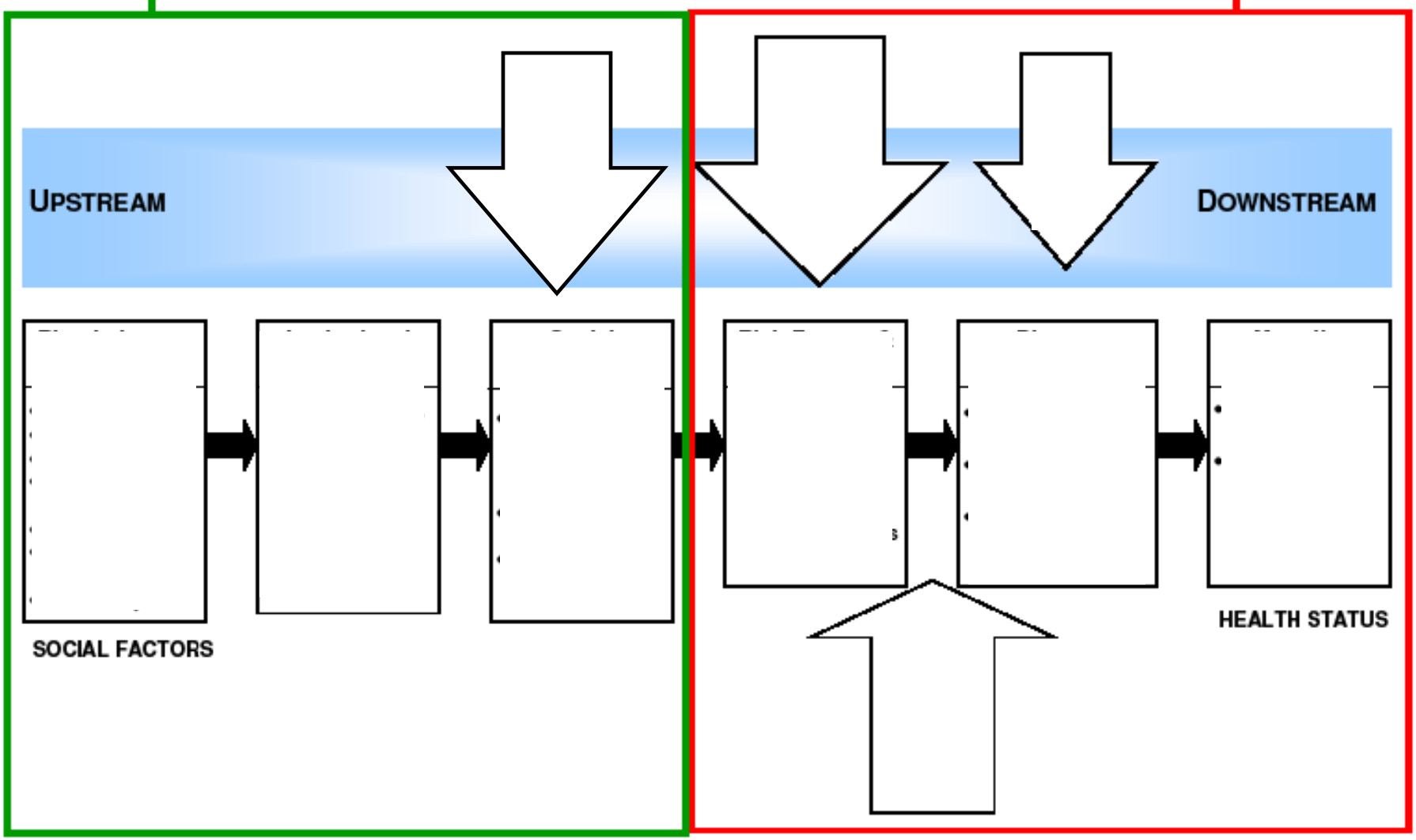
Understanding The Root Causes of Health: What Communities Can Do About It

Shasta County Leadership Summit
April 21, 2010
Gaia Hotel

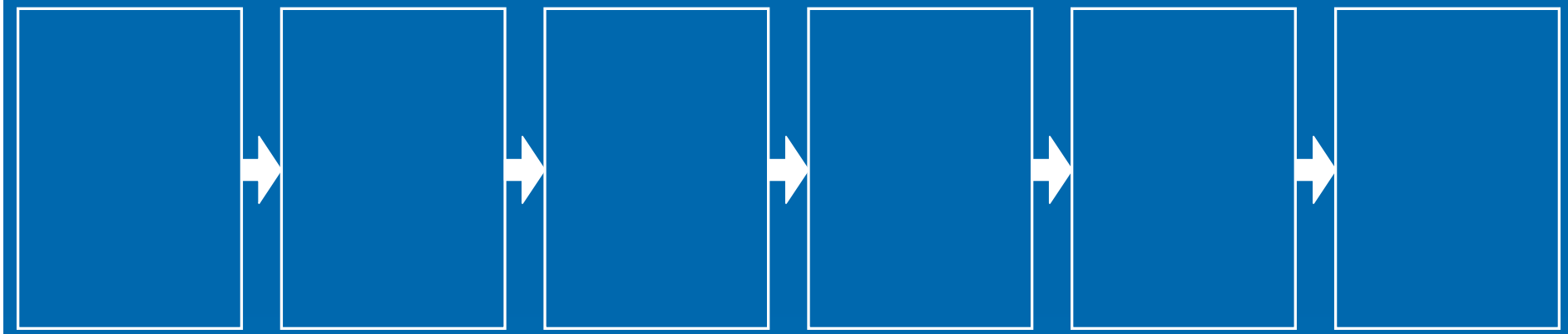
Tony Iton, M.D., J.D., MPH
Senior Vice President, Healthy Communities
The California Endowment

A Framework for Health Equity



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

BARHII Framework



Infant mortality

Mortality

Life expectancy

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11(REV 10/4)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER: 3200701000029

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): DONALD
2. MIDDLE: H.
3. LAST (Family): DUCK

AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST):

4. DATE OF BIRTH mm/dd/ccyy: 02/14/1937
5. AGE Yrs.: 69
IF UNDER ONE YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
6. SEX: M

9. BIRTH STATE/FOREIGN COUNTRY: FINLAND
10. SOCIAL SECURITY NUMBER: 243-65-9974
11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK
12. MARITAL STATUS (at time of Death): NEVER MARRIED
7. DATE OF DEATH mm/dd/ccyy: 01/16/2007
8. HOUR (24 Hours): 0034

13. EDUCATION — Highest Level/Degree (see worksheet on back): 06
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back.) ☐ YES ☒ NO
16. DECEDENT'S RACE — Up to 6 races may be listed (see worksheet on back): CAUCASIAN

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

USUAL RESIDENCE

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

INFORMANT

26. INFORMANT'S NAME AND RELATIONSHIP: SUE -, MOUSE
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 345 HIGH ST, OAKLAND, CA 94601

SPOUSE AND PARENT INFORMATION

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

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 01/22/2007
40. PLACE OF FINAL DISPOSITION: RES 345 HIGH ST, OAKLAND, CA 94601

41. TYPE OF DISPOSITION(S): CR/RES
42. SIGNATURE OF EMBALMER: MANUEL FLORES
43. LICENSE NUMBER: EMB6370

44. NAME OF FUNERAL ESTABLISHMENT: CLARENCE N COOPER MORTUARY INC
45. LICENSE NUMBER: FD381
46. SIGNATURE OF LOCAL REGISTRAR: ANTHONY ITON, M.D.
47. DATE mm/dd/ccyy: 01/18/2007

PLACE OF DEATH

101. PLACE OF DEATH: EDEN MEDICAL CENTER
102. IF HOSPITAL, SPECIFY ONE: ☒ IP ☐ ER/OP ☐ DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: ☐ Hospice ☐ Nursing Home/LTC ☐ Decedent's Home ☐ Other

104. COUNTY: ALAMEDA
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 20103 LAKE CHABOT RD
106. CITY: CASTRO VALLEY

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
(A) PNEUMONIA
(B) BRONCITIS
(C)
(D)

Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

Time Interval Between Onset and Death: (AT) HRS; (BT) DAYS; (CT); (DT)

108. DEATH REPORTED TO CORONER? ☒ YES ☐ NO — REFERRAL NUMBER: 0
109. BIOPSY PERFORMED? ☐ YES ☒ NO
110. AUTOPSY PERFORMED? ☐ YES ☒ NO
111. USED IN DETERMINING CAUSE? ☐ YES ☒ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: DEMENTIA

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): NO
113A. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☐ NO ☐ UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
Decedent Attended Since: (A) mm/dd/ccyy 02/03/2006; (B) mm/dd/ccyy 01/10/2007
115. SIGNATURE AND TITLE OF CERTIFIER: GARY WINSETT BROWN M.D.
116. LICENSE NUMBER: A38965
117. DATE mm/dd/ccyy
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: MICHAEL ANDREW HOGARTH M.D. 2315 STOCKTON BLVD, SACRAMENTO, CA 95817

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined
120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK
121. INJURY DATE mm/dd/ccyy
122. HOUR (24 Hours)

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)

126. SIGNATURE OF CORONER / DEPUTY CORONER
127. DATE mm/dd/ccyy
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR

A	B	C	D	E

012007000007315

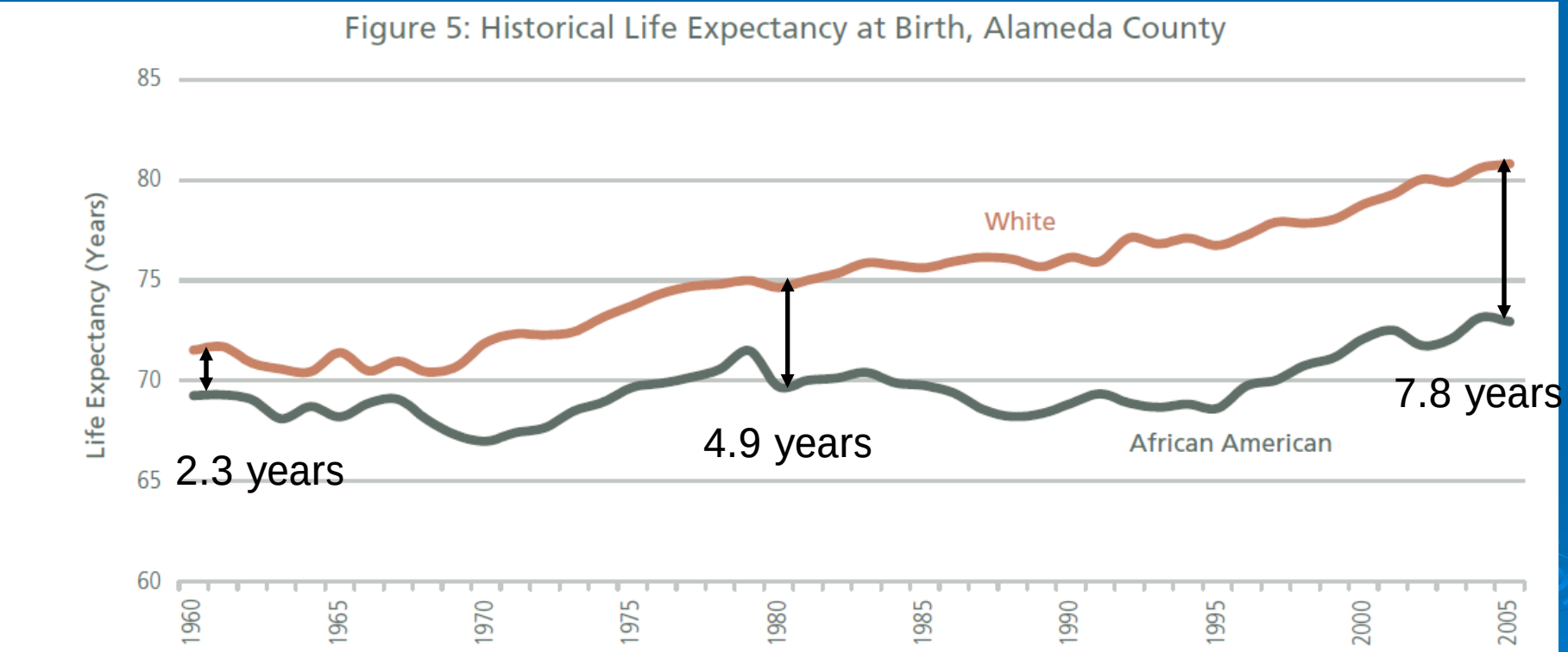
FAX AUTH. #

CENSUS TRACT

EDC TRAINING

Race and Racism Matters:

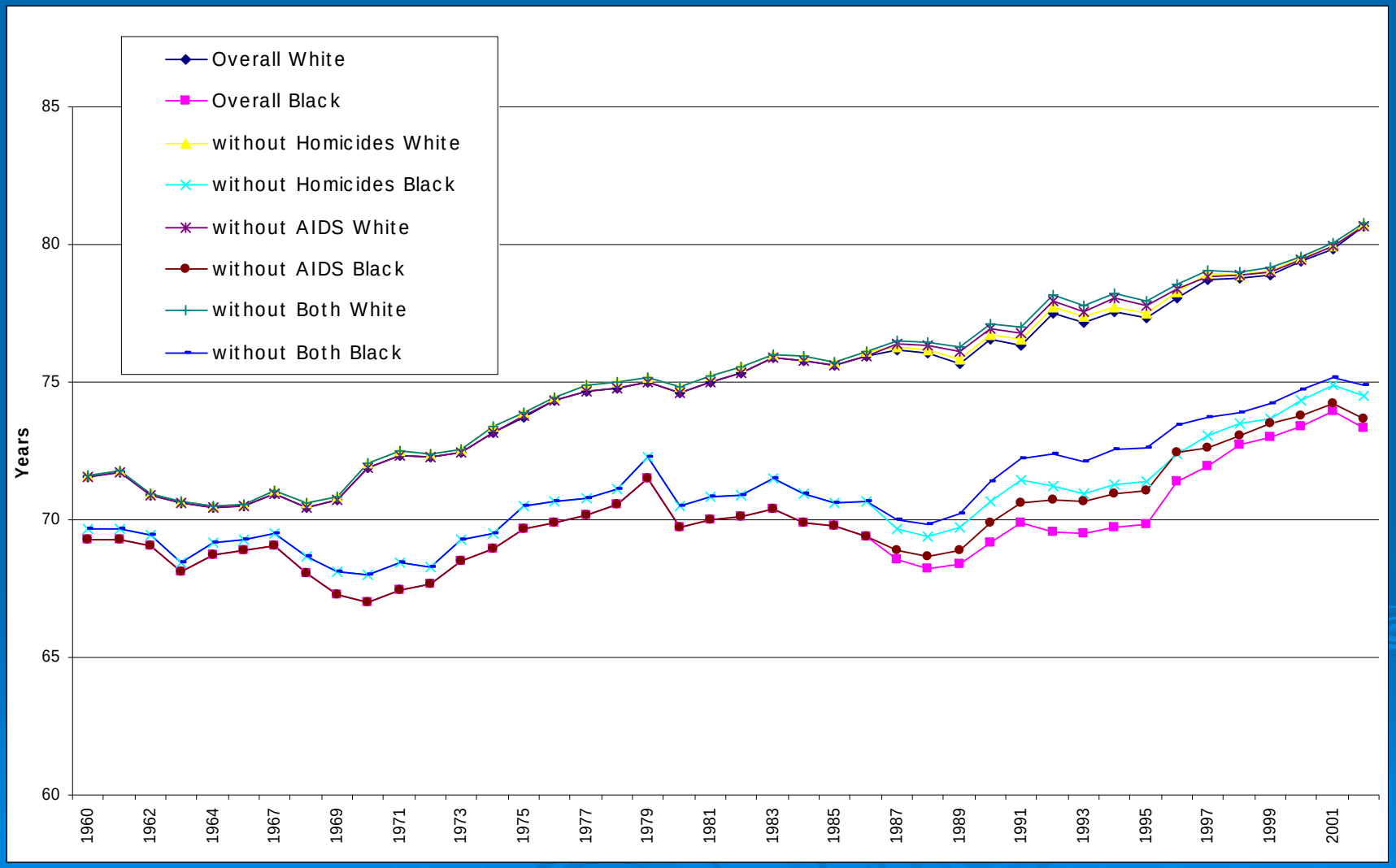
Health Inequities by Race/Ethnicity



Note: White and African American defined regardless of Latino origin.
Source: Alameda County vital statistics files, 1960-2005.

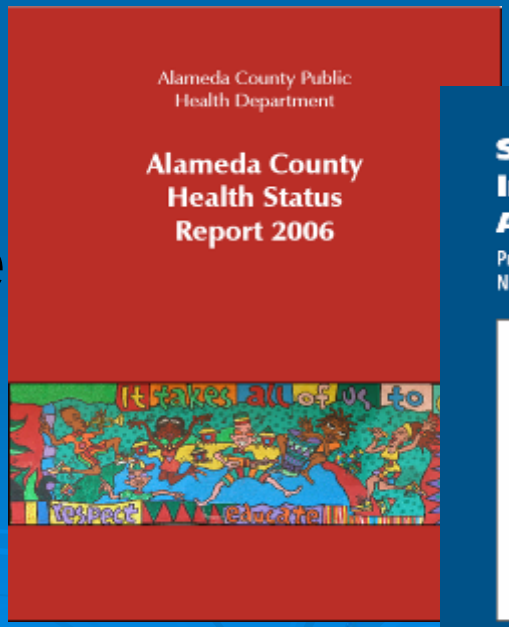
Race and Racism Matters:

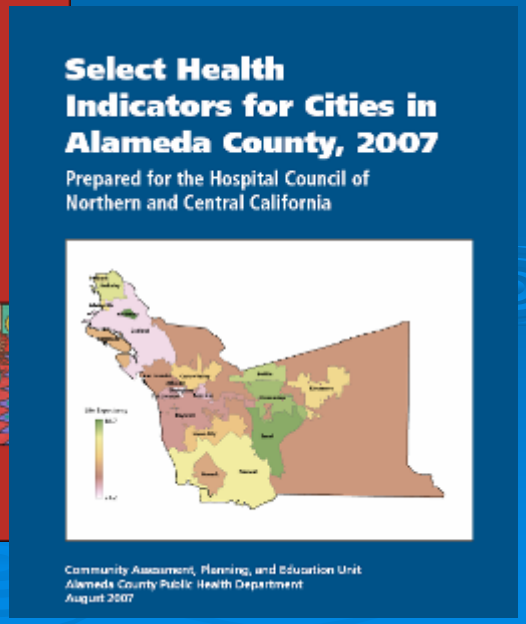
Health Inequities by Race/Ethnicity

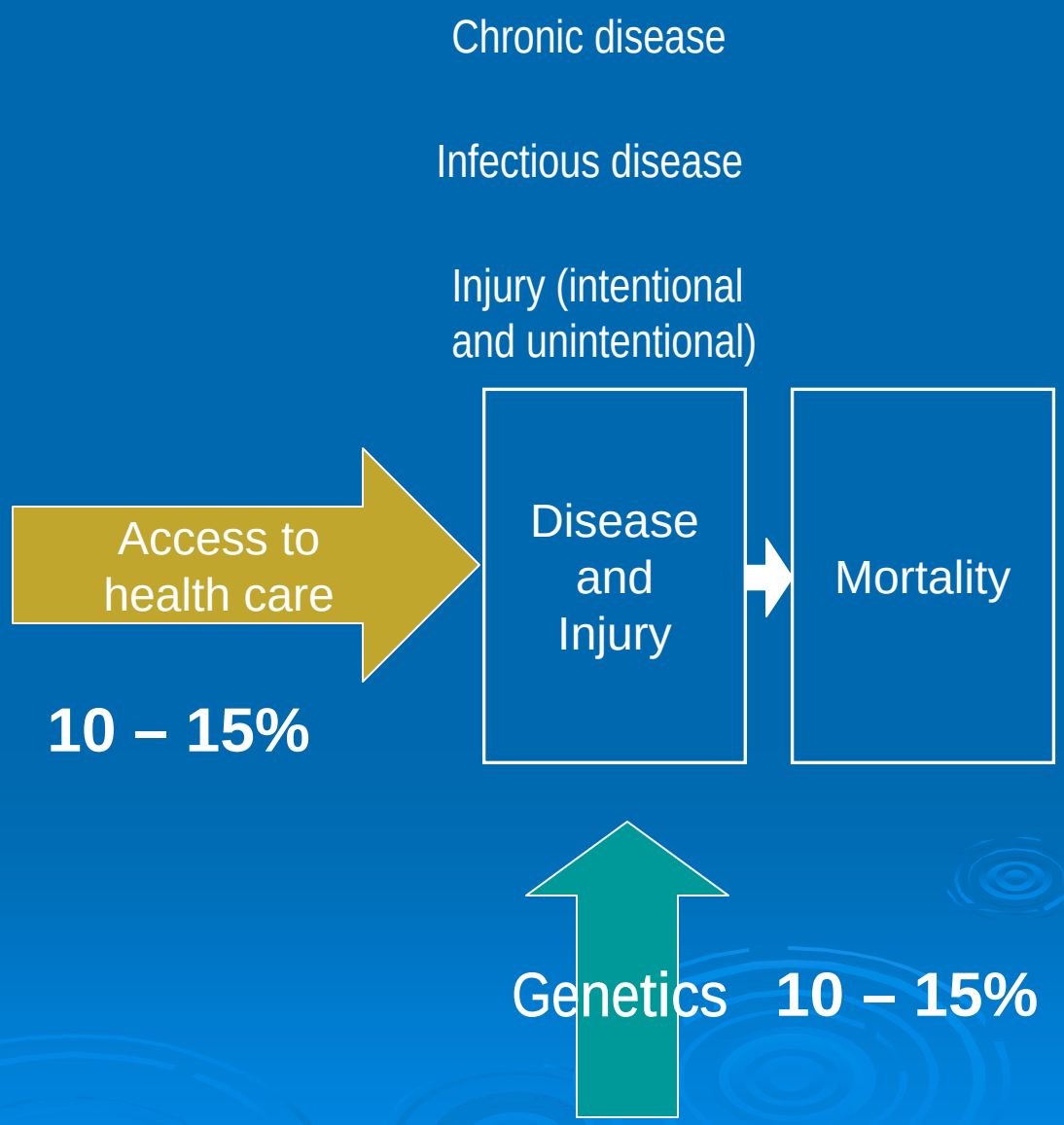


What Do We Know?

