What Shapes
Health and Wellbeing?

Recommendations for Region Forward

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Center on Society and Health

Estimated Deaths Attributable to Social Factors in the United States

Sandro Galea, MD, DrPH, Melissa Tracy, MPH, Katherine J. Hoggatt, PhD, Charles DiMaggio, PhD, and Adam Karpati, MD, MPH

In 1993, an article provocatively titled "Actual Causes of Death in the United States" offered a new conceptualization of cause-of-death classification, one that acknowledged and quantified the contributions of behavior rather than the more typical pathological explanations recorded on death certificates.[1] The authors, McGinnis and Foege, found that the most prominent contributor to mortality in 1990 was tobacco (400 000 deaths), followed by diet and activity patterns (300 000 deaths). A decade later, updated findings by Mokdad et al.[2] using

Objectives. We estimated the number of deaths attributable to social factors in the United States.

Methods. We conducted a MEDLINE search for all English-language articles published between 1980 and 2007 with estimates of the relation between social factors and adult all-cause mortality. We calculated summary relative risk estimates of mortality, and we obtained and used prevalence estimates for each social factor to calculate the population-attributable fraction for each factor. We then calculated the number of deaths attributable to each social factor in the United States in 2000.

Results. Approximately 245 000 deaths in the United States in 2000 were attributable to low education, 176 000 to racial segregation, 162 000 to low social support, 133 000 to individual-level poverty, 119 000 to income inequality, and 39 000 to area-level poverty.

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- **Health Outcomes**
  - Length of Life (50%)
  - Quality of Life (50%)
- **Health Factors**
  - Health Behaviors (30%)
    - Tobacco Use
    - Diet & Exercise
    - Alcohol & Drug Use
    - Sexual Activity
  - Clinical Care (20%)
    - Access to Care
    - Quality of Care
  - Social & Economic Factors (40%)
    - Education
    - Employment
    - Income
    - Family & Social Support
    - Community Safety
  - Physical Environment (10%)
    - Air & Water Quality
    - Housing & Transit
- **Policies & Programs**

County Health Rankings model © 2014 UWPHI

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Beyond the Clinical Setting

2013 “Metro” Map

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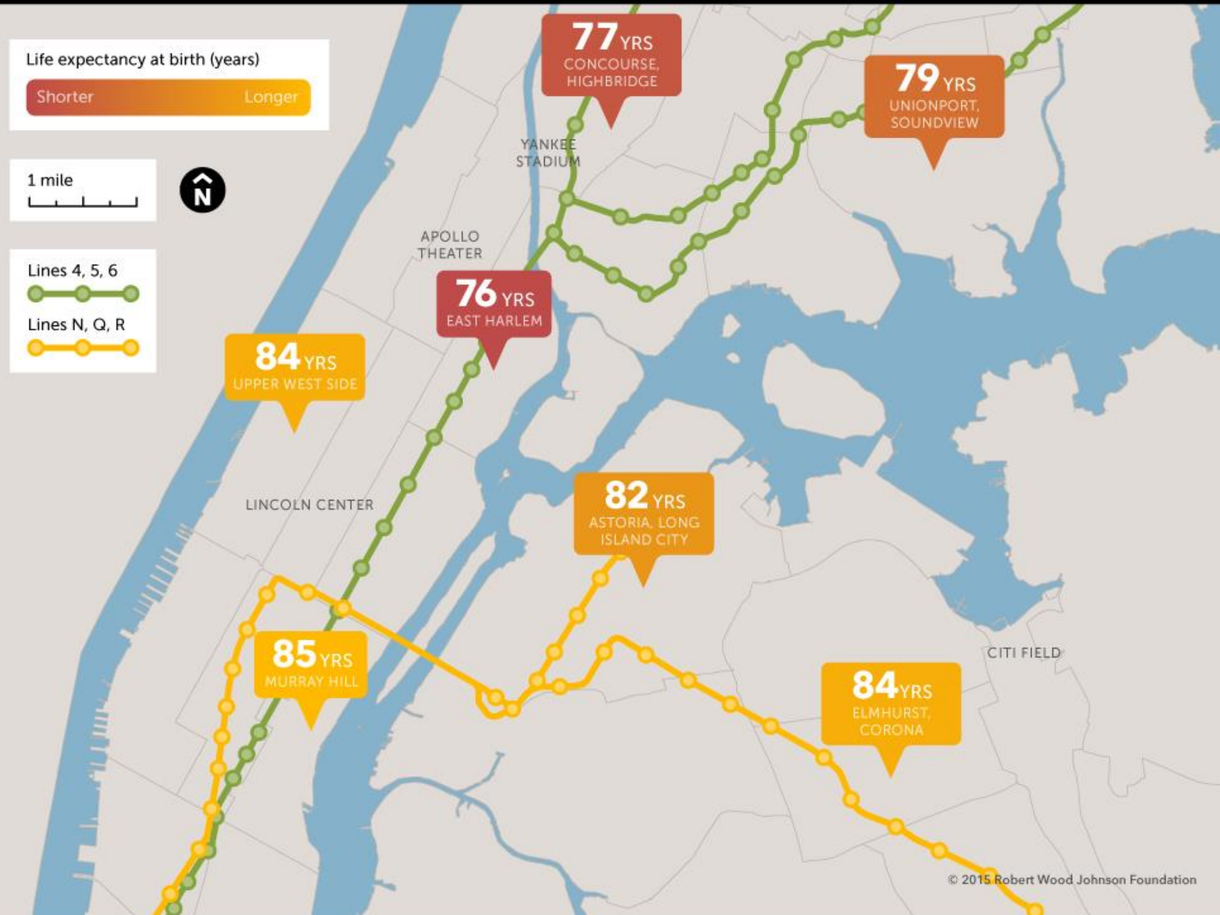

