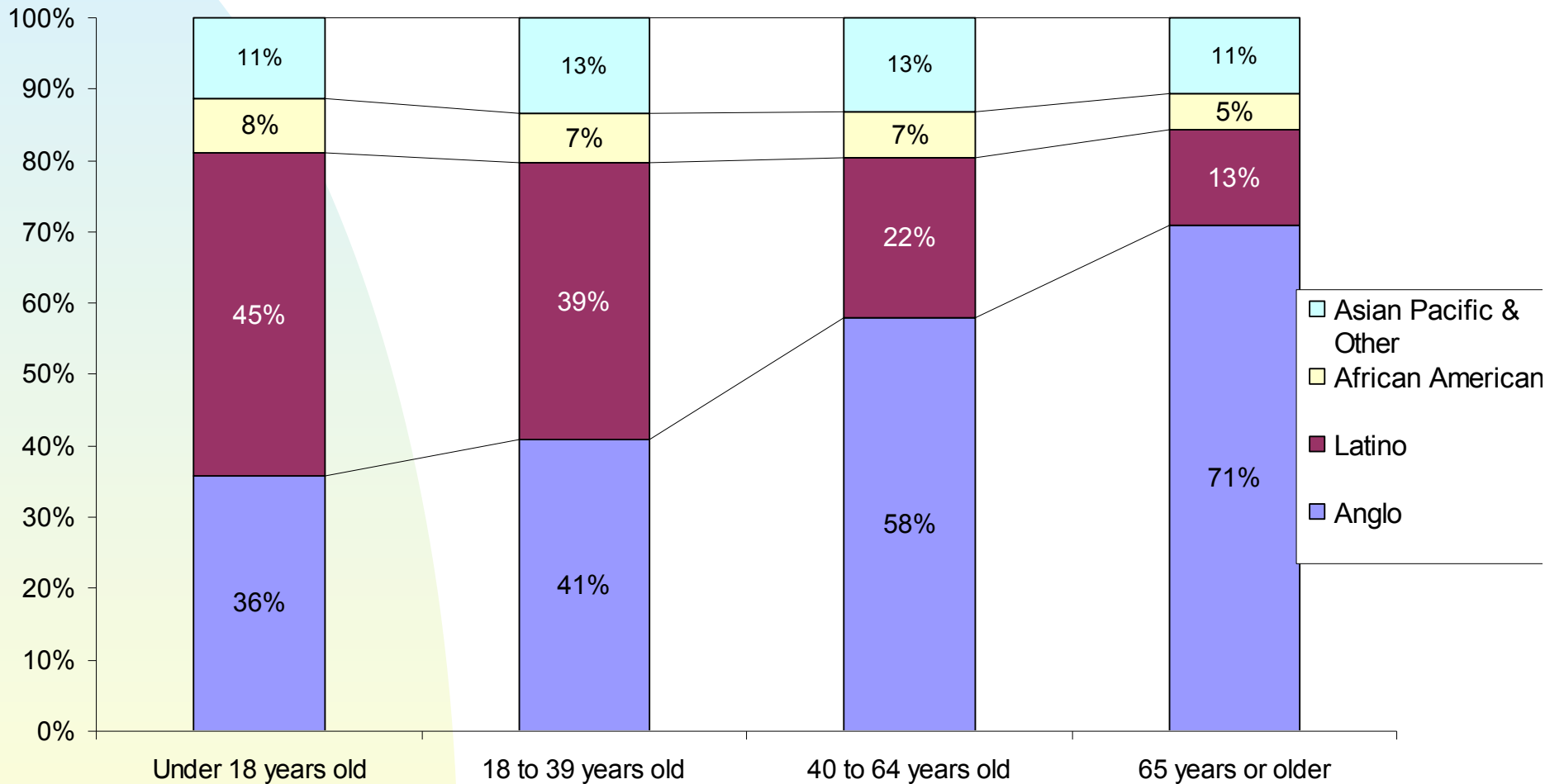


Program for Environmental & Regional Equity (PERE)
USC Center for Sustainable Cities

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Layout: California - Teale Albers - P_Lat_50

The Future is Now . . .

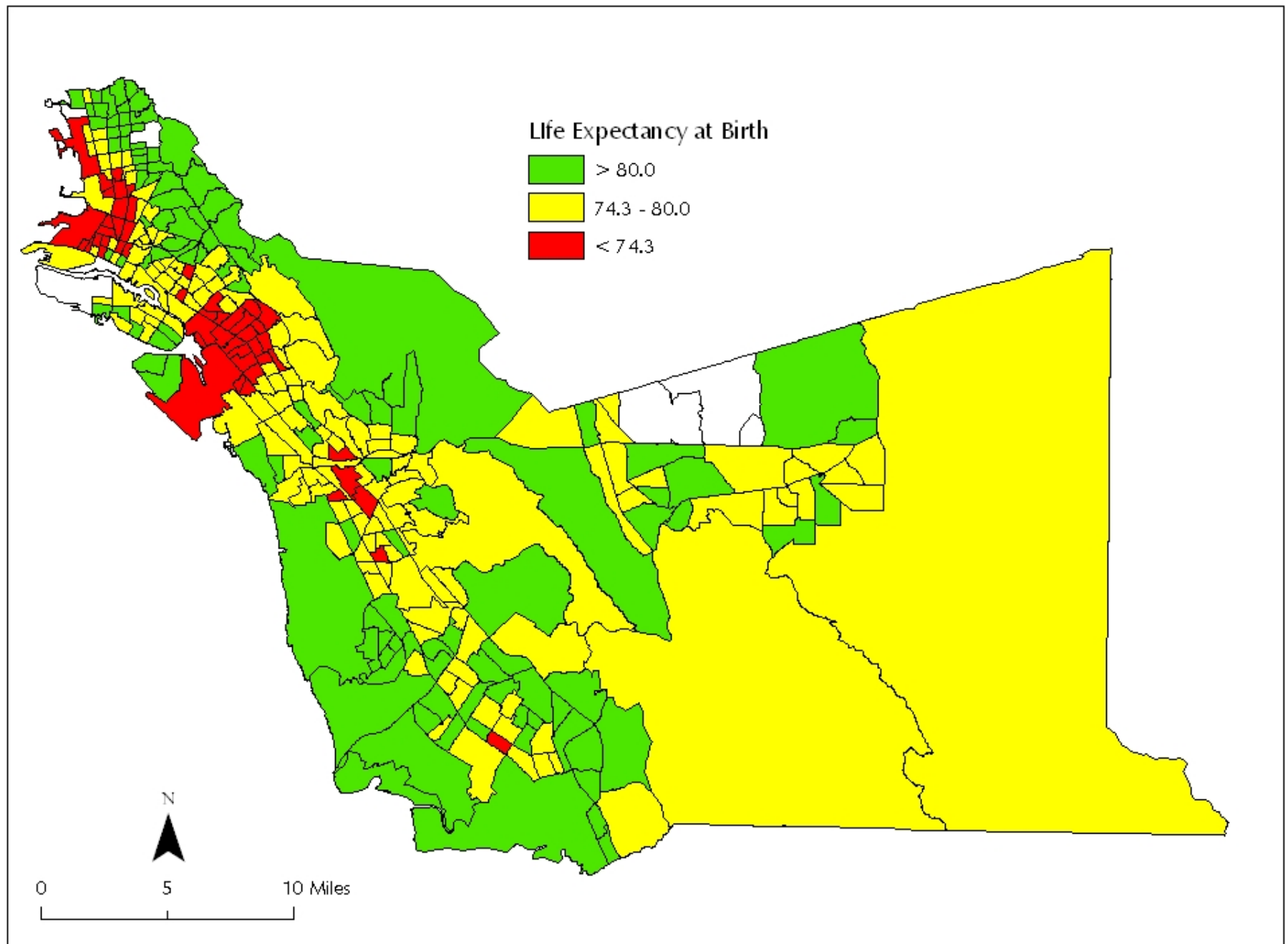
Ethnic Composition by Age for California, Year 2000



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

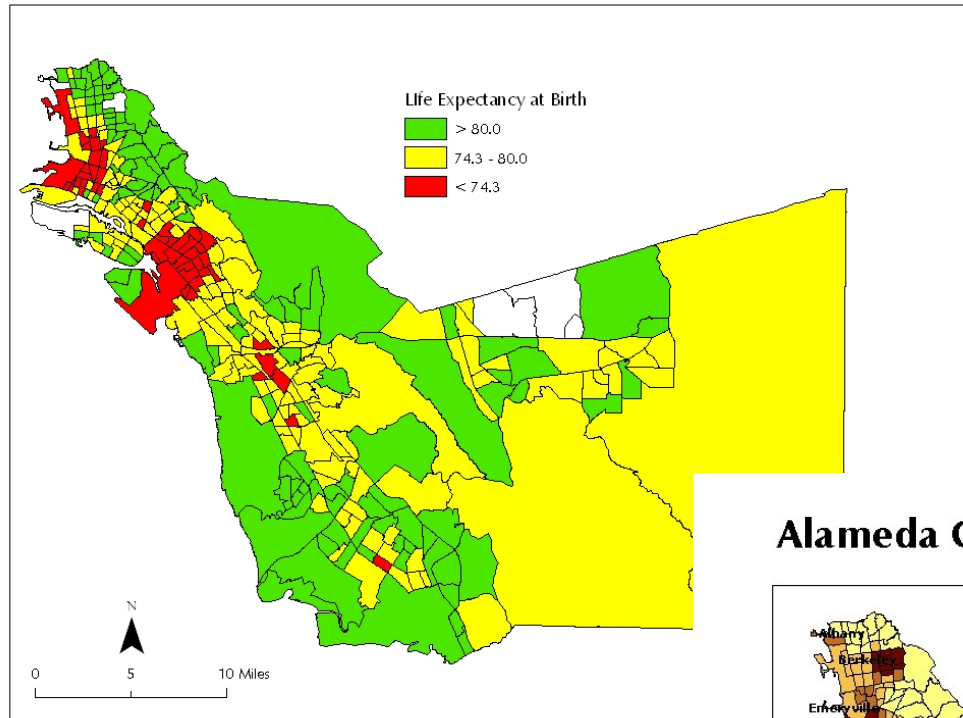
The background of the slide is a solid blue color. In the lower right quadrant, there are several faint, concentric circles that resemble ripples in water, creating a subtle decorative pattern.