- Major improvements in health outcomes
- Major health inequities persist or are growing - poorer residents and African Americans bear the greatest burden of poor health outcomes
- Big gap in life expectancy
- Major inequities in life expectancy and mortality driven by chronic diseases

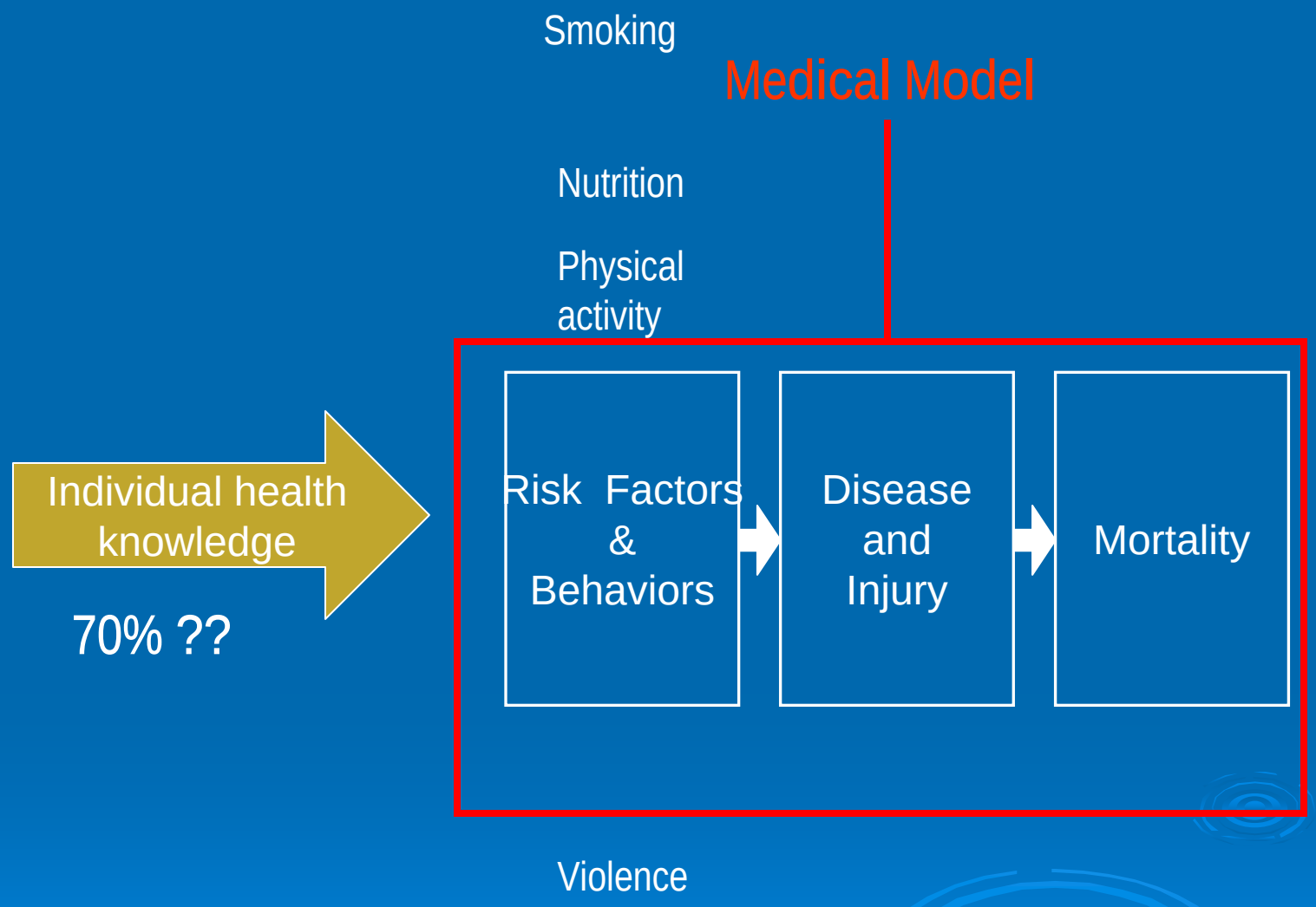





Chronic disease
Infectious disease
Injury (intentional and unintentional)
Access to health care
10 – 15%
Disease and Injury
Mortality
Genetics
10 – 15%

References

- Lalonde M. A new perspective on the health of Canadians. Ottawa: Office of the Canadian Minister of National Health and Welfare. 1974.
- Blum HL. Social perspective on risk reduction. Family and Community Health 1981; 3(1)41-50.
- Blum HL. Expanding health care horizons from a general systems concept of health to a national health policy. Oakland: Third Party Publishing Company 1983.
- Adler NE, Newman K. Socioeconomic disparities in health pathways and policies. Health Affairs 2002; 21(2):60-76.
- McGinnis, J.M and Foege, W.H. Actual Causes of Death in the United States. JAMA 1993 Nov 10;270(18):2207-12


Smoking
Medical Model
Nutrition
Physical activity
Individual health knowledge
70% ??
Risk Factors & Behaviors
Disease and Injury
Mortality
Violence

Is This All About Personal Responsibility?

The Medical Model Assumes that "Risk Behaviors" are the Missing 70%

Medical Model Interventions
"SERVICES"

- Tend to focus on individuals
- Tend to be remedial in nature
- Do not address underlying conditions
- Expensive and difficult to sustain
- No sustained impact on health disparities
- Majority of Health, Social Services & Criminal Justice budget spent on these kind of interventions

“Services Overkill?”

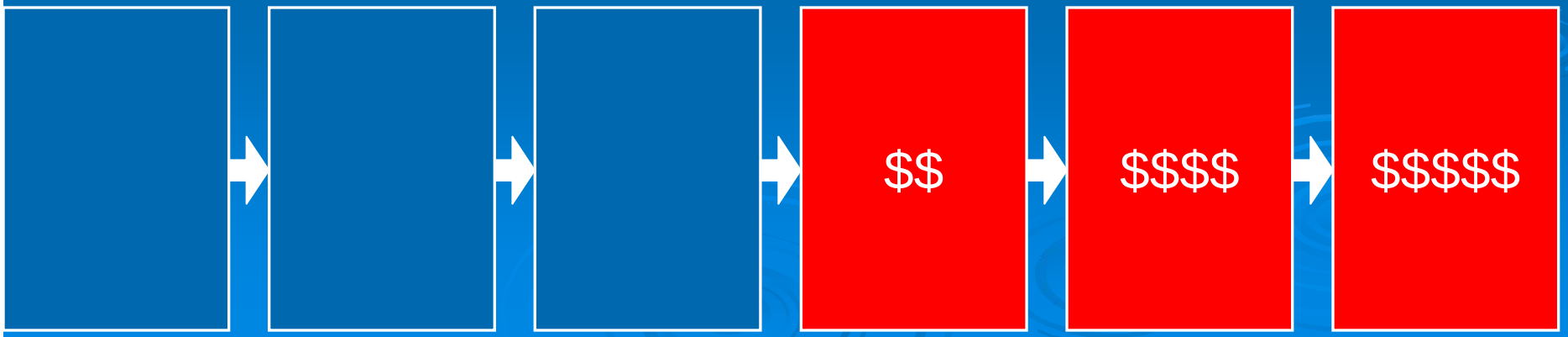
Leadership Across Sectors

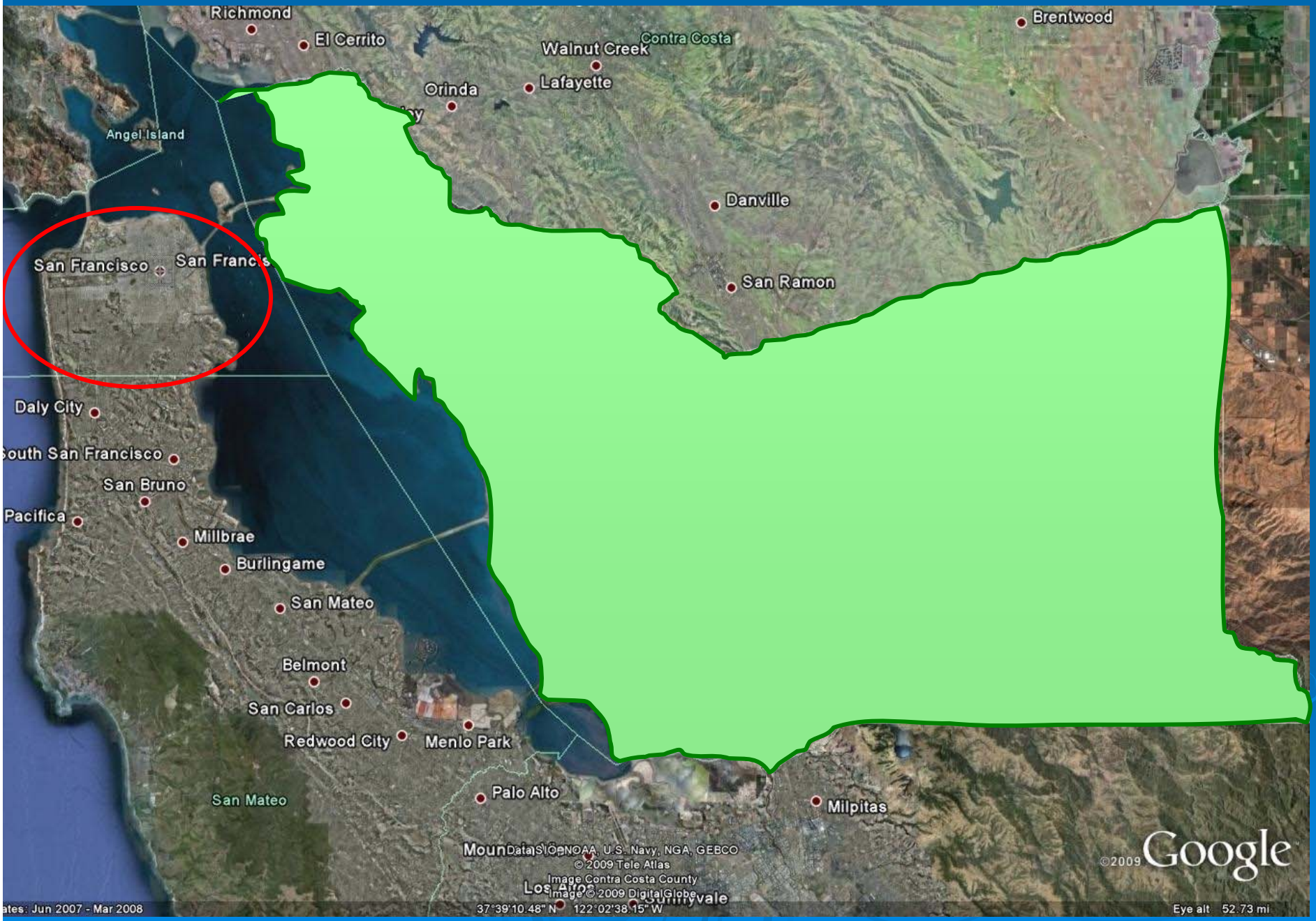
“Services Overkill?”

How Government Human Service Agencies Behave

“Services Overkill?”

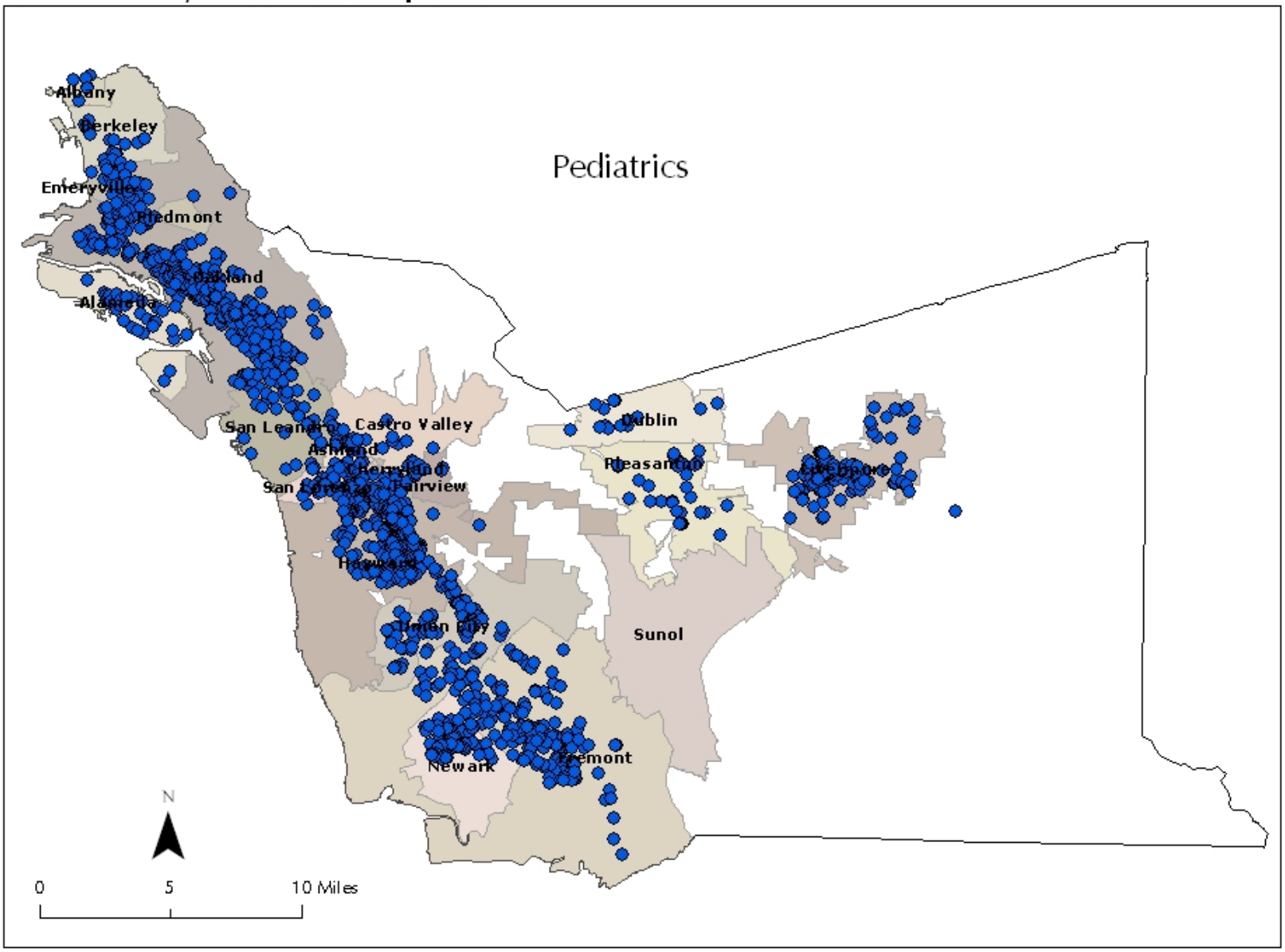
How Government Human Service Agencies Behave




Richmond
El Cerrito
Walnut Creek
Contra Costa
Brentwood
Orinda
Lafayette
Angel Island
Danville
San Francisco
San Ramon
Daly City
South San Francisco
San Bruno
Pacifica
Millbrae
Burlingame
San Mateo
Belmont
San Carlos
Redwood City
Menlo Park
Palo Alto
San Mateo
Milpitas
Data SIO, NOAA, U.S. Navy, NGA, GEBCO
© 2009 Tele Atlas
Image Contra Costa County
Image © 2009 DigitalGlobe
©2009 Google
37°39'10.48" N 122°02'38.15" W
Eye alt 52.73 mi

Service Intensity FY05-06

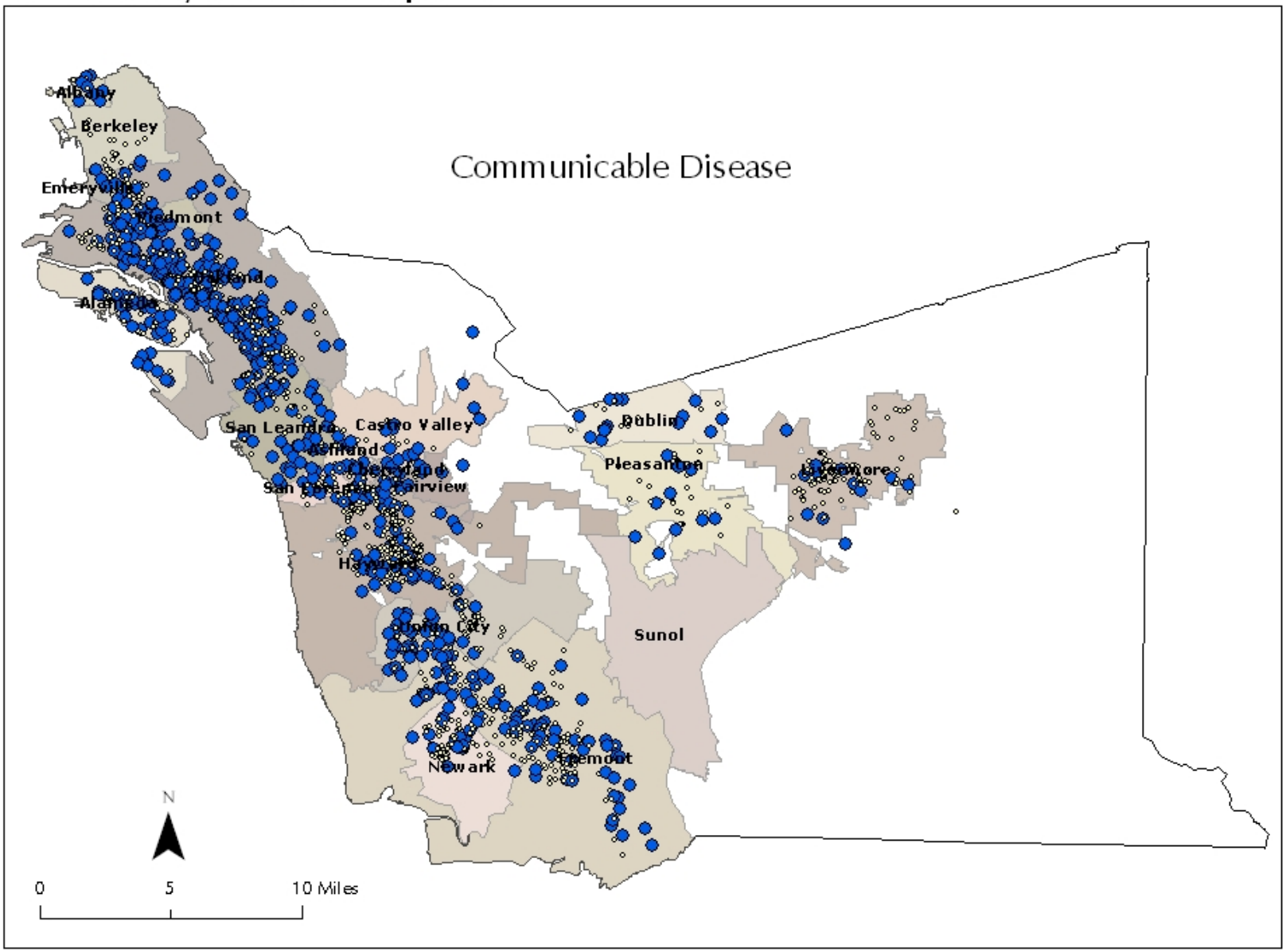
Alameda County Public Health Department



Source: CAPE.

Service Intensity FY05-06

Alameda County Public Health Department



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Service Intensity FY05-06

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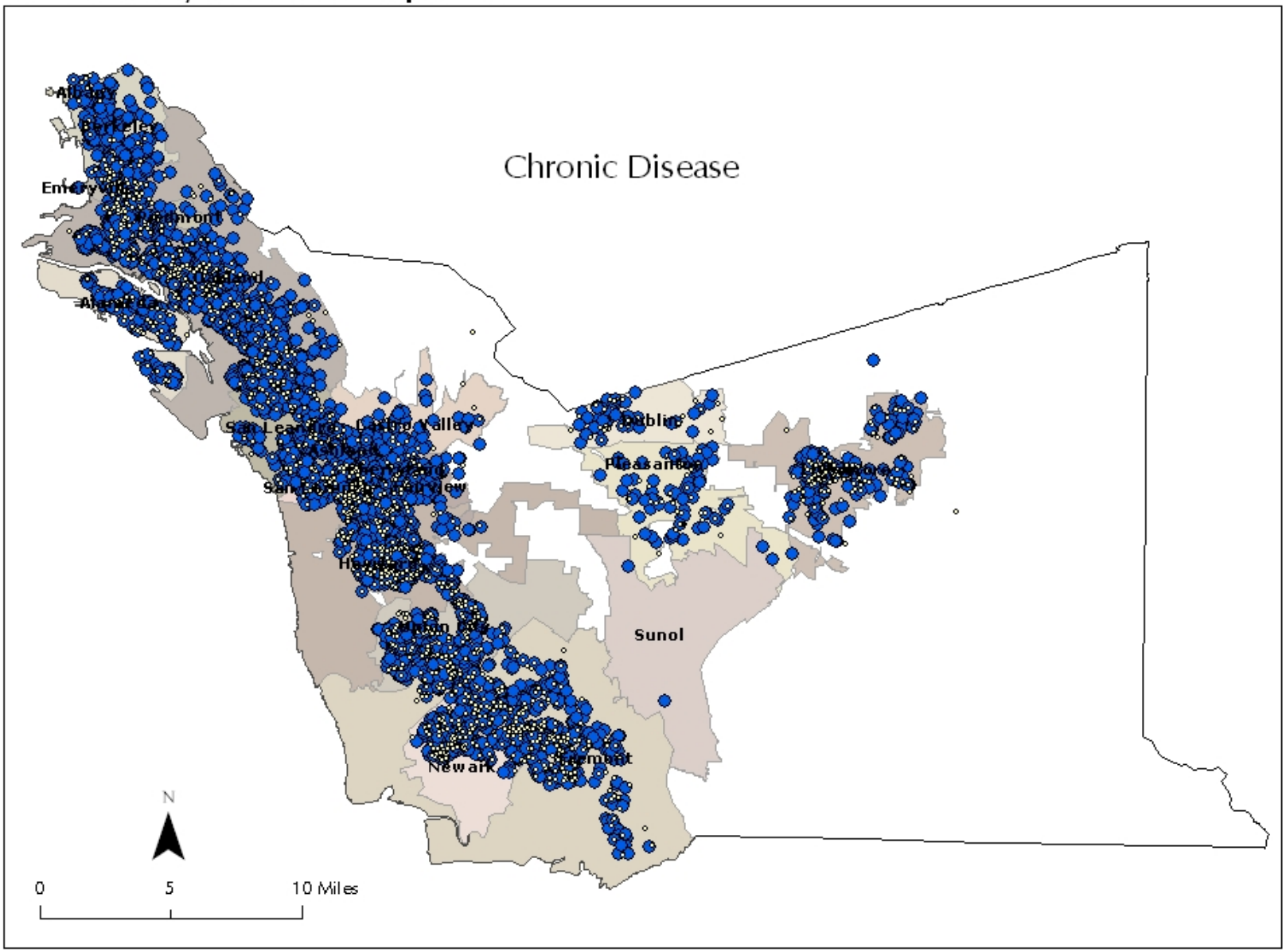

