

Tackling the Root Causes of Health & Education Inequity

**Social Determinants of Health & Education
Harvard SPH & Education Joint Conference
October 29, 2019**

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

CHANGING

5M newly insured

49,000 resident leaders

NEW CA BUDGET PROVIDES HEALTHCARE FOR UNDOCUMENTED KIDS.

Take our community poll >

Hundreds of policies

300,000 less

Up to \$1 Billion

in public funds reinvested from incarceration to prevention each year

#SchoolsNotPrisons

260,000

undocumented kids with healthcare

PRISON \$62,300

\$9,100

#DoTheMath
www.facebook.com/sofeandjust

EDUCATION NOT

1+ million

Californians eligible to have felonies reduced to misdemeanors

Health is Behavioral

Health is Transactional

(~frequency & quality of medical services)

Health is Genetic

Individual Frames



Health is political

“The struggle over the allocation of scarce and precious social goods”

Power matters, individual and
community-level

The background features several sets of concentric circles in a lighter shade of blue, resembling ripples in water, scattered across the bottom half of the slide.

Health ≠ Health care


Where You Live Matters

It Matters A LOT!

The background of the slide is a solid blue color. In the lower half, there are several faint, concentric circular ripples that resemble water droplets hitting a surface, creating a subtle decorative pattern.

Health is an Investment

Countries with strong social compacts
appear to have better health

A decorative graphic consisting of several sets of concentric circles, resembling ripples in water, located in the bottom right corner of the slide. The circles are light blue and vary in size and opacity, creating a subtle background element.

IN THIS TEMPLE
AS IN THE HEARTS OF THE PEOPLE
FOR WHOM HE SAVED THE UNION
THE MEMORY OF ABRAHAM LINCOLN
IS ENSHRINED FOREVER



FOUR SCORE AND SEVEN YEARS
AGO OUR FATHERS BROUGHT FORTH
ON THIS CONTINENT A NEW NATION
CONCEIVED IN LIBERTY AND DEDICA-
TED TO THE PROPOSITION THAT ALL
MEN ARE CREATED EQUAL.
NOW WE ARE ENGAGED IN A GREAT
CIVIL WAR TESTING WHETHER THAT
NATION OR ANY NATION SO CON-
CEIVED AND SO DEDICATED CAN LONG
ENDURE. WE ARE MET ON A GREAT
BATTLEFIELD OF THAT WAR. WE HAVE
COME TO DEDICATE A PORTION OF
THAT FIELD AS A FINAL RESTING
PLACE FOR THOSE WHO HERE GAVE
THEIR LIVES. IT IS ALTOGETHER FIT-
TING AND PROPER THAT WE SHOULD
DO THIS. BUT IN A LARGER SENSE
WE CAN NOT DEDICATE—WE CAN NOT
CONSECRATE—WE CAN NOT HALLOW—
THIS GROUND. THE BRAVE MEN LIV-
ING AND DEAD WHO STRUGGLED HERE
HAVE CONSECRATED IT FAR ABOVE
OUR POOR POWER TO ADD OR DETRACT.
THE WORLD WILL LITTLE NOTE NOR
LONG REMEMBER WHAT WE SAY HERE
BUT IT CAN NEVER FORGET WHAT THEY
DID HERE. IT IS FOR US THE LIVING
RATHER TO BE DEDICATED HERE TO
THE UNFINISHED WORK WHICH THEY
WHO FOUGHT HERE HAVE THUS FAR
SO NOBLY ADVANCED. IT IS RATHER FOR
US TO BE HERE DEDICATED TO THE
GREAT TASK REMAINING BEFORE US—
THAT FROM THESE HONORED DEAD
WE TAKE INCREASED DEVOTION TO
THAT CAUSE FOR WHICH THEY GAVE THE
LAST FULL MEASURE OF DEVOTION—
THAT WE HERE HIGHLY RESOLVE THAT
THESE DEAD SHALL NOT HAVE DIED IN
VAIN—THAT THIS NATION UNDER GOD
SHALL HAVE A NEW BIRTH OF FREEDOM—
AND THAT GOVERNMENT OF THE PEOPLE
BY THE PEOPLE FOR THE PEOPLE SHALL
NOT PERISH FROM THE EARTH.

WOULD ACCEPT WAR RATHER
ISH. AND THE WAR CAME.
HE WHOLE POPULATION WERE
OT DISTRIBUTED GENERAL-
ON BUT LOCALIZED IN THE
F IT. THESE SLAVES CONSTI-
AND POWERFUL INTEREST.
HIS INTEREST WAS SOMEHOW
WAR. TO STRENGTHEN PER-
THIS INTEREST WAS THE
THE INSURGENTS WOULD
EN BY WAR WHILE THE GOV-
NO RIGHT TO DO MORE
THE TERRITORIAL ENLARGE-
ER PARTY EXPECTED FOR
ENITUDE OR THE DURATION
EADY ATTAINED. NEITHER
HE CAUSE OF THE CONFLICT
OR EVEN BEFORE THE CON-
CEASE. EACH LOOKED FOR
AND A RESULT LESS FUN-
OUNDING. BOTH READ THE
Y TO THE SAME GOD AND
AID AGAINST THE OTHER.
GE THAT ANY MEN SHOULD
T GOD'S ASSISTANCE IN
READ FROM THE SWEAT OF
BUT LET US JUDGE NOT
OGED. THE PRAYERS OF BOTH
VERED—THAT OF NEITHER
D FULLY. THE ALMIGHTY
SES: "WOE UNTO THE WORLD
FOR IT MUST NEEDS BE
HE BUT WOE TO THAT MAN
NSE COMETH."

IF WE SHALL SUPPOSE THAT AMERICAN
SLAVERY IS ONE OF THOSE OFFENSES
WHICH IN THE PROVIDENCE OF GOD MUST
NEEDS COME BUT WHICH HAVING CON-
TINUED THROUGH HIS APPOINTED TIME HE
NOW WILLS TO REMOVE AND THAT HE
GIVES TO BOTH NORTH AND SOUTH THIS
TERRIBLE WAR AS THE WOE DUE TO THOSE BY
WHOM THE OFFENSE CAME SHALL WE DIS-
CERN THEREIN ANY DEPARTURE FROM
THOSE DIVINE ATTRIBUTES WHICH THE
BELIEVERS IN A LIVING GOD ALWAYS ASCRIBE
TO HIM. FONDLY DO WE HOPE—FERVENTLY
DO WE PRAY—THAT THIS MIGHTY SCOURGE
OF WAR MAY SPEEDILY PASS AWAY. YET IF
GOD WILLS THAT IT CONTINUE UNTIL ALL
THE WEALTH PILED BY THE BONDSMAN'S
TWO HUNDRED AND FIFTY YEARS OF UN-
REQUITED TOIL SHALL BE SUNK AND
UNTIL EVERY DROP OF BLOOD DRAWN WITH
THE LASH SHALL BE PAID BY ANOTHER
DRAWN WITH THE SWORD AS WAS SAID THREE
THOUSAND YEARS AGO SO STILL IT MUST
BE SAID "THE JUDGMENTS OF THE LORD
ARE TRUE AND RIGHTEOUS ALTOGETHER."

WITH MALICE TOWARD NONE WITH CHARITY
FOR ALL WITH FIRMNESS IN THE RIGHT AS
GOD GIVES US TO SEE THE RIGHT LET US
STRIVE ON TO FINISH THE WORK WE ARE IN
TO BIND UP THE NATION'S WOUNDS TO CARE
FOR HIM WHO SHALL HAVE BORNE THE BAT-
TLE AND FOR HIS WIDOW AND HIS ORPHAN—
TO DO ALL WHICH MAY ACHIEVE AND CHER-
ISH A JUST AND LASTING PEACE AMONG
OURSELVES AND WITH ALL NATIONS.



Abraham Lincoln

- “Our republican system was meant for a homogeneous people. As long as blacks continue to live with the whites they constitute a threat to the national life. Family life may also collapse and the increase of mixed breed bastards may some day challenge the supremacy of the white man.”



EXCLUSION



Narrative of **Exclusion**

- Intentionally *dehumanizes* target. [*“They’re bringing drugs. They’re bringing crime. They’re rapists.”* OR *“Makers vs. Takers”*, OR *“the 47%”*, OR *Welfare Queen, super-predator, crack-baby.....*]
- Exaggerates the notion of scarcity. Posits a **zero-sum competition** for resources between groups.
- Looks to the past with nostalgia and to the future with fear.

Narrative of **Inclusion**

- Changes the narrator allowing people to tell their own story, speaking to shared humanity.
- Broadens the lens to show mutual dependence and interconnected fates. Highlights abundance.
- Looks to the past with realism and to the future with purpose and hope.

Why Place Matters





Canadian Social Contract

- Universal health insurance-Canada Health Act
- Universal dental care to age 10
- Universal child care benefit
- Paid sick leave and vacation
- State of the art public transportation
- Highly subsidized post secondary education
- High quality community resources-parks, sports leagues, libraries, community centers



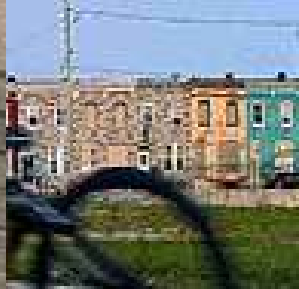

JOHNS HOPKINS
MEDICINE
SCHOOL OF MEDICINE



Ottawa **Montréal**

Toronto

ork
ia

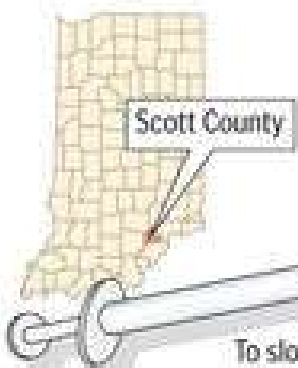


215 cases of HIV linked to illegal drugs

Many cases in Scott County are traced to people injecting Opana, a prescription painkiller similar to heroin and sold in pill form.



Oxymorphone
An opioid painkiller sold under names



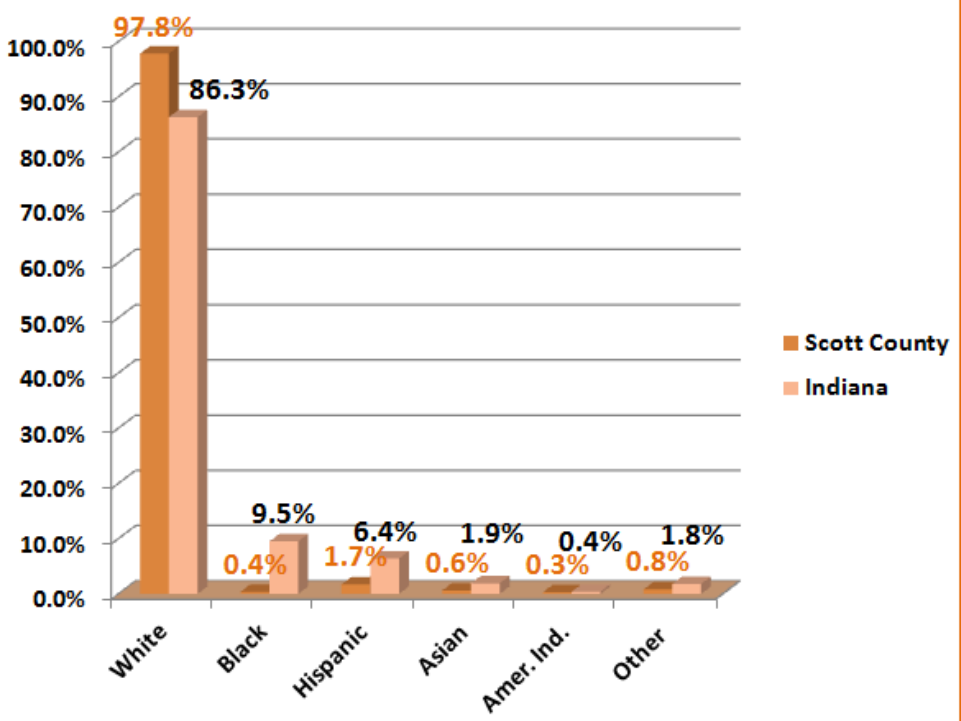
Opana is a hard pill that is difficult to crush and dissolve for injection drug use. For that reason, users find larger needles are necessary.



To slow the rise in HIV, Indiana has



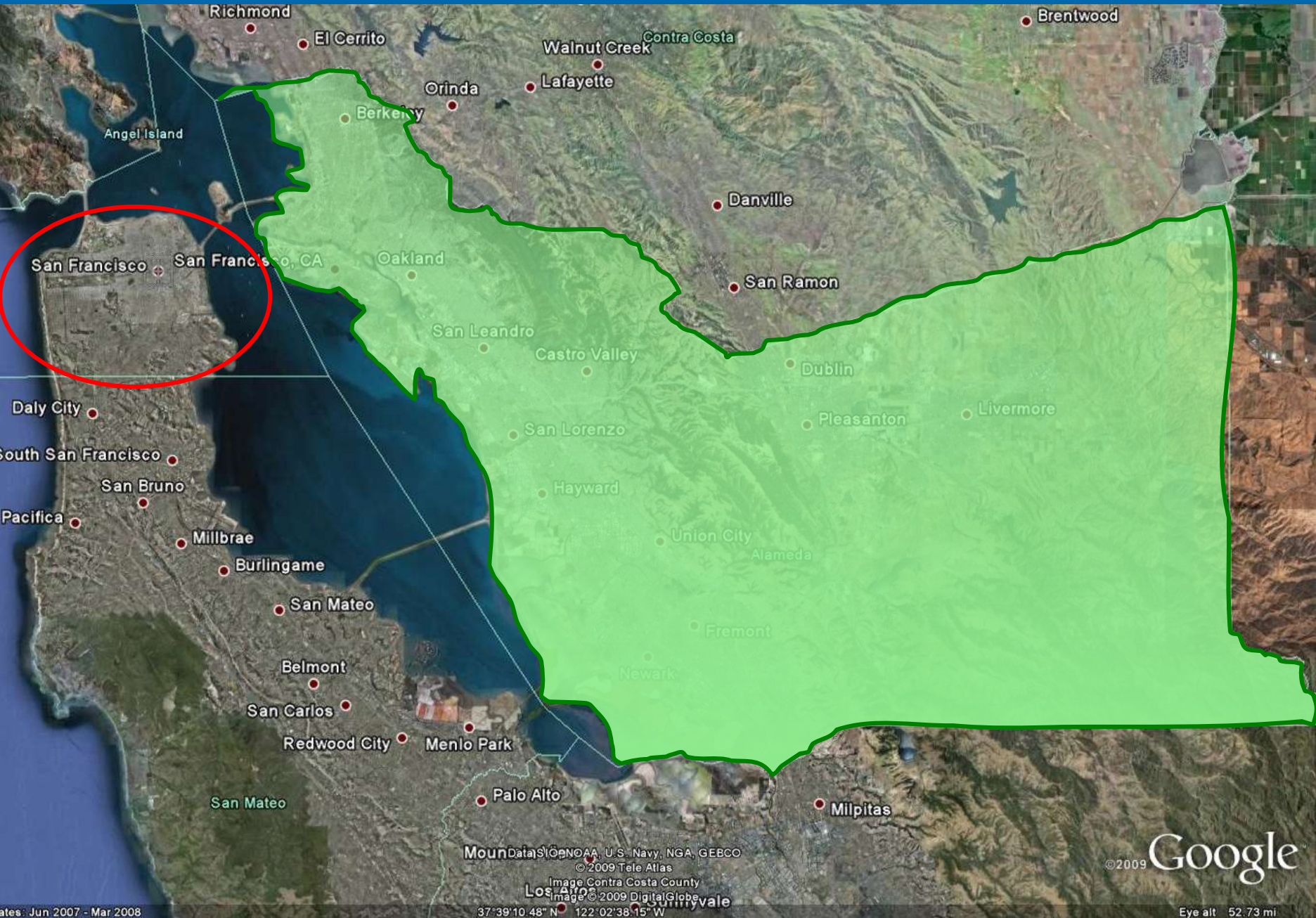
Racial demographics of Scott County and Indiana (2013)