Life Expectancy by Tract



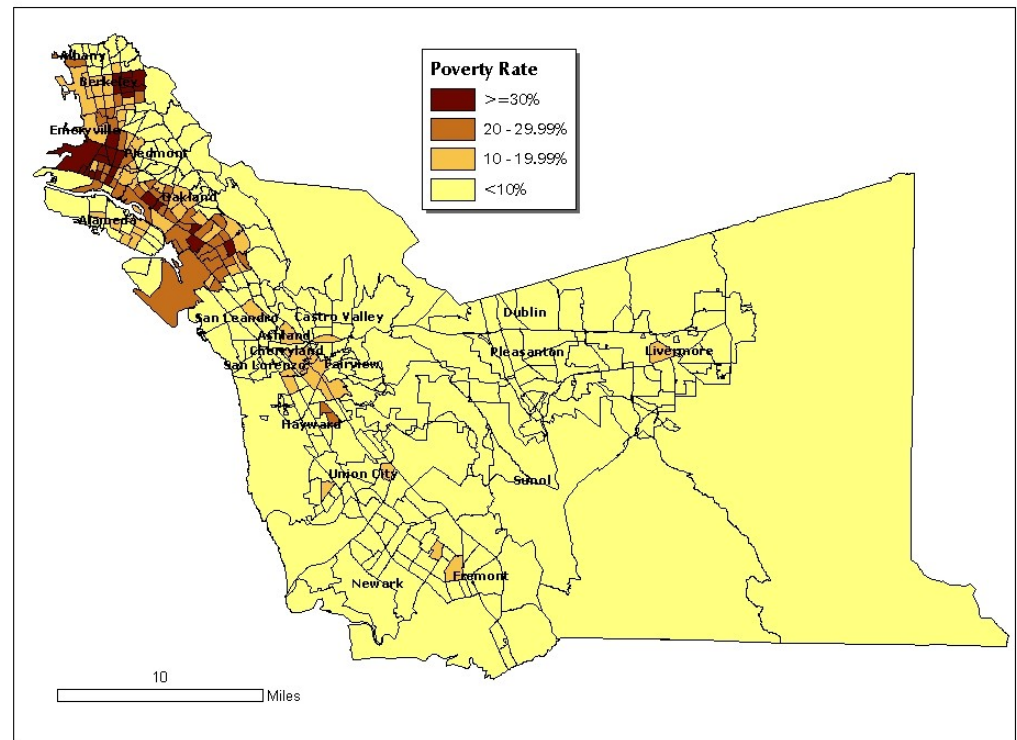
Source: CAPE, with data from vital statistics 1999-2001.

Life Expectancy by Tract



Source:

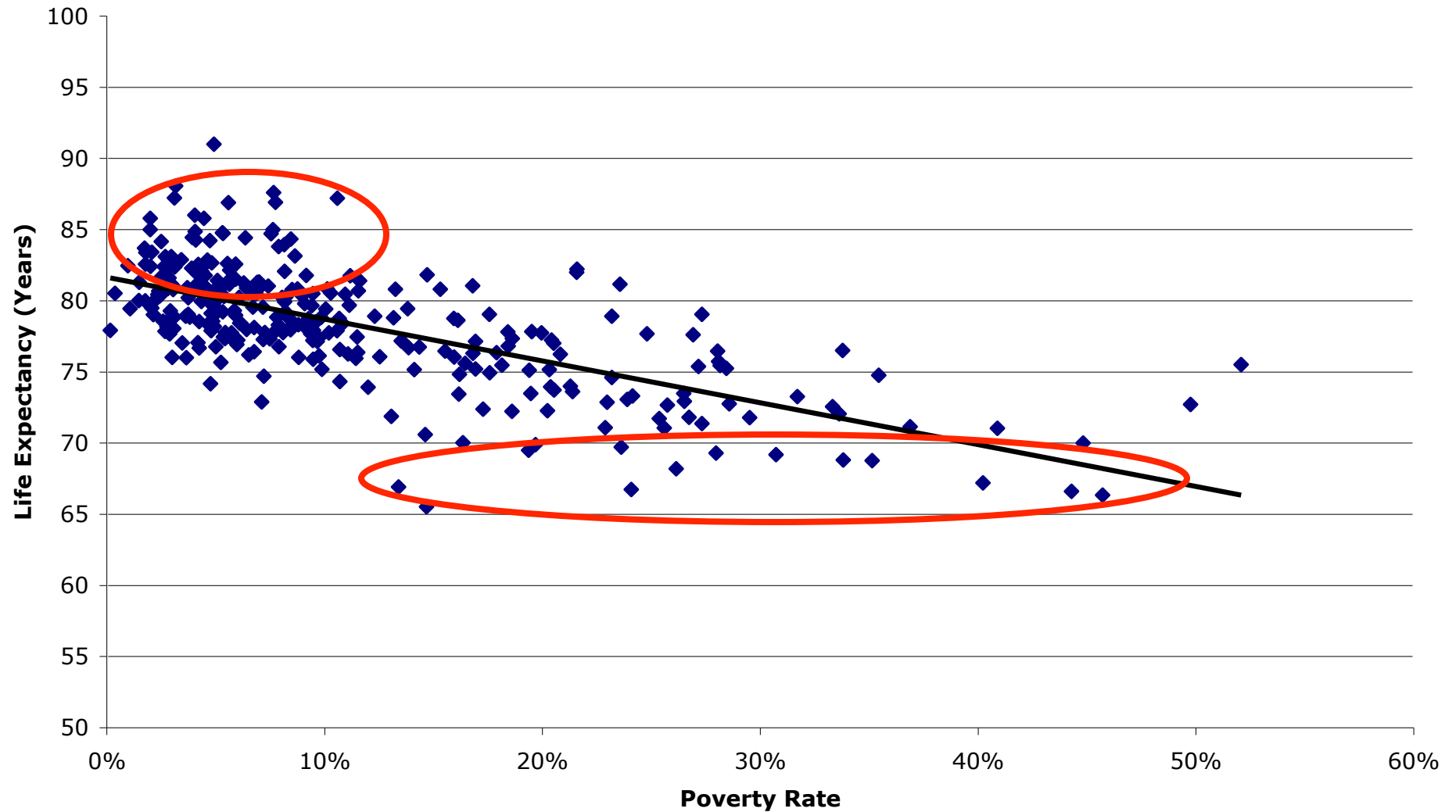
Alameda County Poverty



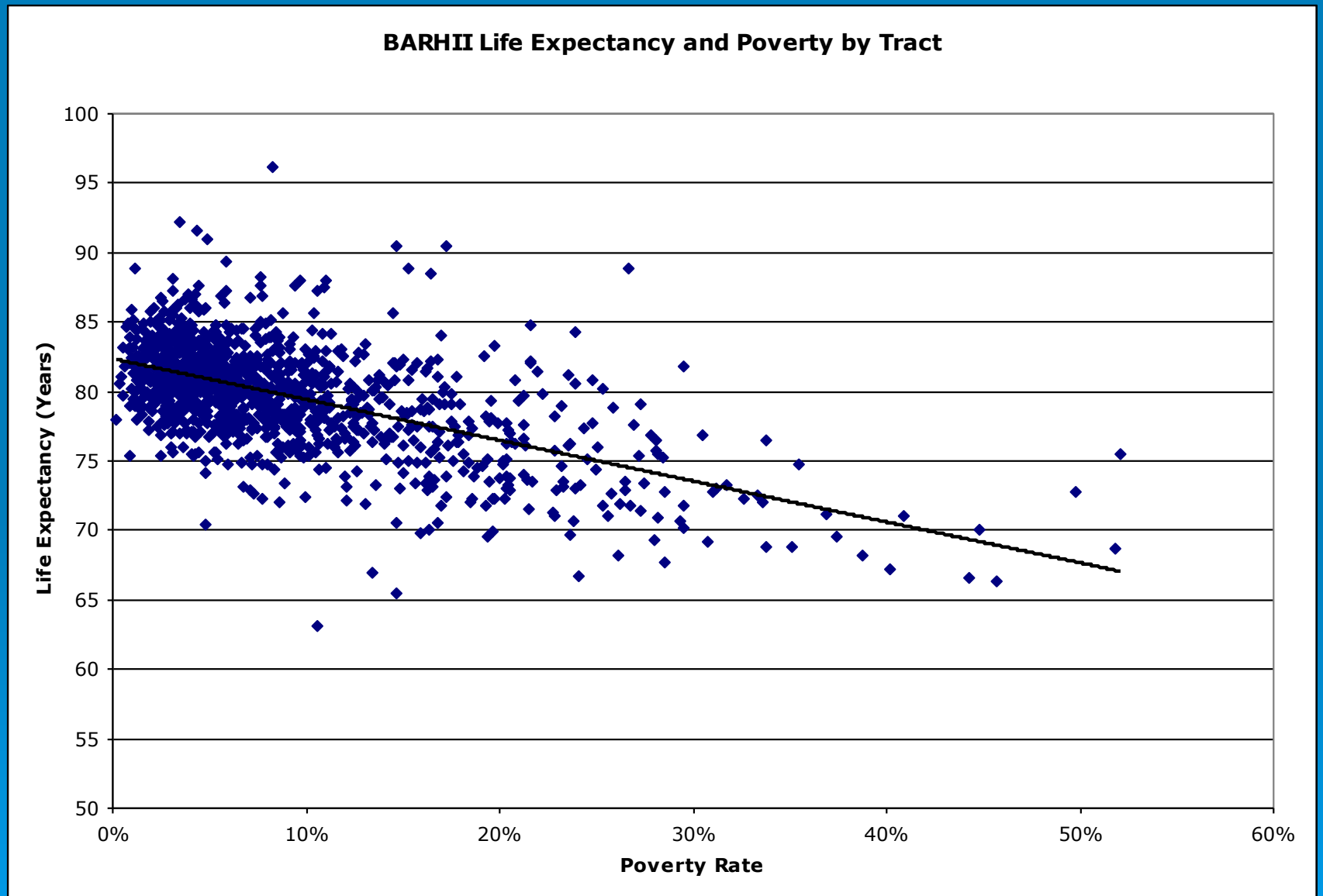
Source: CAPE; Census 2000.