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Service Intensity FY05-06

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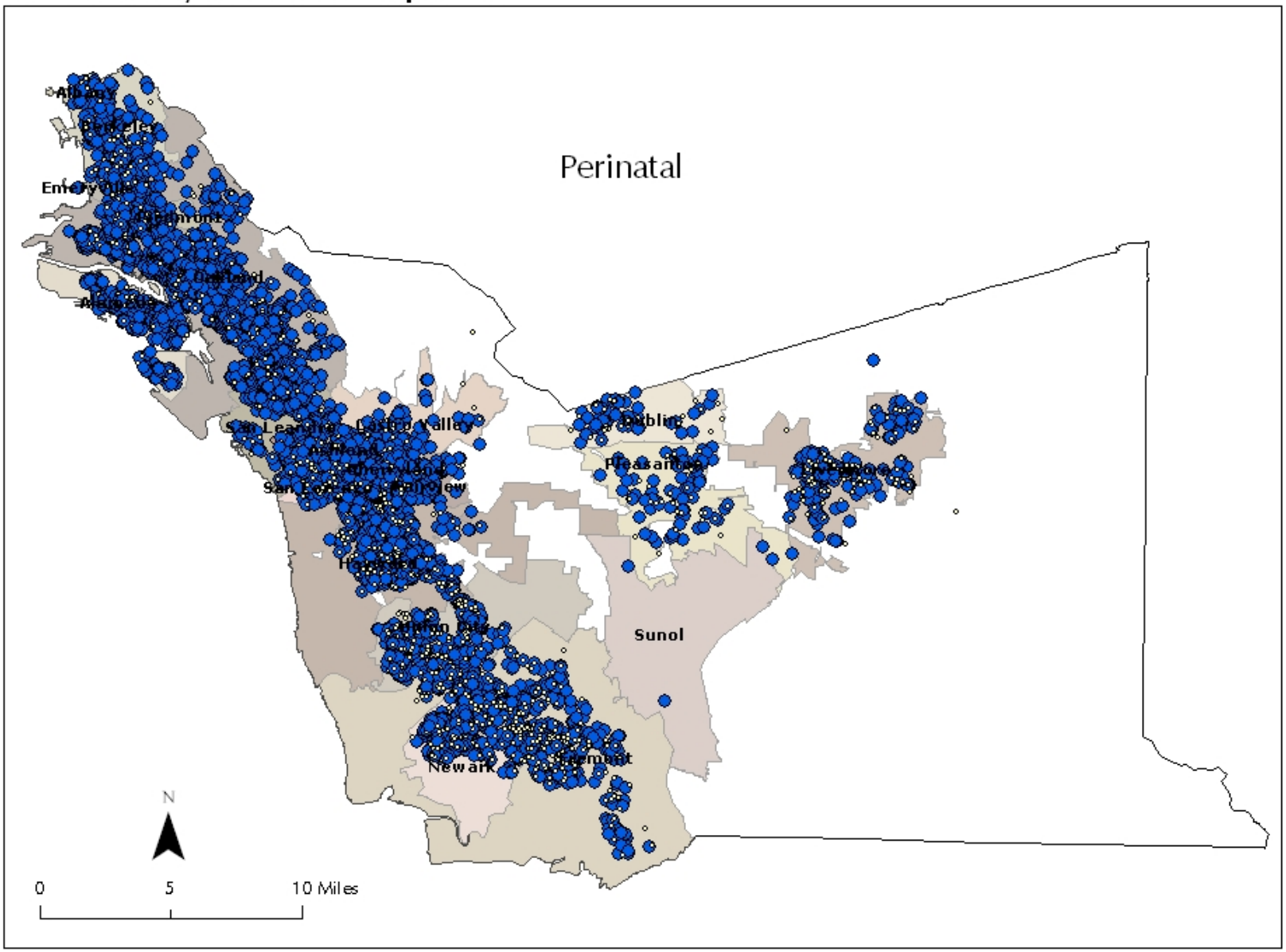

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Service Intensity FY05-06

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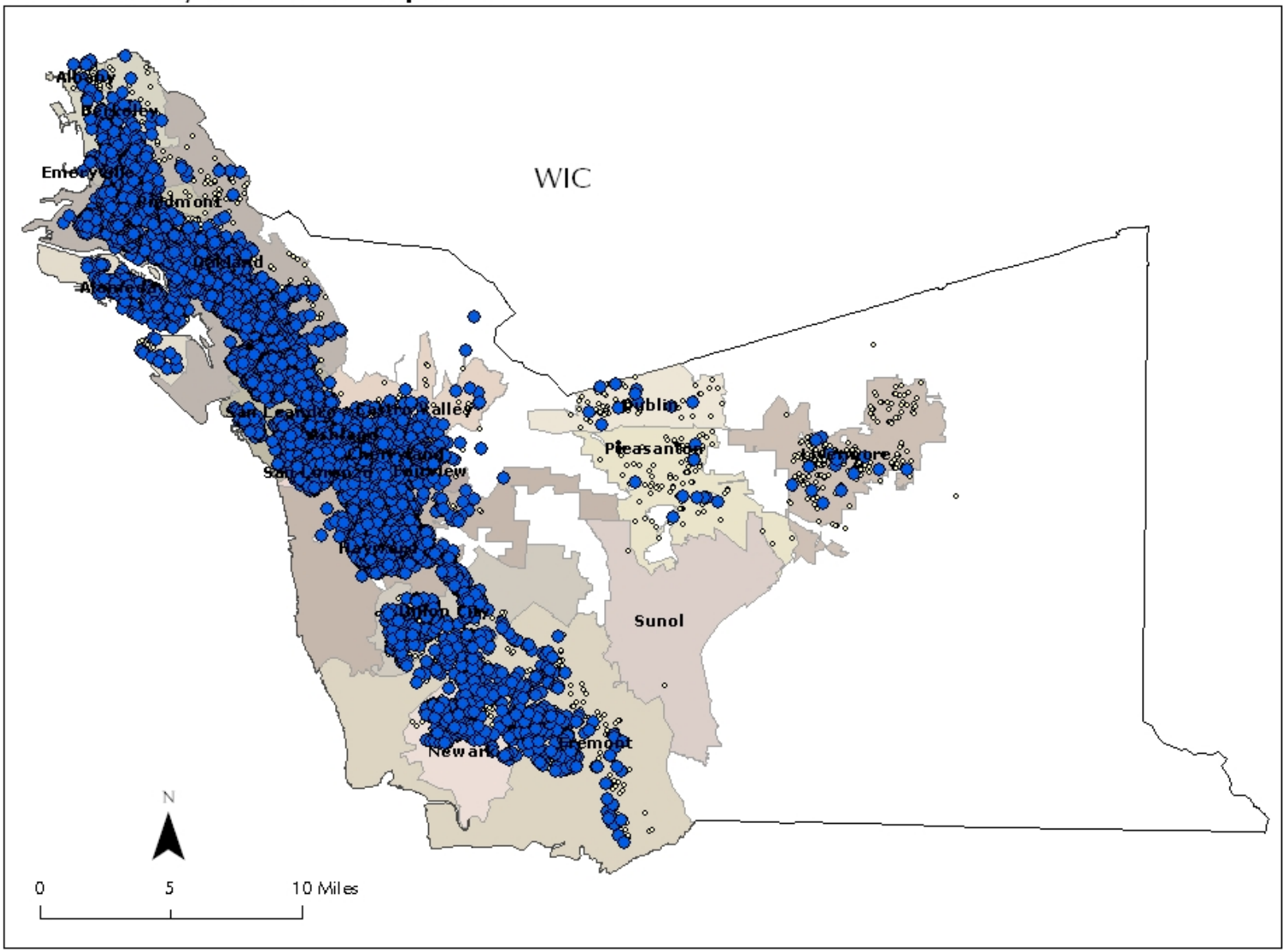

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Service Intensity FY05-06

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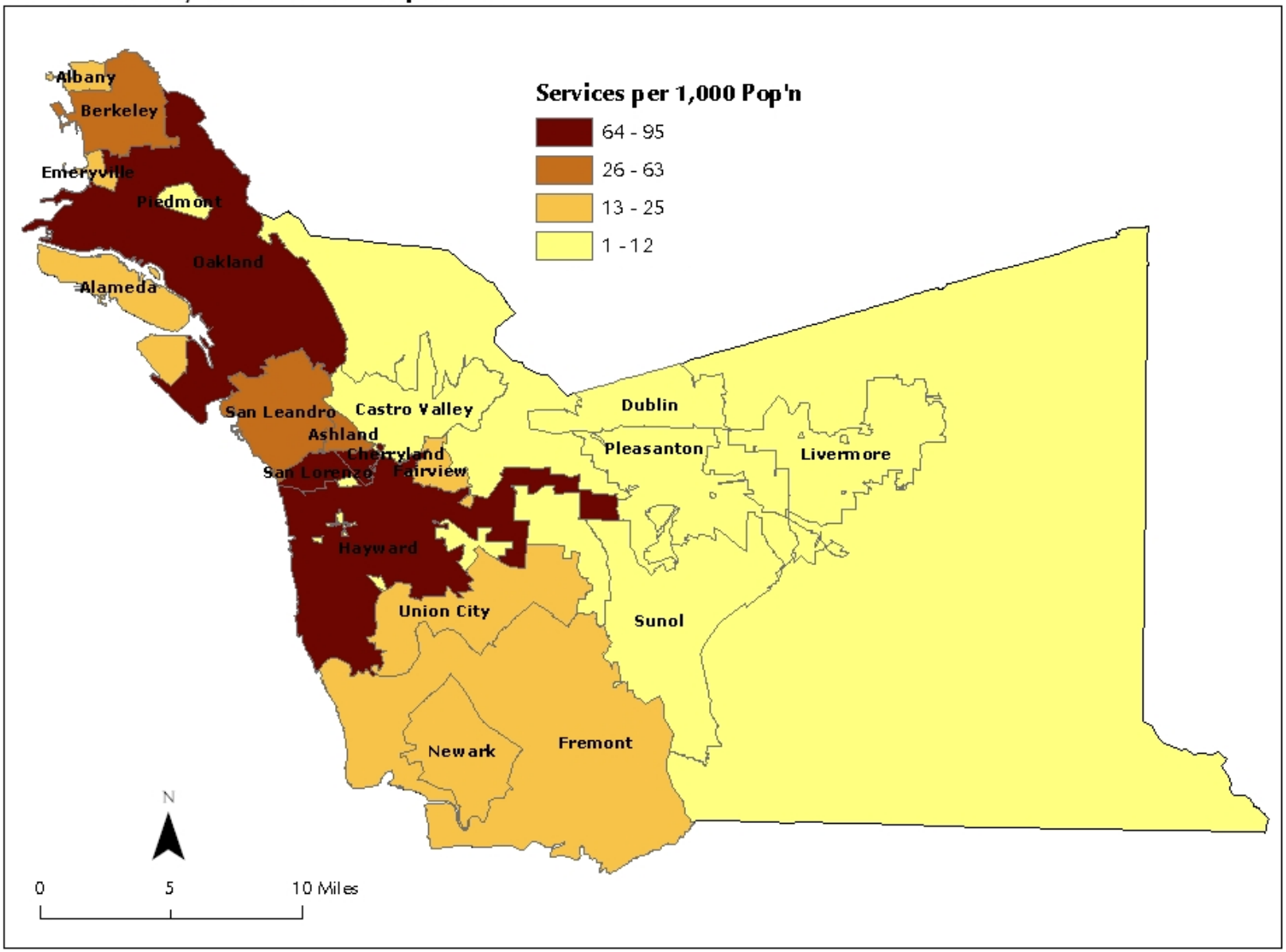

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Service Intensity FY05-06

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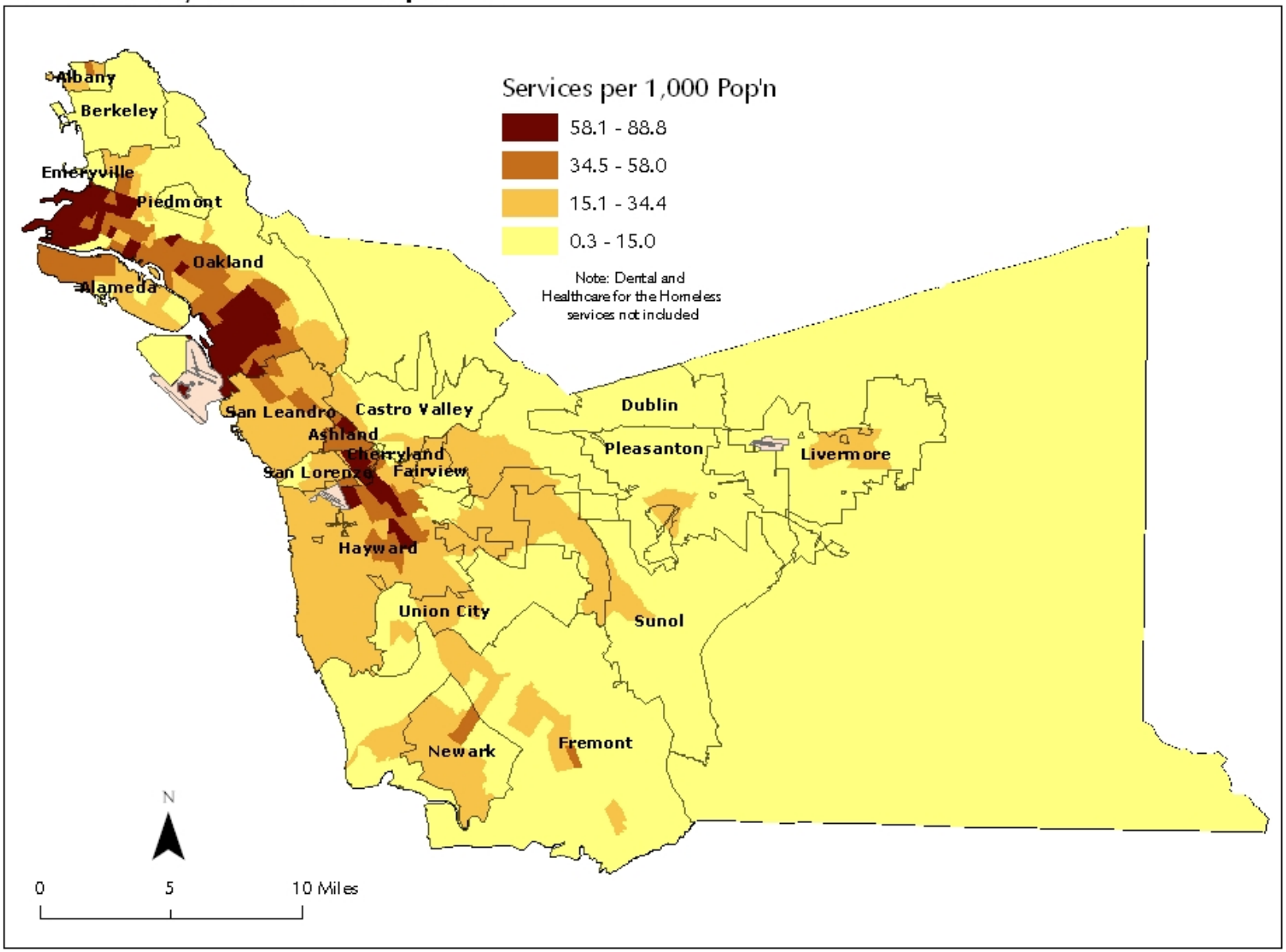
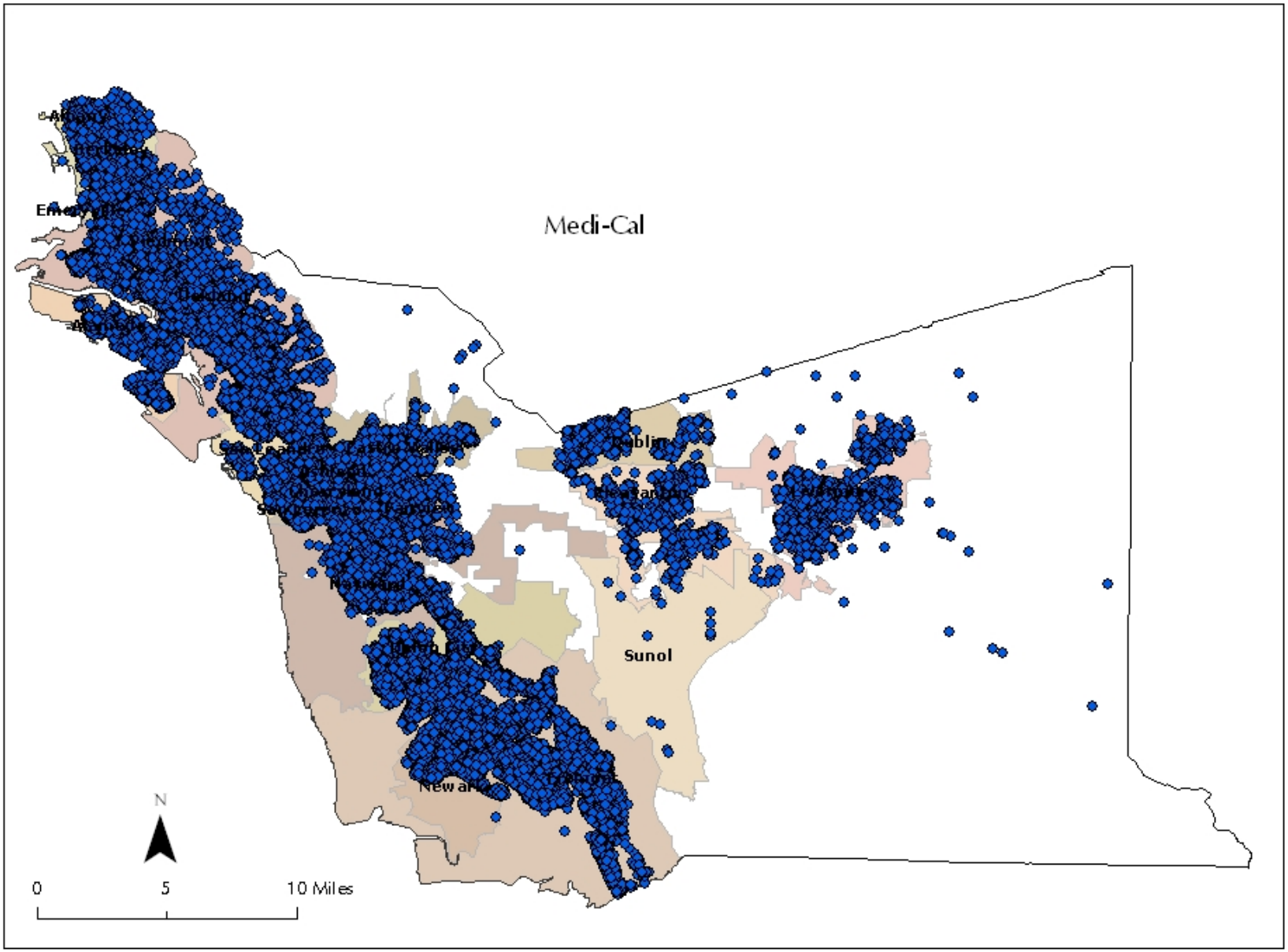


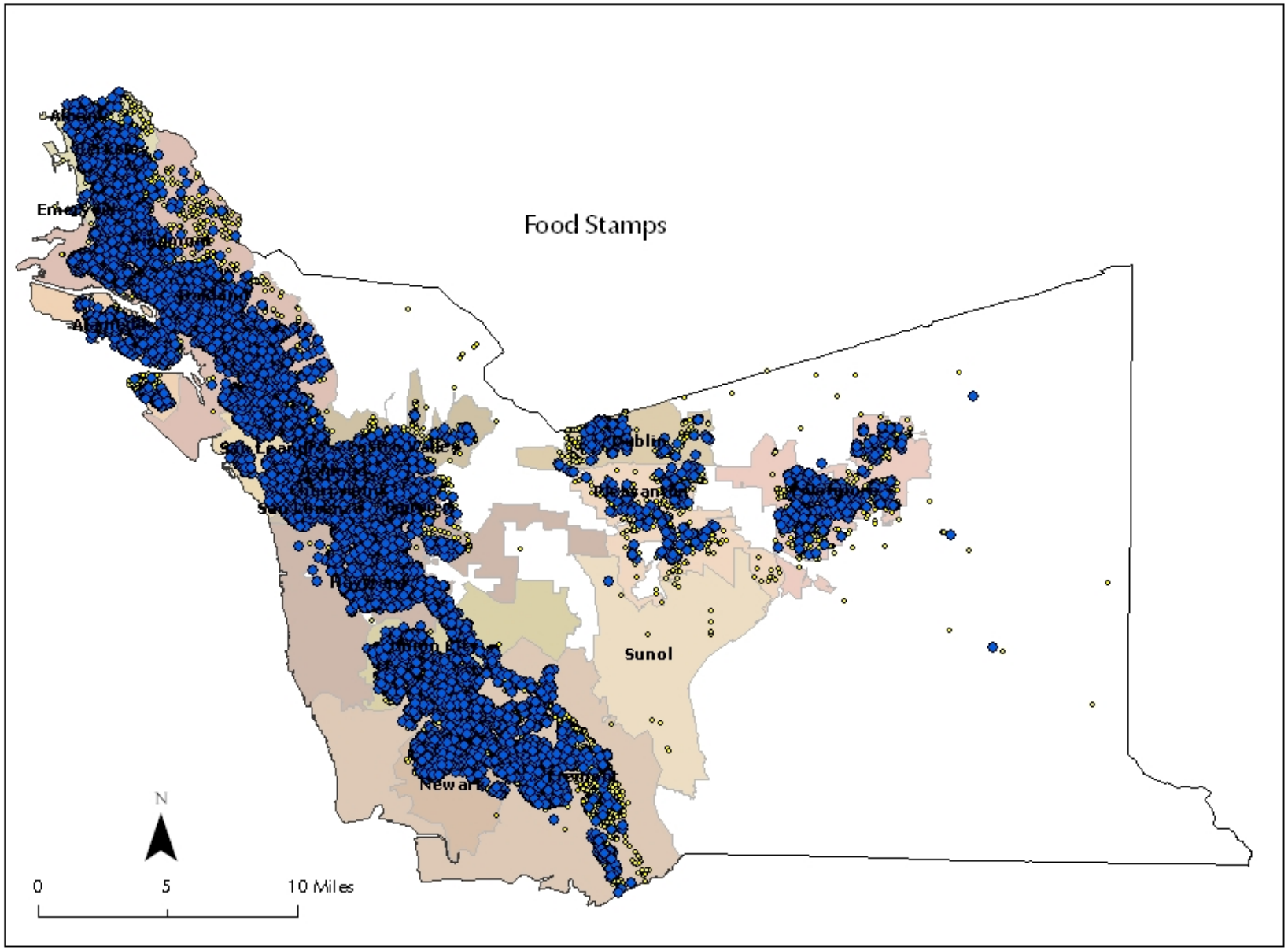
Source: CAPE.

Social Services



Source: CAPE, with data from SSA.