**AMERICA'S
SOCIAL
COMPACT**

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





CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-1 (REVISED 1/94)

3200701000029
LOCAL REGISTRATION NUMBER

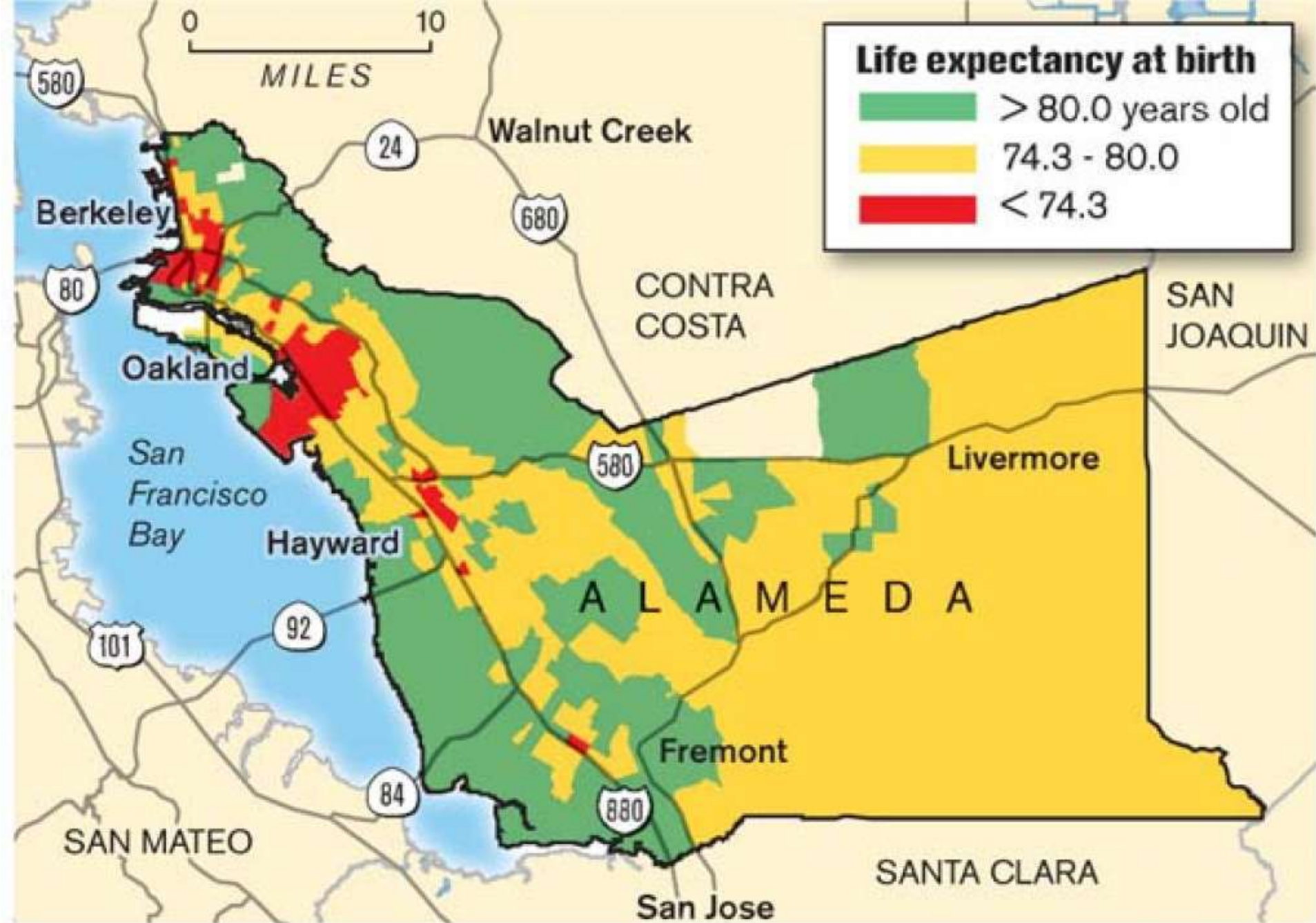
1. NAME OF DECEDENT — FIRST (Given) DONALD		2. MIDDLE H.		3. LAST (Family) DUCK	
9. BIRTH STATE/FOREIGN COUNTRY FINLAND		10. SOCIAL SECURITY NUMBER 243-65-9974		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION — Highest Level/Class (See worksheet on back) 06		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS (at time of death) NEVER MARRIED	
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. DECEASED'S MAILING ADDRESS (Street and number or route/box number, city or town, state, ZIP) SUE -, MOUSE		27. INFORMANT'S MAILING ADDRESS (Street and number or route/box 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		41. PLACE OF FINAL DISPOSITION 345 HIGH ST, OAKLAND, CA 94601			
42. TYPE OF DISPOSITION(S) CR/RES		43. SIGNATURE OF EMBALMER MANUEL FLORES		44. LICENSE NUMBER EMB6370	
45. SIGNATURE OF LOCAL REGISTRAR CLARENCE N COOPER MORTUARY INC		46. LICENSE NUMBER FD381		47. DATE mm/dd/yyyy 01/18/2007	
48. SIGNATURE OF LOCAL REGISTRAR ANTHONY ITON, M.D.		49. LICENSE NUMBER FD381		50. DATE mm/dd/yyyy 01/18/2007	
101. PLACE OF DEATH EDEN MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ER/ICU <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home, ETC <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 (A) PNEUMONIA		108. DEATH REPORTED TO CORONER Time In and Out Between Onset and Death (A) HRS 0		109. EXOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. BRONCHITIS (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. ALTOUSPY PERFORMED? (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. USED IN DETERMINING CAUSE? (E) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DEMENTIA		114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		115. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent: Attested Since 02/03/2006 Decedent Last Seen Alive 01/10/2007		117. SIGNATURE AND TITLE OF CERTIFIER GARY WINSETT BROWN M.D.		118. LICENSE NUMBER A38965	
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"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MICHAEL ANDREW HOGARTH M.D. 2315 STOCKTON BLVD, SACRAMENTO, CA 95817		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. INJURY DATE mm/dd/yyyy		124. HOUR (24 Hours)	
125. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		126. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		127. SIGNATURE OF CORONER / DEPUTY CORONER	
128. DATE mm/dd/yyyy		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		130. STATE REGISTRATION NUMBER	

STATE REGISTRATION NUMBER: A B C D E

FAX AUTH. # CENSUS TRACT

012007000007315



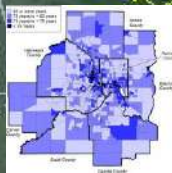


Sources: ESRI, Alameda County Public Health Department

The Chronicle



Rocky Mountains



Lake Superior

Ottawa

Georgian Bay

Northumberland Strait

Bay of Fundy



San Francisco

The Bahamas

Florida

Google Earth



National Center for Health Statistics

National Vital Statistics System

About NVSS

What's New

Revisions of the U.S. Standard Certificates and Reports +

Training and Instructional Materials +

Birth Data +

Mortality Data +

Fetal Death Data

Linked Birth and Infant Death Data

Vital Statistics Rapid Release +

Data Release Policy for Vital Statistics

e-Vital Standards Initiative +

Bridged Race Categories +

Modernizing the National Vital Statistics System

Marriages and Divorces

National Maternal and Infant Health Survey

National Mortality +



National Vital Statistics System

[CDC](#) > [NCHS](#)

U.S. Small-area Life Expectancy Estimates Project - USALEEP



The U.S. Small-area Life Expectancy Estimates Project (USALEEP) is a partnership of NCHS, the [Robert Wood Johnson Foundation \(RWJF\)](#), and the [National Association for Public Health Statistics and Information Systems \(NAPHISIS\)](#) to produce a new measure of health for where you live. The USALEEP project produced estimates of life expectancy at birth—the average number of years a person can expect to live—for most of the census tracts in the United States for the period 2010-2015.

Methods

The abridged period life tables calculated to estimate census-tract life expectancy at birth for the period 2010-2015 are based on a methodology developed for this project and described in the report:

Arias E, Escobedo LA, Kennedy J, Fu C, Cisewski J. [U.S. Small-area Life Expectancy Estimates Project: Methodology and Results Summary](#) [PDF - 8 MB]. National Center for Health Statistics. Vital Health Stat 2(181). 2018.

Data and Documentation Files

[Life Expectancy Files](#) contain geographic identifiers, life expectancy at birth for 2010-2015, and flags noting whether the estimates were based exclusively on observed data, a combination of observed and predicted values, or exclusively predicted values.

On This Page

- [Methods](#)
- [Data and Documentation Files](#)



ZIP CODE
94621
LIFE EXPECTANCY

ZIP CODE
94611
LIFE EXPECTANCY

74

84



ZIP CODE
94621
LIFE EXPECTANCY

ZIP CODE
94611
LIFE EXPECTANCY

74

84



ZIP CODE
93706
LIFE EXPECTANCY

ZIP CODE
93730
LIFE EXPECTANCY

69

81



ZIP CODE
92104
LIFE EXPECTANCY

ZIP CODE
92130
LIFE EXPECTANCY

73

81

How Healthy Are We?



DECEMBER 3, 2009

Why Obama
Wants a Team
Of Rivals

Justin Fox
On How to
Save GM

Should You
Buy a
Windmill?

TIME

Ahhh...

Ohhh...

Annual Checkup

The Sorry State of American Health

Despite advances in medicine, Americans are less healthy than we used to be, and the next generation may be even worse off. How to reverse the trend—before it's too late

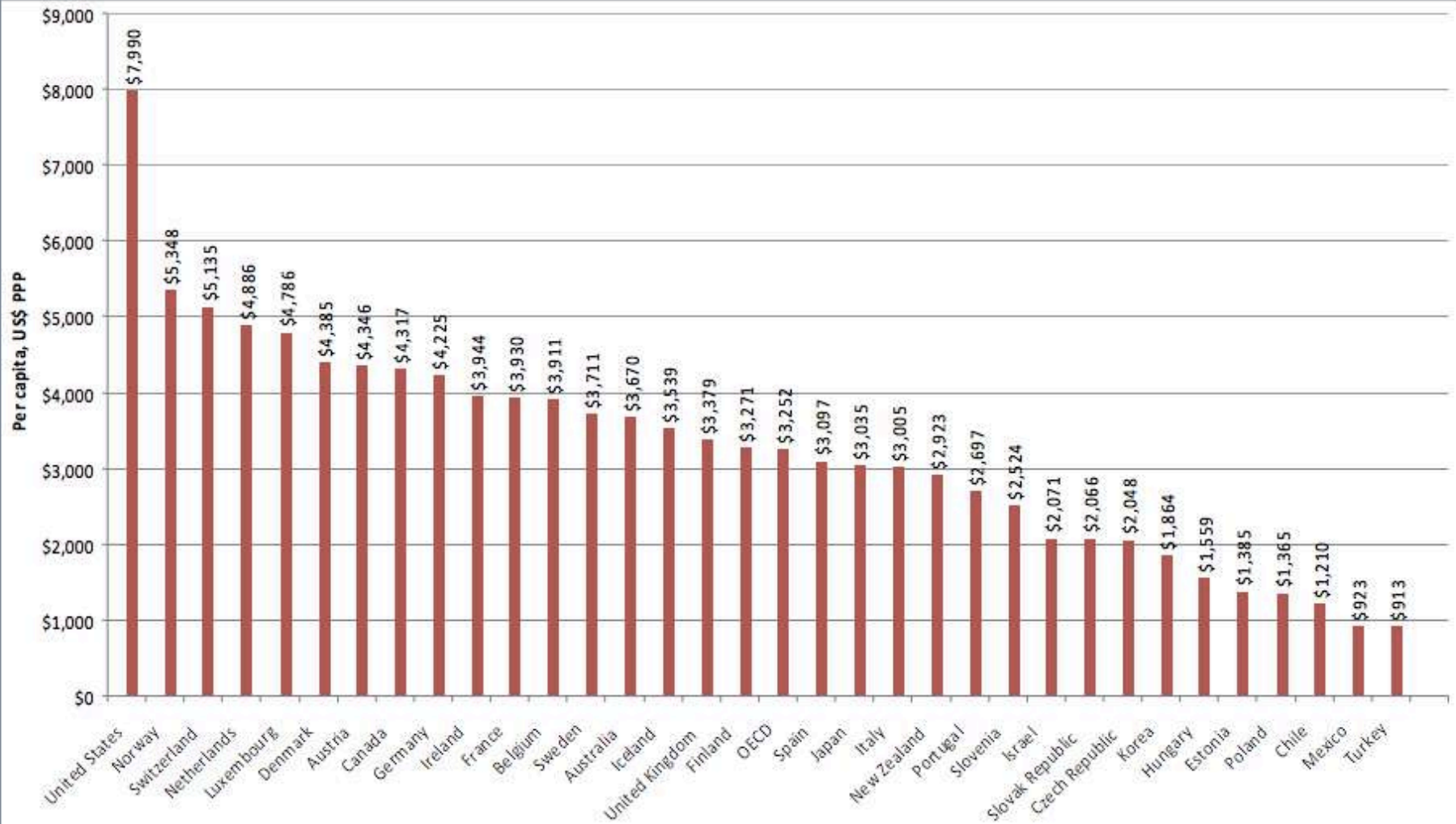
PLUS: The Year in Medicine A-Z

www.time.com

How

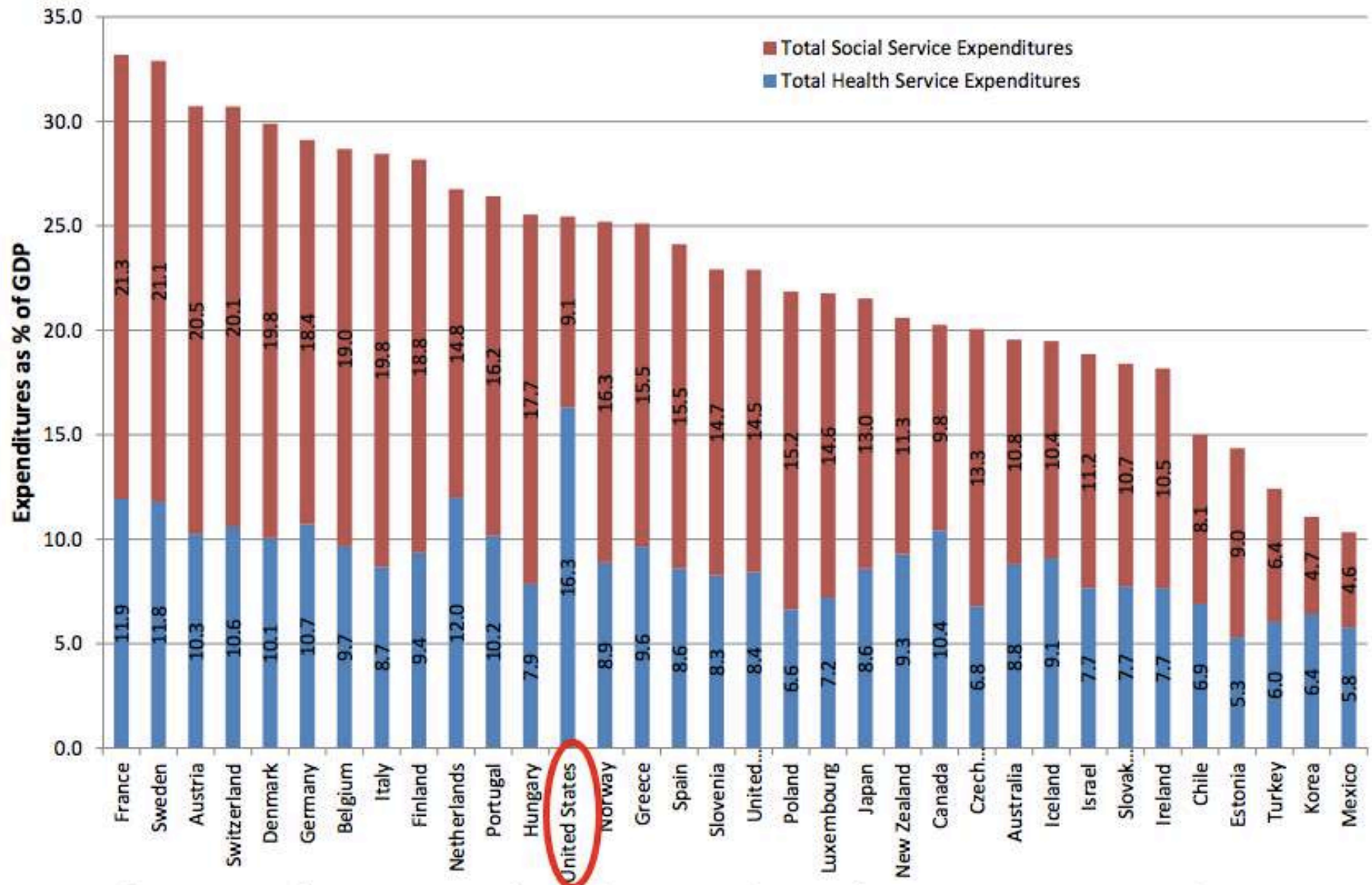
Ve?