Life Expectancy by Poverty Group 2000-2003

Alameda County



Bay Area Poverty vs. Life Expectancy





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

Factors that Affect Health

Smallest Impact

Largest Impact



Counseling
& Education

Clinical
Interventions

Long-lasting
Protective Interventions

**Changing the Context
to make individuals' default
decisions healthy**

Socioeconomic Factors

Examples

Eat healthy, be physically active

Rx for high blood pressure, high cholesterol, diabetes

Immunizations, brief intervention, cessation treatment, colonoscopy

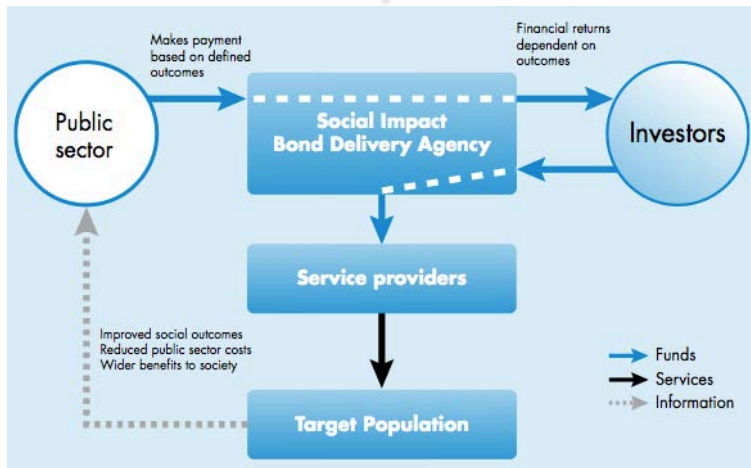
Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax

Poverty, education, housing, inequality



Resources to Improve Health and Equity

Social Impact Bonds and Health Impact Bonds



Wellness Trusts

FACT SHEET The Massachusetts Prevention & Wellness Trust Fund

OVERVIEW

The Prevention & Wellness Trust Fund will invest \$60 million over 4 years in evidence-based community prevention activities, with the goal of reducing costly preventable health conditions. The majority of funds will be awarded through competitive grants, with the first round likely to be awarded in summer 2013.



The Trust is the first of its kind in any state in the nation and will dramatically increase available funding for community prevention activities in Massachusetts. It was passed into law in August 2012 as a part of health care cost containment legislation, known as Chapter 224.

FUNDED ACTIVITIES AND ELIGIBLE GRANTEEES

The Department of Public Health (DPH), in consultation with a new Wellness and Prevention Advisory Board, will administer the funds. A minimum of 75% of funds must be spent on competitive grants to:



- Reduce rates of the state's most costly preventable health conditions
- Reduce health disparities
- Increase healthy behaviors
- Increase the adoption of workplace-based wellness programs
- Develop a stronger evidence-base of effective prevention programs

Entities eligible for funding include: municipalities or regional collaborations of municipalities; community organizations, health care providers, or health plans working in collaboration with one or more

Accountable Care Organizations

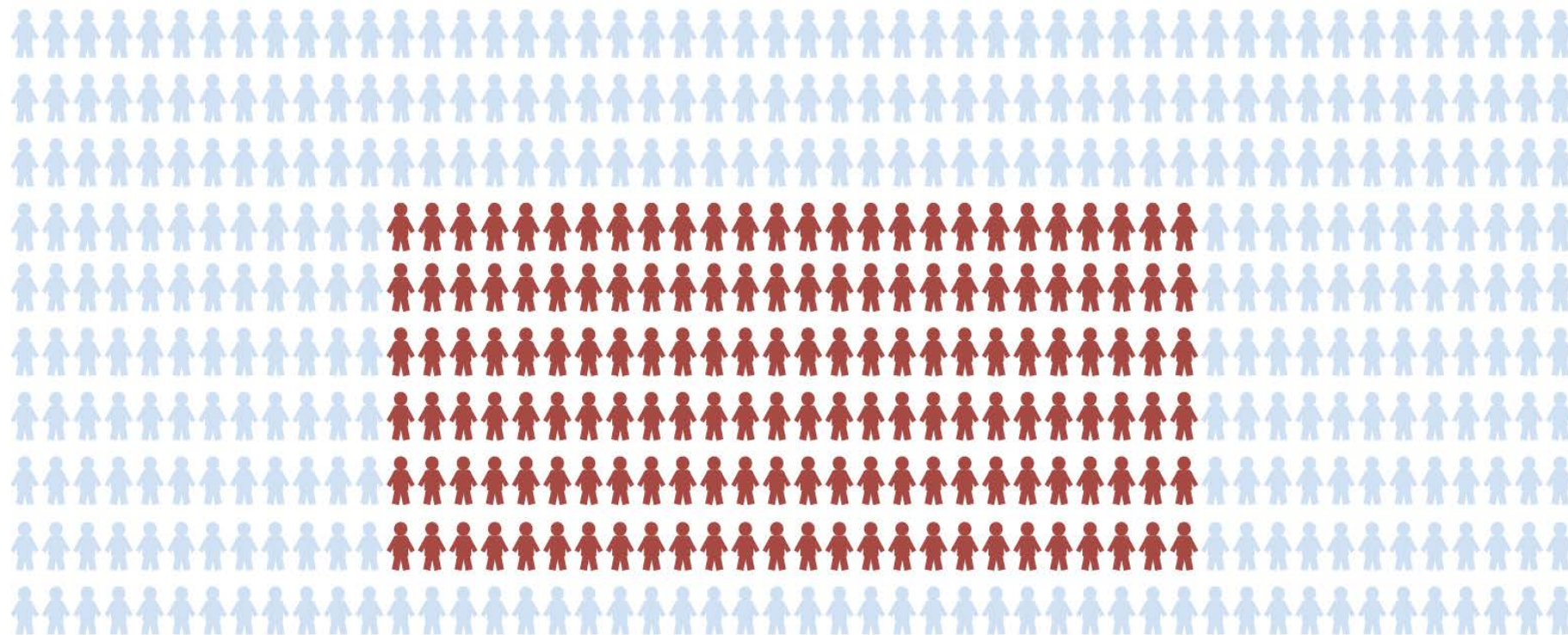


Community Benefits from Non-Profit Hospitals



Prevention

Asthma in Fresno: A Crisis for Children and Community



20.2% children 5-17 diagnosed with asthma*

Every day, **20** go to the ER and **3** hospitalized for asthma

\$34.8M per year for asthma-related ER and hospitalizations

** significantly higher for some race/ethnicity and socioeconomic groups*



Asthma: A Business Case for Prevention



Asthma Control: Home-Based Multi-Trigger, Multicomponent Environmental Interventions

Economic Review

Cost-benefit studies show **return of \$5.3 to \$14.0** for each \$1 invested.

www.thecommunityguide.org/asthma/multicomponent.html

PEDIATRICS[®]

Published online February 20, 2012
Pediatrics Vol. 129 No. 2 March 1, 2012
pp. 465–472
(doi: 10.1542/peds.2010-0472)

Article

Community Asthma Initiative: Evaluation of a Quality Improvement Program for Comprehensive Asthma Care

Elizabeth R. Woods, MD, MPH^a, Urmi Bhaumik, MBBS, MS, DSc^b,
Susan J. Sommer, MSH, RNC, AC-C^c, Sonja I. Zintel, PhD^d,
Aimee J. Kessler, BS^e, Elaine Chan, BA^a, Ronald E. Wilkinson, MA,
MS^d, Maria N. Szama, BS^e, Amy E. Burack, RN, MA, AC-C^d,
Elizabeth M. Clements, MS, FNP-BC, AC-C^f, Lisa M. Quenneville, BA^g,
Deborah U. Dickerson, BA^b, and Stuart Natharozai, MD^{b,h}

Twelve-month data show a **significant decrease** in any (≥ 1) **asthma ED visits (68%)** and **hospitalizations (84.8%)**.

<http://pediatrics.aappublications.org/content/129/3/465.abstract>

Asthma Impact Model for Fresno (AIM4Fresno)

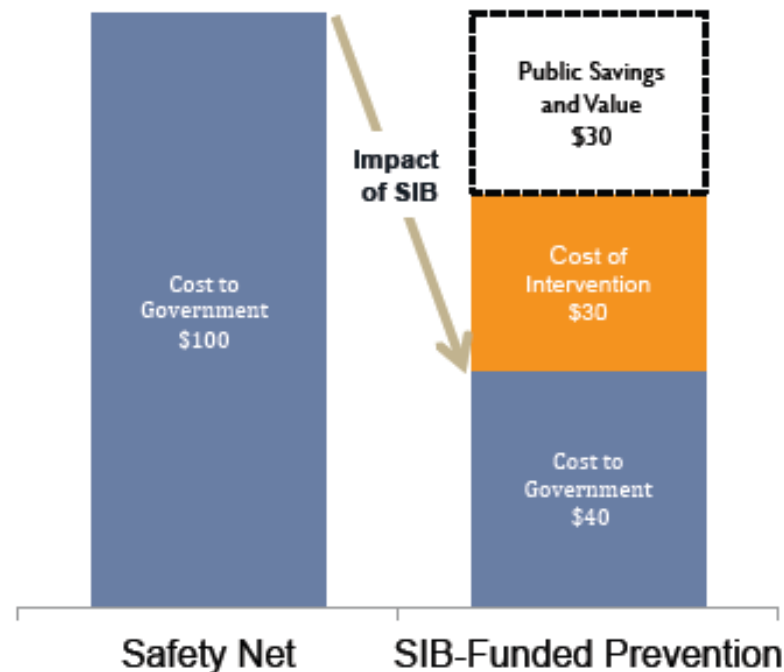
Intended Outcomes for Phase I (demonstration project)

- **Reduce the rate of asthma emergencies** among 200 high-risk children enrolled in Medi-Cal in Fresno:
 - $\geq 30\%$ lower asthma-related emergency department (ED) visits
 - $\geq 50\%$ lower hospitalizations
- **Measure health care cost savings for payers** using insurance claims data; reduction in asthma-related health care services for program participants compared to randomized control group
- **Develop an impact investment strategy** to finance scale-up of the program in Phase II

Is a *Social Impact Bond* a viable strategy for financing a home-based asthma program for high-risk children covered by Medi-Cal?

Social Impact Financing Strategies

Improving Social Outcomes While Reducing Public Cost



Social Impact Bonds provide investment capital to fund evidence-based programs delivered by highly effective service providers. Government repays investors' principal and provides a return, but only if programs achieve predefined metrics.

The California FreshWorks Fund

The California FreshWorks Fund is a public-private partnership loan fund intended to finance grocery stores and other forms of fresh food retail and distribution in underserved communities throughout CA. It is modeled after the PA Fresh Food Financing Initiative and it has been developed to align with the National Healthy Food Financing Initiative.