Social Services



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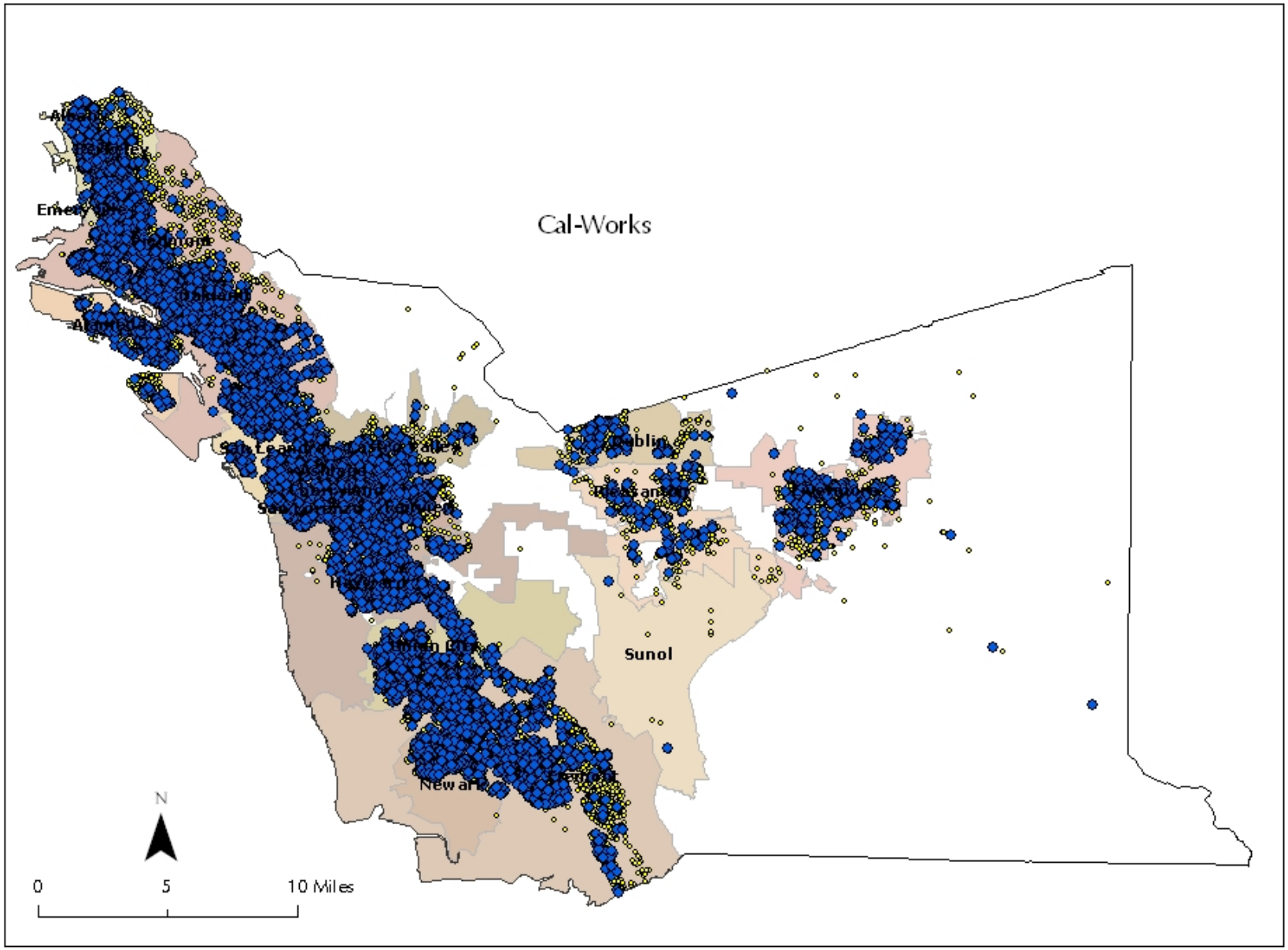

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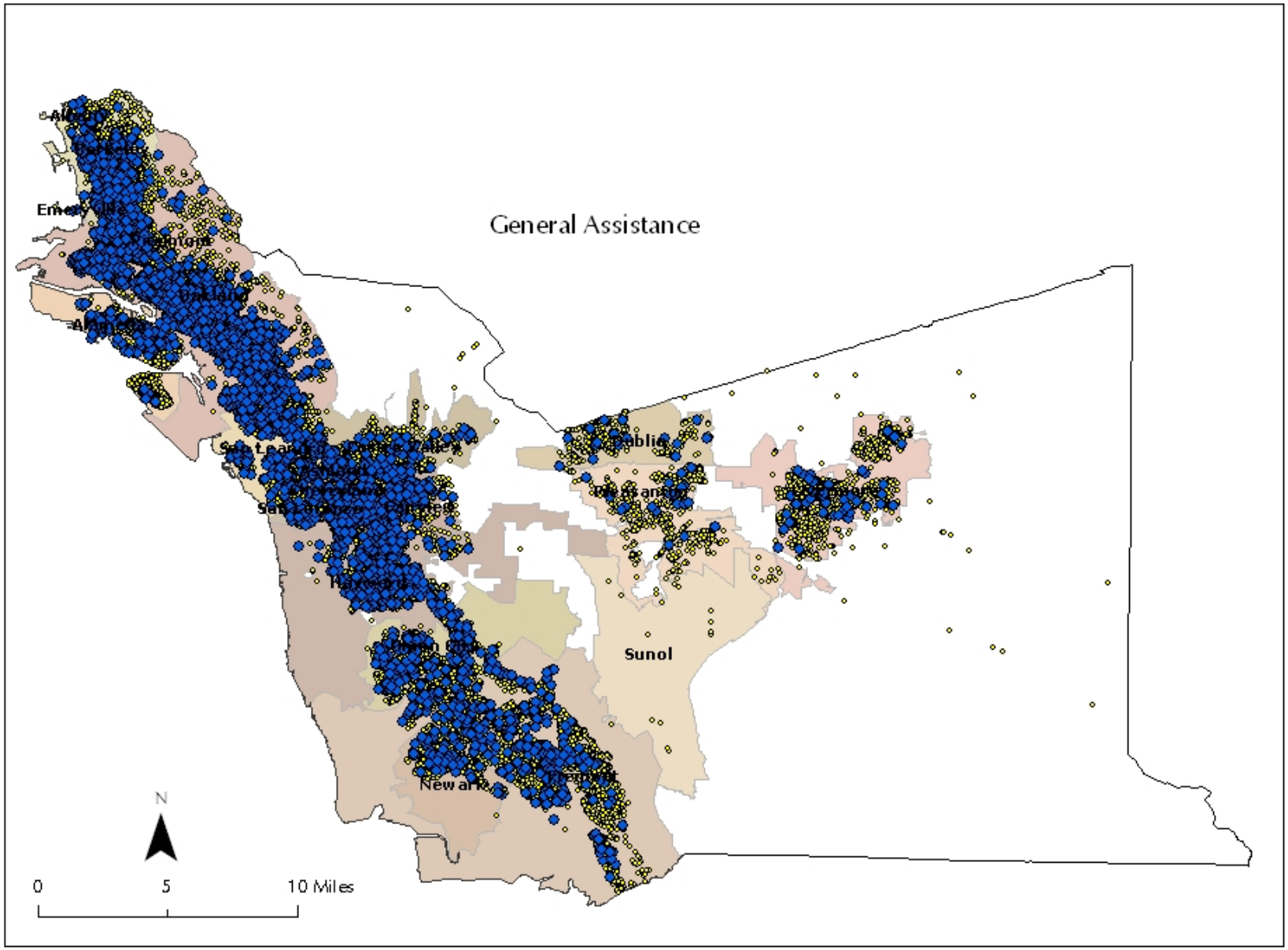
Social Services



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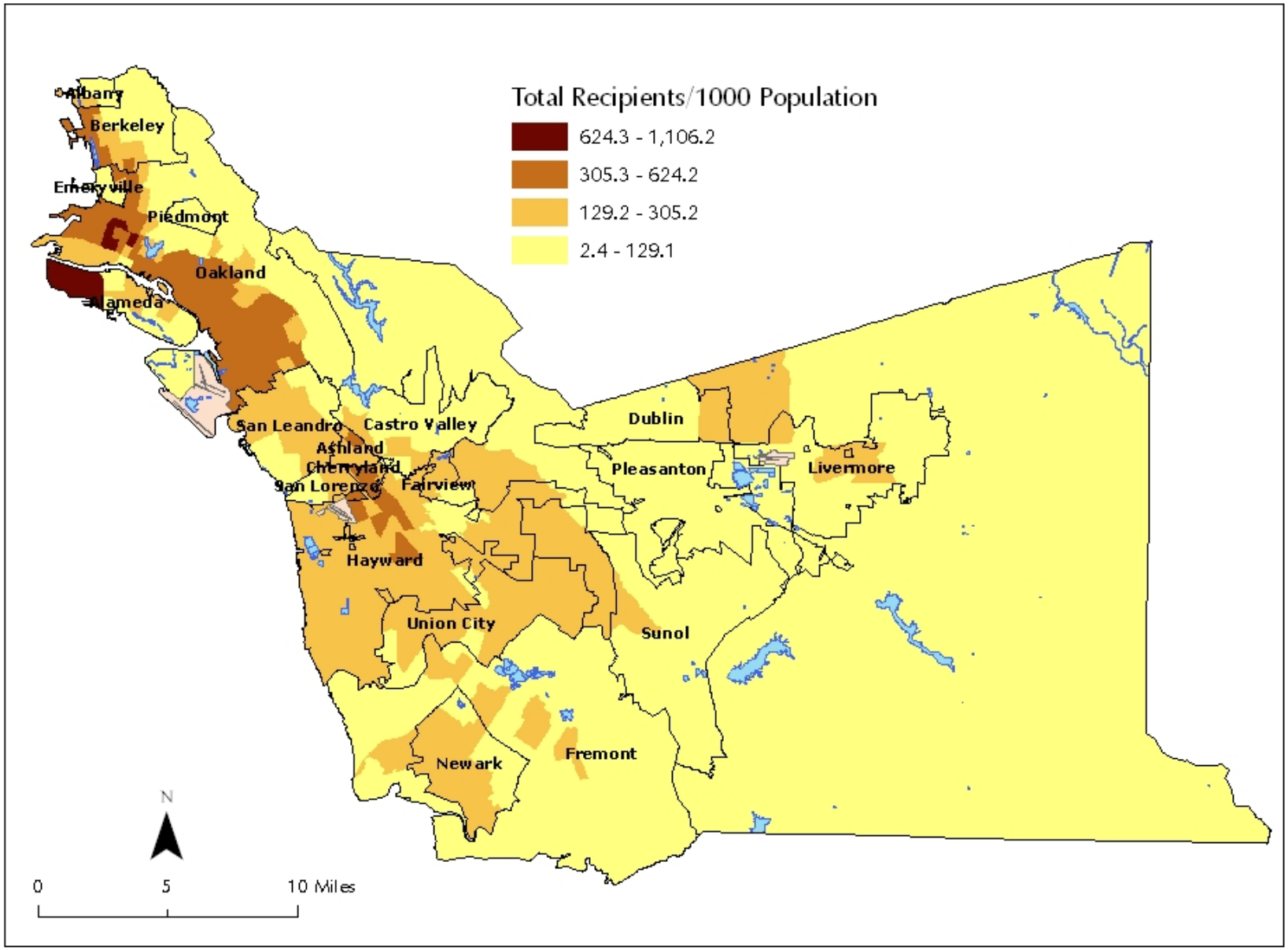
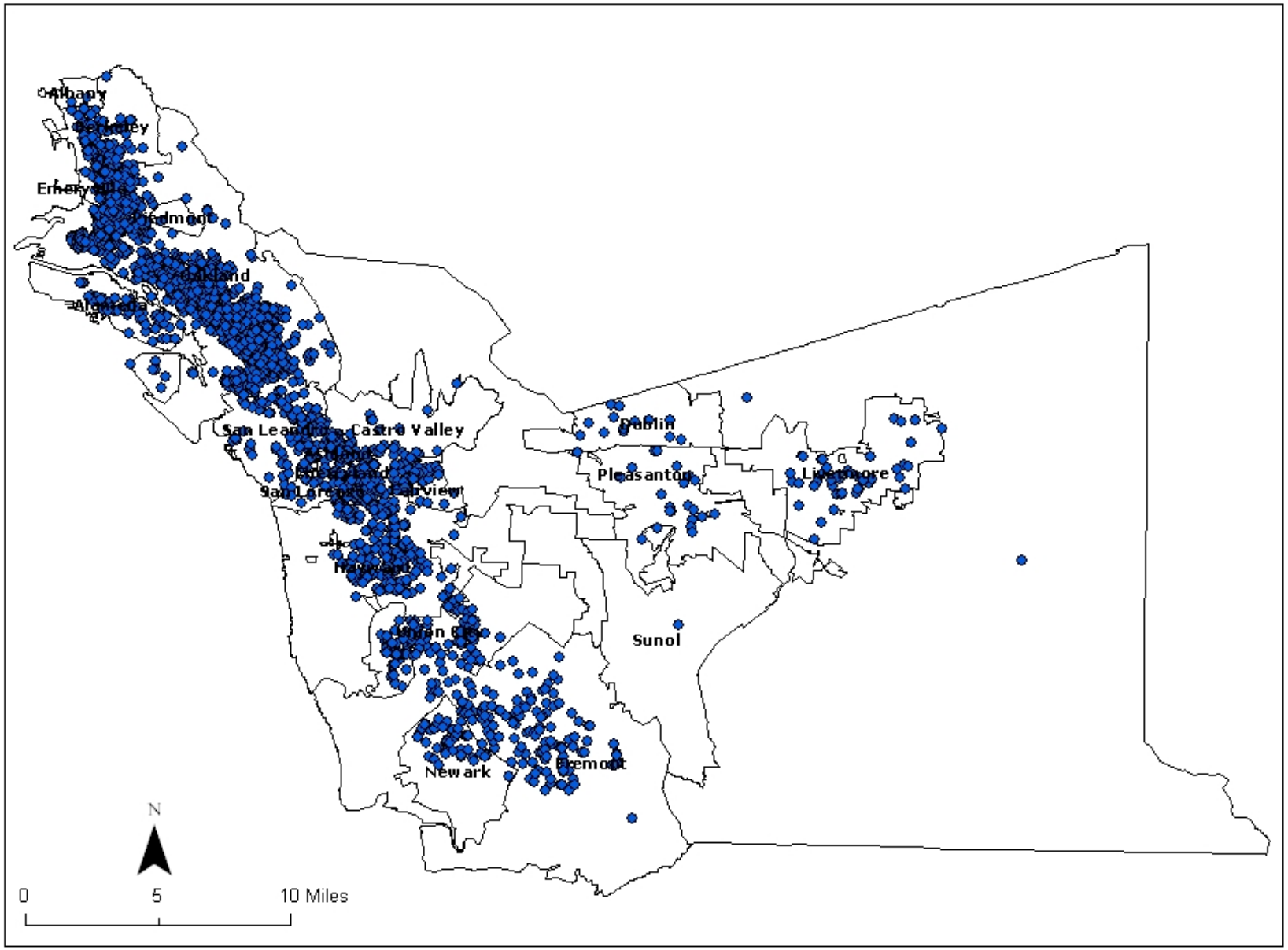
Social Services



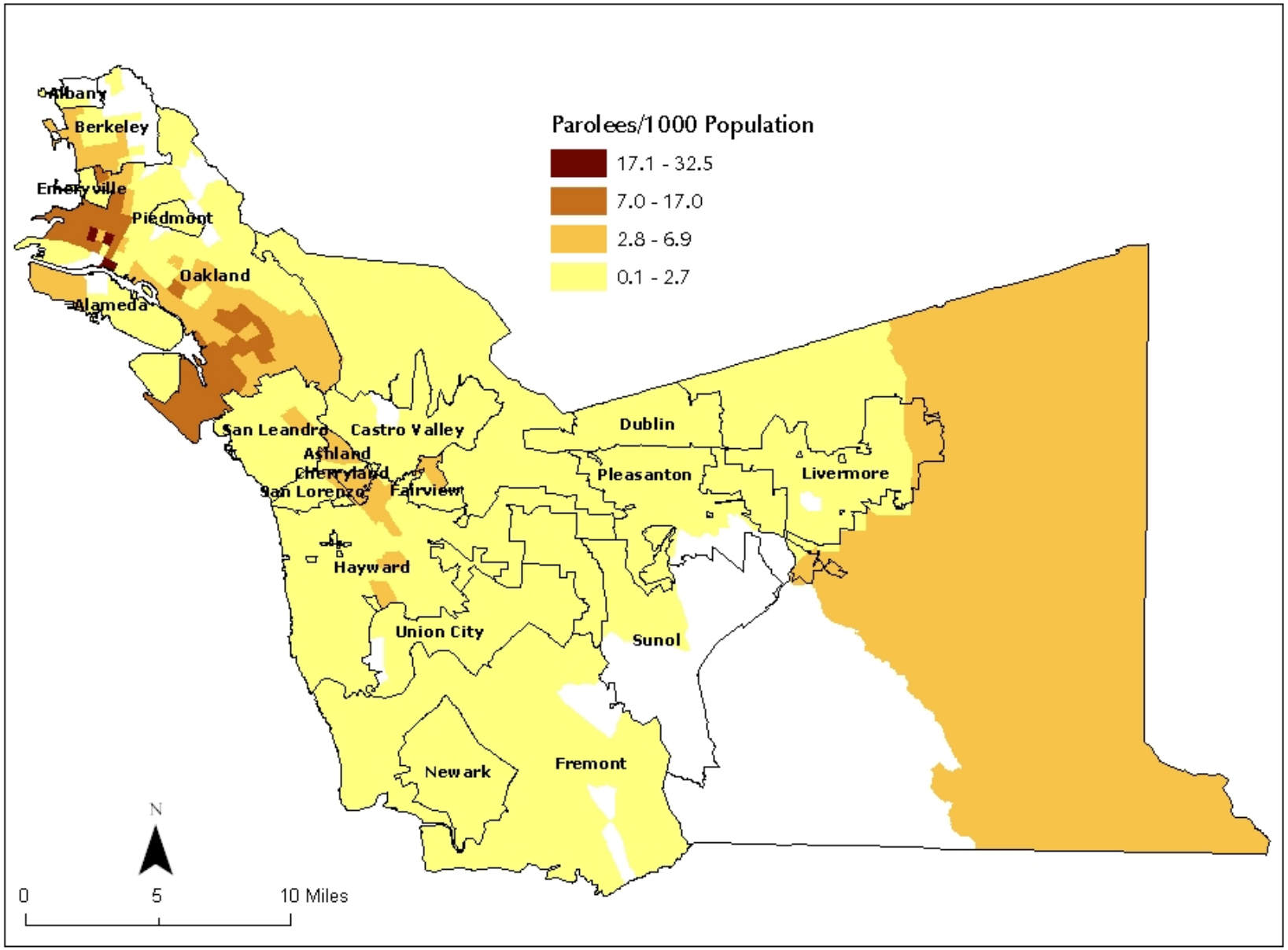
Source: CAPE, with data from SSA.

Alameda County Parolees, May 2005



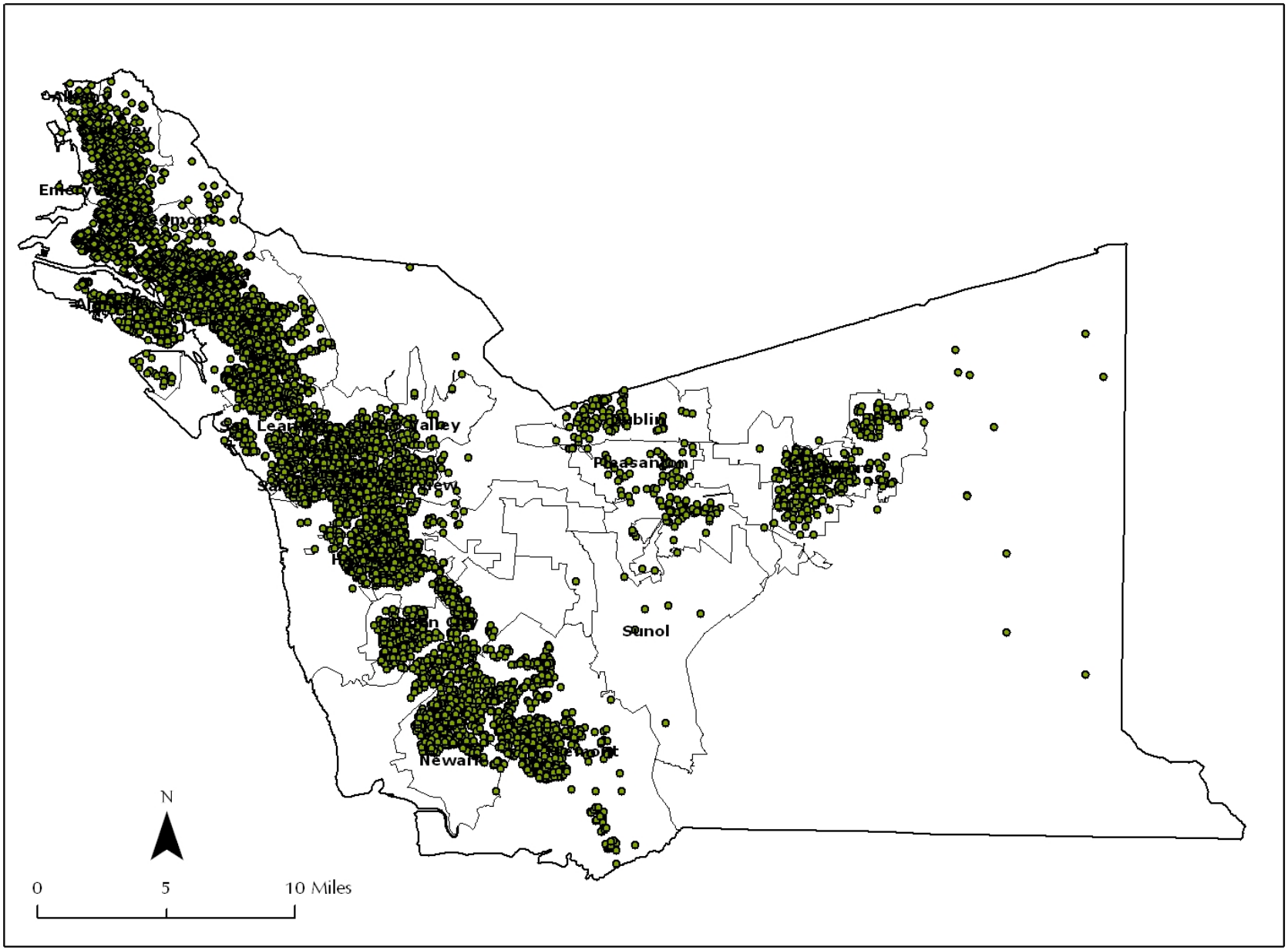
Source: CAPE, with data from California Department of Corrections.

Alameda County Parolees, May 2005



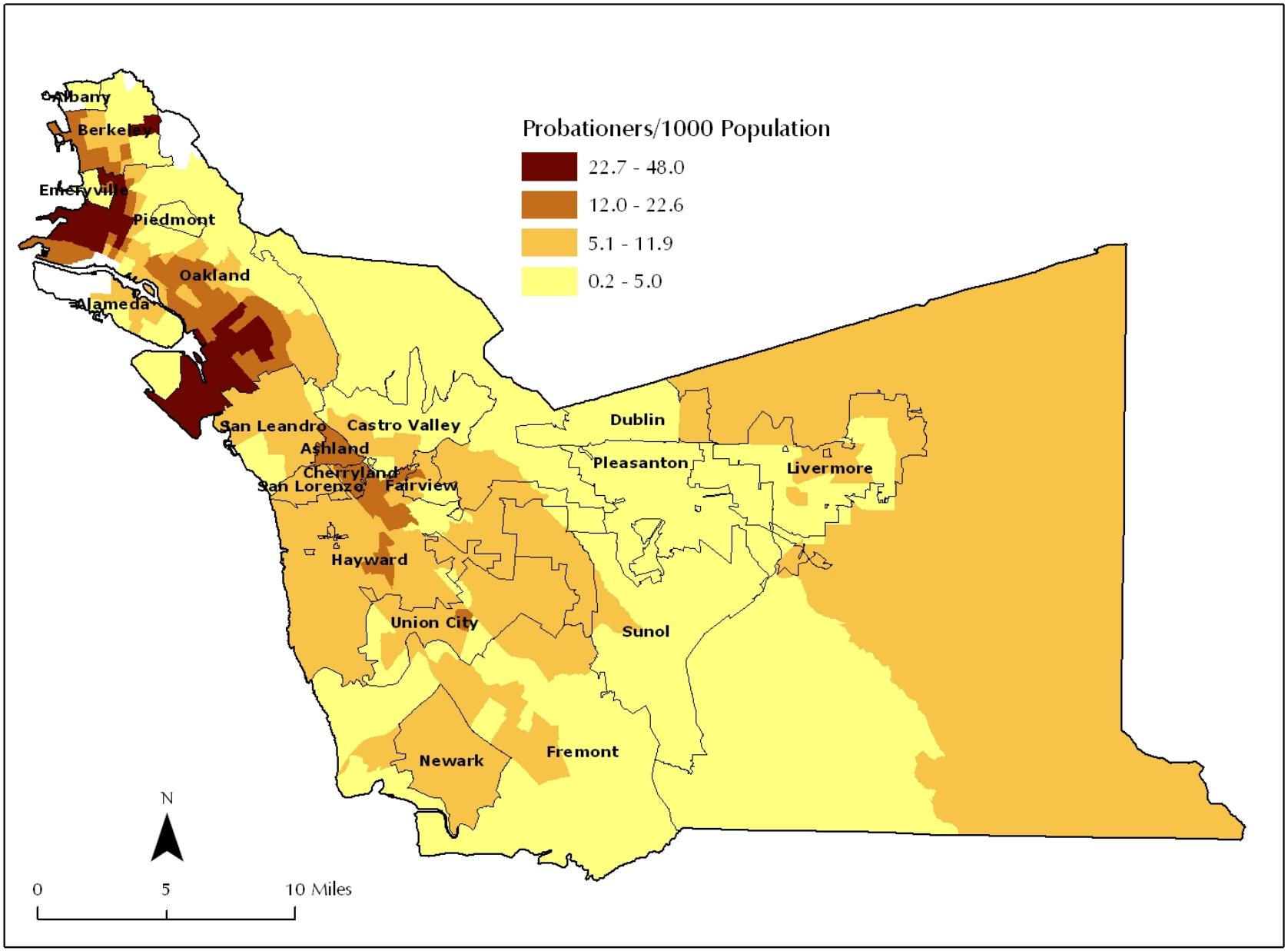
Source: CAPE, with data from California Department of Corrections.