Spending on health care



Data downloaded from OECD.StatExtracts. Available at stats.oecd.org

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



THE AMERICAN HEALTH CARE PARADOX

.....
WHY SPENDING MORE
IS GETTING US LESS

**ELIZABETH H. BRADLEY
AND LAUREN A. TAYLOR**

Foreword by **HARVEY V. FINEBERG**,
President of the Institute of Medicine



In OECD, for every \$1 dollar spent on health care, **\$2** is spent on **Social Services:**



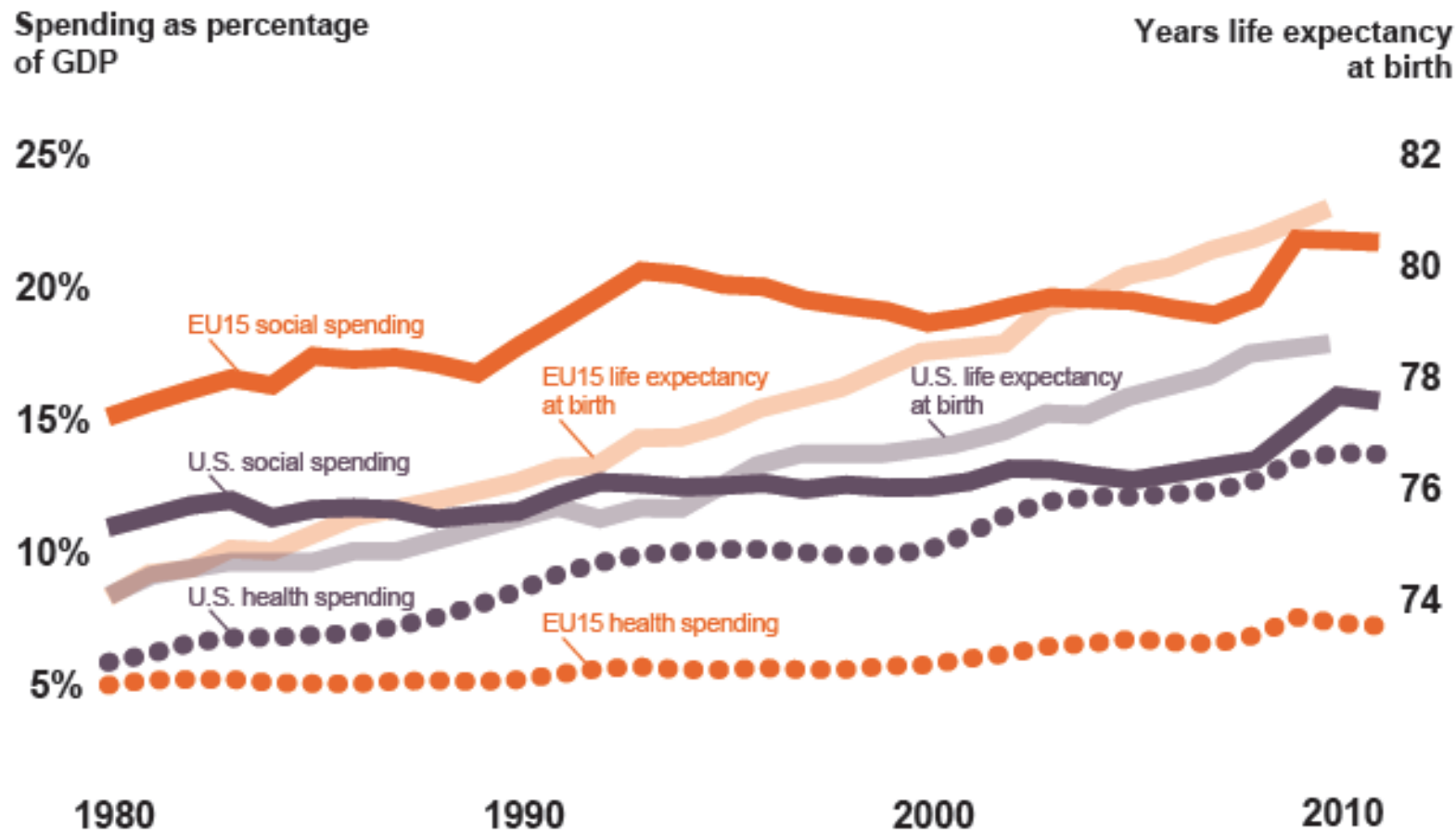
- Unemployment benefits
- Social assistance
- Housing benefits
- Family benefits
- Lone-parent benefits
- Employment-conditional benefits
- Tax treatment of benefits
- Childcare Policies

In the US, for every \$1 dollar spent on health care, **55 cents** is spent on **Social Services:**



- Prevention
- Pension
- Paid Sick Leave
- Public Education
- Child Care

Different approaches, different results



While health expenditures in the United States have risen significantly more than those in the EU15, life expectancies in these European countries have consistently stayed higher. One difference between the U.S. and the EU15 is found in expenditure on social programmes, with EU15 countries spending significantly more than the United States over the 30 years covered in this study. (EU15 refers to the 15 countries that have been members of the European Union since before its May 2004 enlargement.) NOTE: OECD spending figures include public, mandatory private and voluntary private expenditures. These figures do not include exclusively private spending with no social component. Social spending has been defined as the total of all of these expenditures in all spending categories with the exception of health. Source: OECD SOCX database.

What the data tell us

- ▶ Higher levels of social spending are strongly associated with better health.
- ▶ The association is particularly strong for public, as opposed to private, social spending.
- ▶ Spending on old age programmes demonstrated the strongest association with better health outcomes, including in unexpected areas, such as infant mortality and low birth weight.
- ▶ The association between social spending and better health strengthens over time.
- ▶ Social factors, such as income inequality and social capital (a measure of how much people trust each other in a population), are associated with health outcomes.
- ▶ The association between social spending and health outcomes is strongest where income inequality is greatest. In other words, social protection may be more important for health outcomes in more unequal societies.
- ▶ The associations observed across countries hold across regions of a single country, the United States.

Life Expectancy of White Americans



US Whites

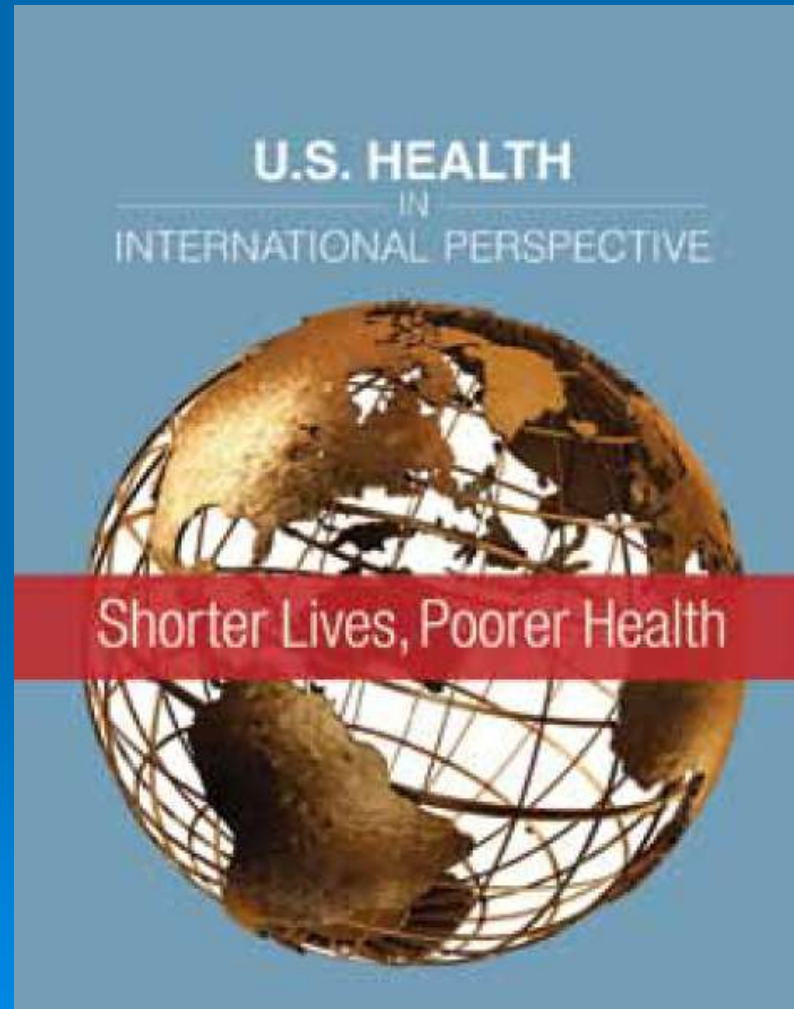
	Life Expectancy
US White	79 years*
Qatar	79 years
Costa Rica	79 years
Nauru	79 years

US Whites Living Shorter Lives Than:

- 80 years: Belgium, Chile, Denmark, Lebanon, Slovenia
- 81 years: Austria, Finland, Germany, Greece, Ireland, Malta, Netherlands, Portugal, UK
- 82 years: Canada, Cyprus, France, Iceland, Israel, S. Korea, Luxembourg, Monaco, New Zealand, Norway, Sweden
- 83 years: Andorra, Australia, Italy, San Marino, Singapore, Spain, Switzerland
- 84 years: Japan
- 33 countries (only 17 in 1990)

“Shorter Lives, Poorer Health”

January 2013 IOM Report on US Health Compared to 17 peer countries



“Shorter Lives, Poorer Health”

January 2013 IOM Report on US Health Compared to 17 peer countries

- ***“ The panel was struck by the gravity of its findings. For many years, Americans have been dying at younger ages than people in almost all other high-income countries. This disadvantage has been getting worse for three decades, especially among women.*”**

“Shorter Lives, Poorer Health”

January 2013 IOM Report on US Health Compared to 17 peer countries

- “The US health disadvantage cannot be fully explained by the health disparities that exist among people who are uninsured or poor, as important as these issues are. Several studies are now suggesting that even advantaged Americans—those who are white, insured, college-educated, or upper income—are in worse health than similar individuals in other countries.”

HEALTH

Death Rates Rising fo

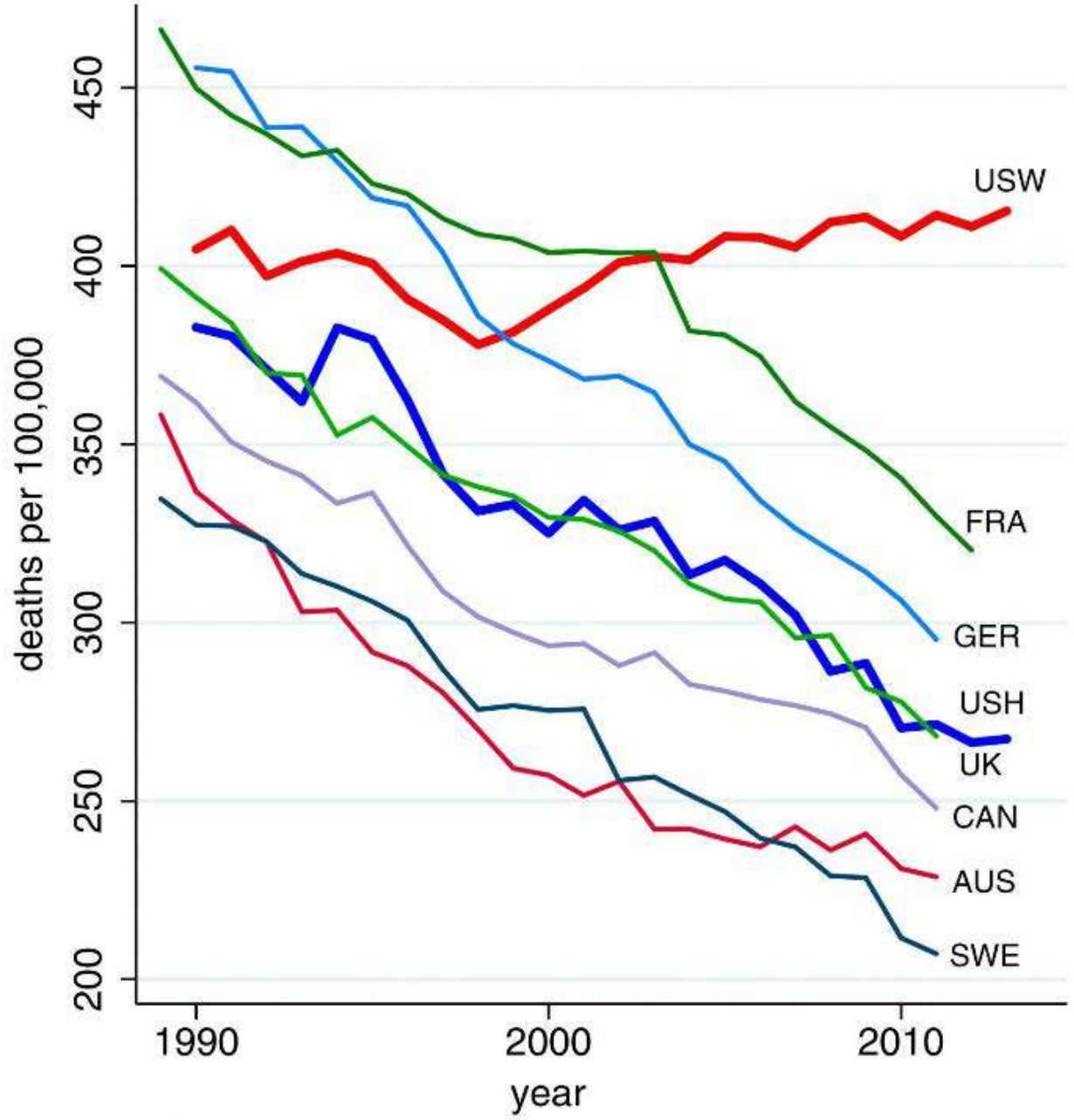
By GINA KOLATA NOV. 2, 2015



2014 and remained Betsy McKay explain Mike Blake/Reuters

A 15-year study and Hispanics

Drug and alc of white Ame gains experie



Death rate for U.S. non-Hispanic whites (USW), U.S. Hispanics and six comparison countries, aged 45-54. (Source: Proceedings of the National Academy of Sciences.)