Fund Size: \$264 million

Uses of Capital: Loans & Grants to Grocery Stores & Other Fresh Food Retailers & Distributors

Capitalization: Debt & Grants

Program Eligibility: Program Guidelines to be released shortly

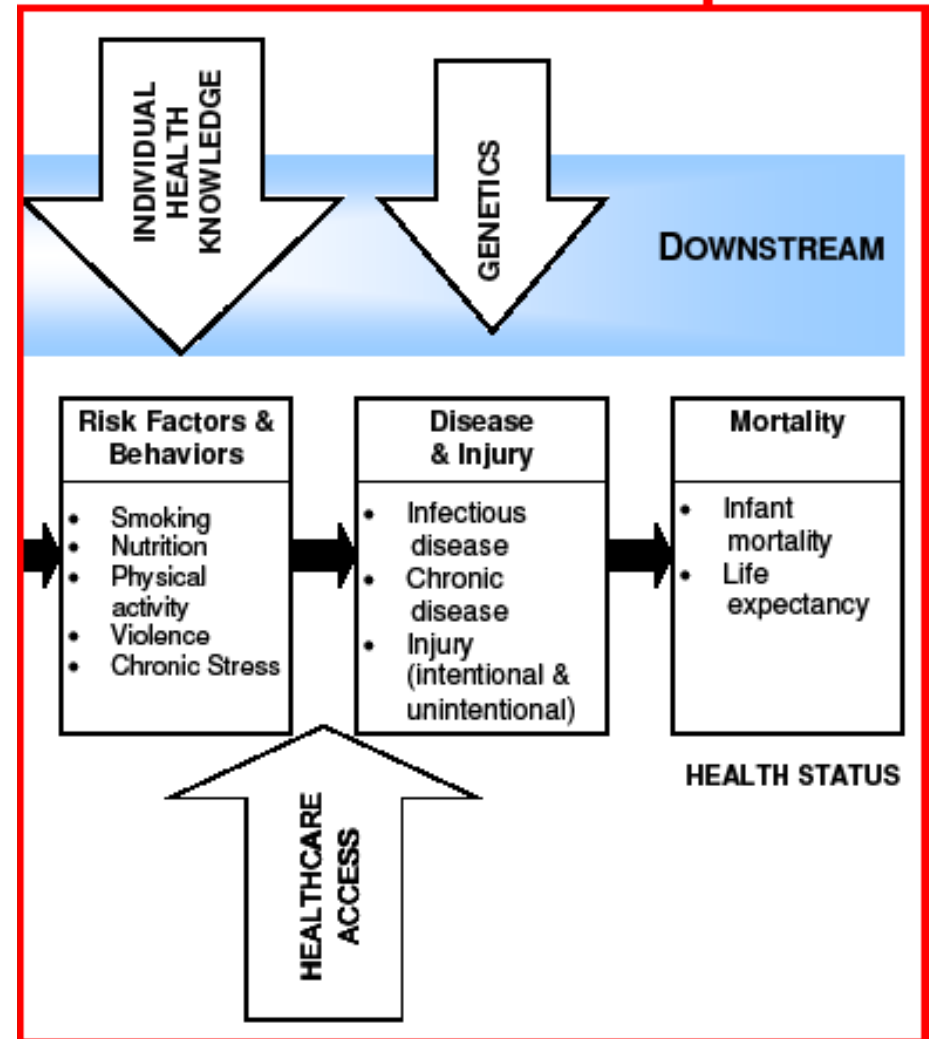
Launch: July 2011

A Practitioner's Framework



A Framework for Health Equity

Medical Model

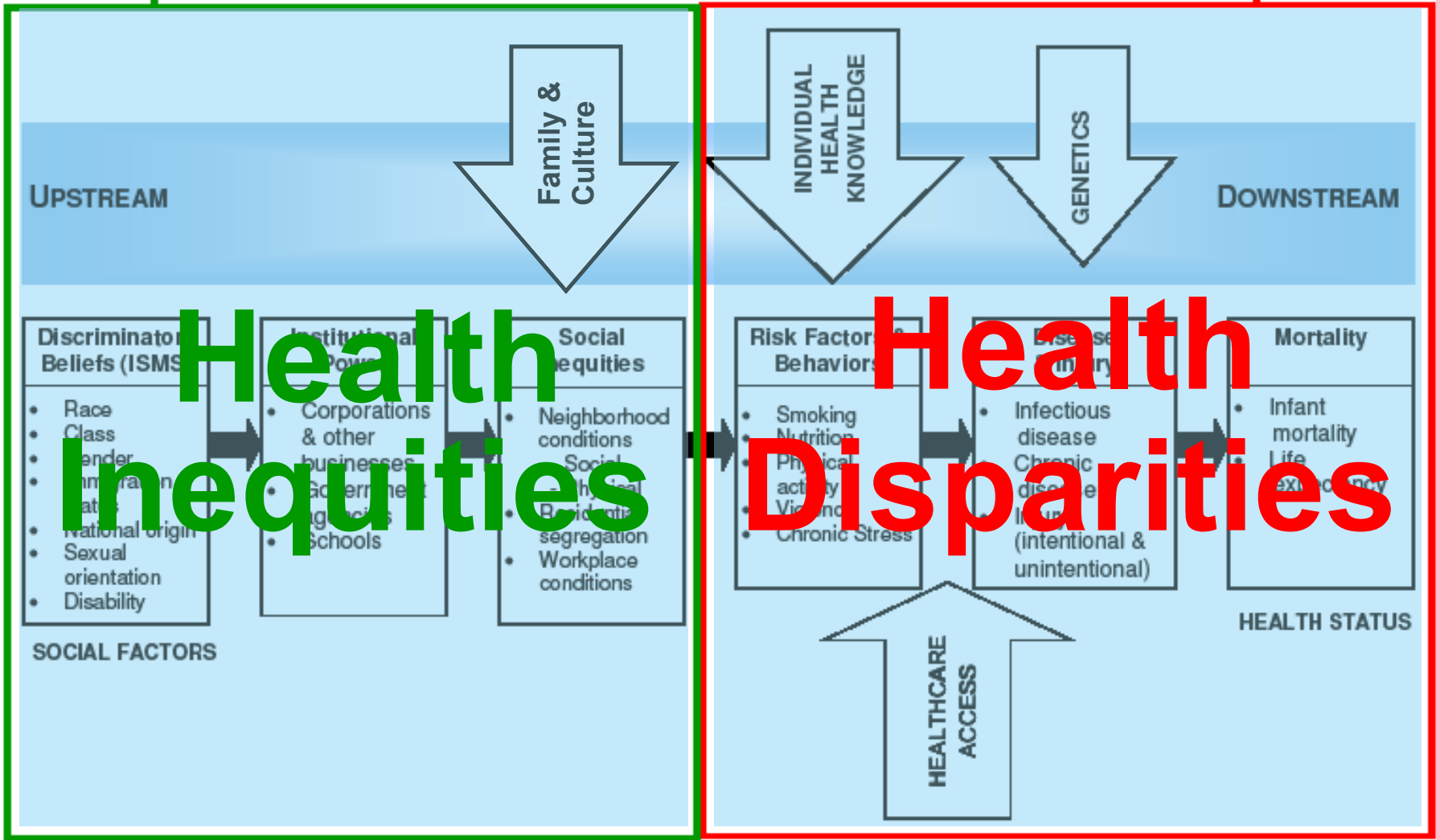


- Adapted by ACPHD from the Bay Area Regional Health Inequities Initiative, Summer 2008