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Same City, but Very Different Life Spans

By SABRINA TAVERNISE and ALBERT SUN APRIL 28, 2015

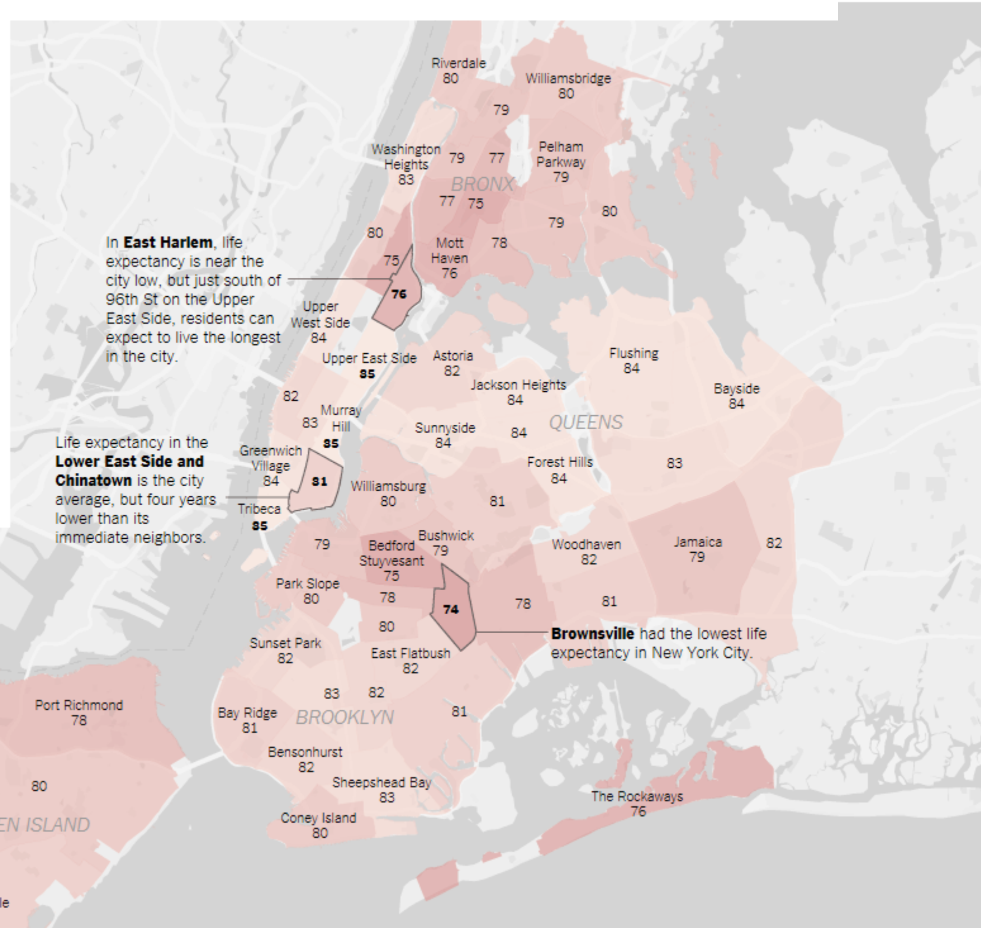
Life expectancy is a measure unlike any other, a sort of X-ray machine that can see through the geography of a city to the bones of a neighborhood's distress. This week, researchers from Virginia Commonwealth University and the Robert Wood Johnson Foundation released life expectancy calculations for four cities, part of a broader series whose aim is to influence social policy.