Alameda County Probationers FY05-06



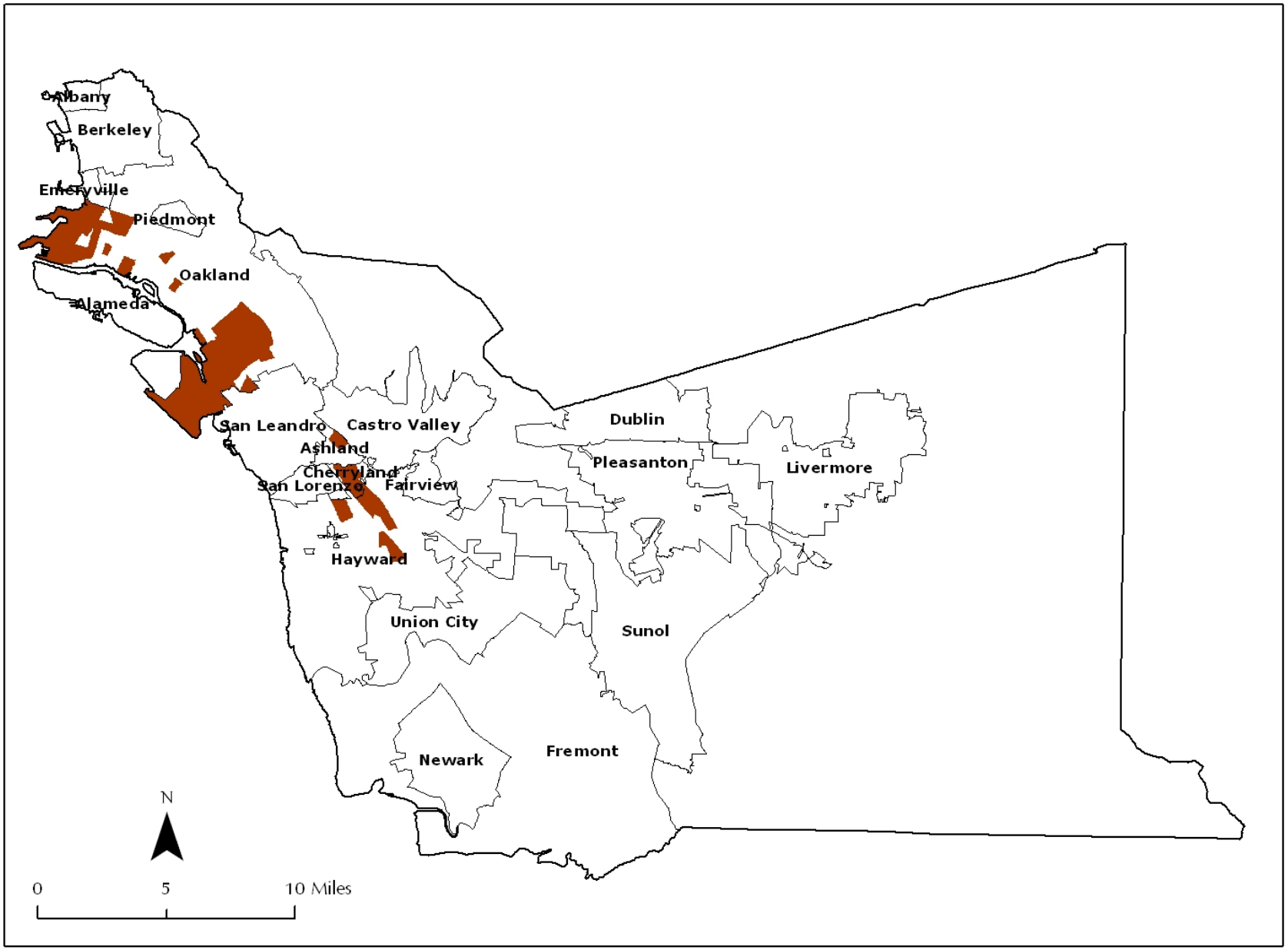
Source: CAPE, with data from Probation Department.

Alameda County Probationers FY05-06



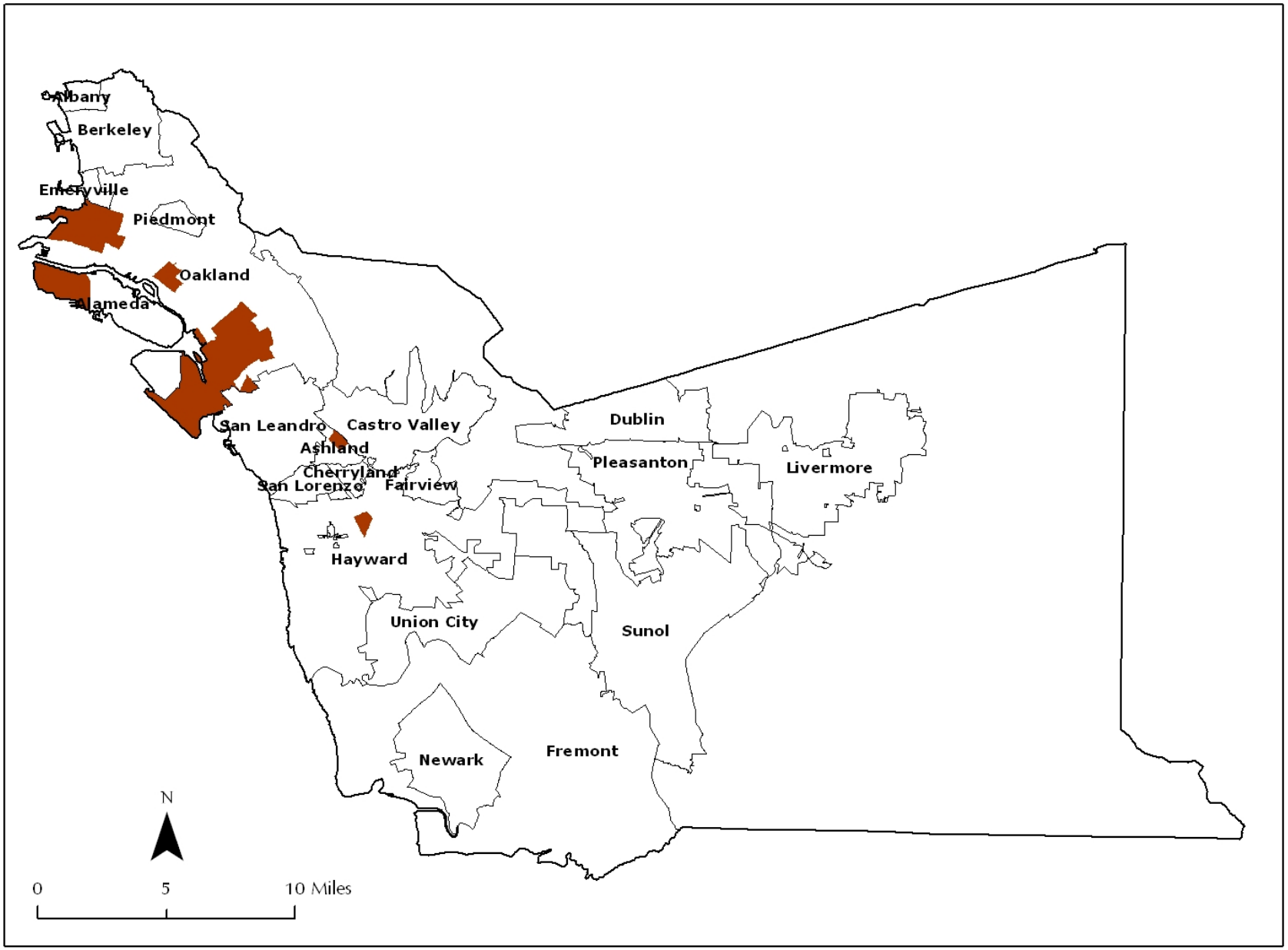
Source: CAPE, with data from Probation Department.

Top 30 Tracts Receiving Services - PHD



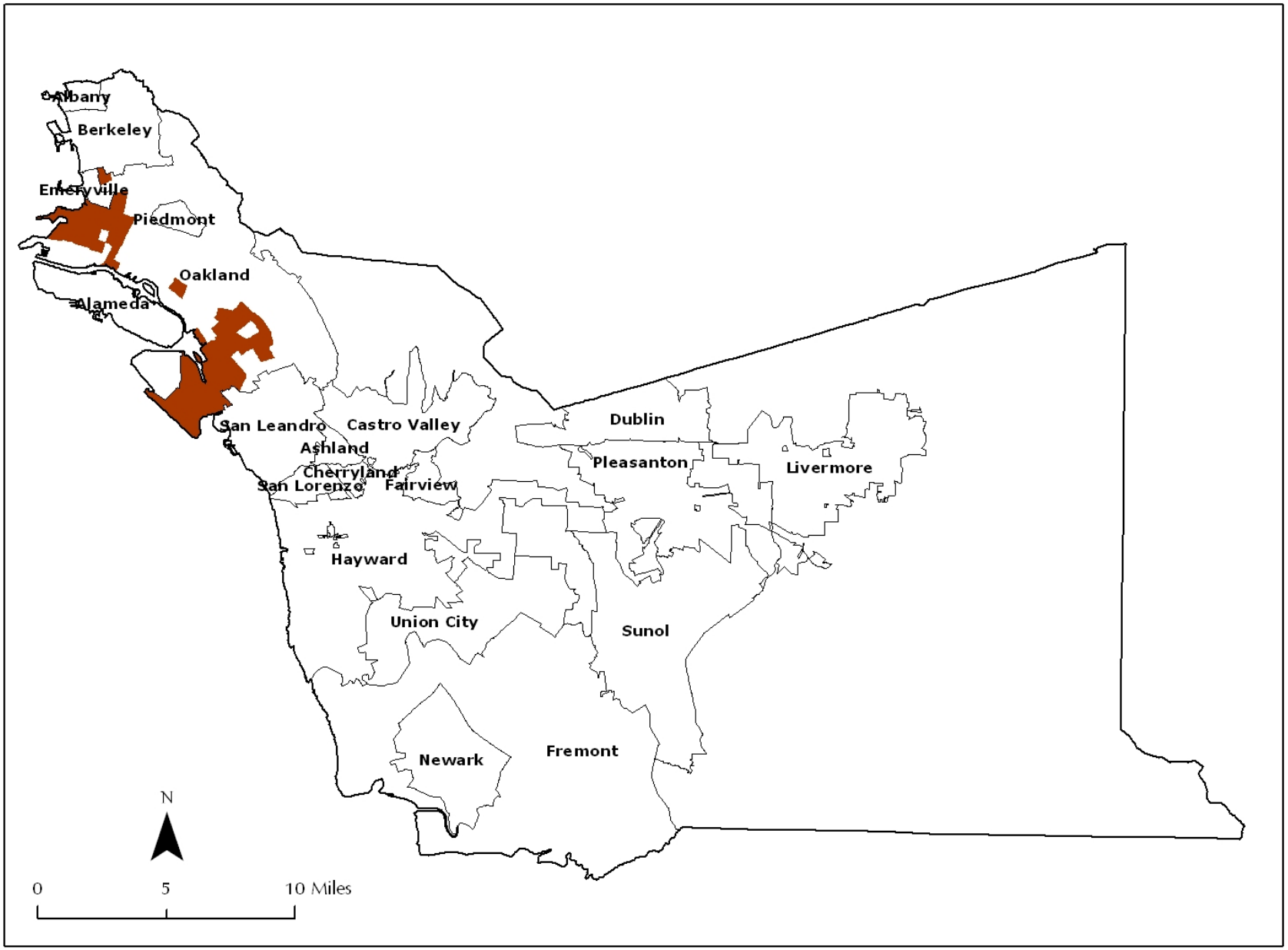
Source: CAPE, with data from Public Health Department.

Top 30 Tracts Receiving Services - SSA



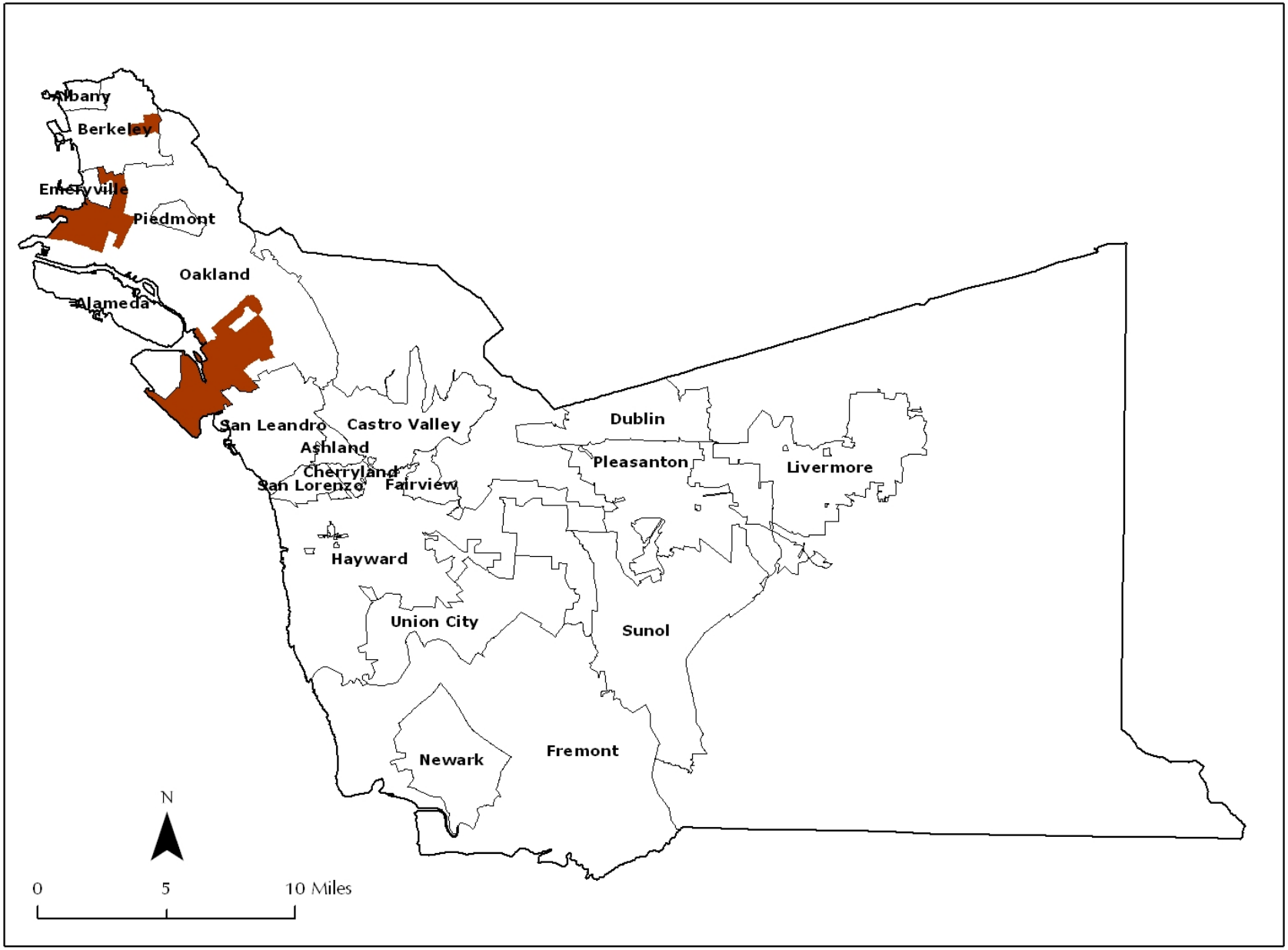
Source: CAPE, with data from Social Services Agency.

Top 30 Tracts Receiving Services - Parole



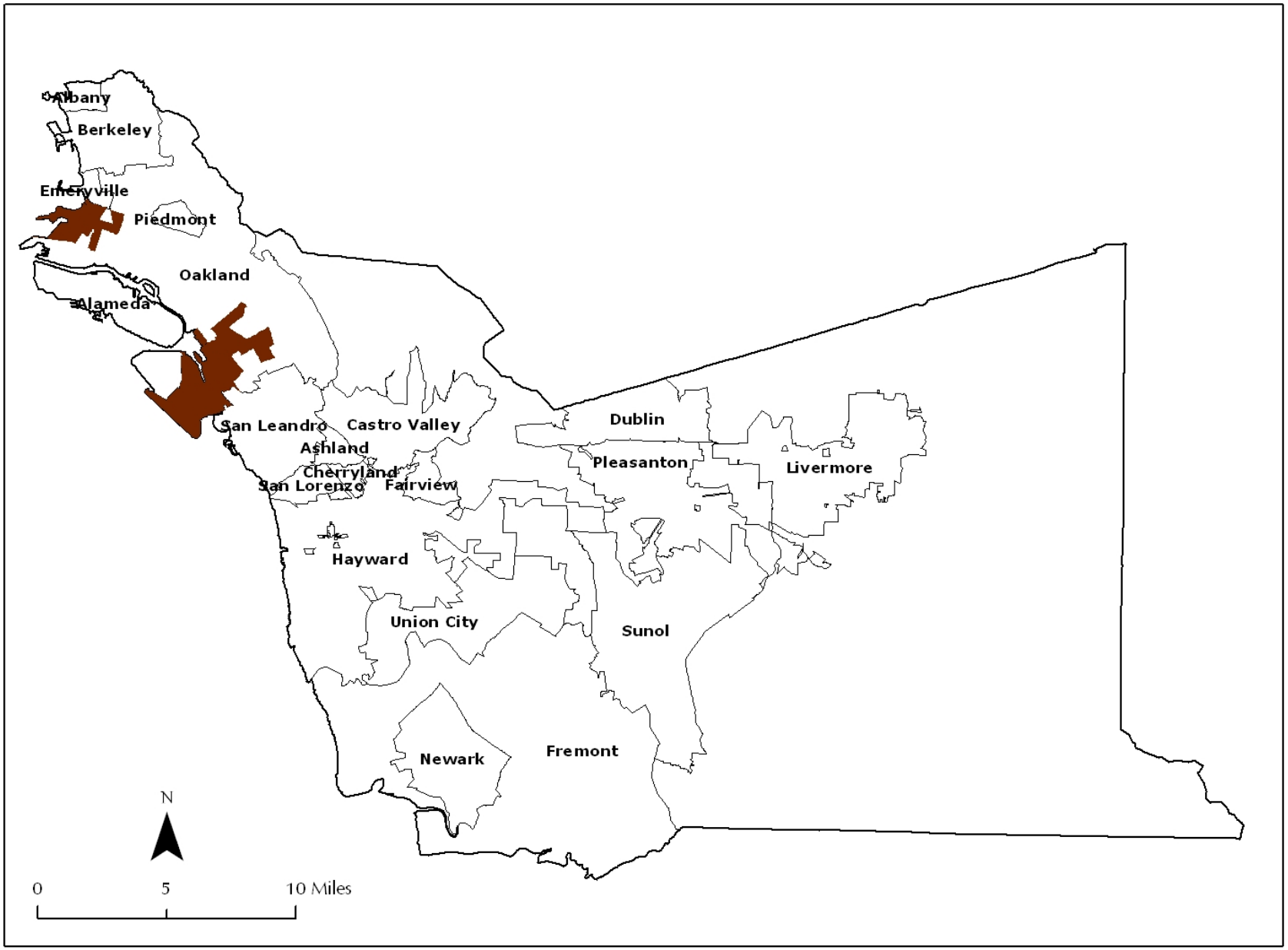
Source: CAPE, with data from California Department of Corrections.

Top 30 Tracts Receiving Services - Probation



Source: CAPE, with data from Probation Department.

13 Tracts Overlap



Source: CAPE.

Community Trajectories

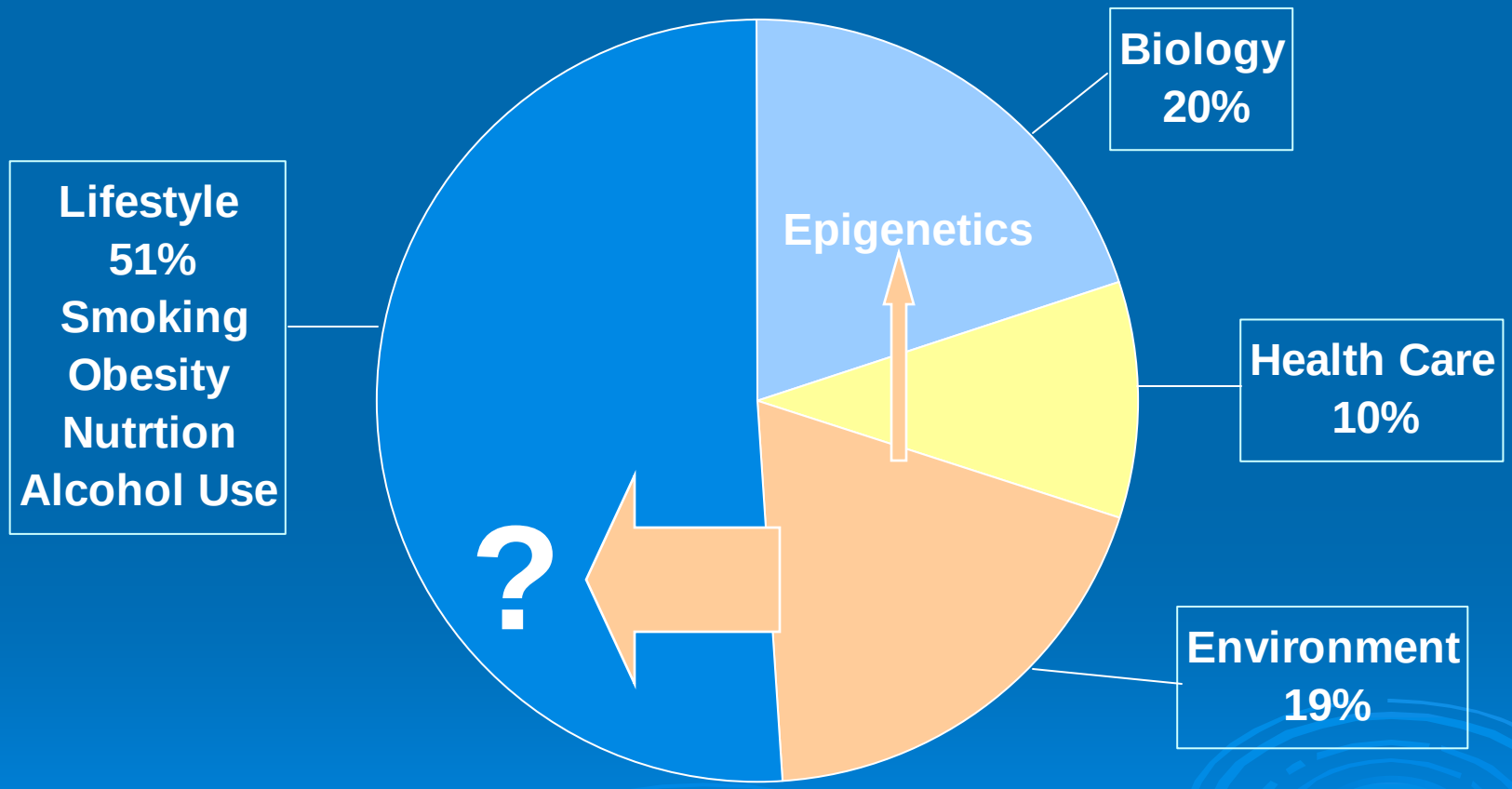
HOW MUCH DOES PLACE MATTER?