A Framework for Health Equity

Socio-Ecological

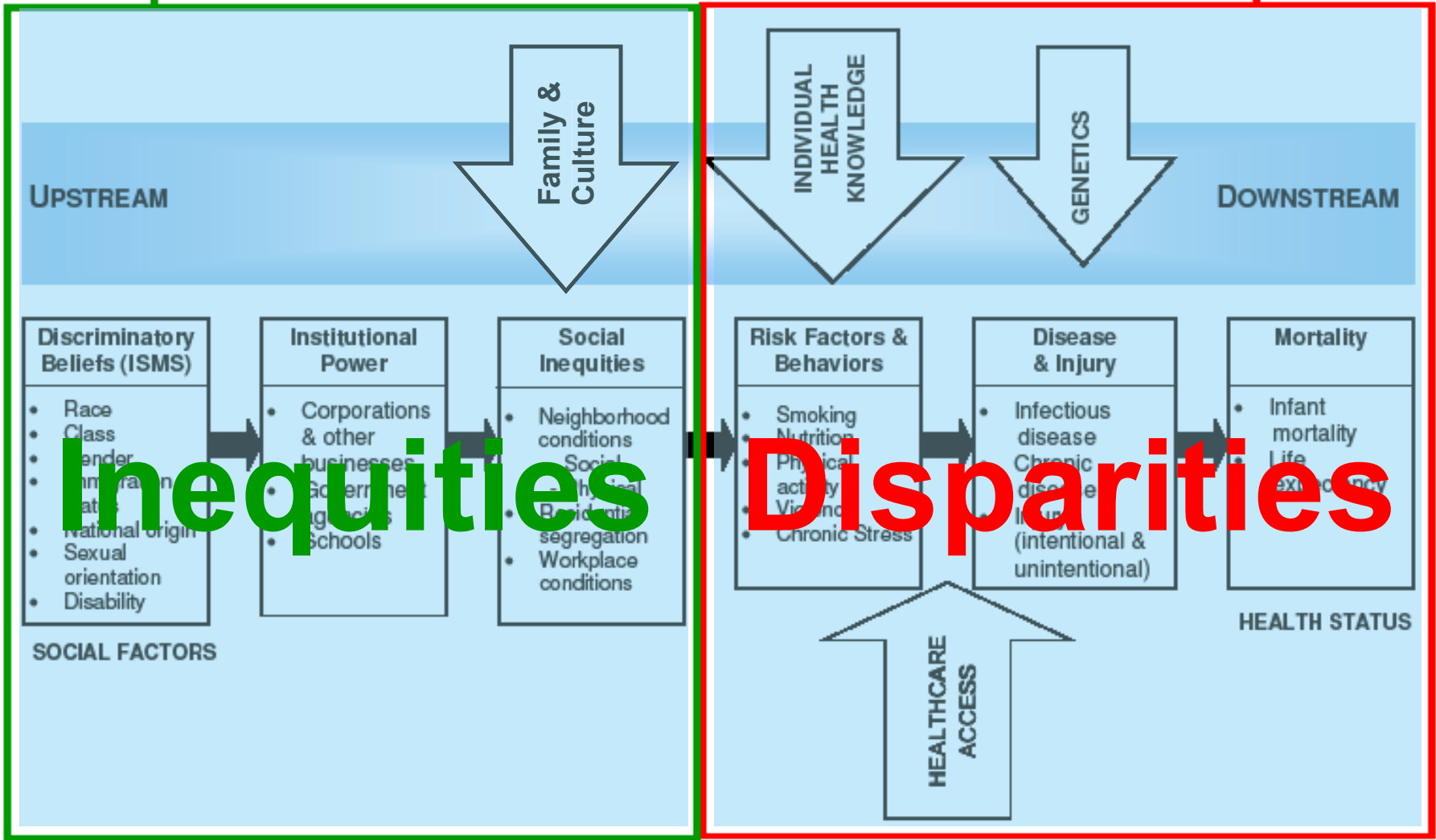
Medical Model



A Framework for Health Equity

Socio-Ecological

Medical Model

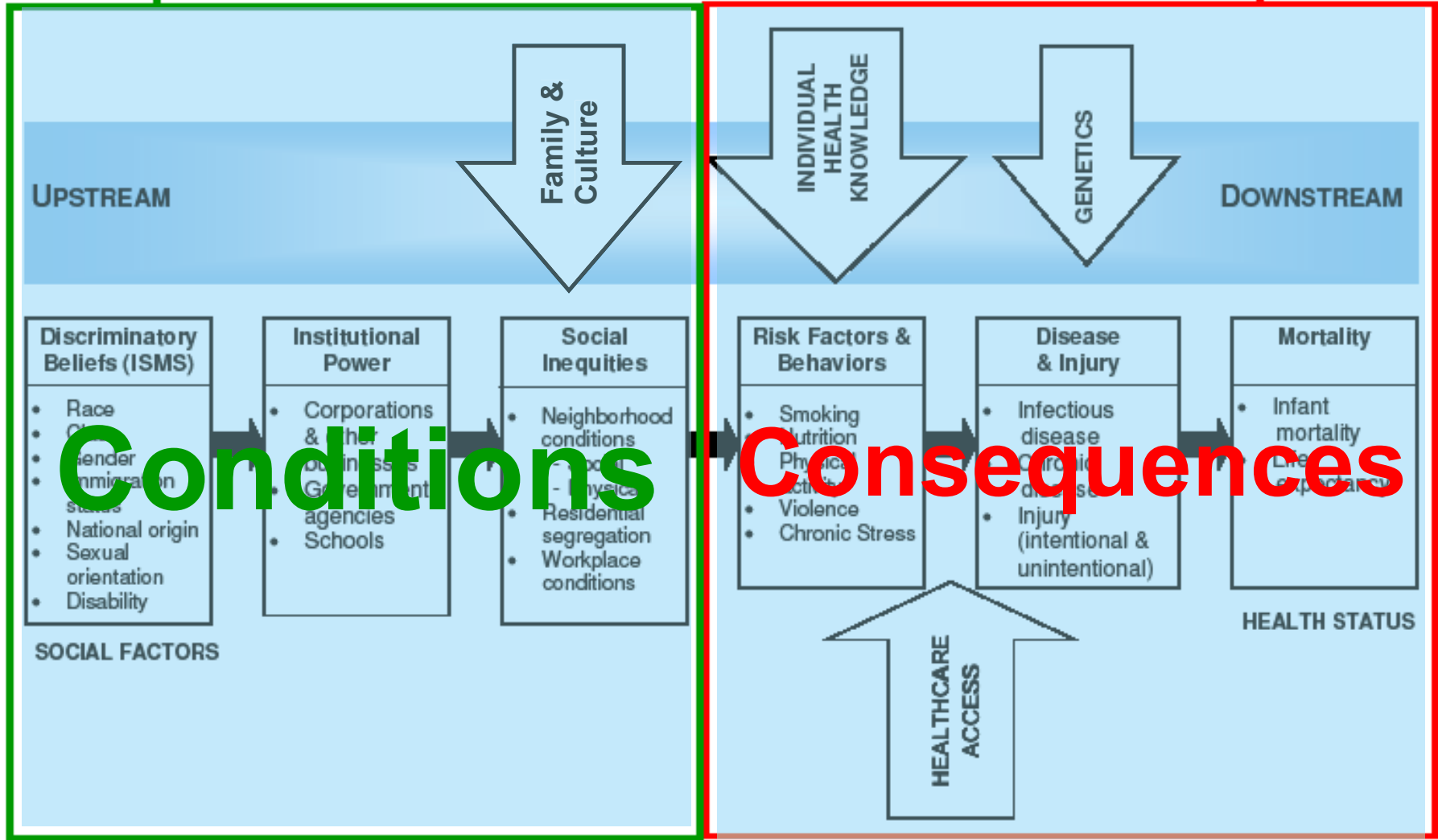


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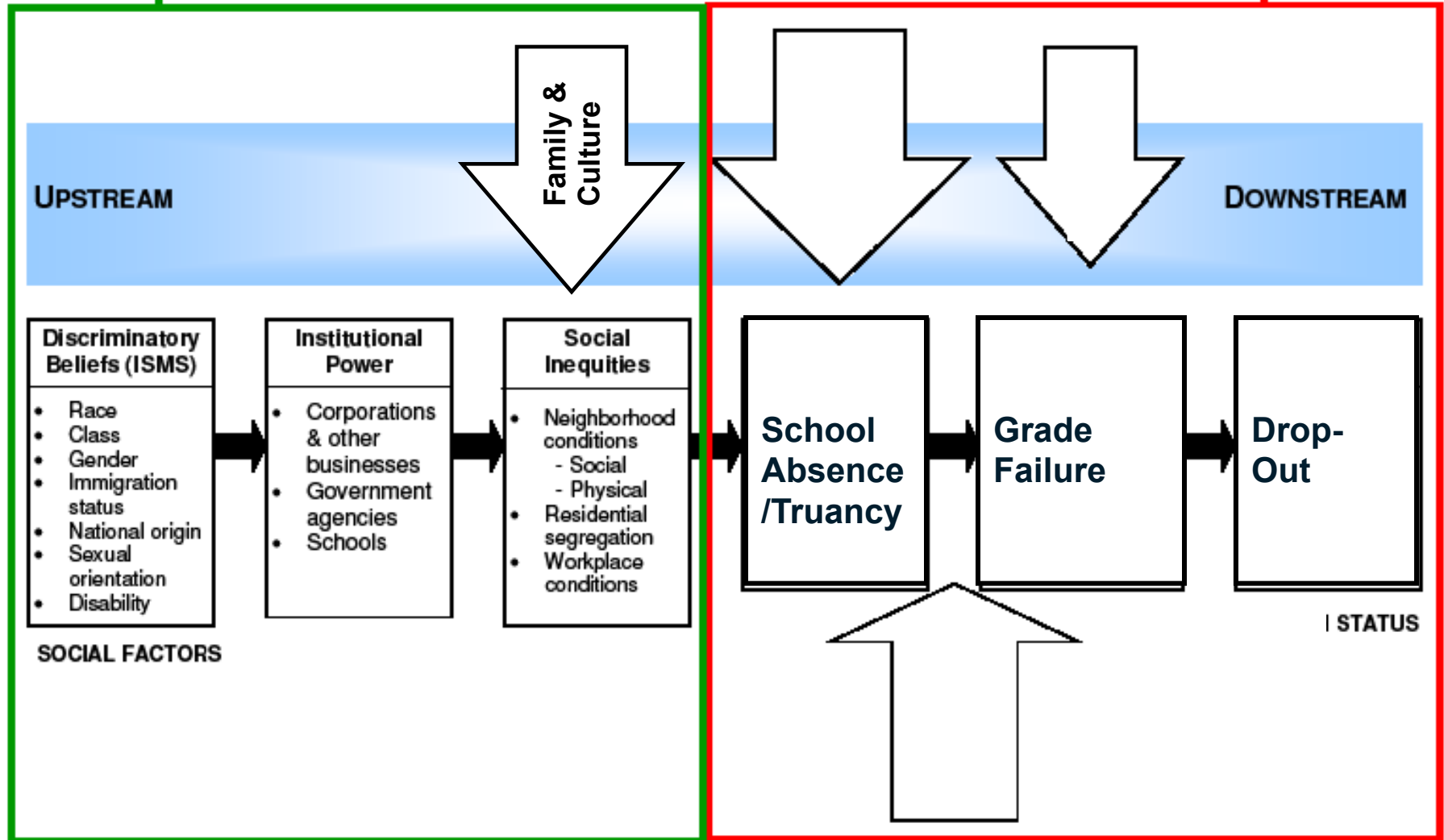


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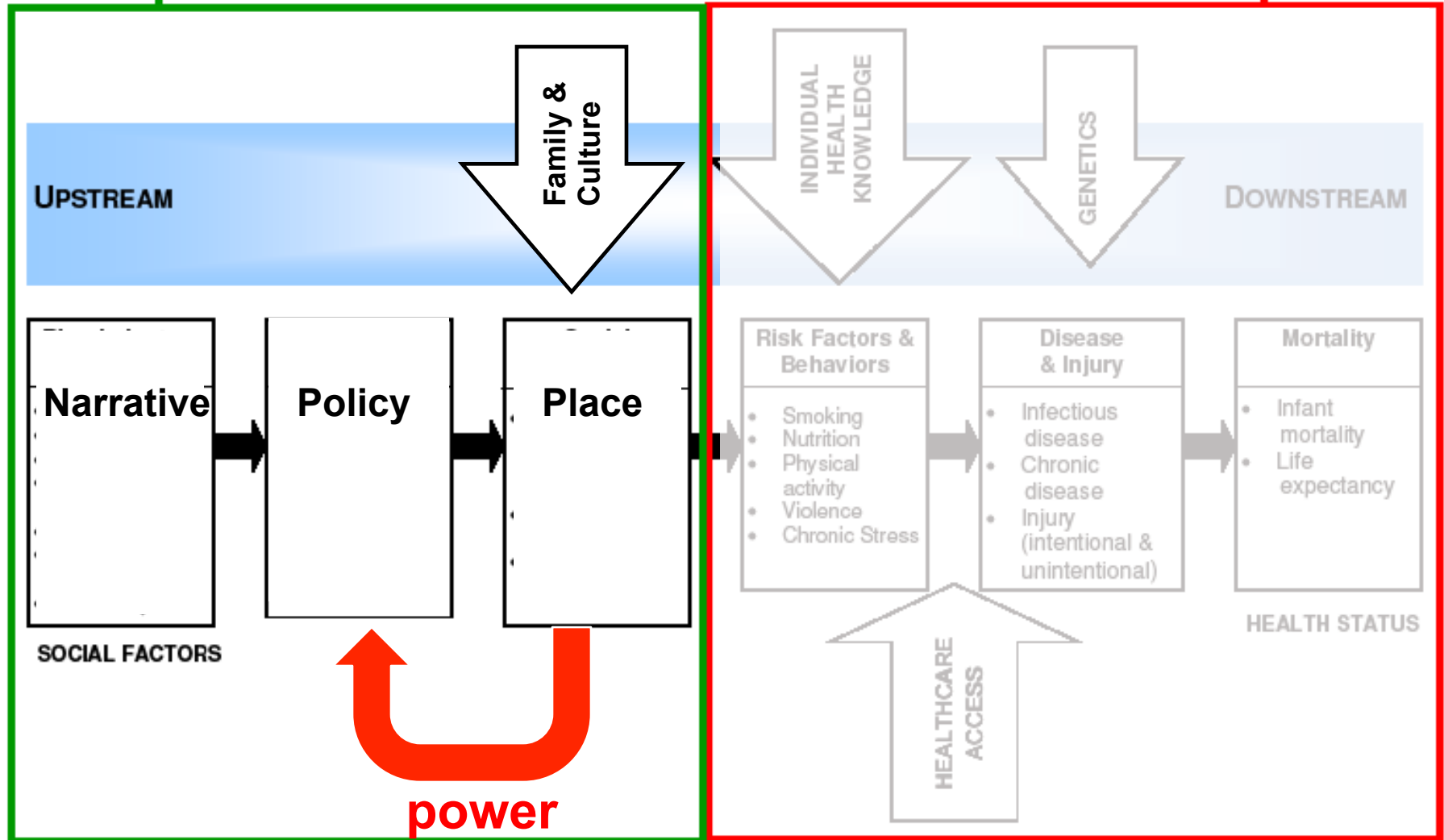