New York City

Average life expectancy: 81

In Tribeca, Murray Hill and the Upper East Side, the average resident lives until 85 — on par with places in the world with the highest life expectancy like Japan and Hong Kong. In Brownsville, Brooklyn, about 10 miles away, life expectancy was 74, closer to that in Brazil.

Brownsville has the largest concentration of public housing of any neighborhood in the city. Residents there die from most major diseases at much higher rates than the city average.



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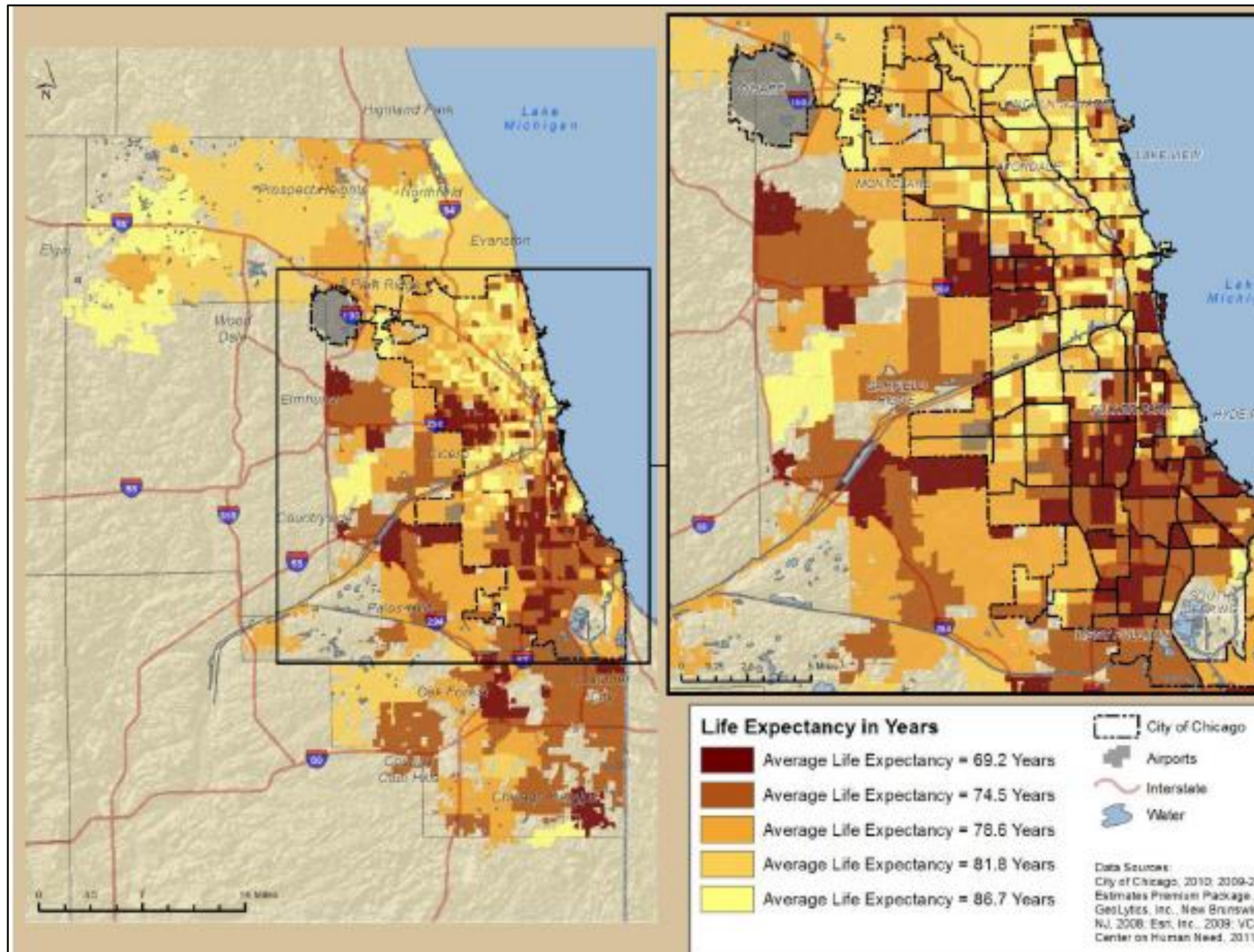
Mapping health outcomes