Physical environment

Social environment

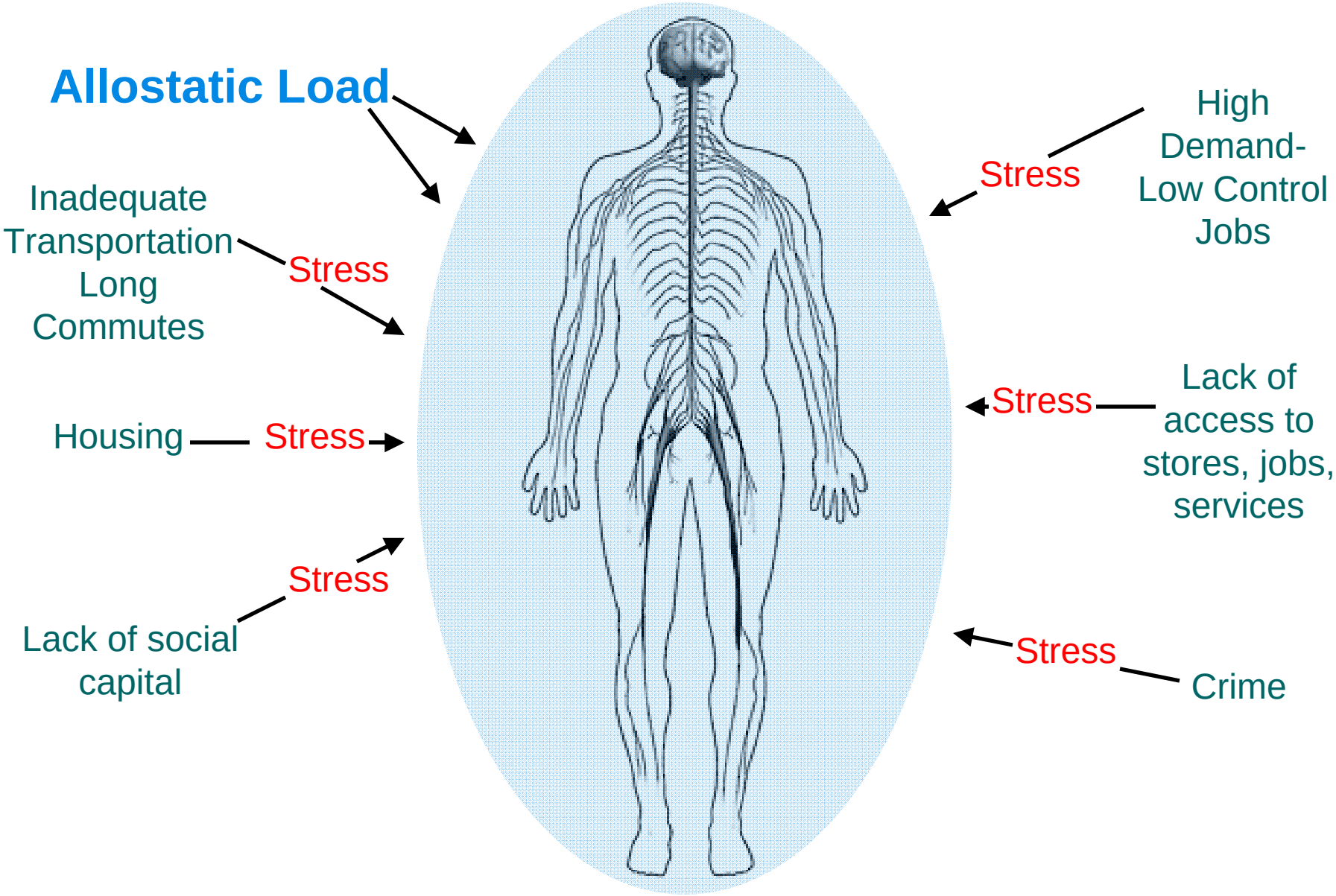
Residential segregation

Actual Causes of Death

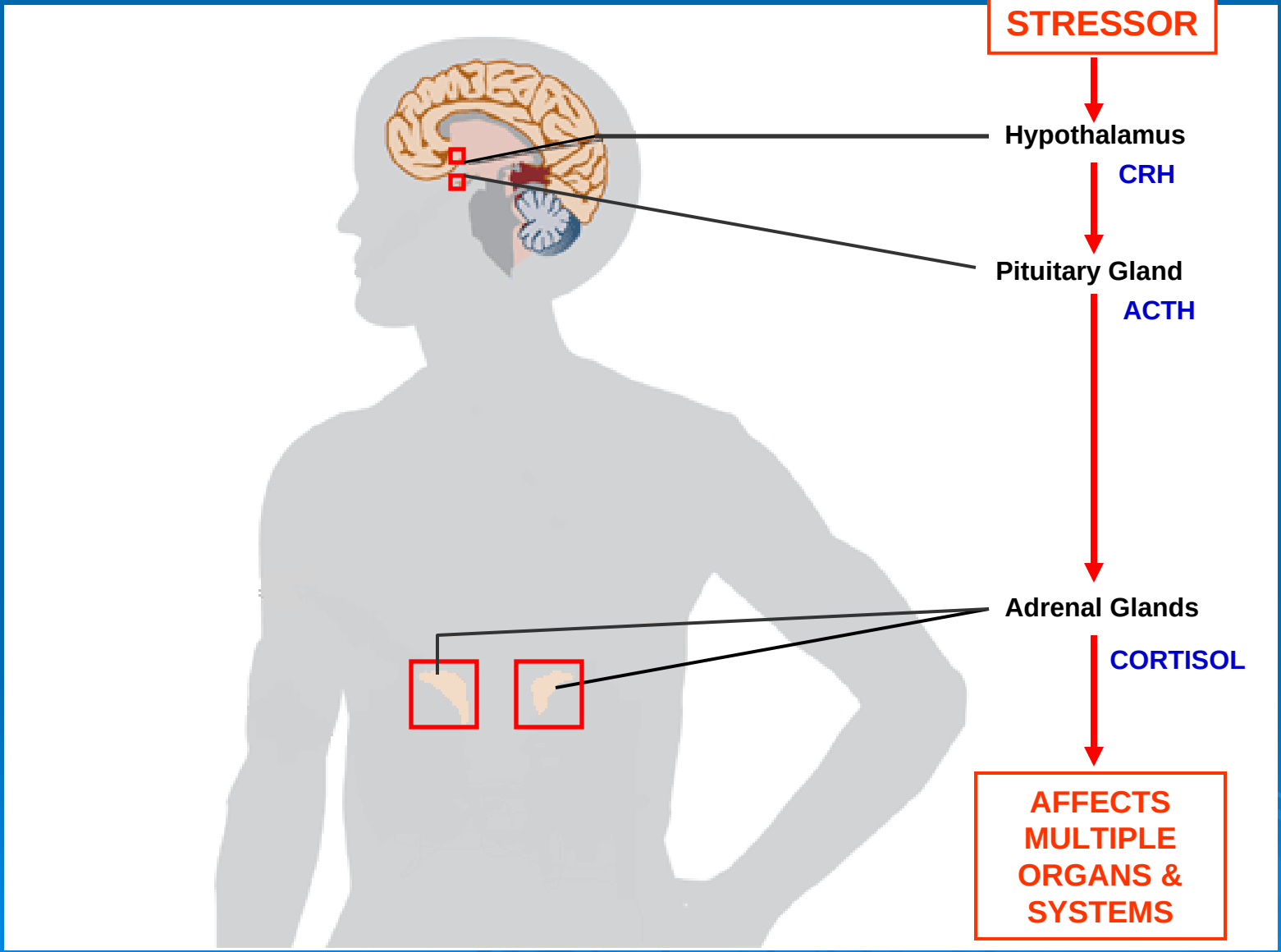


Source: McGinnis, J.M and Foege, W.H. (1993). “Actual Causes of Death in the United States,” Journal of the American Medical Association.

When the external becomes internal: How we internalize our environment



Stress pathway from brain to body



Life-Course Perspective

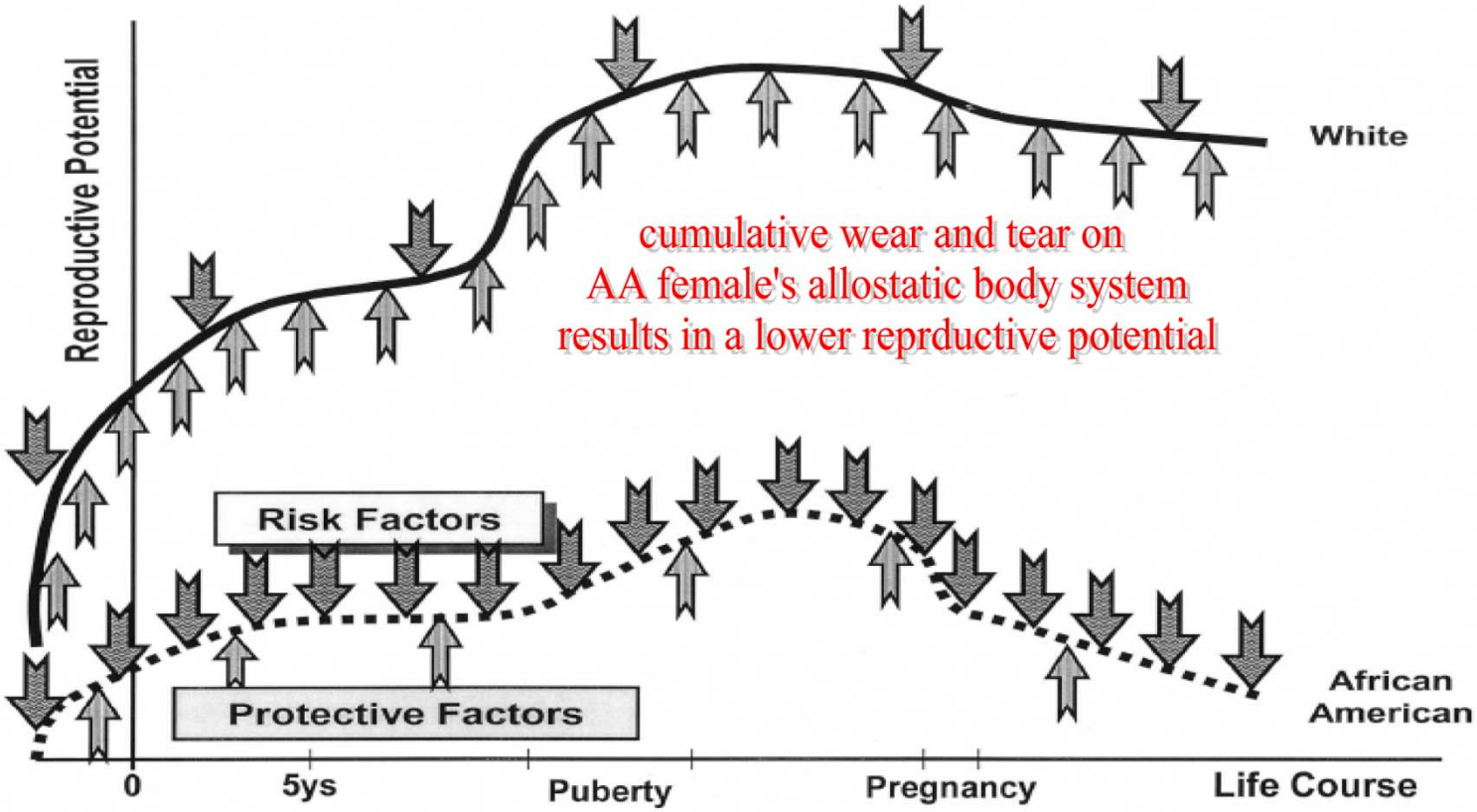
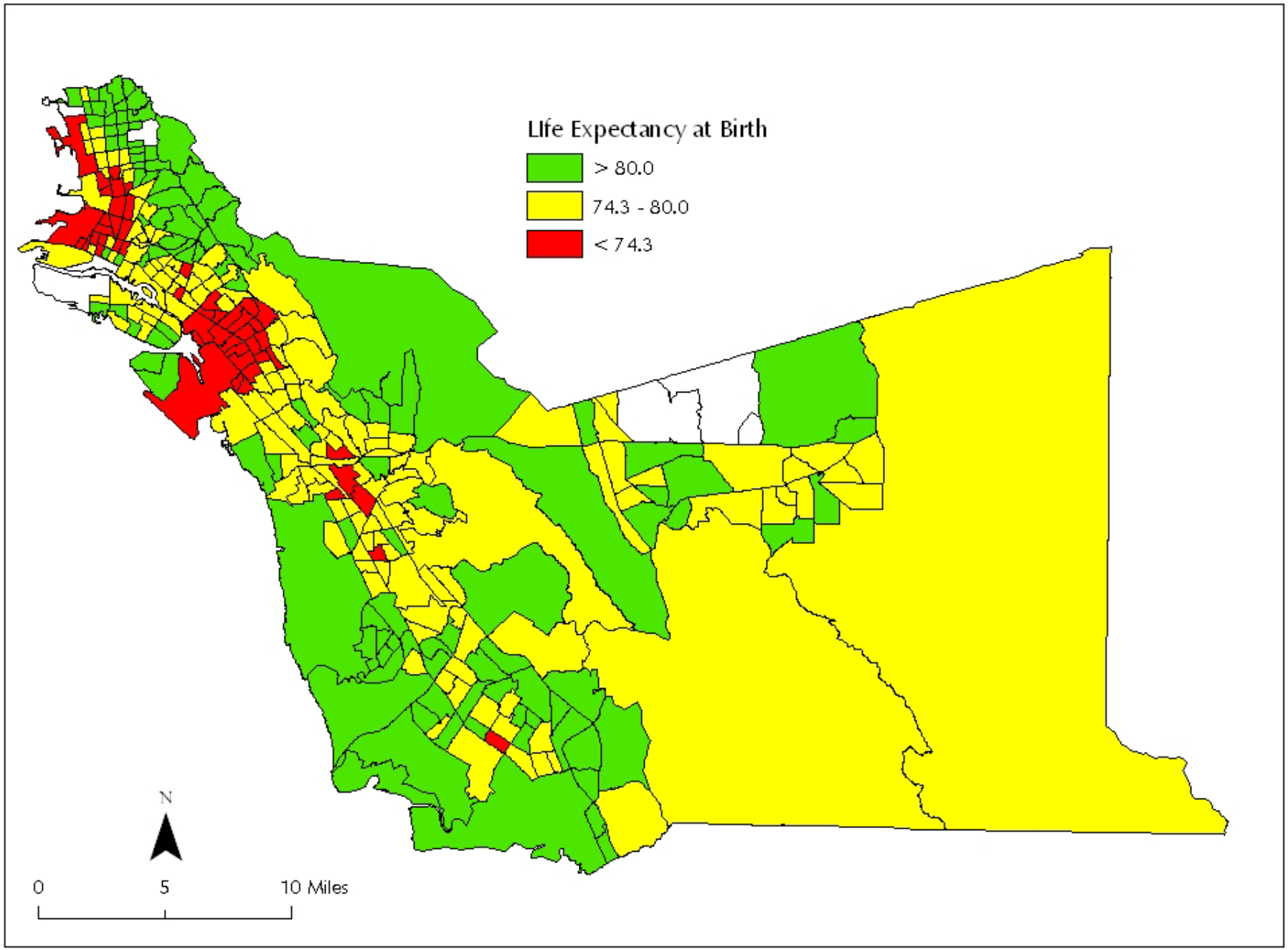
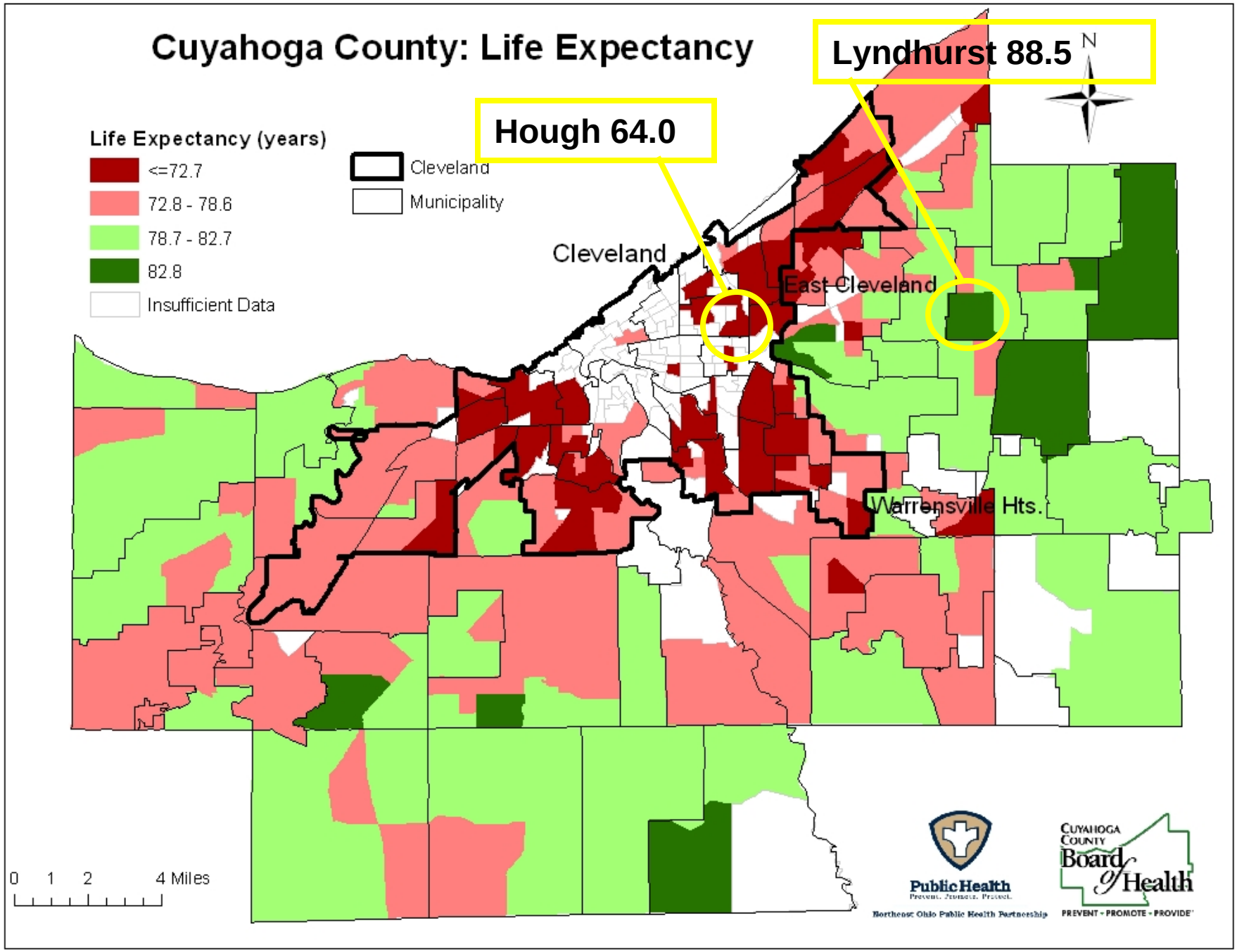


Fig. 1. How differential exposures to risk factors (downward arrows) and protective factors (upward arrows) over the life course affect developmental trajectories and contribute to disparities in birth outcomes. The lower reproductive potential of African American women, relative to White women, results from their cumulative exposure to more risk factors and less protective factors across the life span, particularly during sensitive periods of development.

Life Expectancy by Tract



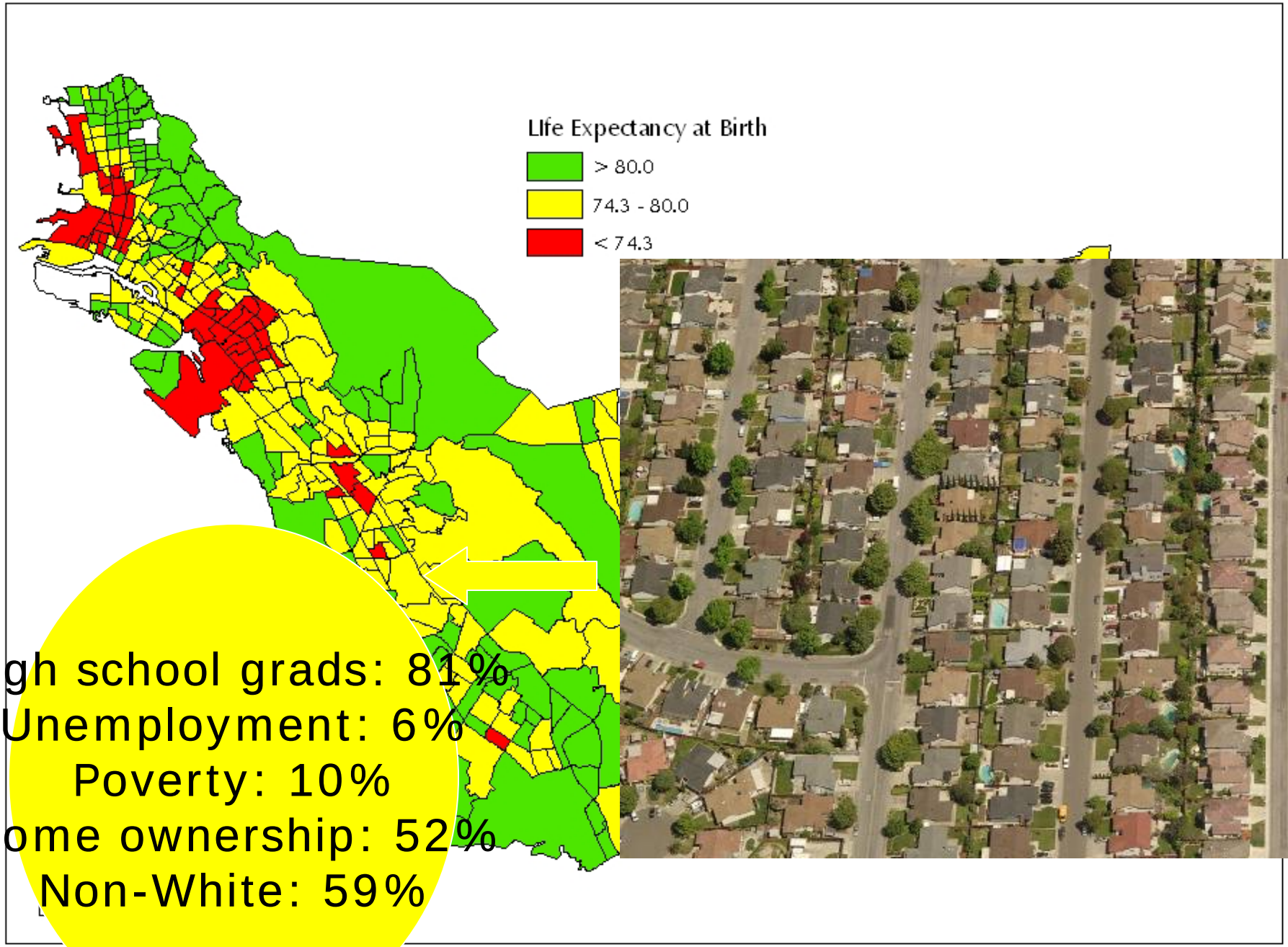
Source: CAPE, with data from vital statistics 1999-2001.