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A Framework for Health Equity

Socio-Ecological

Medical Model



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

Socio-Ecological (society)

Medical Model (individuals)



Change the Narrative

Policy Advocacy

Building Power in Place

Health Education

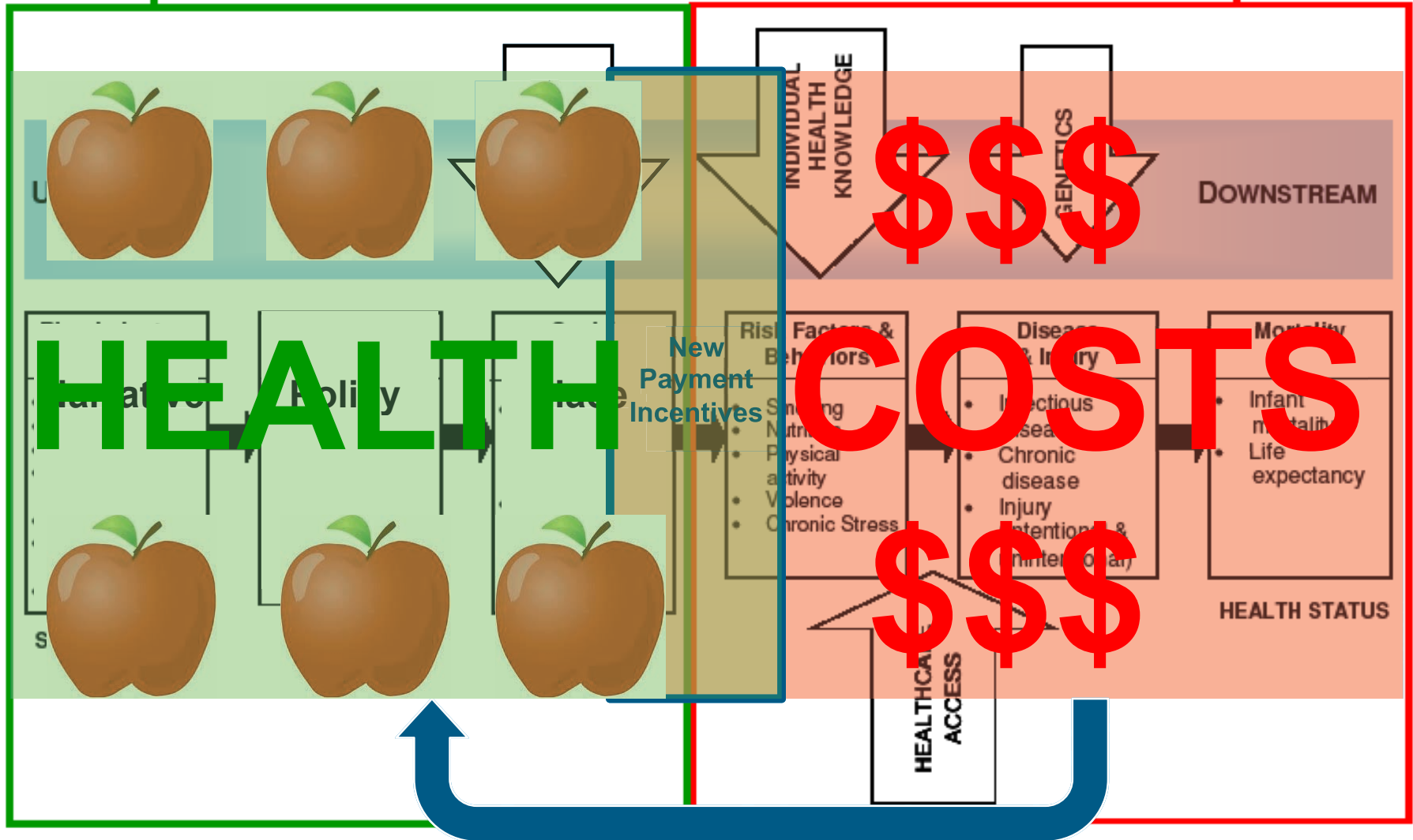
Clinics

Emergency Rooms

A Framework for Health Equity

Socio-Ecological

Medical Model



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

Plotting A Way Forward

A Billion \$ Bet



health
happens
here



Building Healthy Communities

 The
California
Endowment

$$A + B + C = D$$

A ALL OF US

B Better Local Policies

C Change The Odds

D Dynamic Healthy Communities



ALL OF US

- Move from a paradigm of exclusion to one of INCLUSION
- Embrace and empower all communities including undocumented immigrants, LGBT, ex-felons, the disabled, rural communities, and others.
- Amplify our voice by building strong alliances and changing the narrative about health.