Economics

American Life Expectancy Falls Again as Opioid Deaths, Disease Rise

By [Alexandre Tanzi](#)

November 28, 2018 9:01 PM Updated on November 29, 2018 7:56 AM

- ▶ Deaths from drug overdoses topped 70,000; suicide rate up 3.7%
- ▶ The 10 leading causes of death remained the same last year



An advertisement with a green background. At the top, there is a faint image of a person sitting on a chair. Below this, the word "HYBRIDITY" is written in large, white, bold letters. Underneath it, the word is defined as "n. /hi-bri-d-i-ti/". At the bottom, there is a short definition: "Transcendental state of optimized blended monetization models."

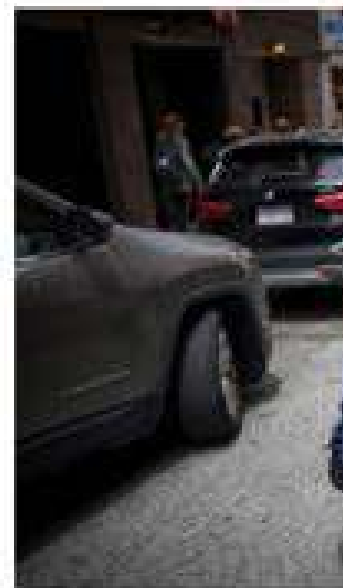


American Life Expectancy Falls Again as Opioid Deaths, Disease Rise

By [Alexandre Tanzi](#)

November 28, 2018 9:01 PM

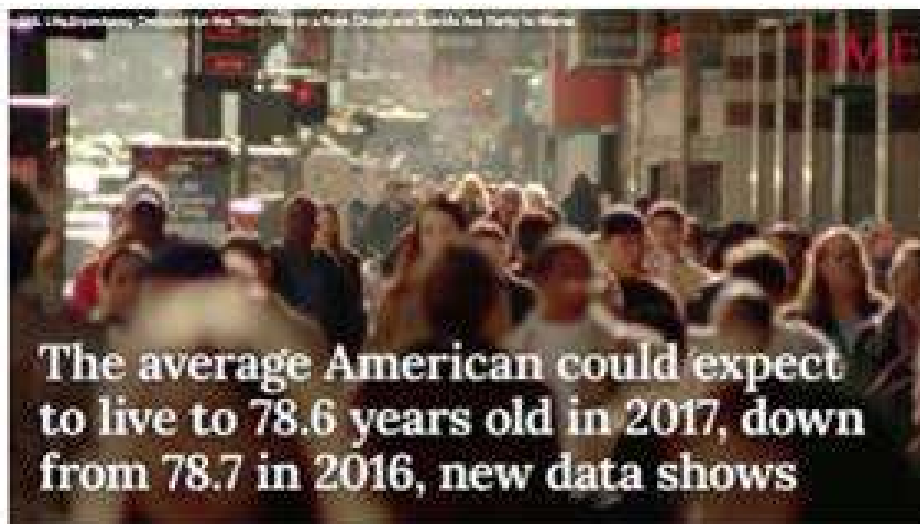
- ▶ [Deaths from drug overdoses top](#)
- ▶ [The 10 leading causes of death](#)



U.S. Life Expectancy Dropped for the Third Year in a Row. Drugs and Suicide Are Partly to Blame

TIME

Jessica Dugheimer | 8 min. ago



The average American could expect to live to 78.6 years old in 2017, down from 78.7 in 2016, new data shows

U.S. life expectancy dropped in 2017 for the third consecutive year, as deaths by suicide and drug overdose continue to claim more American lives.

The average American could expect to live to 78.6 years old in 2017, down from 78.7 in 2016, according to data released Thursday by the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS). That decline may be modest, but it marks the third year in a row that life expectancy at birth has fallen — a noteworthy

Photo: iStock

TECovas



Half the price of retail.

Photo: iStock



MORE IN NEWS



Cohen: Talks over Moscow Trump meet...
The New York Times



Greenin touts Trump-Putin meeting —
The Washington Post



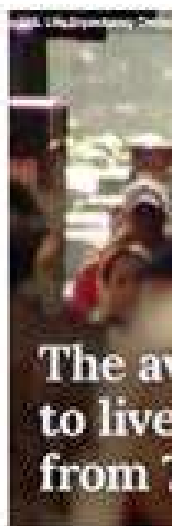
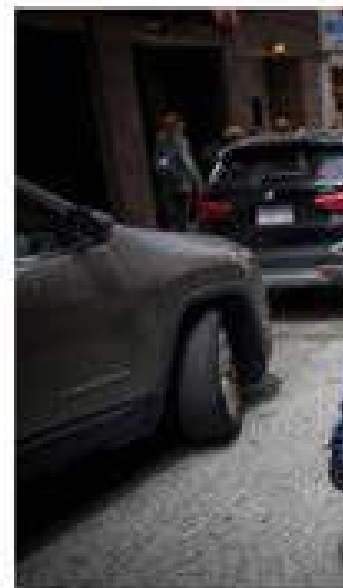
Trump denies pursuing Moscow real estate...
Reuters

Economics

American Life Expectancy Falls Again as Opioid Deaths, Disease Rise

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- ▶ [Deaths from drug overdoses top](#)
- ▶ [The 10 leading causes of death](#)



U.S. life expectancy and drug overdoses

The average American lives from 7

TIME

U.S. Life Expectancy Dropped for the Third Year in a Row. Drugs and Suicide Are Partly to Blame

Janine Doolittle | 11/28/18

HEALTH | 11/28/2018 06:42 am ET | Updated 3 hours ago

U.S. Life Expectancy Continues To Fall As Overdose And Suicide Rates Soar

It's the longest-running decline in U.S. history since World War I, when a flu pandemic killed almost 700,000 people nationwide.

By [Willa Frej](#)



Which of the following for combining your auto?

- Progressive
- Liberty Mutual
- Allstate
- Geico
- State Farm
- None of the Above

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Nicole Laughlin

HBO to explore declining life expectancy in Marc Levin's "One Nation Under Stress"

By Daniele Alcini March 19, 2019



STOCKTON
95202
Life Expectancy
73



IRVINE
92606
Life Expectancy
88

Your **ZIP Code** shouldn't
predict **how long you'll live**,
but it does.



www.calendow.org

health
happens
here 



ZIP CODE
38769
LIFE EXPECTANCY
73
calendow.org

ZIP CODE
94301
LIFE EXPECTANCY
86

Your ZIP Code
shouldn't predict
how long you'll live.
health happens here

ZIP CODE
90002
LIFE EXPECTANCY
73

ZIP CODE
95661
LIFE EXPECTANCY
82

ZIP CODE
94621

LIFE EXPECTANCY

74

ZIP CODE
94611

LIFE EXPECTANCY

84

ur ZIP CODE shouldn't predict how long you'll

LEARN MORE

[http://www.comcast.com](#)

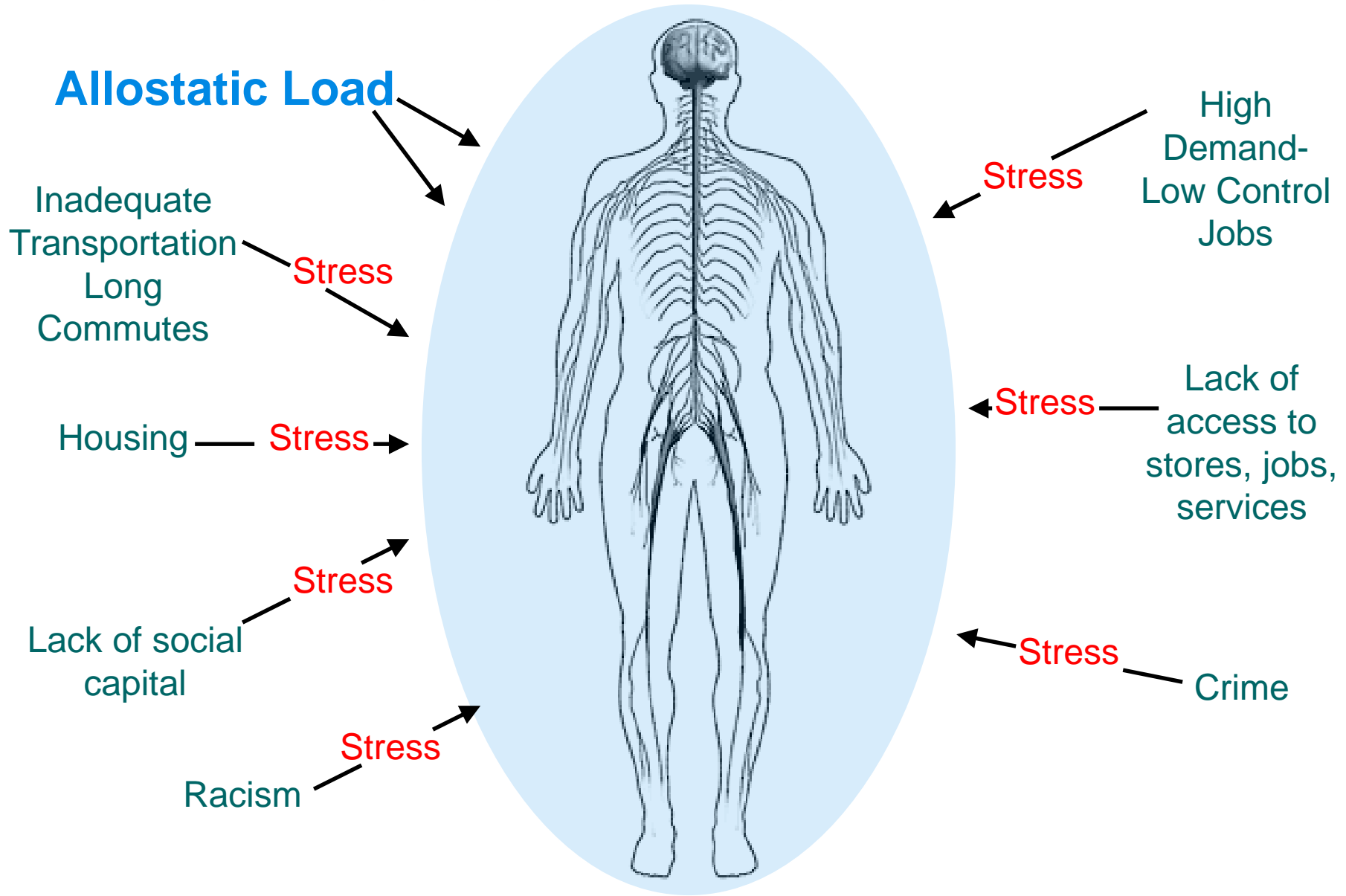




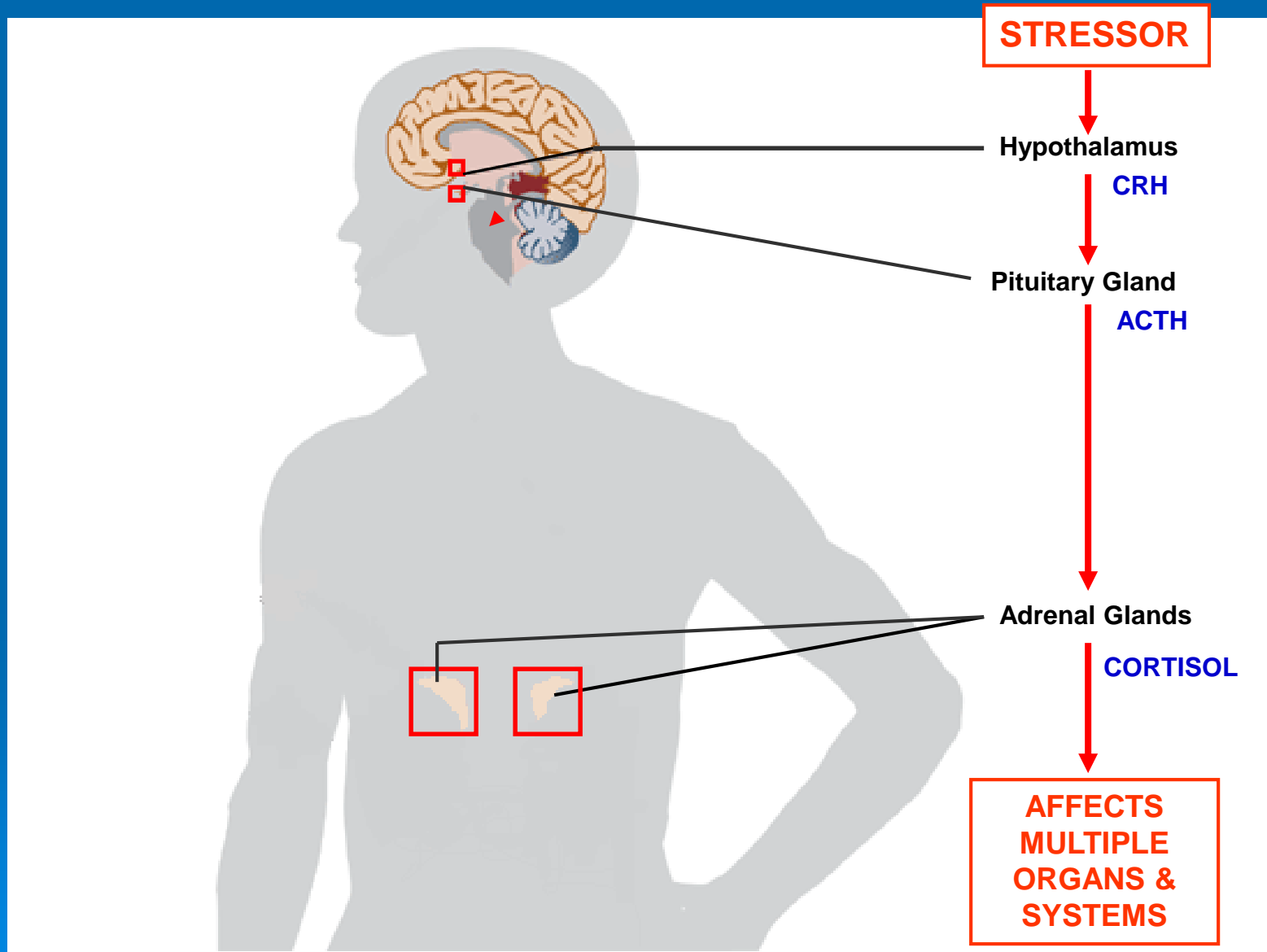
80%

**of what influences your
life expectancy happens
outside of the healthcare
system**

When the External Becomes Internal: How we internalize our environment



Stress pathway from Brain to Body



Stressed vs. Stressed Out

➤ Stressed

- Increased cardiac output
- Increased available glucose
- Enhanced immune functions
- Growth of neurons in hippocampus & prefrontal cortex