Cuyahoga County: Life Expectancy
Lyndhurst 88.5
Hough 64.0
N
Life Expectancy (years)
<=72.7
72.8 - 78.6
78.7 - 82.7
82.8
Insufficient Data
Cleveland
Municipality
Cleveland
East Cleveland
Warrensville Hts.
0 1 2 4 Miles
Public Health
Northeast Ohio Public Health Partnership
Cuyahoga County Board of Health
PREVENT • PROMOTE • PROVIDE

Life Expectancy by Tract

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

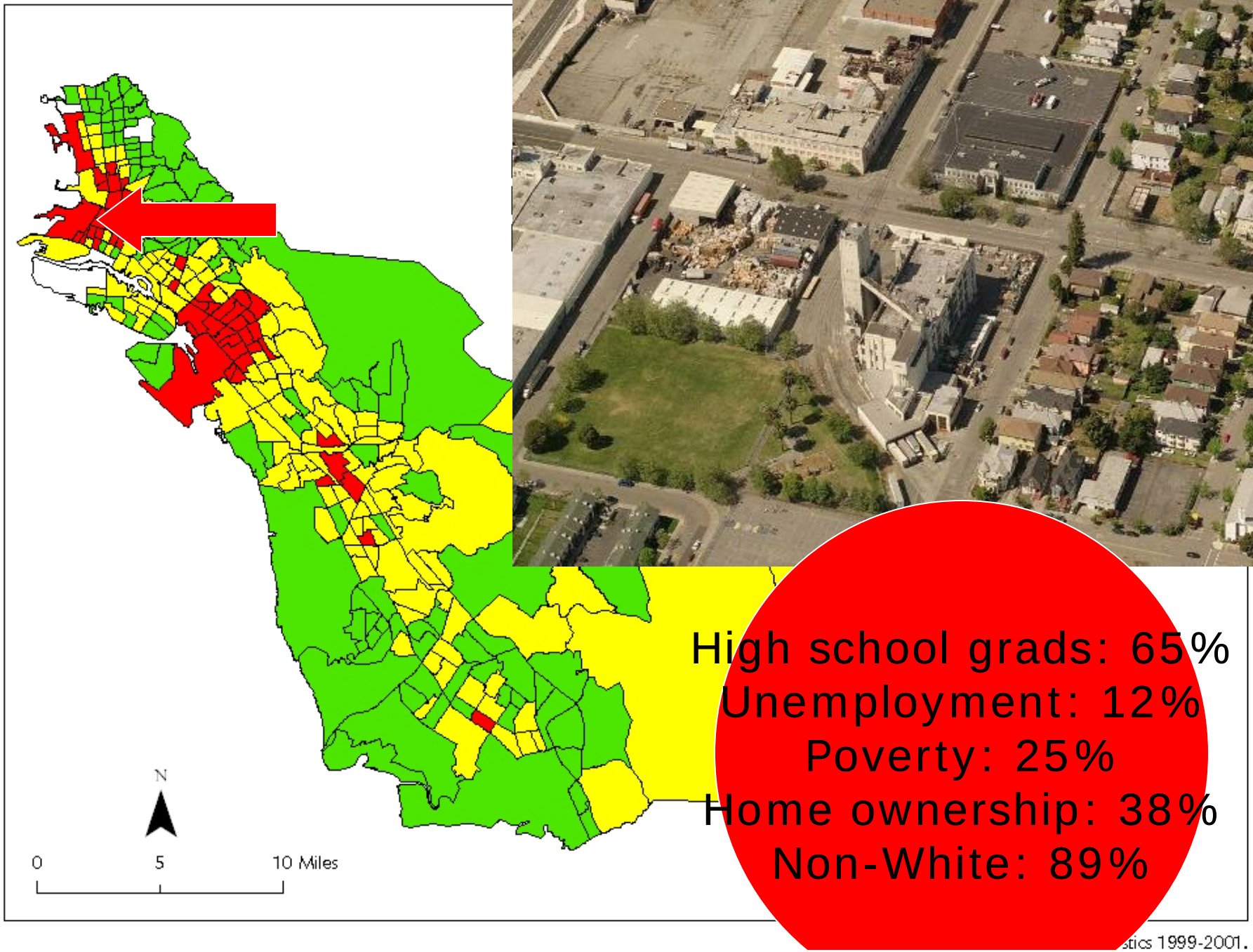
Life Expectancy by Tract



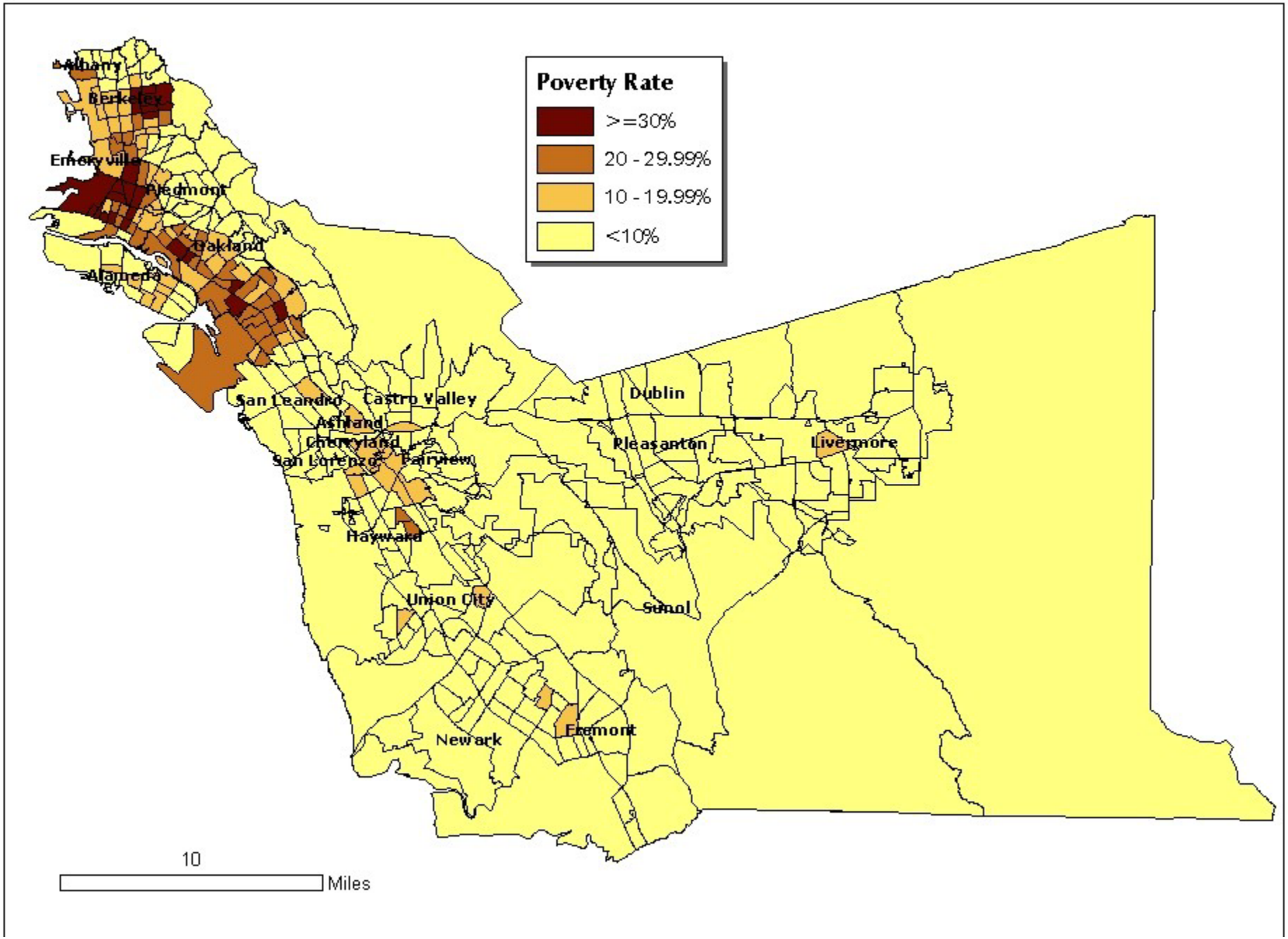
High school grads: 81%
Unemployment: 6%
Poverty: 10%
Home ownership: 52%
Non-White: 59%

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

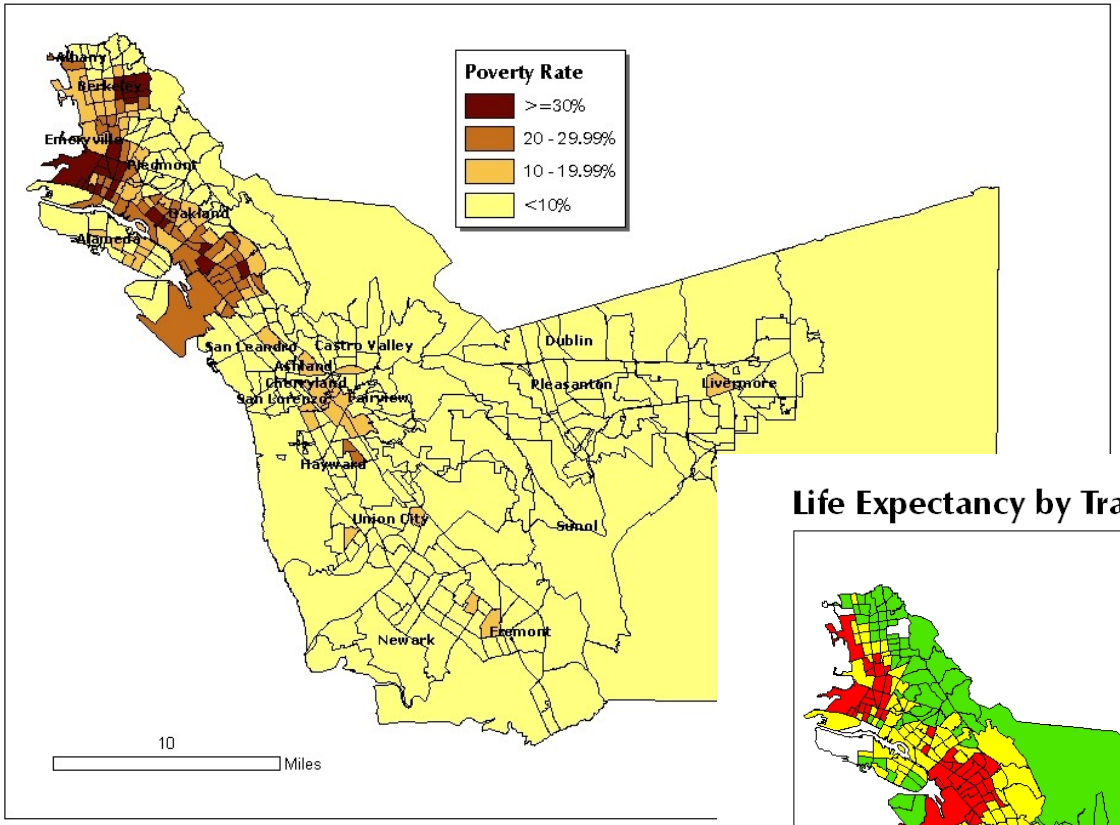
Life Expectancy by Tract



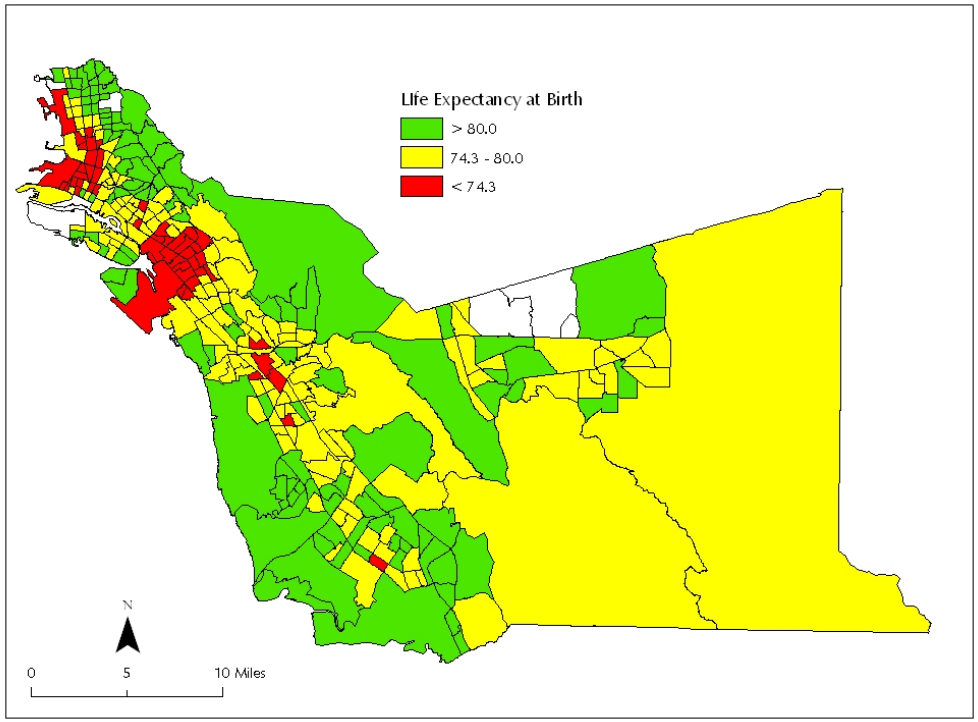
Alameda County Poverty



Alameda County Poverty

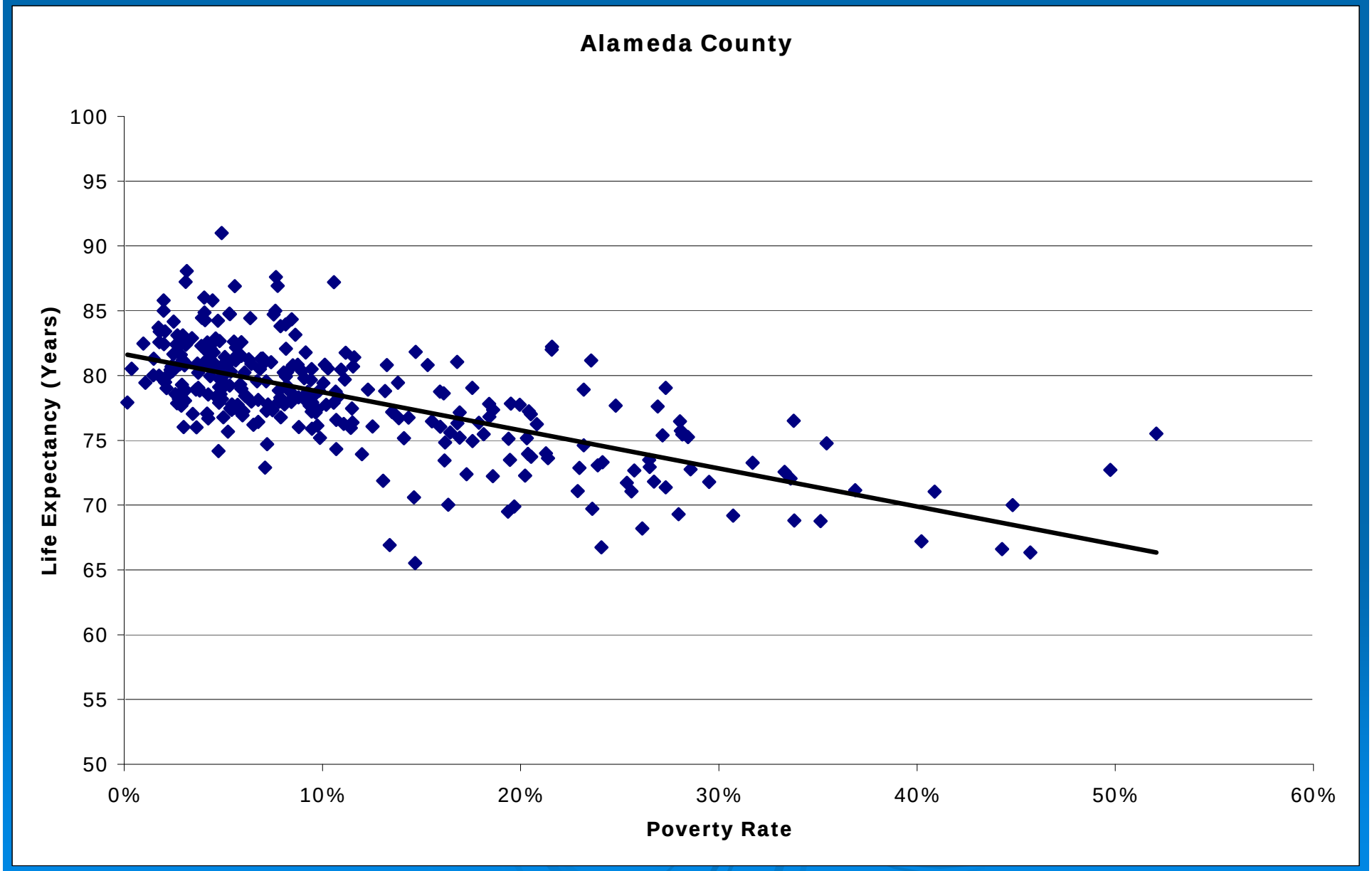


Life Expectancy by Tract

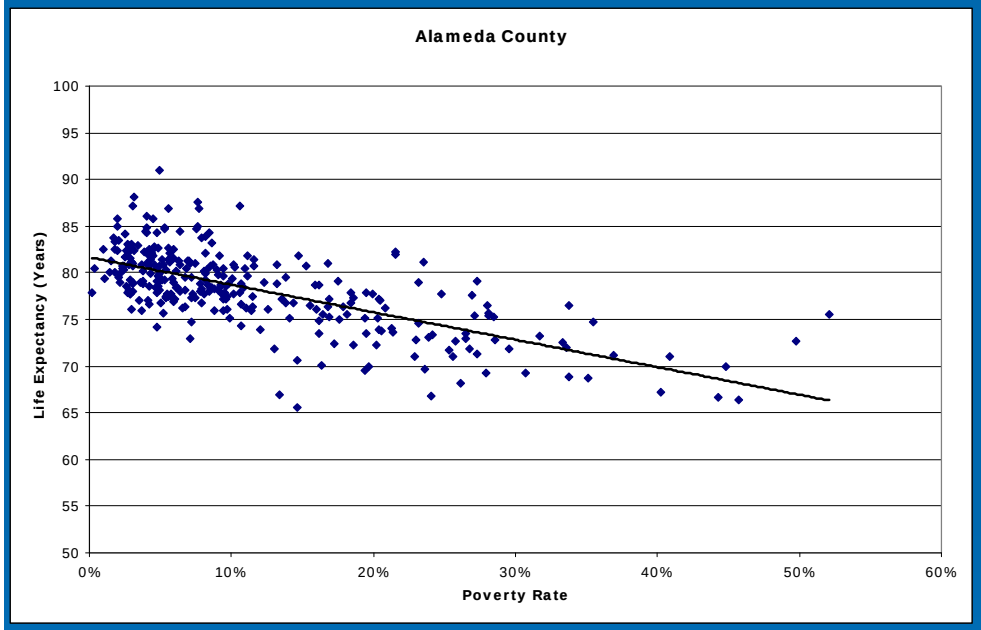


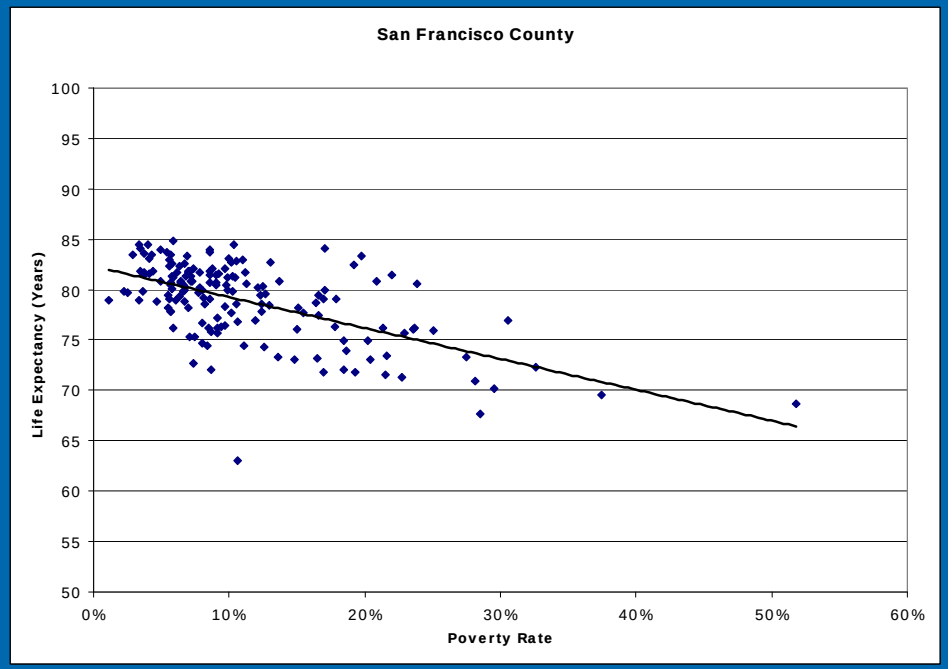
Source: CAPE, with data from vital statistics 1999-2001.