Human Capital: Our Greatest Resource





Healthy
Communities

Leveraging
Partnerships

NARRATIVE

Changing
The
Narrative

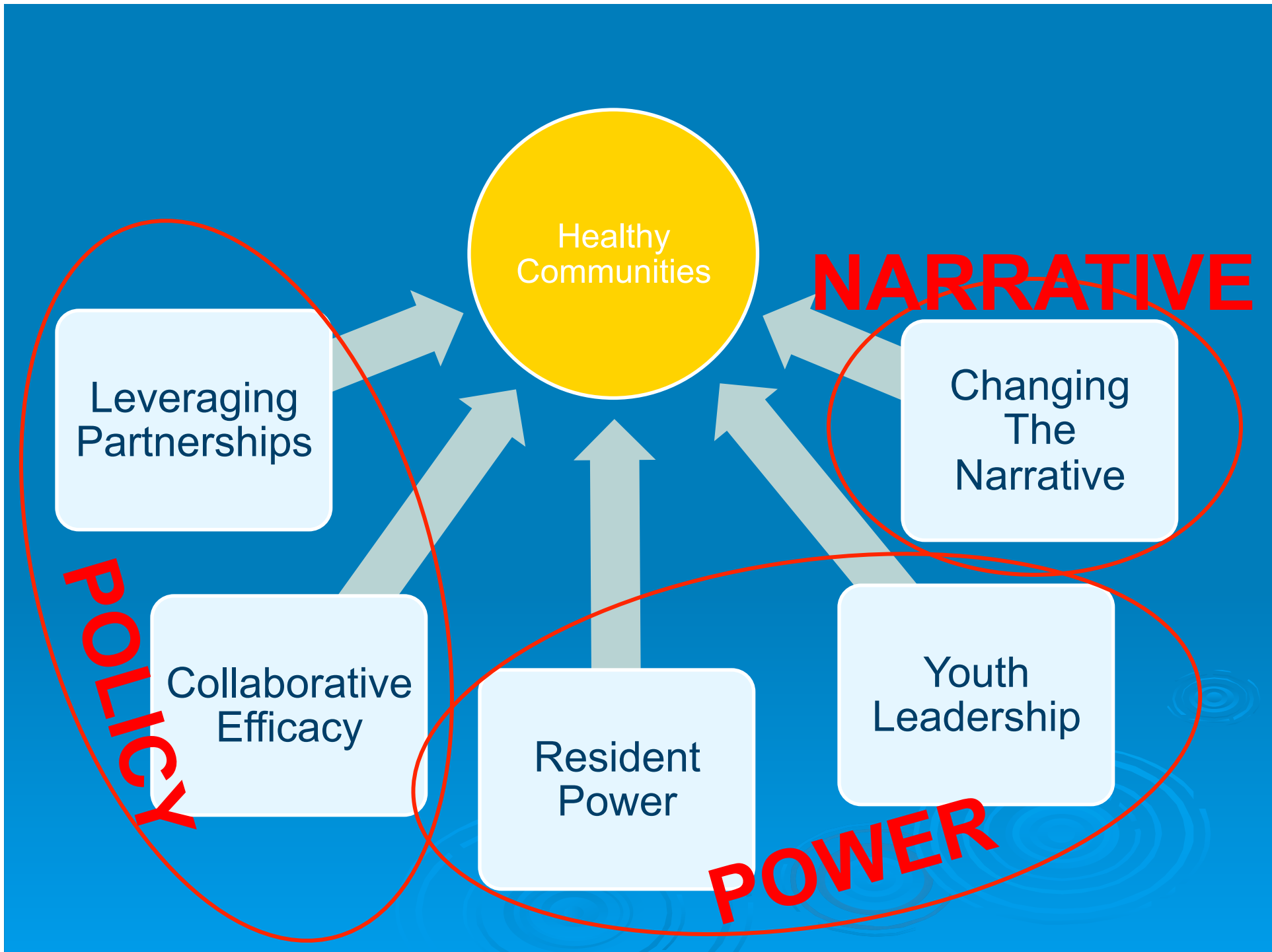
Collaborative
Efficacy

Youth
Leadership

Resident
Power

POLICY

POWER







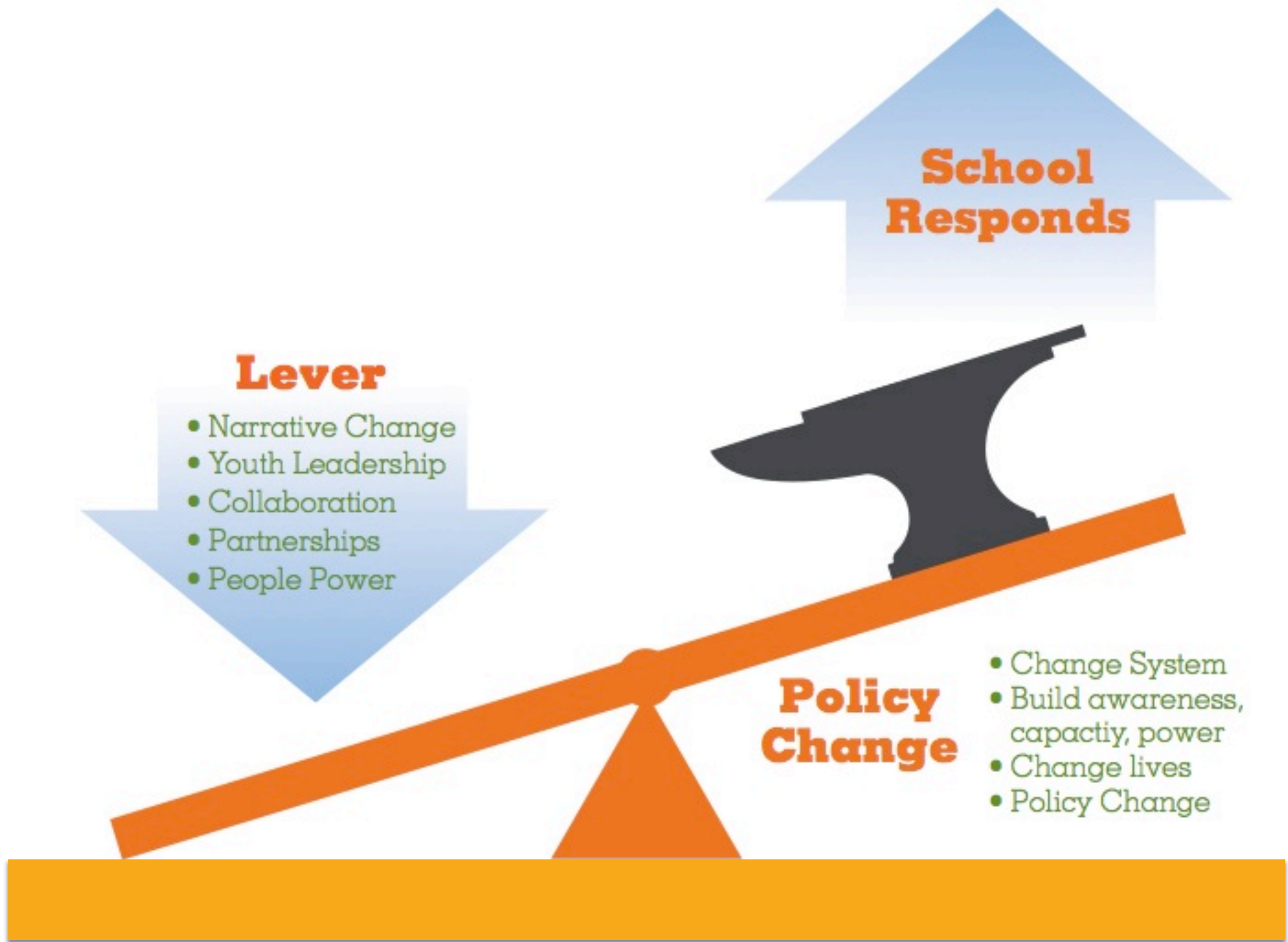
Lever
(People Power)



**14% Reduction
In Suspensions**

**Policy
Change**





Lever

- Narrative Change
- Youth Leadership
- Collaboration
- Partnerships
- People Power

School Responds

Policy Change

- Change System
- Build awareness, capacity, power
- Change lives
- Policy Change



CALIFORNIA DEPARTMENT OF EDUCATION
NEWS RELEASE

TOM TORLAKSON
State Superintendent
of Public Instruction

Release: #14-11
January 29, 2014

Contact: Tina Jung
E-mail: communications@cde.ca.gov
Phone: 916-319-0818

State Schools Chief Tom Torlakson Reports California Sees Significant Drops in Student Suspensions and Expulsions

SACRAMENTO—
as more schools a



The Opinion Pages | Zero Tolerance, Recons



Zero Tolerance, Reconsidered

By THE EDITORIAL BOARD JAN. 5, 2014

FOR IMMEDIATE RELEASE
Wednesday, January 29, 2014

Civil Rights Pr
Cur

--LOS ANGELES--The
released guidance to
prison pipeline, whic
often ends with inca


EMAIL

FACEBOOK

TWITTER

Schools across the country are rethinking “zero tolerance” discipline policies under which children have been suspended even arrested for

Better Local Policies

- We know a lot about what is needed. We need to implement it and make sure it stays in place.
 - What are our communities doing?
 - 3 Campaigns-12 things
- 





**health
happens
here**



In Neighborhoods





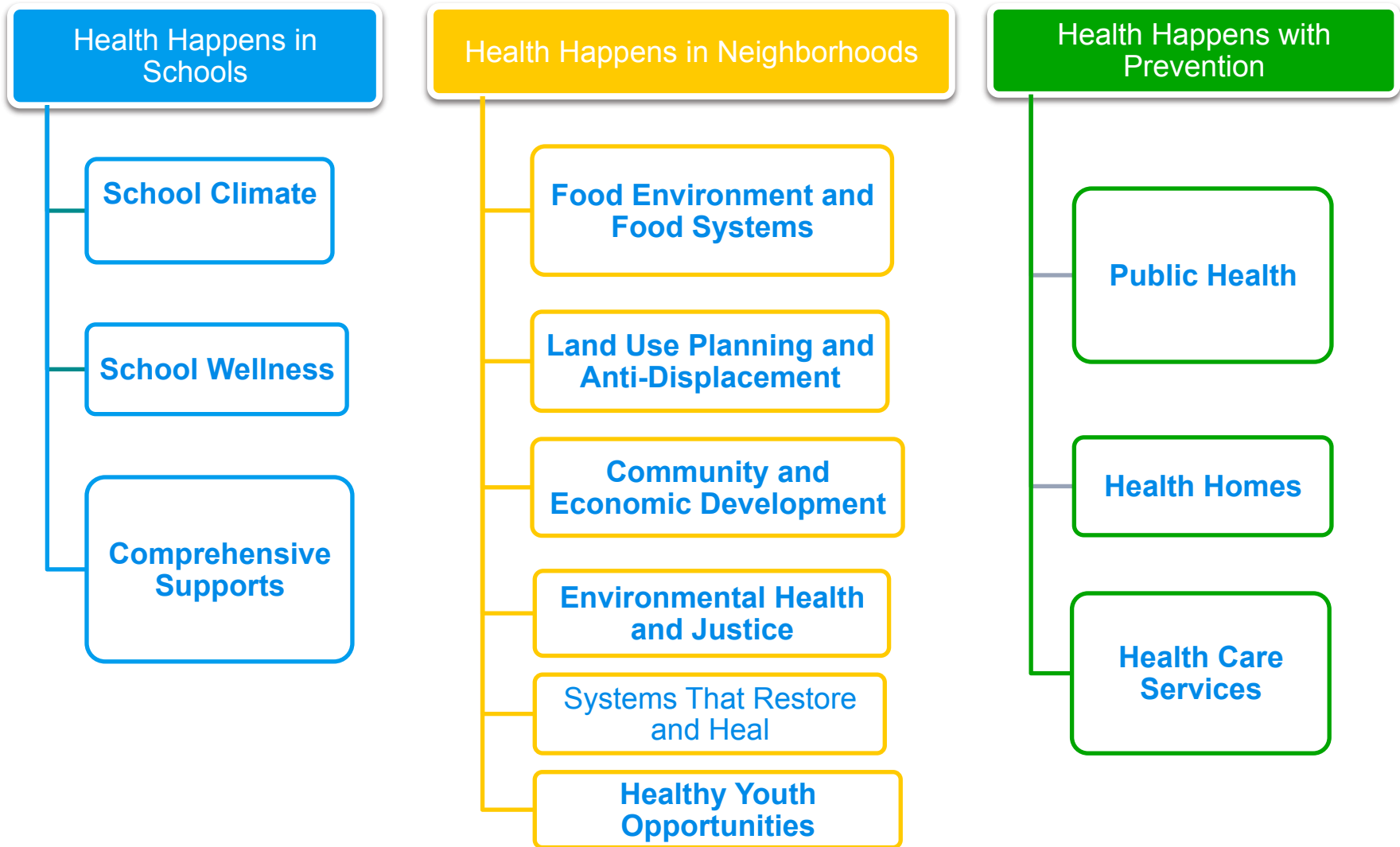
**health
happens
here**
In Schools



**health
happens
here**
With Prevention



“Transformative Twelve” Policy Domains



Change The Odds

- Obamacare
- School District Funding Formula
- Immigration Reform and Dream Act
- Marriage Equality
- Others??



Zip code

Life expectancy

$$A + B + C = D$$

A ALL OF US

B Better Local Policies

C Change The Odds

D Dynamic Healthy Communities





Building Healthy Communities Campaigns Map



Health Happens In Schools

School Climate

School Wellness

Comprehensive Supports



Health Happens In Neighborhoods

Food Environments
and Food Systems

Land-Use Planning and
Anti-Displacement

Community and
Economic Development

Environmental
Health and Justice

Systems that
Restore and Heal

Healthy Youth
Opportunities



Health Happens With Prevention

Public Health

Health Homes

Health Care Services



Community is the Cure. Health equity is the aim.



We all have a role. We all stand to gain.