➤ Stressed Out

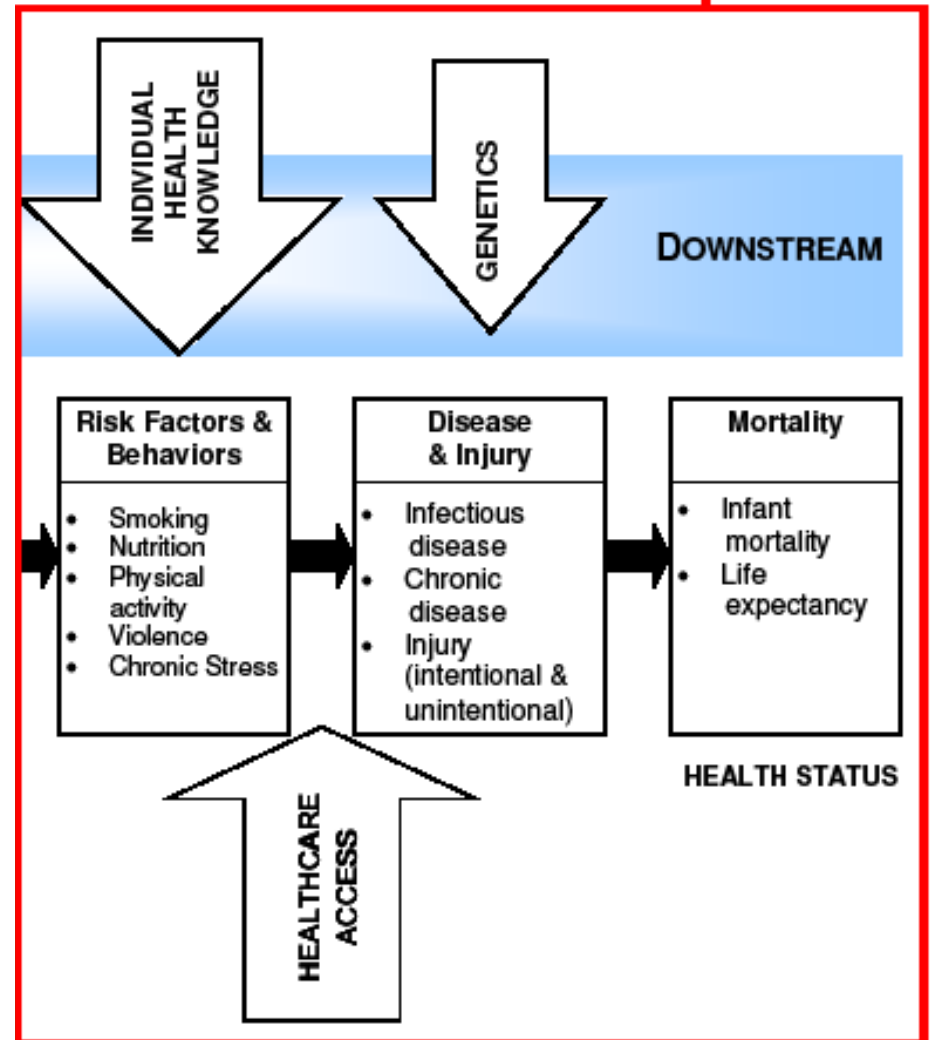
- Hypertension & cardiovascular diseases
- Glucose intolerance & insulin resistance
- Infection & inflammation
- Atrophy & death of neurons in hippocampus & prefrontal cortex