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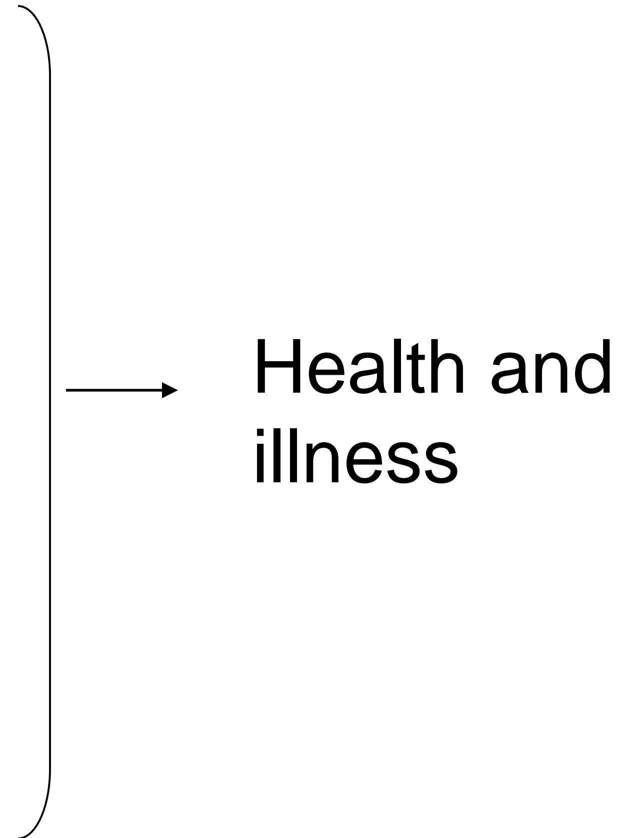
Why the Differences?

- **Education and income** are directly linked to health: Communities with weak tax bases cannot support high-quality schools and jobs are often scare in neighborhoods with struggling economies.
- **Unsafe or unhealthy housing** exposes residents to allergens and other hazards like overcrowding.
- **Stores and restaurants selling unhealthy food** may outnumber markets with fresh produce or restaurants with nutritious food.
- **Opportunities for residents to exercise, walk, or cycle** may be limited and some neighborhoods are unsafe for children to play outside.
- **Proximity to highways, factories, or other sources of toxic agents** expose residents to pollutants.
- **Access to primary care doctors and good hospitals** may be limited.
- **Unreliable or expensive public transit** can isolate residents from good jobs, health and child care, and social services.
- **Residential segregation and features that isolate communities** (e.g., highways) can limit social cohesion, stifle economic growth, and perpetuate cycles of poverty.

The Built Environment

"Health in All" Policies

- Transportation
- Land use
- Built environment
- Taxes
- Housing
- Agriculture
- Environmental justice
- Etc.



Region Forward: 9 Goal Areas

Land Use

Transportation

Environment

Climate & Energy

Economic

Housing

Health

Education

Public Safety

The Silo Problem of “Health in All Policies”

The Return on Investment

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An Employer Perspective

- Educated and skilled workforce
- Health care costs
- Absenteeism
- Presenteeism
- Decreased workforce productivity

Table 2. Percentage of U.S. adults aged 18 and older with difficulties in physical functioning, 2011

Activities that are very difficult or cannot be done at all	Less than a high school diploma	High school diploma or GED	Some college	Bachelor's degree or higher
Any physical difficulty	28.0%	20.5%	17.7%	9.0%
Difficulty walking quarter of a mile	15.4%	9.9%	7.5%	3.6%
Difficulty climbing 10 steps	12.0%	6.8%	5.5%	2.3%
Difficulty standing for 2 hours	18.1%	12.4%	9.9%	5.5%
Difficulty sitting for 2 hours	7.0%	4.4%	3.5%	1.1%
Difficulty stooping, bending, or kneeling	16.8%	12.1%	10.1%	4.8%
Difficulty grasping or handling small objects	3.3%	2.4%	1.9%	0.9%
Difficulty lifting or carrying 10 pounds	10.2%	5.9%	4.3%	1.9%
Difficulty pushing or pulling large objects	14.1%	8.9%	6.9%	2.9%

Data from Schiller et al. Summary health statistics for U.S. adults: National Health Interview Survey, 2011. Table 19. National Center for Health Statistics. Vital Health Stat 10(256). 2012.

Strengthening Businesses Through Proven Investments in Kids

ReadyNation

AMERICA'S EDGE

New Research and Tools Demonstrate Economic Importance of Early Childhood Programs

ReadyNews Issue 14(5)

New 60-Second Video Shows Support for Preschool from Unexpected Messengers

A business partnership for early childhood and economic success

Championing Success: Business Organizations for Early Childhood Investments

Today more than ever, businesses need employees who are well prepared to succeed in the labor market. But the current workforce pipeline is not sufficient—not for businesses who need well-prepared employees, not for young people who need good jobs, and not for the nation that needs a growing economy.