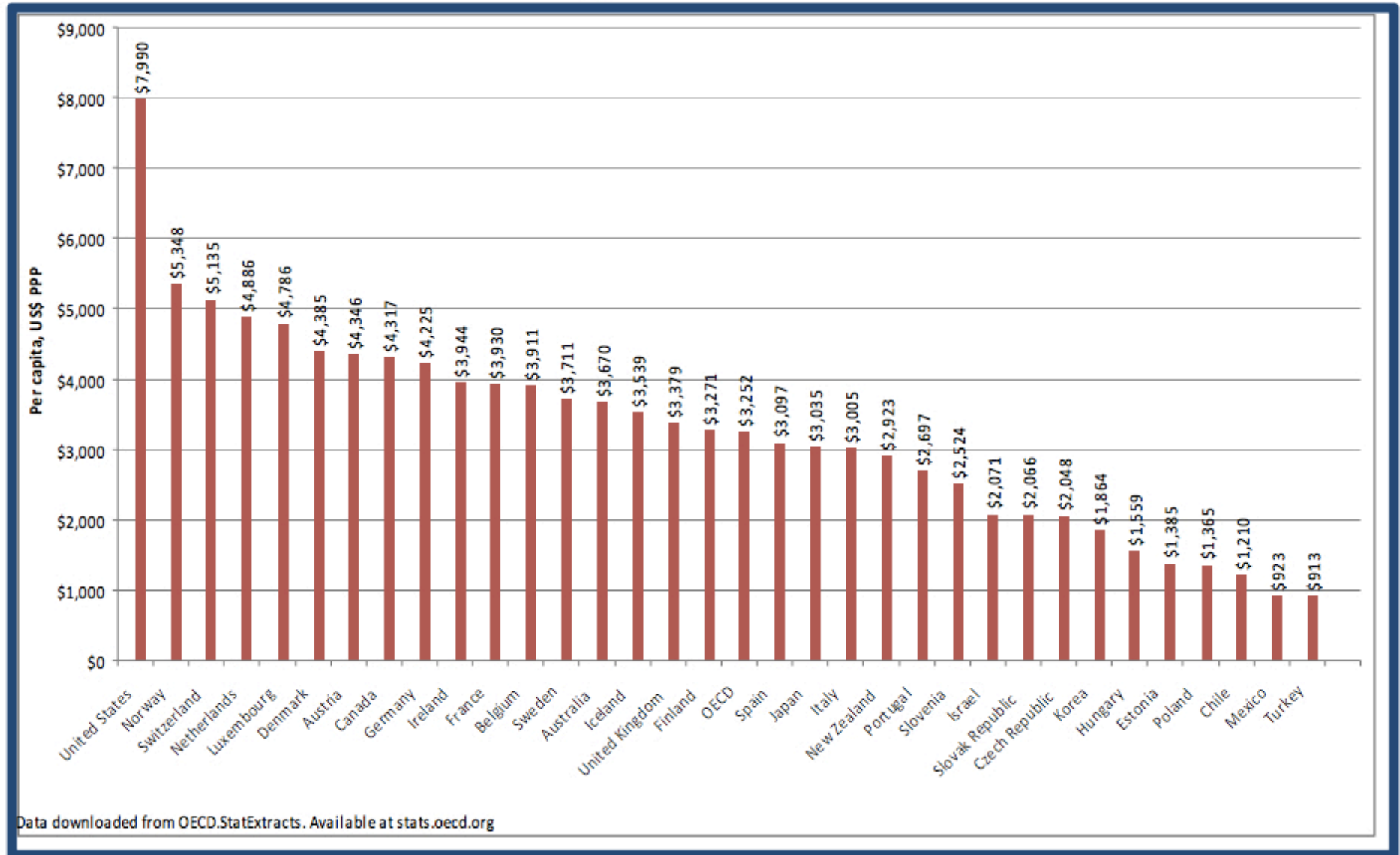
Contact Information

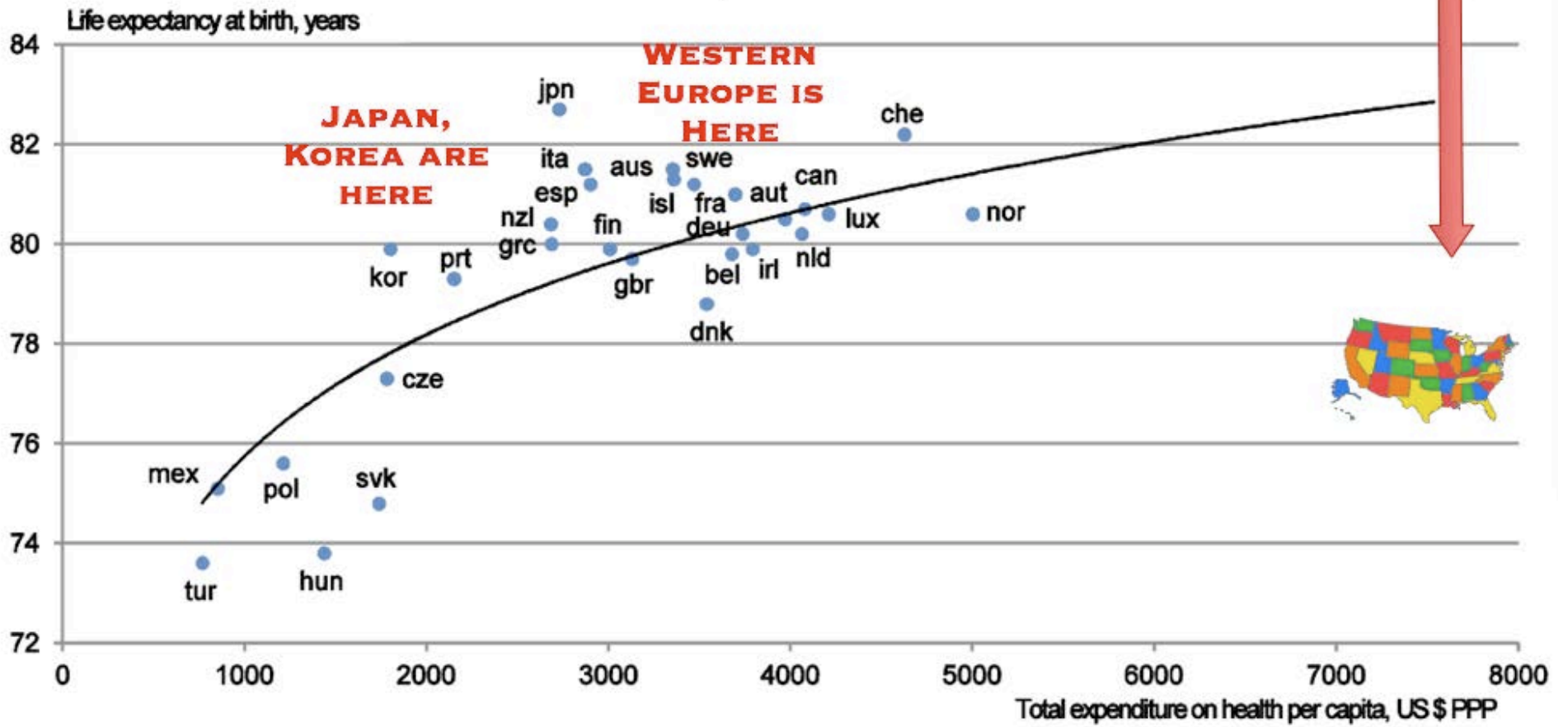
Tony Iton, MD, JD, MPH
Senior Vice President
The California Endowment

Aiton@calendow.org
(510) 271-4310

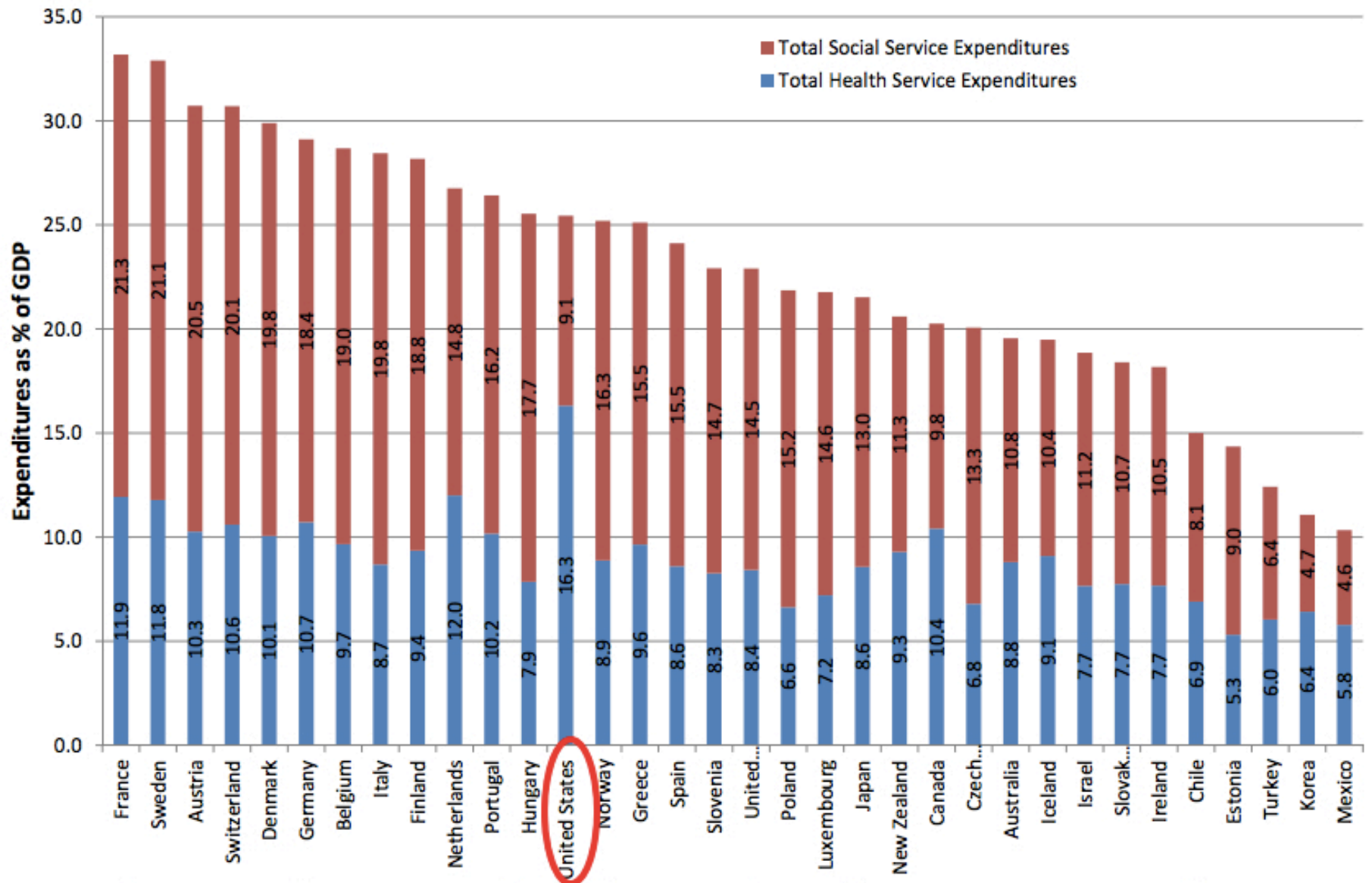


Spending on health care





Total health care investment in US is *less*



In OECD, for every \$1 spent on health care, about \$2 is spent on social services
In the US, for \$1 spent on health care, about 55 cents is spent on social services

Findings

The ratio of social to health spending was significantly associated with better health outcomes:

- Less infant mortality, low birth weight, premature death; longer life expectancy
- Non-significant for maternal mortality

This remained true even when the US was excluded from the analysis