A Practitioner's Framework



A Framework for Health Equity

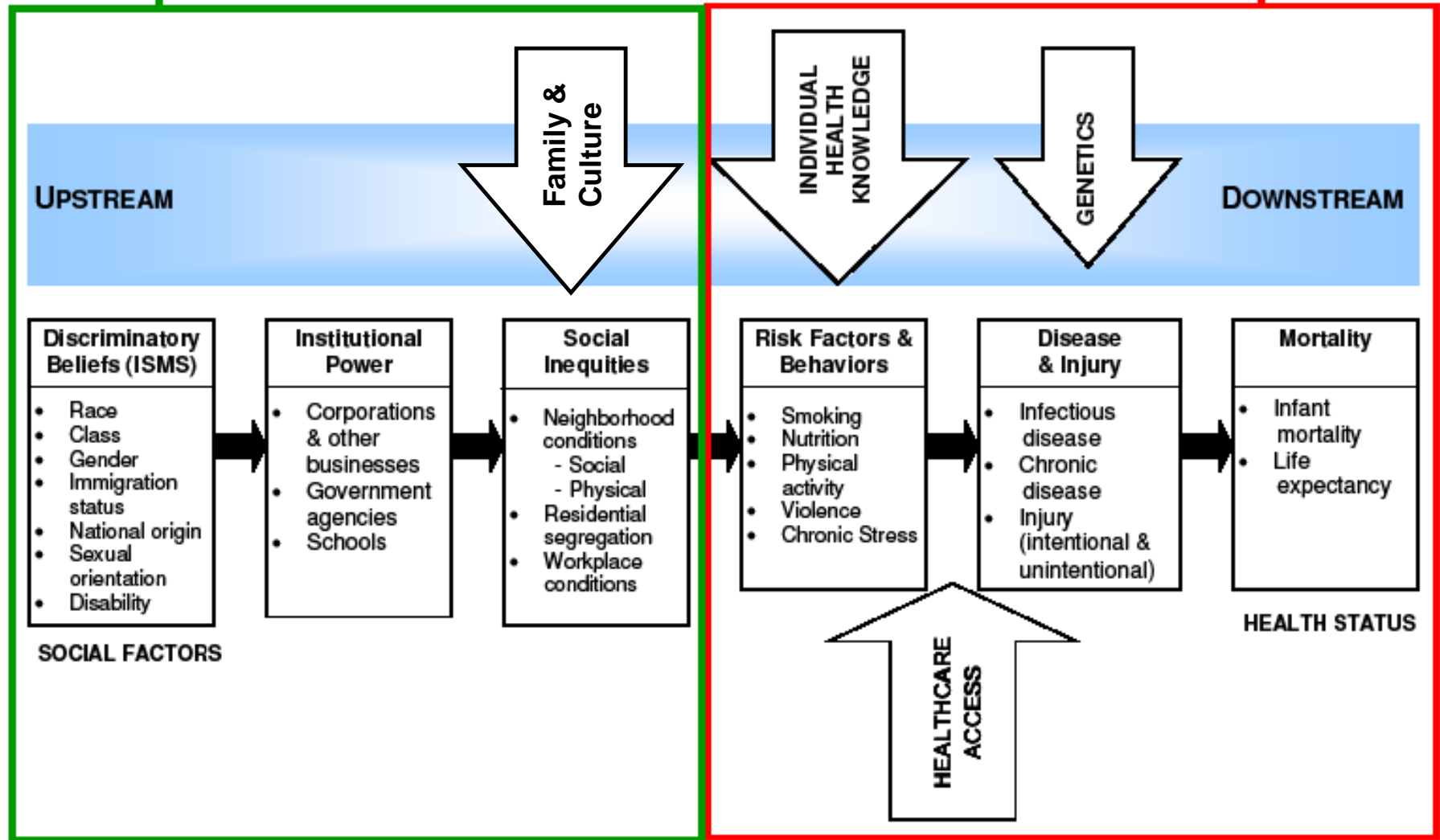
Medical Model



A Framework for Health Equity

Socio-Ecological

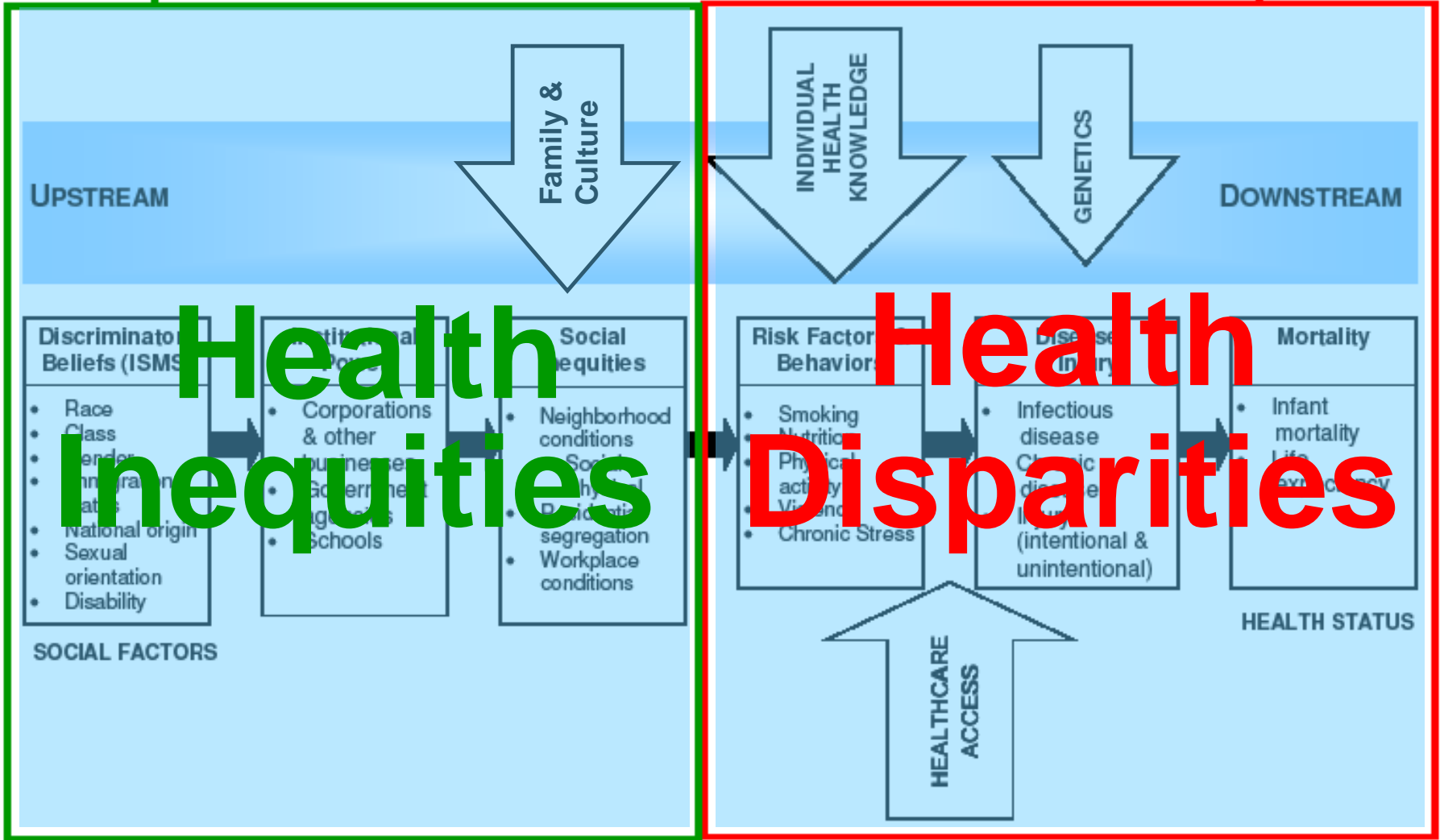
Medical Model



A Framework for Health Equity

Socio-Ecological

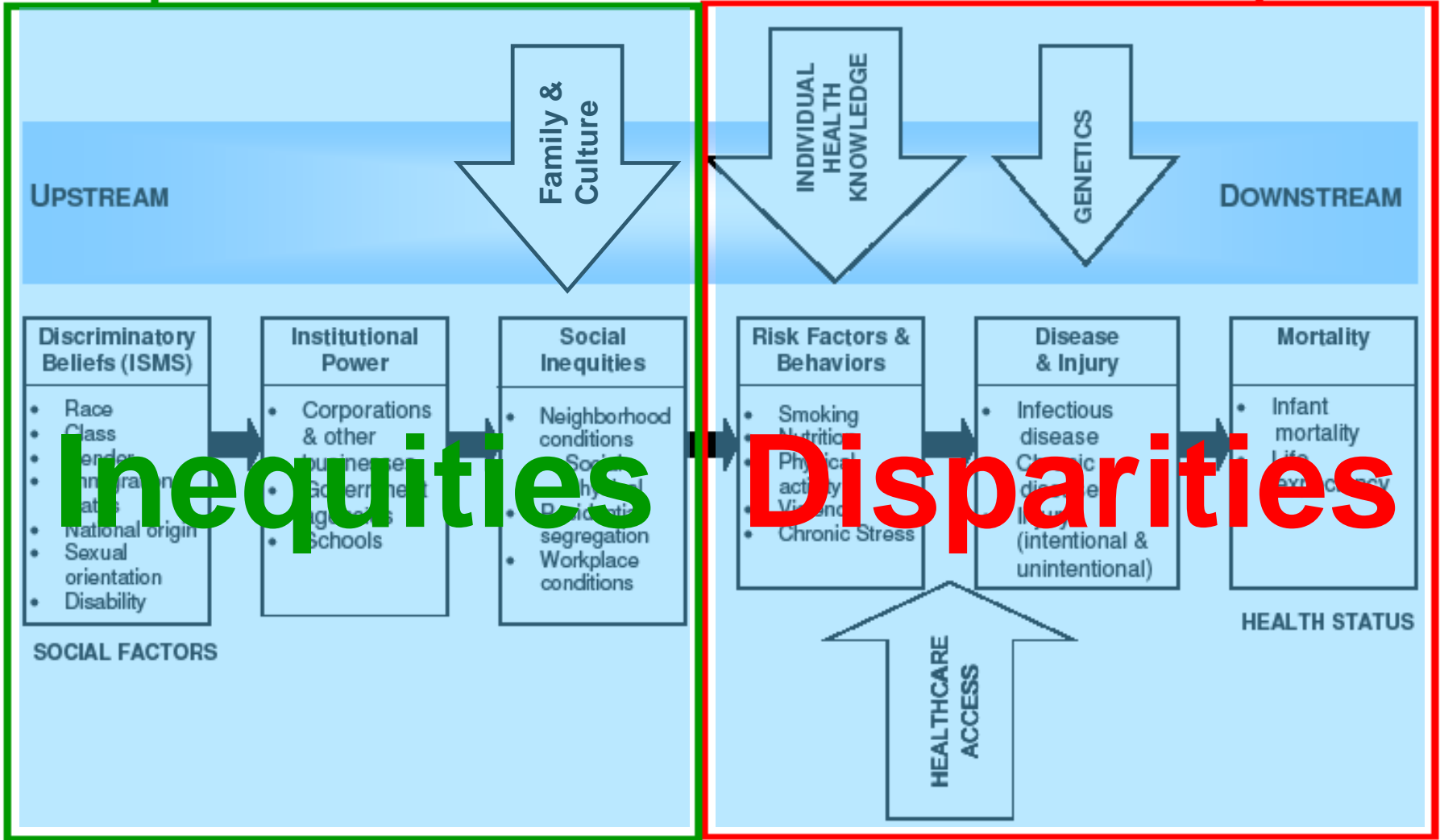
Medical Model



A Framework for Health Equity

Socio-Ecological

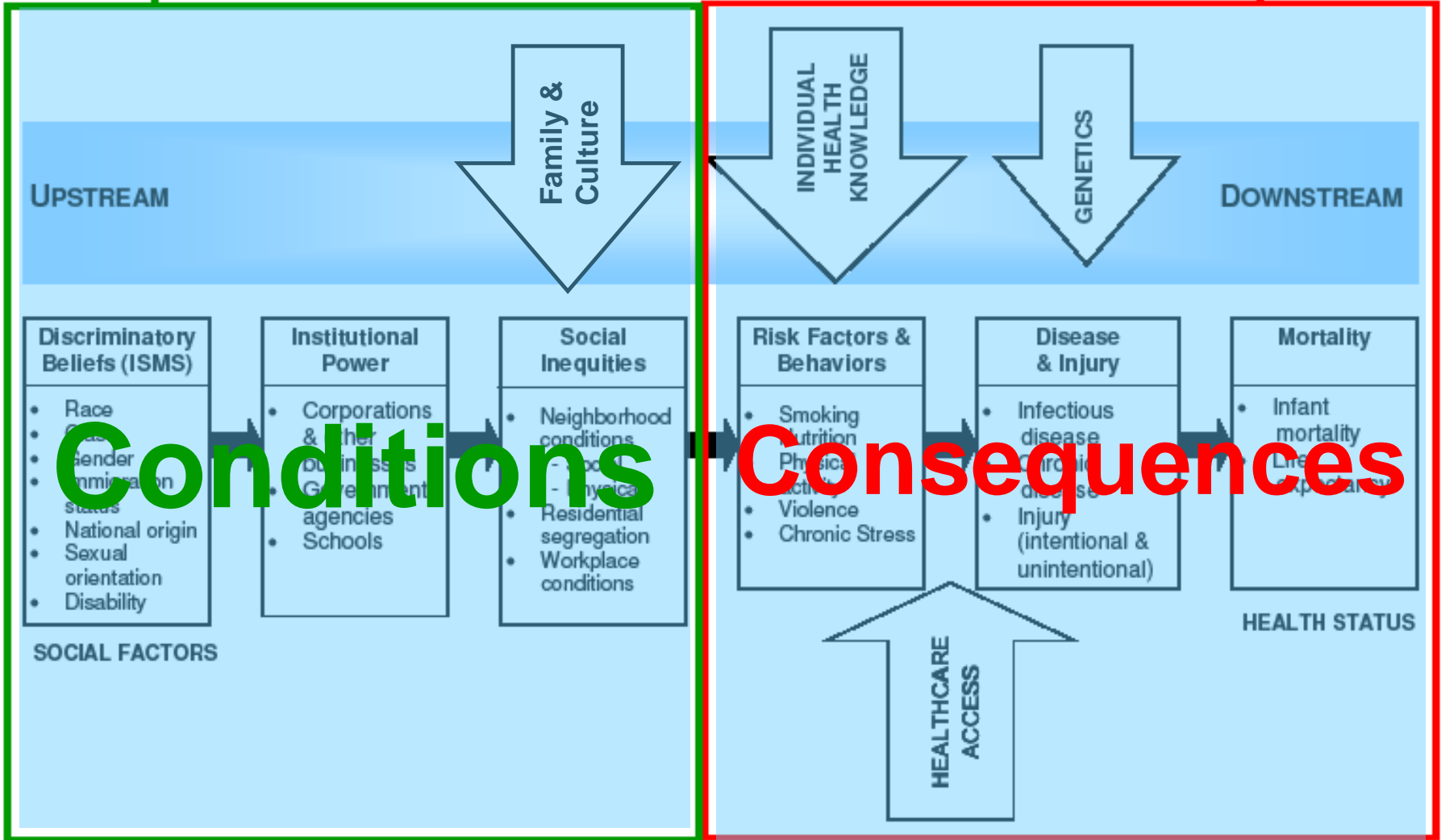
Medical Model



A Framework for Health Equity

Socio-Ecological

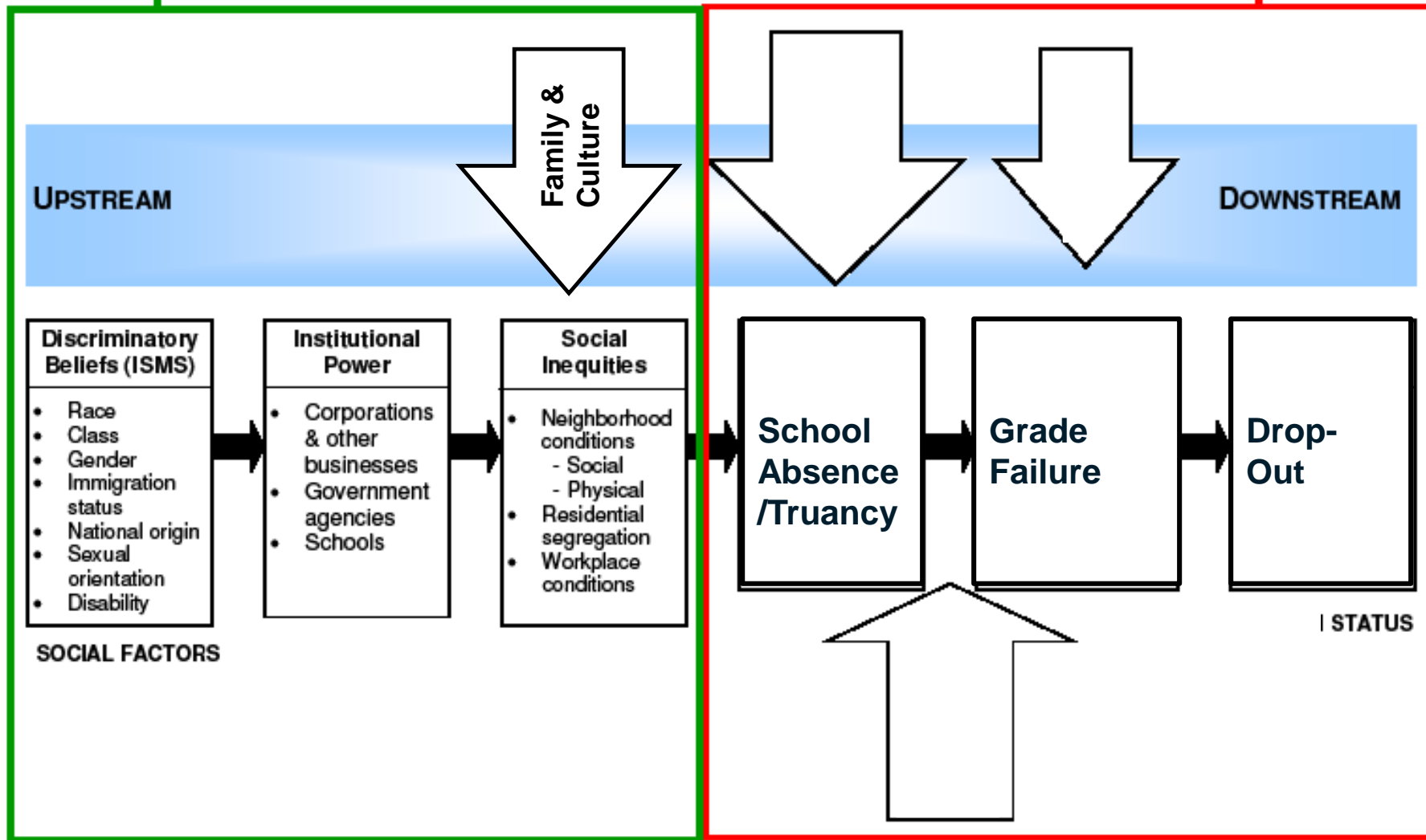
Medical Model



A Framework for Health Equity

Socio-Ecological

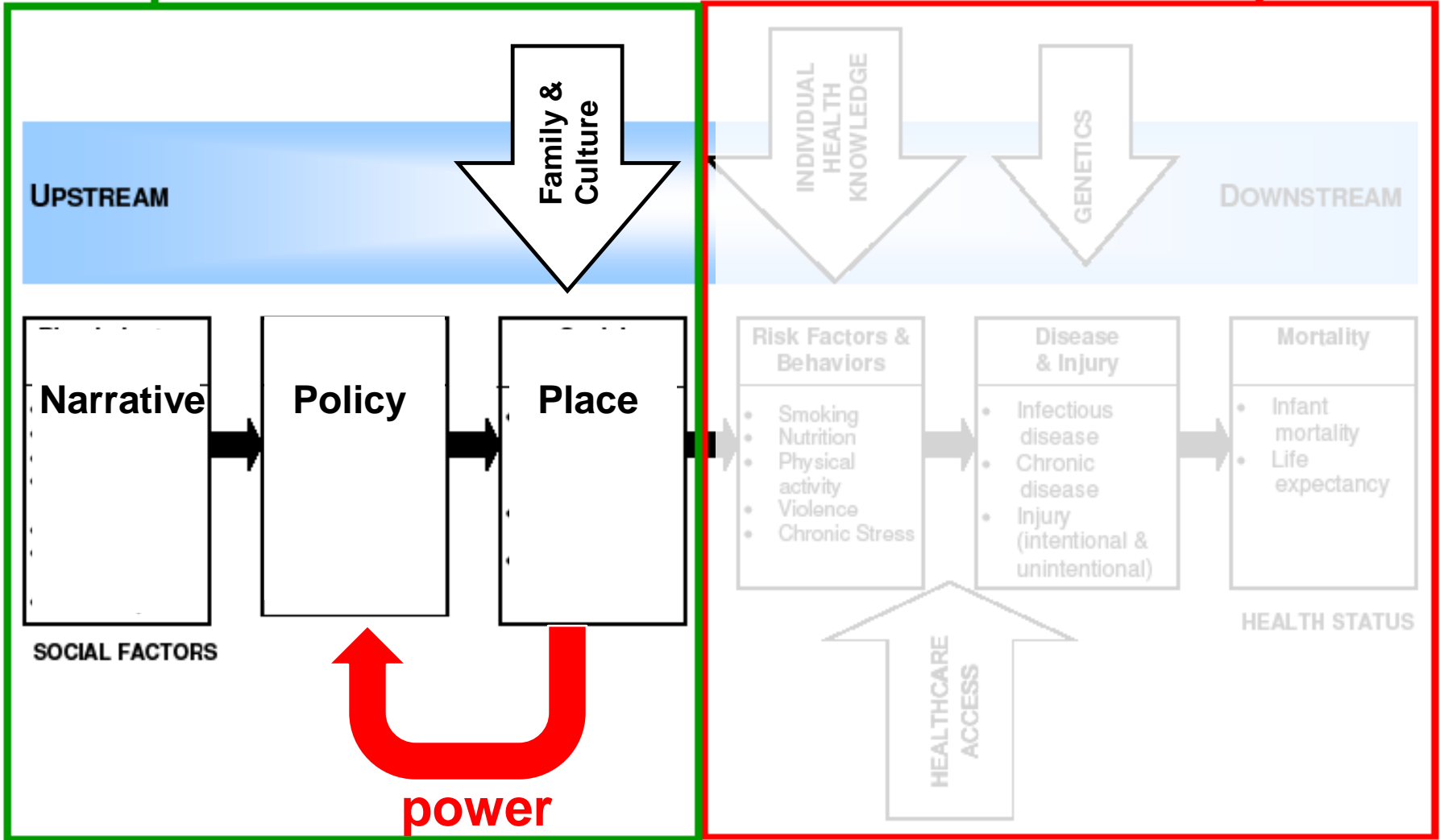
Medical Model



A Framework for Health Equity

Socio-Ecological

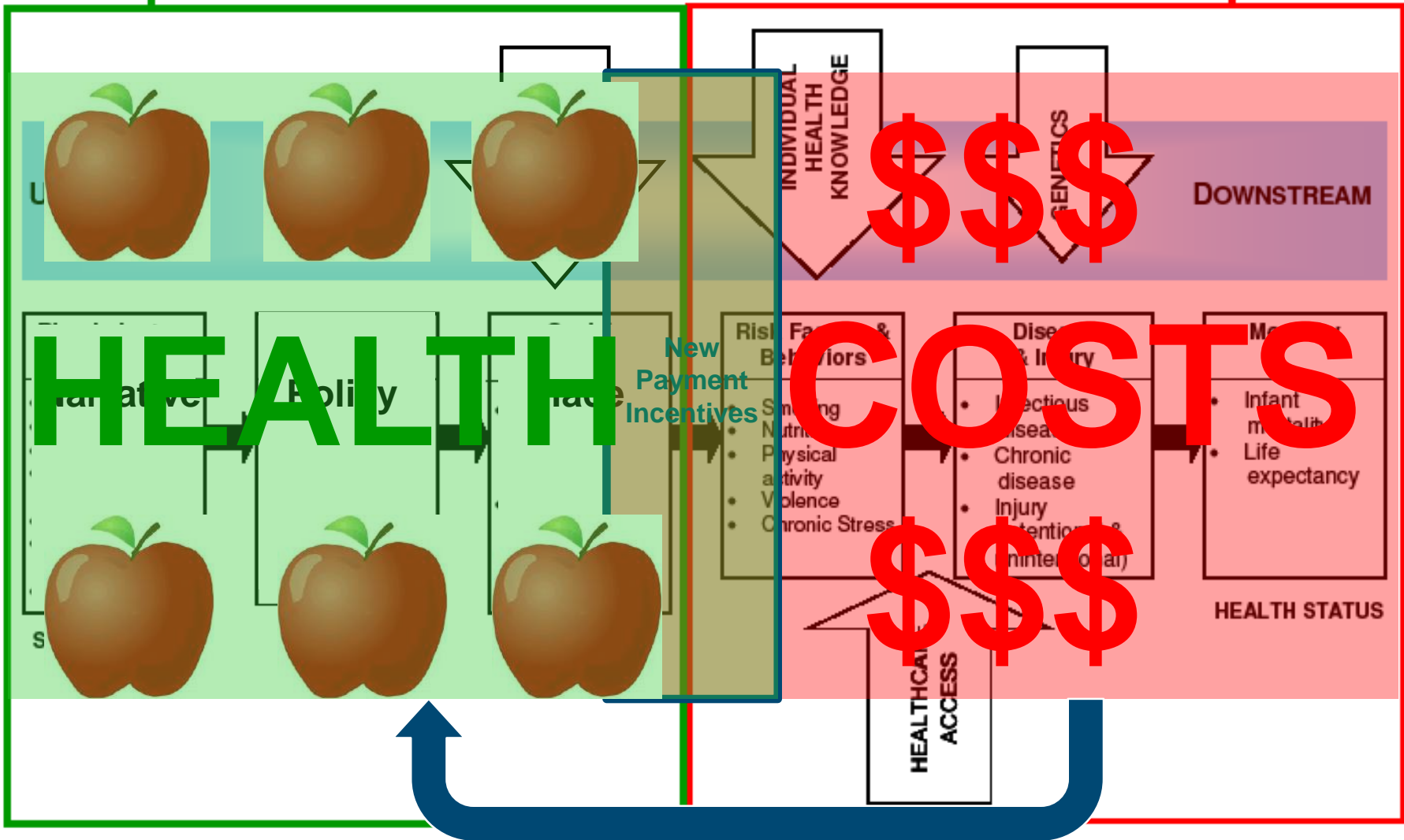
Medical Model



A Framework for Health Equity

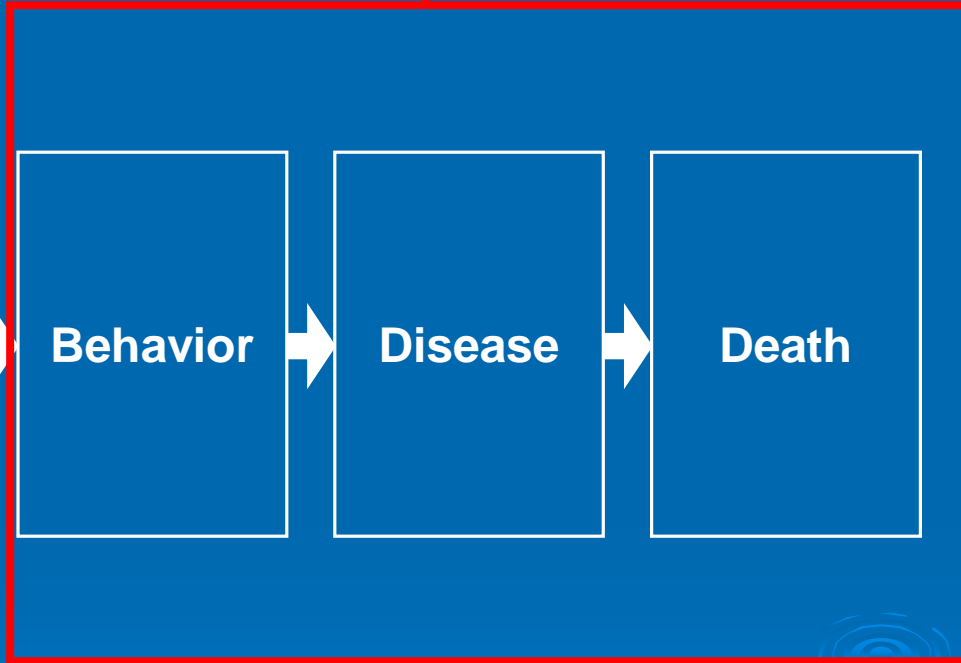
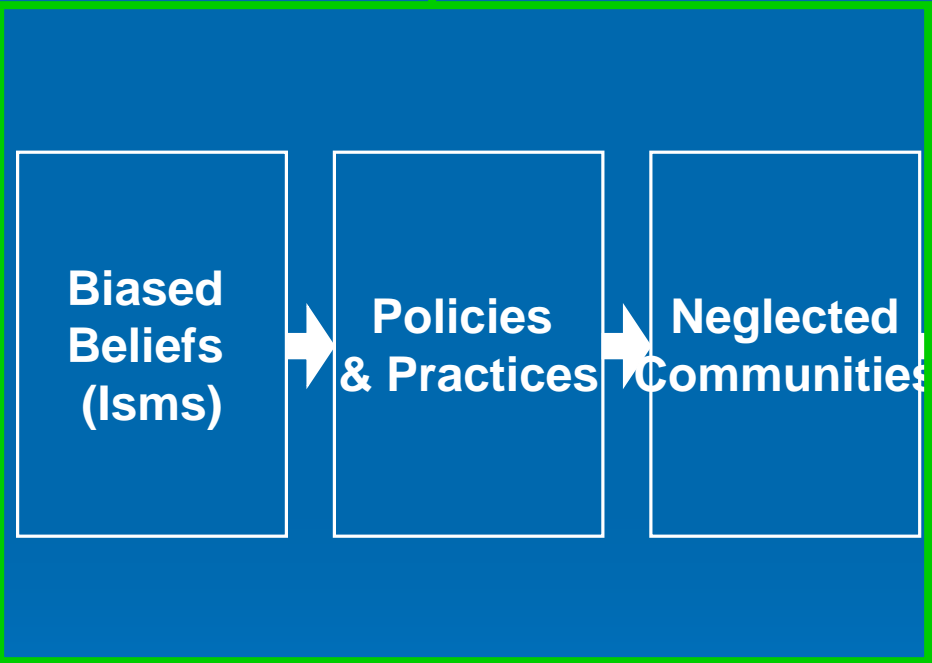
Socio-Ecological