Pennsylvania Businesses

An Investor Perspective

FEDERAL RESERVE BANK OF SAN FRANCISCO
& LOW INCOME INVESTMENT FUND

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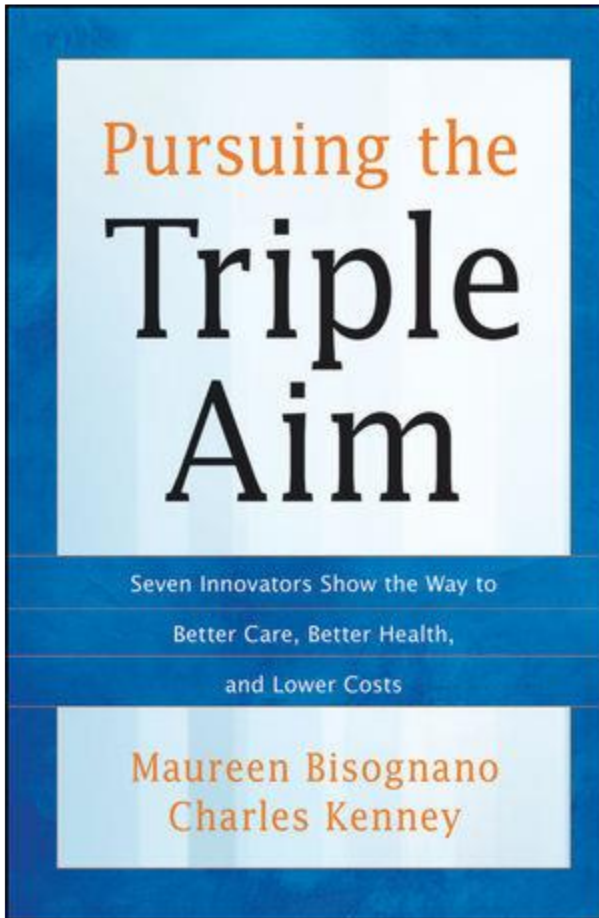
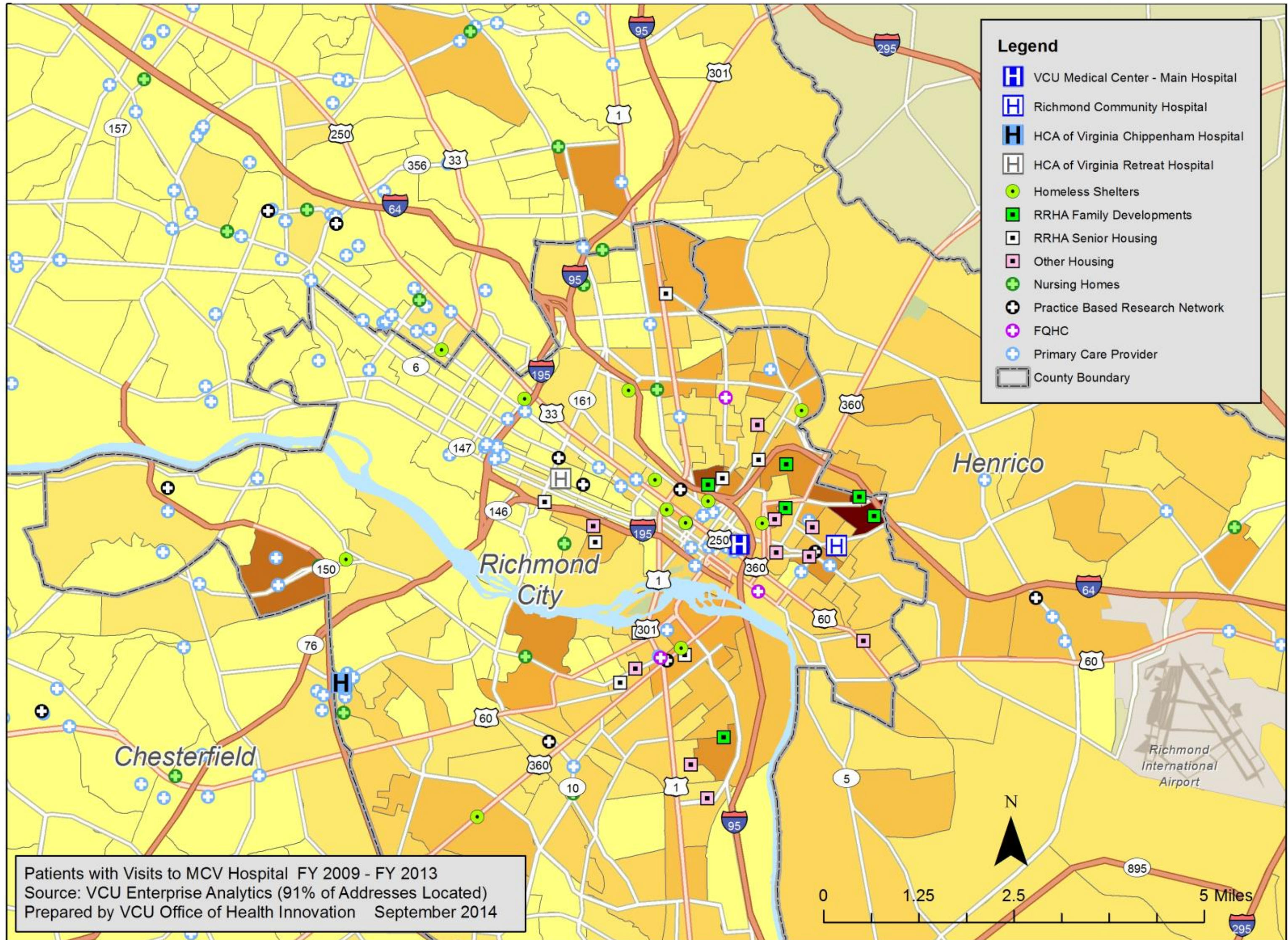
MAYO


