Improving Community Health: A Framework for Achieving Health Equity

Muntu Davis, MD, MPH
County Health Officer
Alameda County Public Health Department

Alameda County BOS Health Committee’s Health Reform Hearing: Innovations in Prevention

April 23, 2012
Health Equity: What do we mean?

Everyone has access to the **same opportunities** for both good health and a fulfilling and productive life.
Life Expectancy

- ≥85.0
- 80.0 - 84.9
- 75.0 - 79.9
- <75.0
- <20 Deaths

Alameda County Life Expectancy at Birth: 81.1 Years

Source: ACPHD CAPE Unit, with data from Alameda County vital statistics files, 2007-2009
Service Intensity FY0910: Three Agencies—12 Top Tracts

There are 12 tracts that are common between the three agencies’ top 30 tracts.

Source: CAPE, with data from Alameda County HCSA, Probation, and SSA and Census 2010.
Human Services Agencies: Tertiary and Secondary Prevention

Service Intensity FY0910: Three Agencies—12 Top Tracts

There are 12 tracts that are common between the three agencies' top 30 tracts.

Source: CAPE, with data from Alameda County HCSA, Probation, and SSA and Census 2010.
Leading Causes of Death:
Overall

#1. Heart Disease 24.5%
#2. Cancer 23.2%
#3. Stroke 6.5%
#4. Chronic Lower Respiratory Diseases 4.6%
#5. Unintentional Injuries 4.5%

All Other Causes 36.7%

Source: Alameda County Vital Statistics Files, 2006-08.
3FOUR50 Campaign: Promoting chronic disease prevention

3 Lead to
BEHAVIORS
NO EXERCISE
POOR DIET
TOBACCO USE

4 Results in
DISEASES
HEART DISEASE
LUNG DISEASE
TYPE 2 DIABETES
MANY CANCERS

Over 50 PERCENT
OF THE DEATHS IN ALAMEDA COUNTY

Started by The Oxford Health Alliance, 2006.
Life Course Health Development: Upstream Determinants

Figure 1: How Risk Reduction and Health Promotion Strategies Influence Health Development

Risk Reduction Strategies
Health Promotion Strategies
Trajectory without RR and HP Strategies
Optimal Trajectory

A Framework for Achieving Health Equity

Socio-Ecological Model

Medical Model

Social Inequities → Institutional Power → Neighborhood/Workplace Conditions → Risk Behaviors/Exposures → Disease and Injury → Mortality (Death)

UPSTREAM SOCIAL FACTORS

DOWNSTREAM HEALTH STATUS

(Adapted from Bay Area Regional Health Inequities Initiative, 2012)
Invested Communities

- Parks
- Safe/Walkable Streets
- Grocery Stores
- Good Schools
- Clean Air
- Public Transportation
- Good Jobs
- Strong Local Businesses
- Financial Institutions

Disinvested Communities

- Limited/Unsafe Parks
- Crime
- Fast Food Restaurants
- Liquor Stores
- Poor Performing Schools
- Pollution and Toxic Exposures
- Limited Public Transportation
- Absence of High Quality Financial Institutions
- Predatory Lenders

Source: Adapted from PolicyLink
ReThink Health Dynamics Model: Calibrated to Alameda County

- Funded by the Fannie E. Rippel Foundation and the California Health Care Foundation
- Calibrated to the County population, health status, health risks, and health care utilization
- Examines relative impacts of different interventions on the health status, health care utilization, and cost of care, among others

- Baseline simulation (blue line on graphs)
  - No new interventions
  - Only growth and
  - Aging of the population
- Simulations assume reinvestment in programs of up to half of generated savings
Impact of Strategies on Death Rate: Insights from the ReThink Health Model

Death rate, age stdized

Overall popn death rate age stdized
Impacts of Strategies on Health Costs: Insights from the ReThink Health Model

Health care costs, per capita age std

Overall per capita healthcare costs age stdized 2010 dollars
What can Health Care (among others) do?

- Connect patients to community resources
  - Community health workers/Promotoras
  - Community-based organizations
- Foster community (cohesion) with disease management in peer settings
- Invest more deeply in primary prevention
  - Healthcare practices hosting farmer's markets
  - Reducing fast food and sugar-sweetened beverages in workplace
  - Work with local public health to support primary prevention strategies
Just a Few Great Collaborations:
Institutional Power for Prevention

- Food to Families Project
  - Meets families’ immediate needs while also working to improve community food landscape
  - Local health centers write healthy food “prescriptions”
  - Youth-led businesses

- Place Matters’ Housing Workgroup
  - Recommendations for a more proactive system of rental housing code inspections – prevent asthma hospitalizations

- WIC Oral Health Program
  - Reduce expenditures by 50% compared to kids 0-8 outside of program
Thank you!

Muntu Davis
muntu.davis@acgov.org
510-267-8010
www.acphd.org
Food to Families Program

West Oakland Area
- Mandela Marketplace
  - WYSE Youth Team: Leadership & Produce Delivery to Stores
  - Nutrition Education / Classes (Staff and Peer Educators)
  - Business Analysis & Planning for Sustainability
- West Oakland Health Council
  - Prenatal care and Produce Coupons to 30 Women
  - Nutrition Education / Classes & Distribution of Health Ed Materials

Ashland/Cherryland Area
- DSAL & Dig Deep Farms
  - Team Fresh (Youth) Leadership & Prep/Distribution of Produce
- Tiburcio Vasquez Health
  - Prenatal care and Produce Coupons to 30 Women
  - Nutrition Education / Classes & Distribution of Health Ed Materials
  - Business Analysis & Planning for Sustainability