Medical Model



Socio-Ecological (society)

Medical Model (individuals)



Change the Narrative

Policy & Partnerships & Leadership

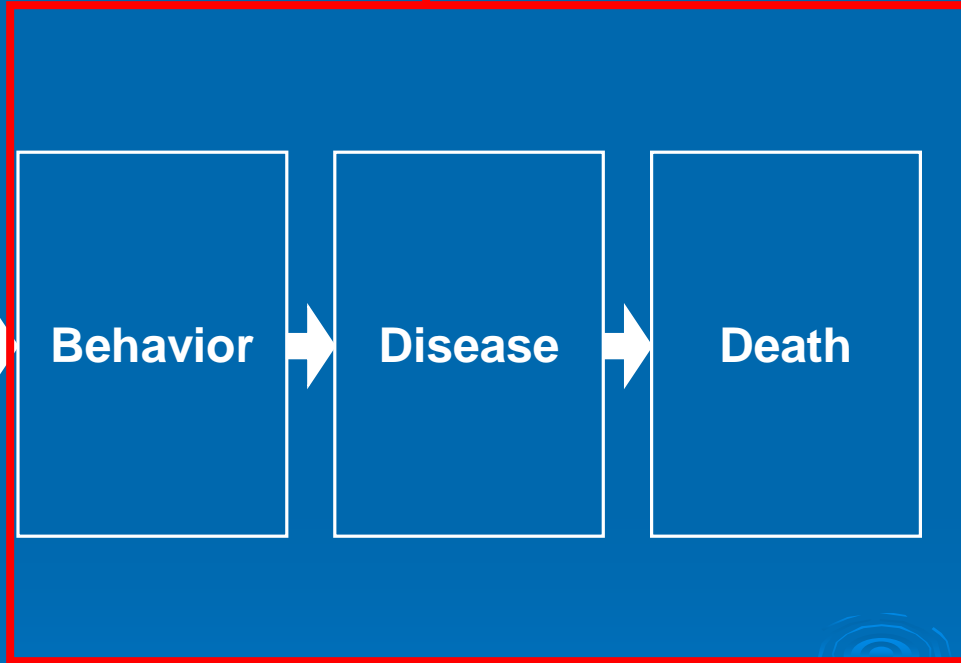
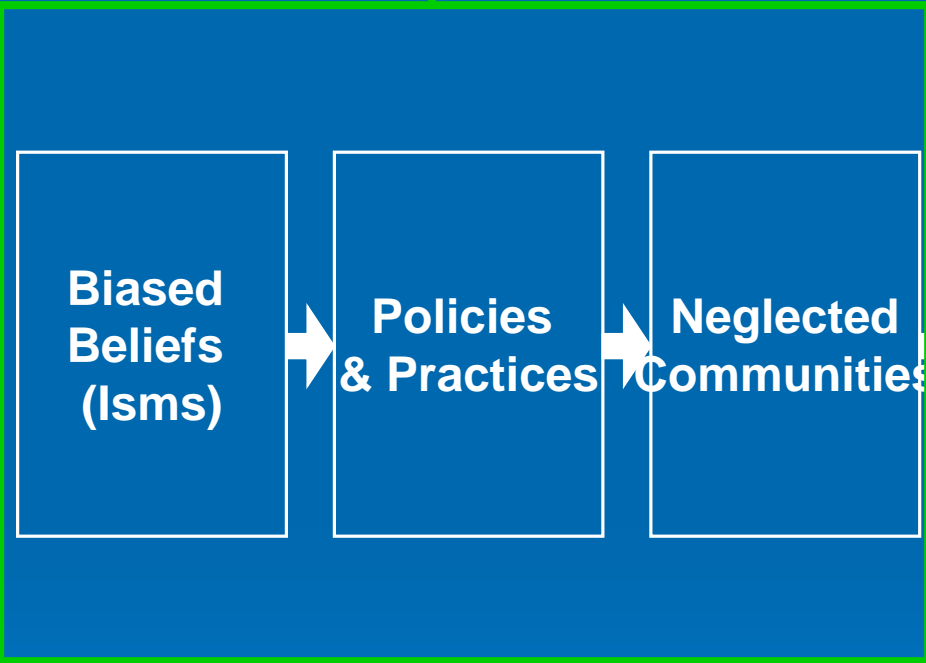
Health Education

Clinics

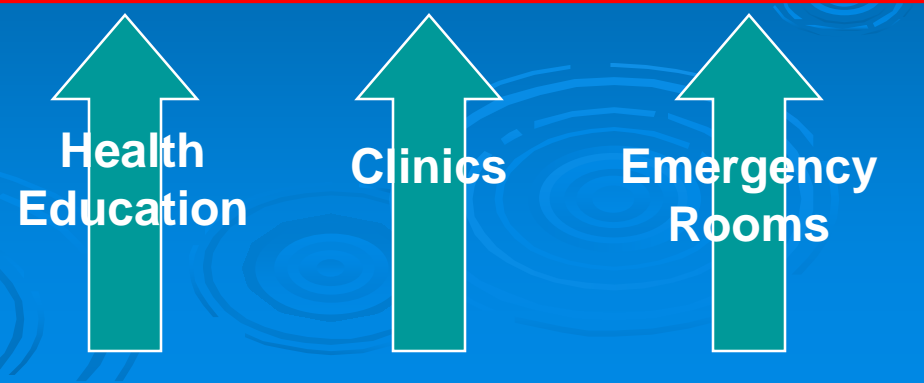
Emergency Rooms

Socio-Ecological (society)

Medical Model (individuals)

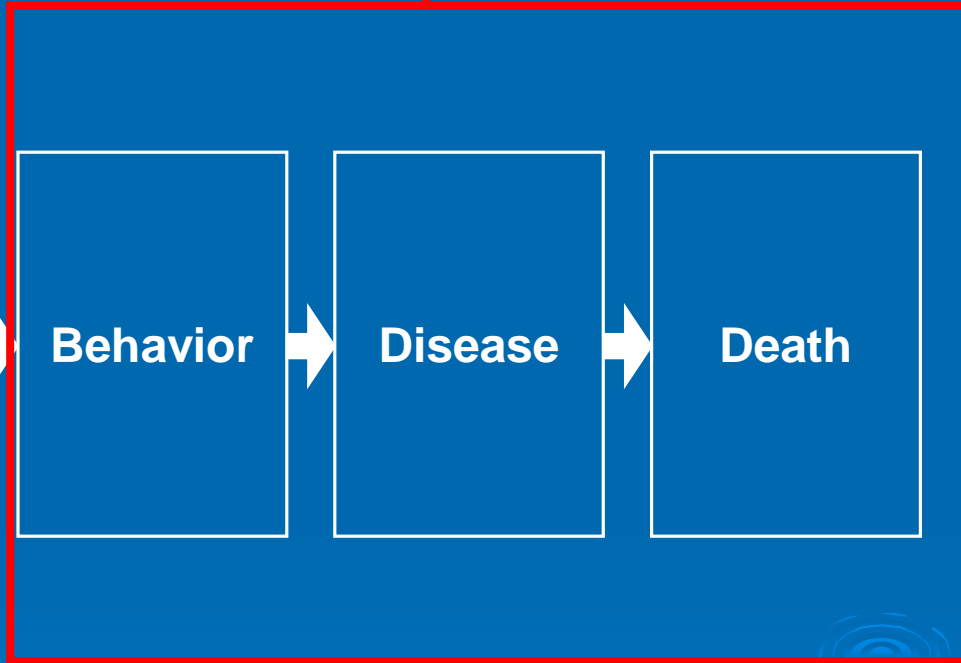
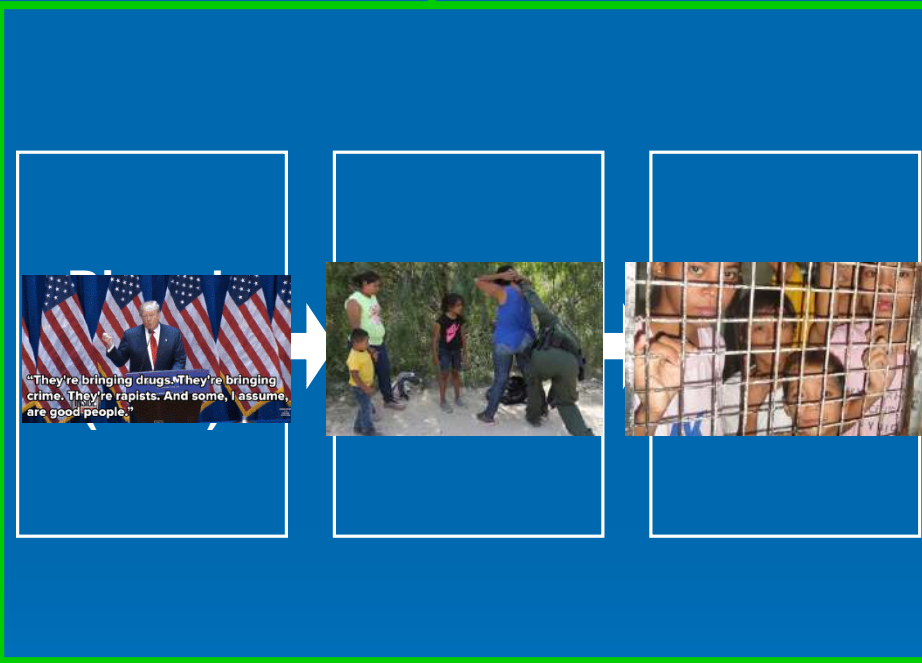


Drivers of Change



Socio-Ecological (society)

Medical Model (individuals)



Drivers of Change



health happens **here**





Formerly Incarcerated Undocumented Boys and Men of Color



health
happens
here

#Health4All



Undocumented Californian Facts

Number in CA: 2.6 million
Median age: 31

	Economic Value*
Working Households	92%
Taxes Paid	\$2.7 billion
Contribution to CA Economy	\$302 billion
Attitudes:	
Economists who agree they benefit the economy	95%
Californians who say they deserve path to legal status	76%
Preventive Health Care Benefits	
From \$1 spent on prenatal care	\$3 saved
From \$1 spent on child immunizations	\$16 saved
<small>*Including household entrance to rental rate.</small>	
Undocumented Californians without access to basic preventive health care:	1 million

- Agency
- Belonging
- Changing the Odds



ABC

➤ **A = AGENCY ~ Power.**

The ability to exert voice and power in community leaders.

If equity is the goal, we have to address power differentials. Build social, political and economic power in a critical mass of residents. (Critical mass ~1%).

ABC

➤ B = BELONGING.

The dominant narrative is one of exclusion. We have to create, with community partners, a strong narrative of inclusion. Address trauma and create space for healing.

The spirit of inclusion provides for a shared sense of purpose in community.

ABC

- **C=Change the Conditions. Change the Odds.** Opportunity structures are critical particularly schools and criminal justice system in the lives of young people of color.
- Health inequities are structurally and systematically manufactured by the conditions that families and communities struggle against.

COMMUNITY. POWER. JUSTICE.



BHC: The HOW

Building Healthy Communities | Theory of Change



Building Healthy Communities

Drivers of Change

People
Power

Youth
Leadership,
Development
and Organizing

Enhanced
Collaboration
& Policy
Innovation

Leveraging
Partnerships
& Resources

Changing
the
Narrative

POWER

POLICY

NARRATIVE

COMMUNITY. POWER. JUSTICE.



BHC: The WHAT

PREVENTION

SCHOOLS



NEIGHBORHOODS





"Transformative Twelve" Policy Domains



Health Happens In
Schools



Health Happens in
Neighborhoods



Health Happens with
Prevention

Healthy People 2020 Social Determinants of Health Framework



health
happens
here



Results





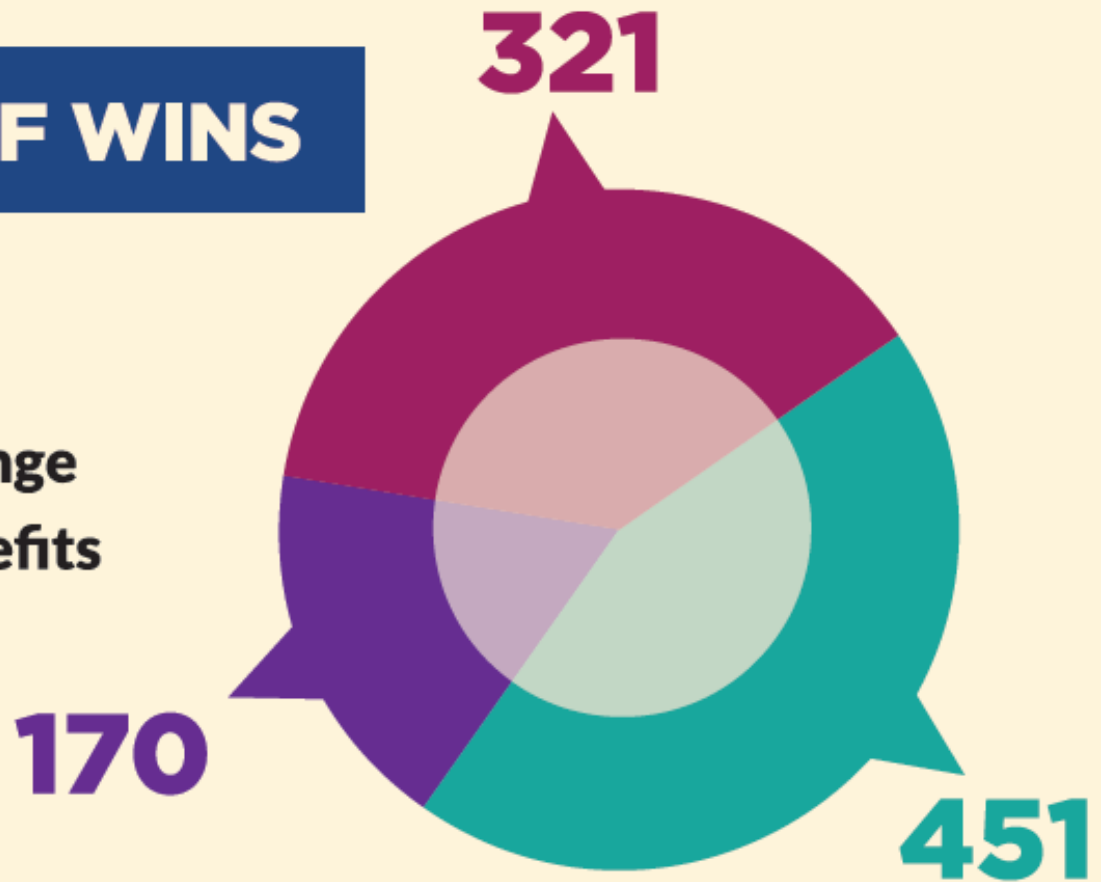
That's
PEOPLE POWER!