Pursuing the
Triple
Aim
Seven Innovators Show the Way to
Better Care, Better Health,
and Lower Costs
Maureen Bisognano
Charles Kenney

Better
Health
for the
Population
Better
Care
for
Individuals
Lower Cost
Through
Improvement

Total Inpatient Discharges by Census Block Group



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How "Hot Spotting" Cut Health Care Costs by 50%

One doctor in Camden, New Jersey, Jeffrey Brenner, used data to map "hot spots" of health care high-utilizers—one patient had gone to the hospital 113 times in a year—and found a better, cheaper way to treat these costly patients through collaborative care. Brenner's team was able to reduce hospital visits and costs by 40 to 50 percent.

Collective Impact

The Five Conditions of Collective Impact	
Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
Backbone Support	Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

Kania and Kramer, *Stanford Social Innovation Review*, Jan 21, 2013

LIVE WELL SAN DIEGO

SEARCH SHARE

ABOUT NEWS CALENDAR PARTNERS START LIVING WELL MAKE AN IMPACT JOIN US

Live Well San Diego website brought to you in Beta. Do you have ideas about how to make the site better? We would love your feedback. Click here

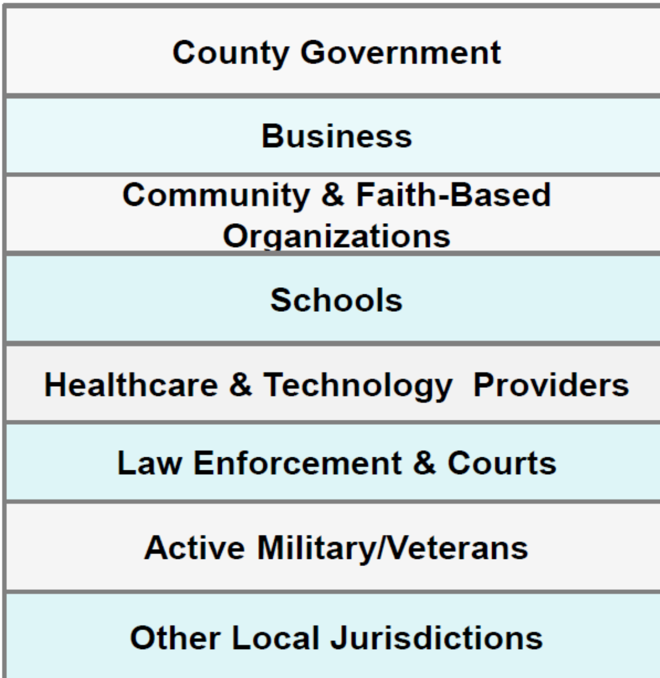
Live Well San Diego is an initiative of the **County of San Diego** to **improve health, safety and well-being** for all residents. It represents a shared vision that can only be accomplished through collaboration with partners in every sector. This vision also calls on every resident to take action to improve their own health, safety and well-being, as well as that of their families and neighbors.

Live Well San Diego Partners and County Employees Host Expo Celebrating a Successful Year of

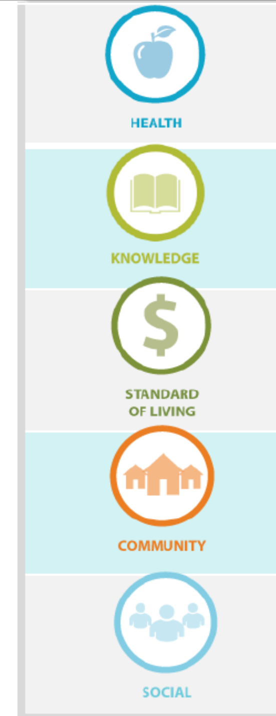
“Live Well San Diego”

COLLECTIVE ACTION TO COMMUNITY IMPACT

Actions We Take Collectively Across Sectors



Results We Seek for Community Impact



How Progress Will Be Measured

1 VISION

that all San Diego County residents are Healthy, Safe and Thriving

5 AREAS OF INFLUENCE

HEALTH
KNOWLEDGE
STANDARD OF LIVING
COMMUNITY
SOCIAL

TOP 10 *LIVE WELL SAN DIEGO* INDICATORS

Life Expectancy Quality of Life	Education	Unemployment Rate Income	Security Physical Environment Built Environment	Vulnerable Populations Community Involvement

Center on Society and Health

Live Well San Diego
Expanded Indicators Dashboard

LIVE WELL SAN DIEGO

Indicator	Description	↑ *We want to increase this* / ↓ *We want to decrease this*	San Diego County	California	United States
HEALTH - Enjoying good health and expecting to live a full life					
Life Expectancy & Quality of Life					
Life Expectancy	Measure of length and duration of life expected at birth	↑	81.5 yrs (2010)	80.8 yrs (2010)	78.7 yrs (2010)
Quality of Life	Percent of population that is sufficiently healthy to be able to live independently (not including those who reside in nursing homes or other institutions)	↑	95.3% (2011)	94.7% (2011)	94.2% (2011)
What Can We Do to Improve Life Expectancy and Quality of Life?					
Chronic diseases are now the major cause of death and disability worldwide. There are 3 behaviors that contribute to 4 chronic diseases that cause over 50 percent of all deaths. To learn more about chronic disease in San Diego County and what you can do about it go to: http://www.sdcounty.ca.gov/sdc/live_well_san_diego/indicators/live-well-san-diego-indicators-resources.html					
KNOWLEDGE - Learning throughout the lifespan					
Education					
High School Diploma or Equivalent	Percent of population with a High School Diploma or equivalent	↑	84.3% (2011)	81.1% (2011)	85.9% (2011)
Less Than A High School Diploma or Equivalent	Percent of population with less than a High School Diploma or equivalent	↓	15.7% (2011)	18.9% (2011)	14.1% (2011)
Bachelor's Degree	Percent of population with a Bachelor's Degree	↑	33.0% (2011)	30.3% (2011)	28.5% (2011)
Graduate or Professional Degree	Percent of population with a Graduate or Professional Degree	↑	12.4% (2011)	11.1% (2011)	10.6% (2011)
School Enrollment	Percent of combined gross enrollment of school aged population	↑	89.7%) (2011)	89.8% (2011)	89.0% (2011)
STANDARD OF LIVING - Having enough resources for a quality life					
Unemployment Rate					
Unemployment Rate	Percent of the total labor force that is unemployed (actively seeking employment and willing to work)	↓	9.1% (2011)	10.1% (2011)	8.7% (2011)
Income					
Spending Less Than 1/3 of Income on Housing	Percent of population spending less than 1/3 of income on housing	↑	48.9% (2011)	50.2% (2011)	60.2% (2011)

Build Healthy
Places Network

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Working at the Intersection of