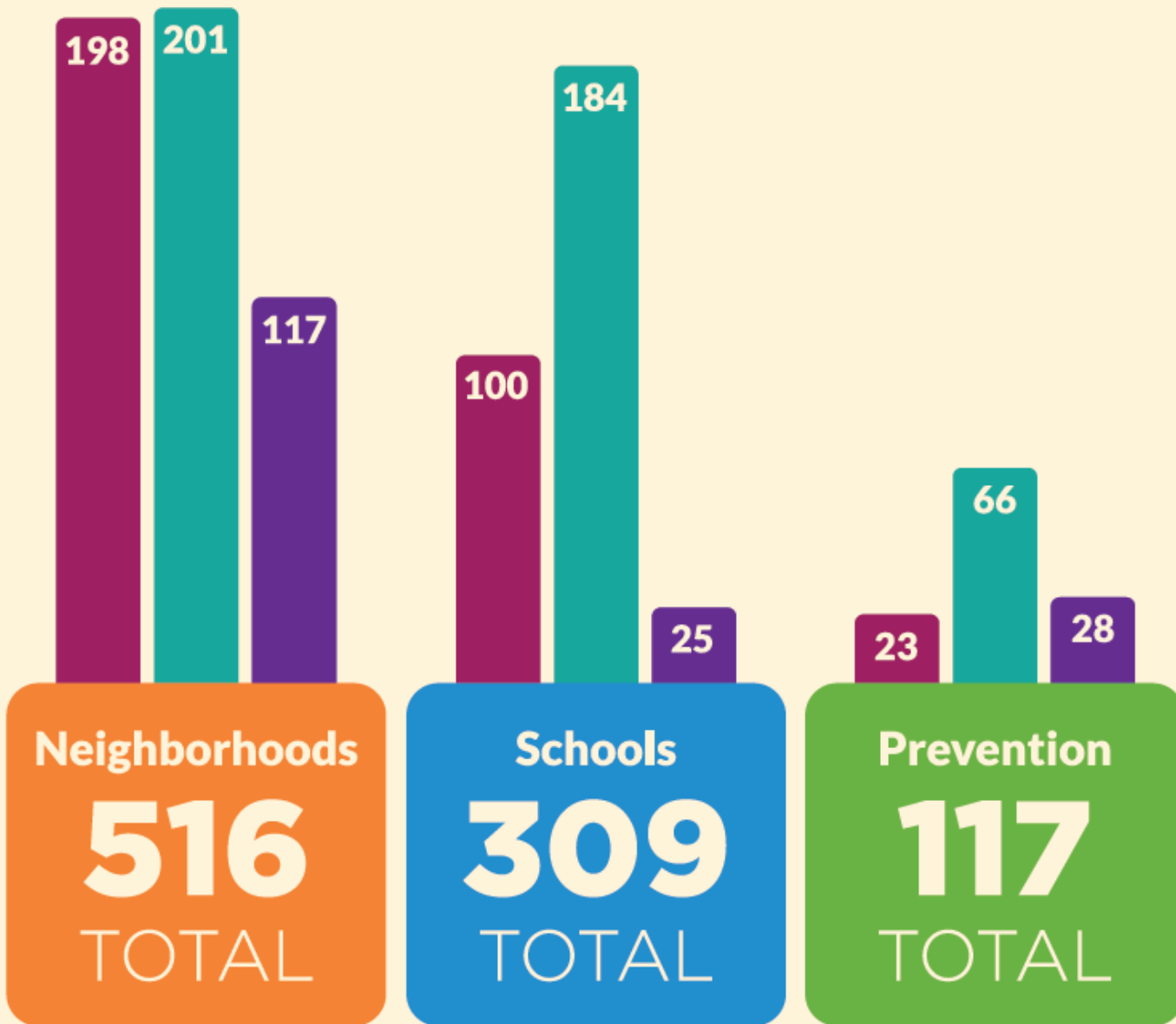
942 TOTAL WINS

NUMBER OF WINS

- Policy
- Systems Change
- Tangible Benefits



CAMPAIGN WINS BY 3 CAMPAIGNS





5,600



#Health4All



5,000



FRESNO

HEALTH4ALL



8,000



LONG BEACH



ENVIRONMENTAL JUSTICE



150,000

COACHELLA

CLEAN
WATER





CITY HEIGHTS HALAL SCHOOL LUNCH



RICHMOND CRIME



Get Loud.



This is Our Moment.



Final Thoughts

- **Redefine Health**
- **Foster a Culture of Inclusion**
- **Strengthen Our Social Compact**

Questions



Contact Information

Tony Iton, MD, JD, MPH

Senior Vice President
The California Endowment

Learn more at www.buildinghealthycommunities.org #ChangeTheOdds



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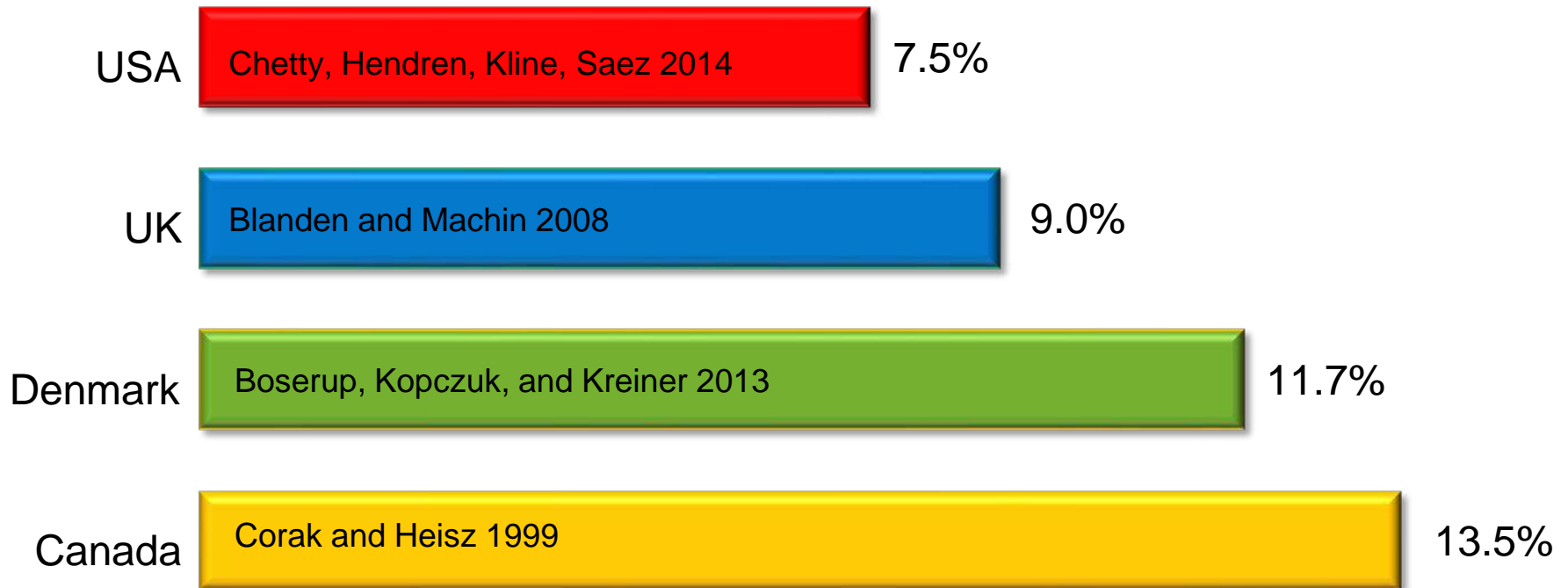


LinkedIn:

<https://www.linkedin.com/in/drtonyiton>

The American Dream?

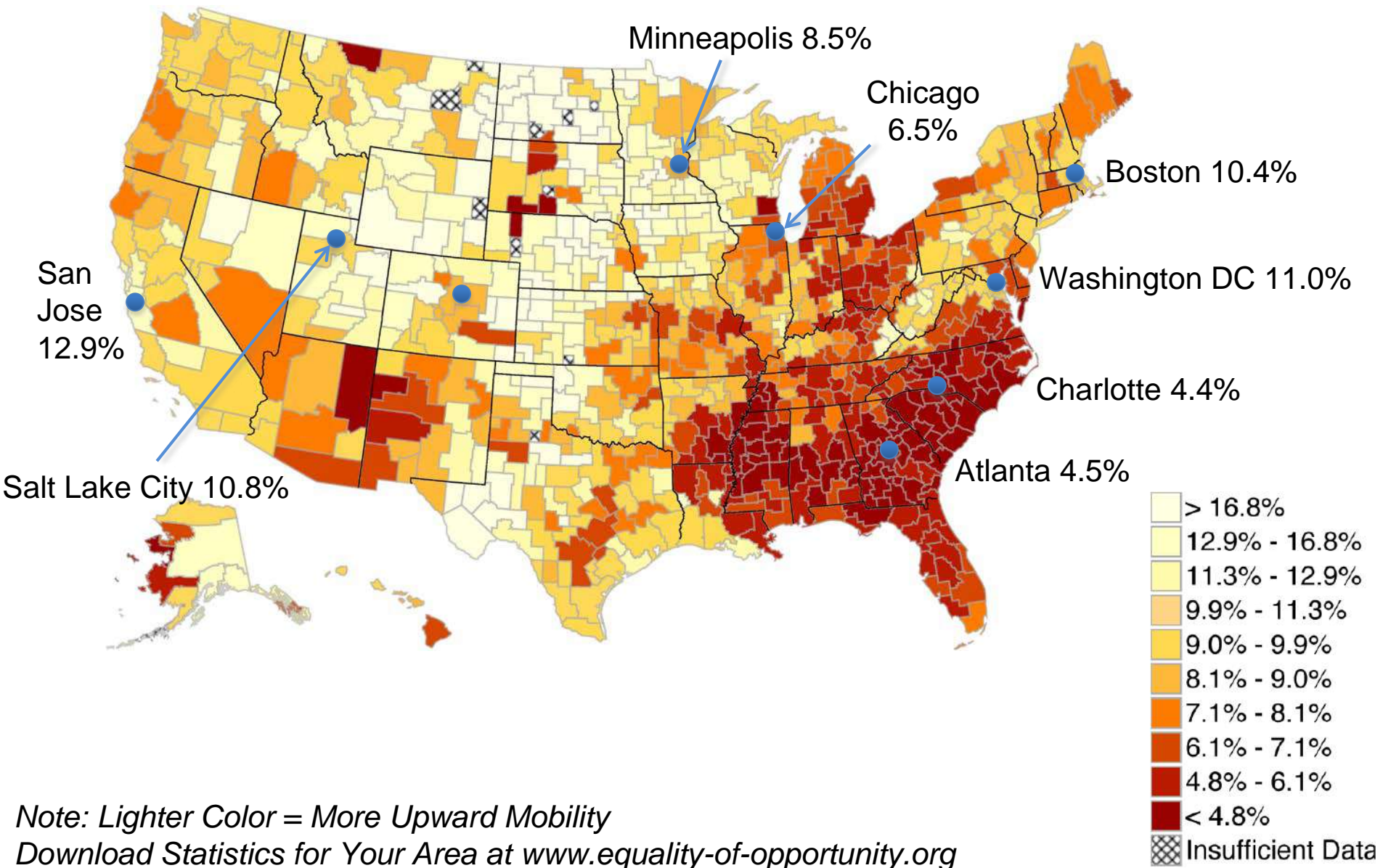
- Odds that a child born to parents in the bottom fifth of the income distribution reaches the top fifth:



→ Chances of achieving the “American Dream” are almost two times higher in Canada than in the U.S.

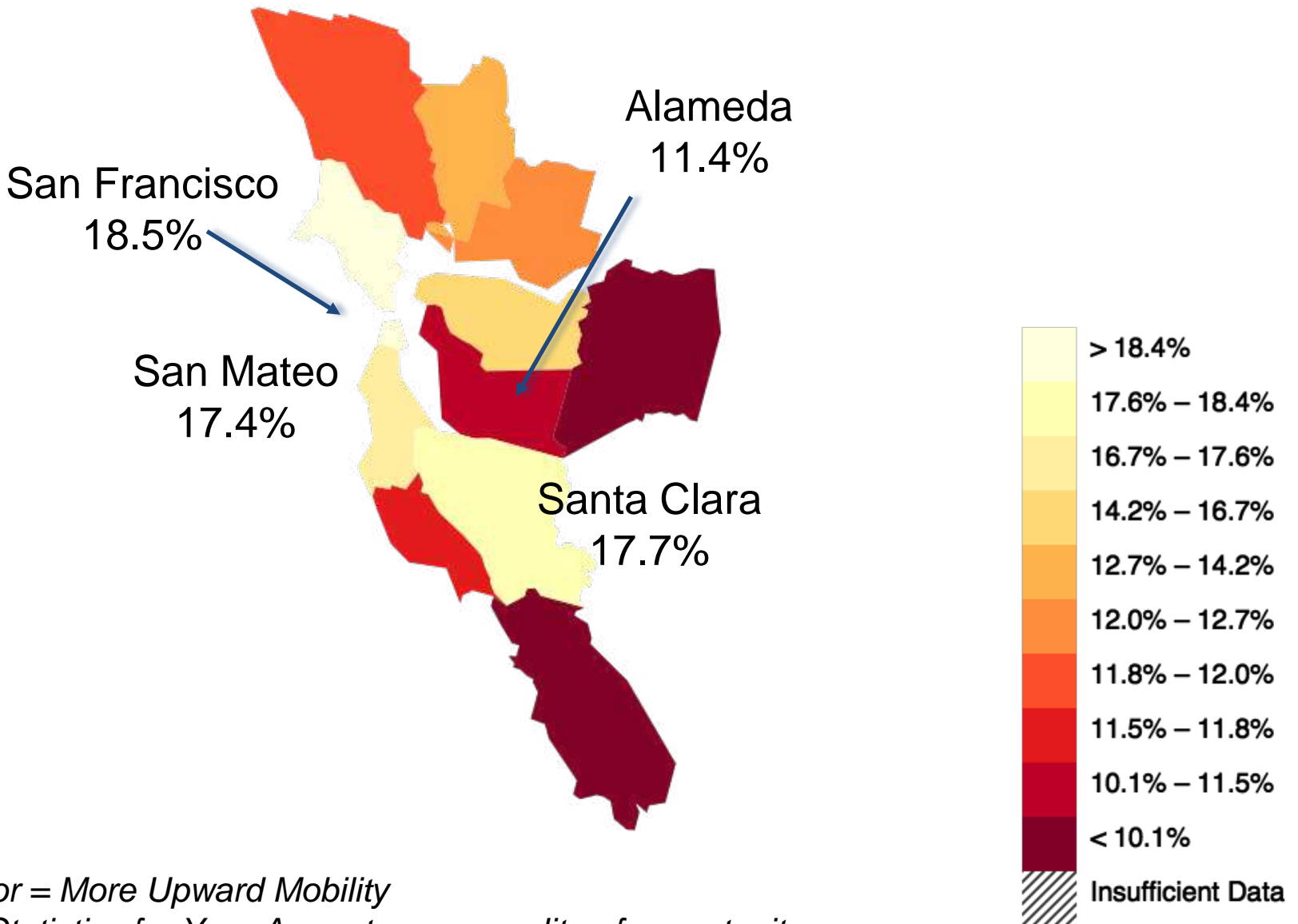
The Geography of Upward Mobility in the United States

Chances of Reaching the Top Fifth Starting from the Bottom Fifth by Metro Area



The Geography of Upward Mobility in the Bay Area

Chances of Reaching the Top Fifth Starting from the Bottom Fifth by County



Lighter Color = More Upward Mobility
Download Statistics for Your Area at www.equality-of-opportunity.org

Figure 6. Cumulative human immunodeficiency virus (HIV) diagnoses (red) and simulated incidence (light blue), by date. ...