Community Development and Health

Watch Our Video

Learn About the Network

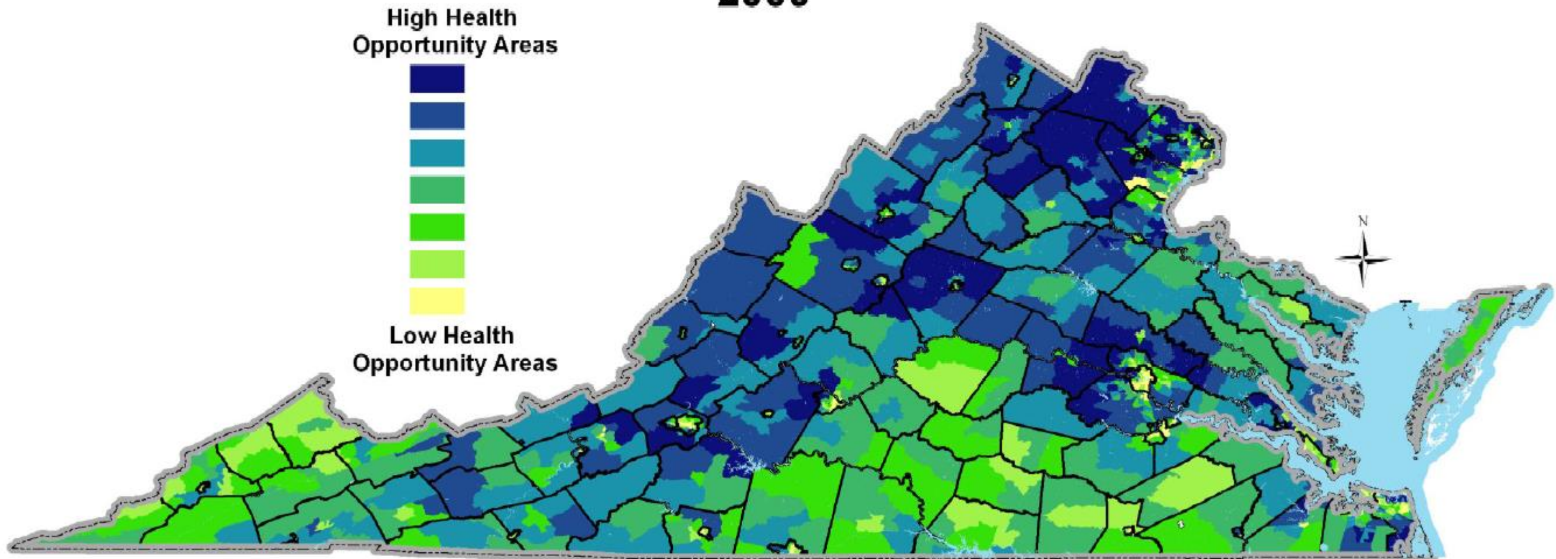
Region Forward Health Goal

Health Goal	
We seek communities in which every person enjoys health and well-	
Proposed Target #1	**Proposed Target #2**
Human health, including the health of subgroups, is increasingly considered as a component in the development and evaluation of all policies, plans, and projects.	All residents, including subgroups, enjoy continuous improvement in the quality and duration of their lives.
Proposed Indicator for #1	**Proposed Indicators for #2**
Number of jurisdictions adopting a model, example of, or framework to consider health in all policy-making decisions	Life Expectancy Measures
	Number of Poor Physical Health Days
	Number of Poor Mental Health Days

Region Forward Goals		Sample ACS/other data
Transportation	We seek a broad range of public and private transportation choices for our Region which maximizes accessibility and affordability to everyone and minimizes reliance upon single occupancy use of the automobile. We seek a transportation system that maximizes community connectivity and walkability, and minimizes ecological harm to the Region and world beyond.	Transportation to work (Bus,Train,Subway) Transportation to work (car,taxi,motorcycle) Transportation to work (walk, bike)
Climate & Energy	We seek a significant decrease in greenhouse gas emissions, with substantial reductions from the built environment and transportation sector. We seek efficient public and private use of energy Region-wide, with reliance upon renewable energy and alternative fuels for buildings, vehicles, and public transportation.	
Environmental	We seek to maximize protection and enhancement of the Region's environmental resources by meeting and exceeding standards for our air, water, and land. We seek preservation and enhancement of our Region's open space, green space, and wildlife preserves.	Secondhand smoke Smoke-free homes
Public Safety	We seek safe communities for residents and visitors. We seek partnerships that manage emergencies, protect the public health, safety, welfare, and preserve the lives, property and economic well-being of the region and its residents.	Violent crime
Education	We seek to provide greater access to the best education at all levels, from pre-kindergarten to graduate school. We seek to make our Region a pre-eminent knowledge hub, through educational venues, workforce development, and institutional collaboration.	Completion of high school Percentage with a bachelor's degree (only) Percentage with a bachelor's degree or higher Some College GED Share of young adults in school, employed or in the military
Housing	We seek a variety of housing types and choices in diverse, vibrant, safe, healthy, and sustainable neighborhoods, affordable to persons at all income levels. We seek to make the production, preservation, and distribution of affordable housing a priority throughout the Region.	Age of housing Severe housing problems (Lack of plumbing facilities, kitchen facilities) Occupants per room
Health & Human Services	We seek healthy communities with greater access to quality health care and a focus on wellness and prevention. We seek to provide access and delivery of quality social services to all residents.	Uninsured Private Insurance Public Insurance Population with a disability
Economic	We seek a diversified, stable, and competitive economy, with a wide range of employment opportunities and a focus on sustainable economic development. We seek to minimize economic disparities and enhance the prosperity of each jurisdiction and the Region as a whole through balanced growth and access to high-quality jobs for everyone. We seek to fully recognize and enhance the benefits that accrue to the region as the seat of the National government and as a world capital.	Employed Unemployed Not in work force Proportion of homeowners or renters who are considered burdened (>30% income spent on rent/mortgage) Table DP04 Median household income Overall Poverty Child poverty Areas of concentrated poverty (> 20% below FPL) Gini Index (income inequality) Single parent households

Health & Wellbeing

Health Opportunity Index



Policy opportunities

- Identify pockets of need
- Develop synergy across Region Forward sectors
- Leverage investments in strategic solutions
- Create data platform for Health Officials Committee
- Establish benchmarks for tracking progress

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