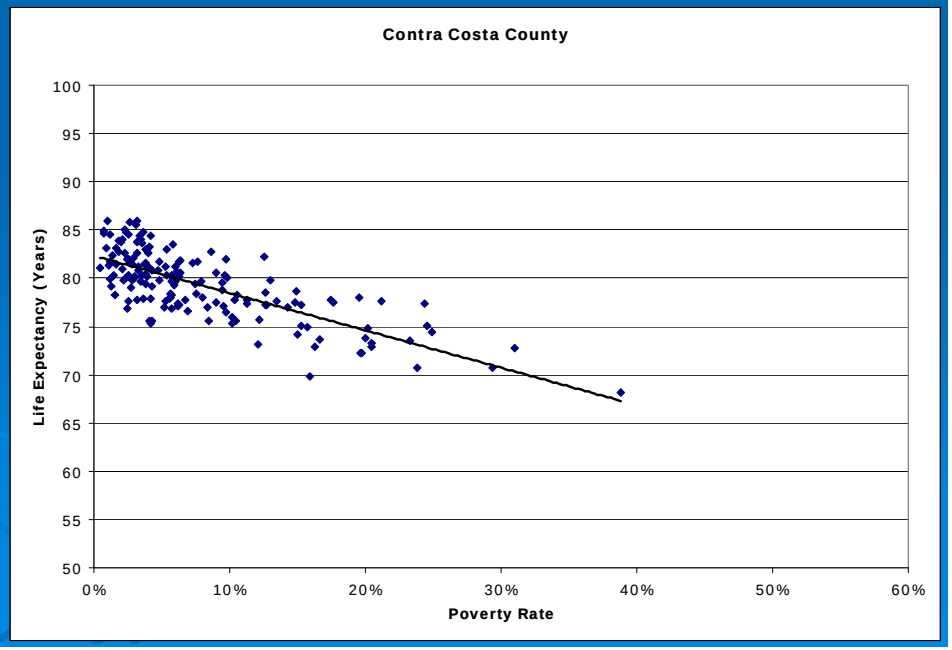
Life Expectancy by Poverty Group 2000-2003



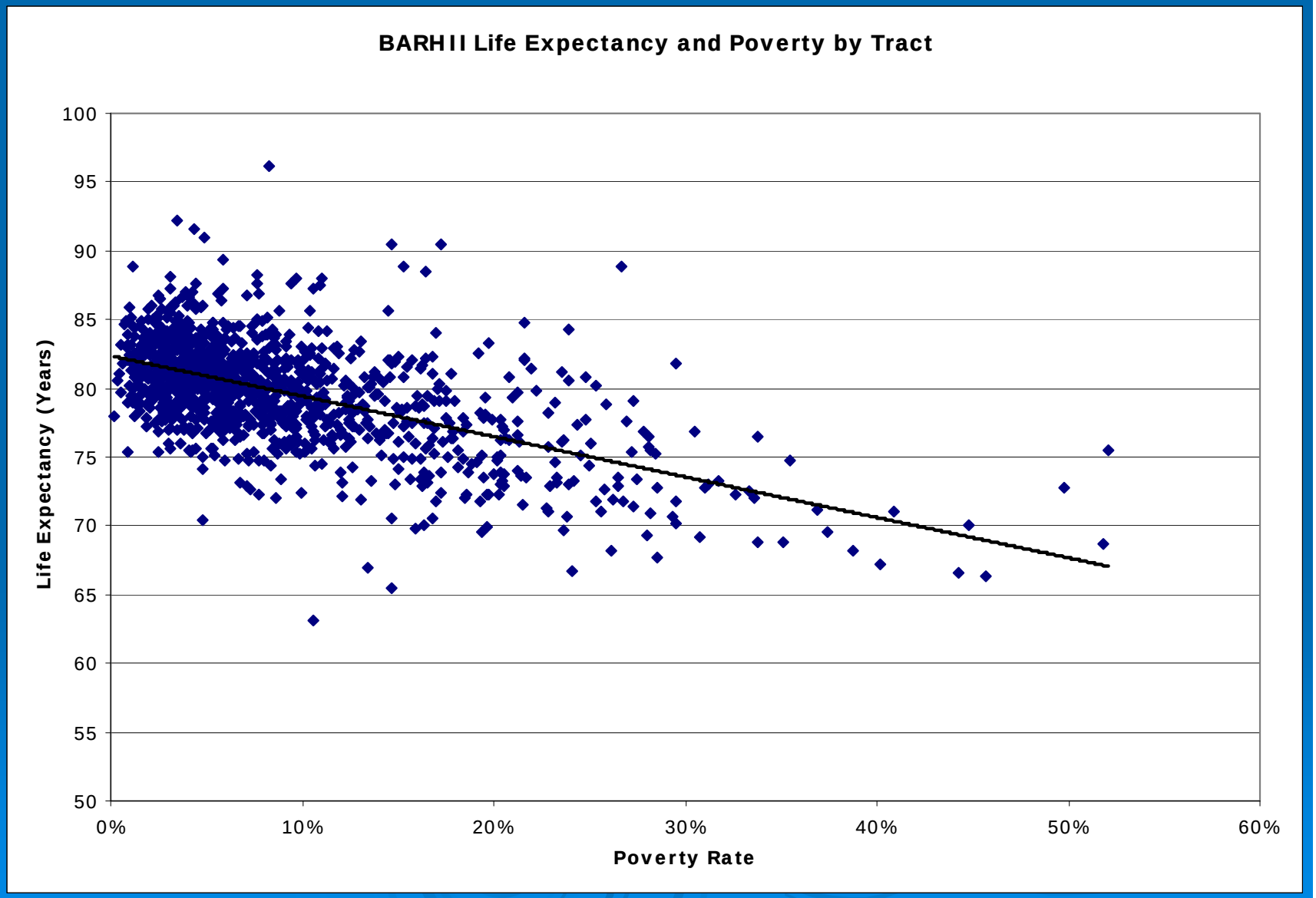
Tract Poverty vs. Life Expectancy







Bay Area Poverty vs. Life Expectancy

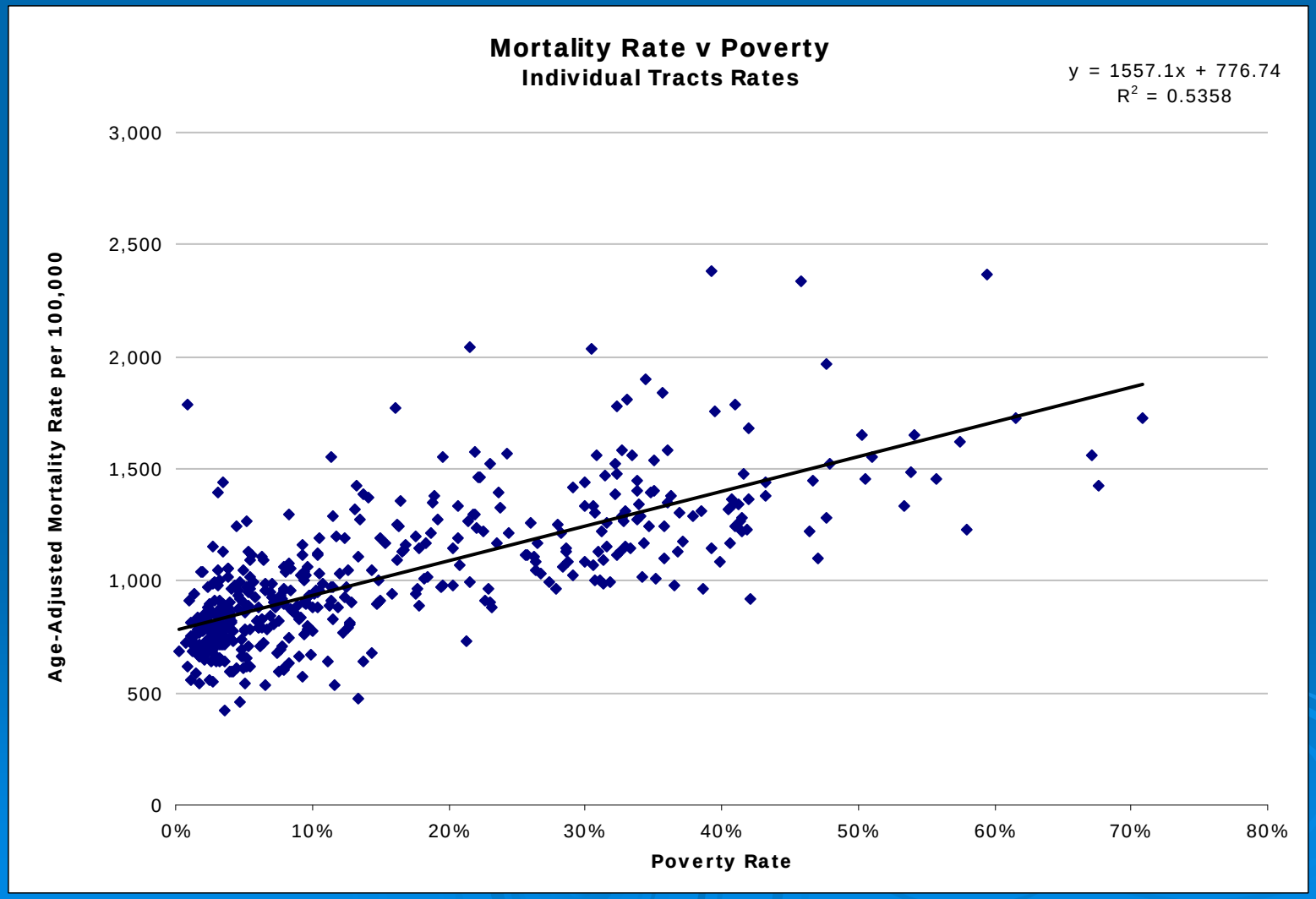


Cost of Poverty in San Francisco Bay Area

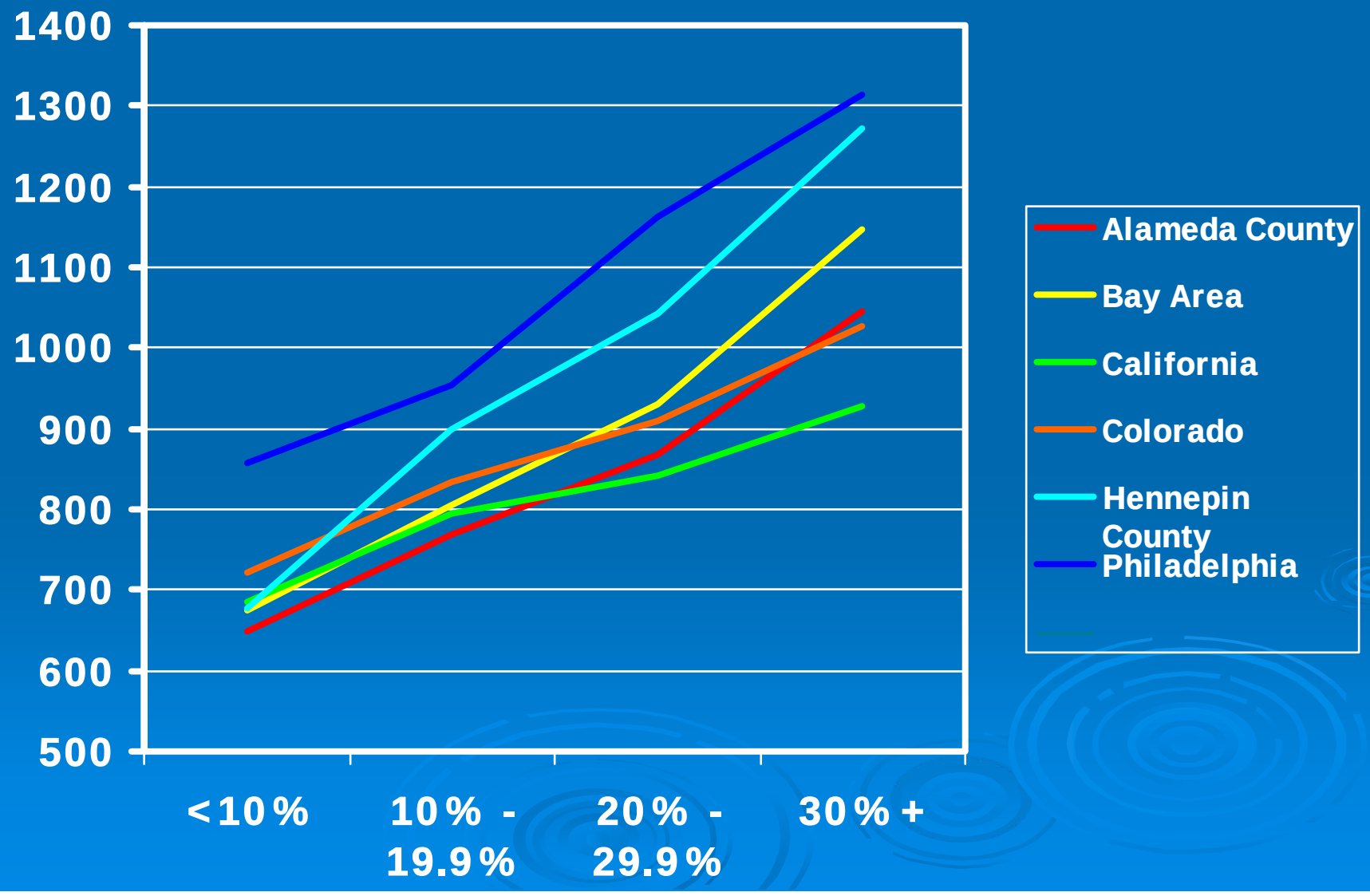
- ***Every additional $12,500 in household income buys one year of life expectancy***

- ***(Benefit appears to plateau at household incomes above $150,000)***
- ***Similar gradients in Baltimore, NYC, Philadelphia, Hennepin County (Minneapolis-St. Paul), Colorado, California, AND Cuyahoga County ($6304/year of life)***

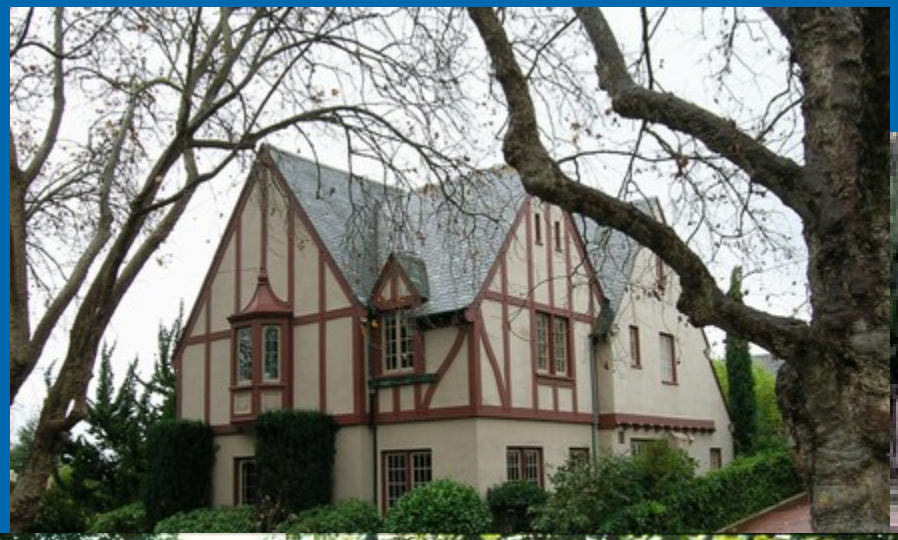
Age-Adjusted Mortality and Poverty—Individual Tracts



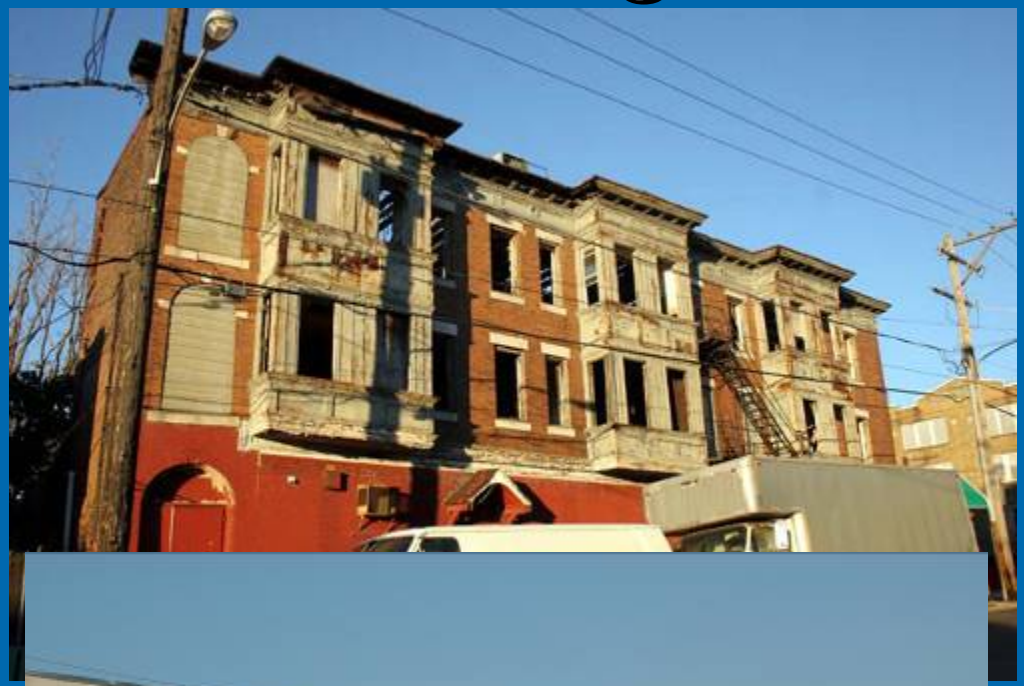
Social Gradient Comparisons



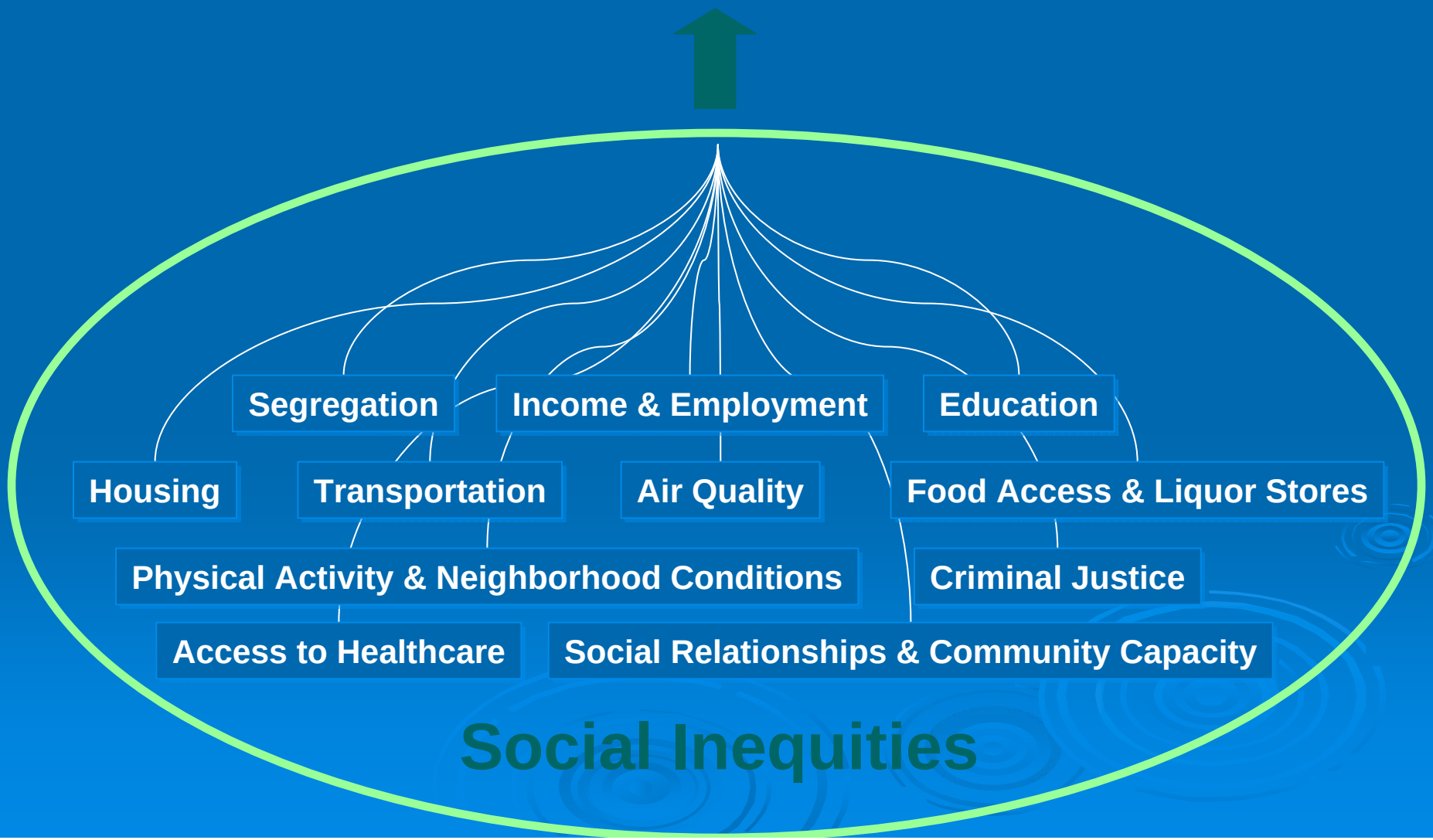
The Neighborhood Context



The Neighborhood Context



Social Inequities

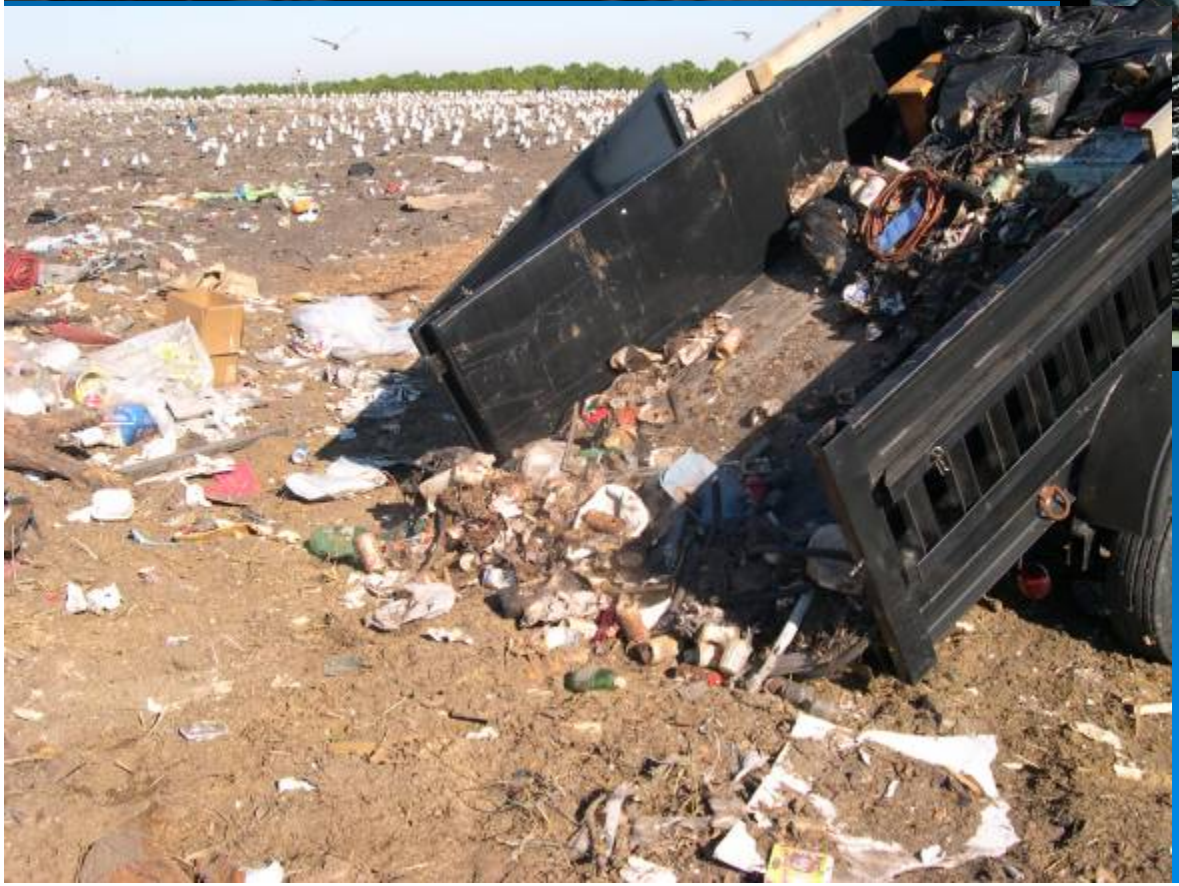


Schools

Corporations and businesses

Institutional Power → Neighbor-hood Conditions → Risk Behaviors → Disease and Injury → Mortality

Government agencies



Perfect when you're
toasting this summer.
Southern Comfort.
between friends.
Please enjoy your summer responsibly.
VIACOM

Marlboro
ELLER

Pollo
ALITAS
PIERNAS
PIERNITAS
Budweiser
$1.39
BOTE DE 24oz
Miller Lite
12Pk Cans
$8.99
24oz. Cans
$1.39
2325 Budweiser
12 PACK CAN
$8.99
+ CRV & TAX

TOLINS
LIQUOR
DELI

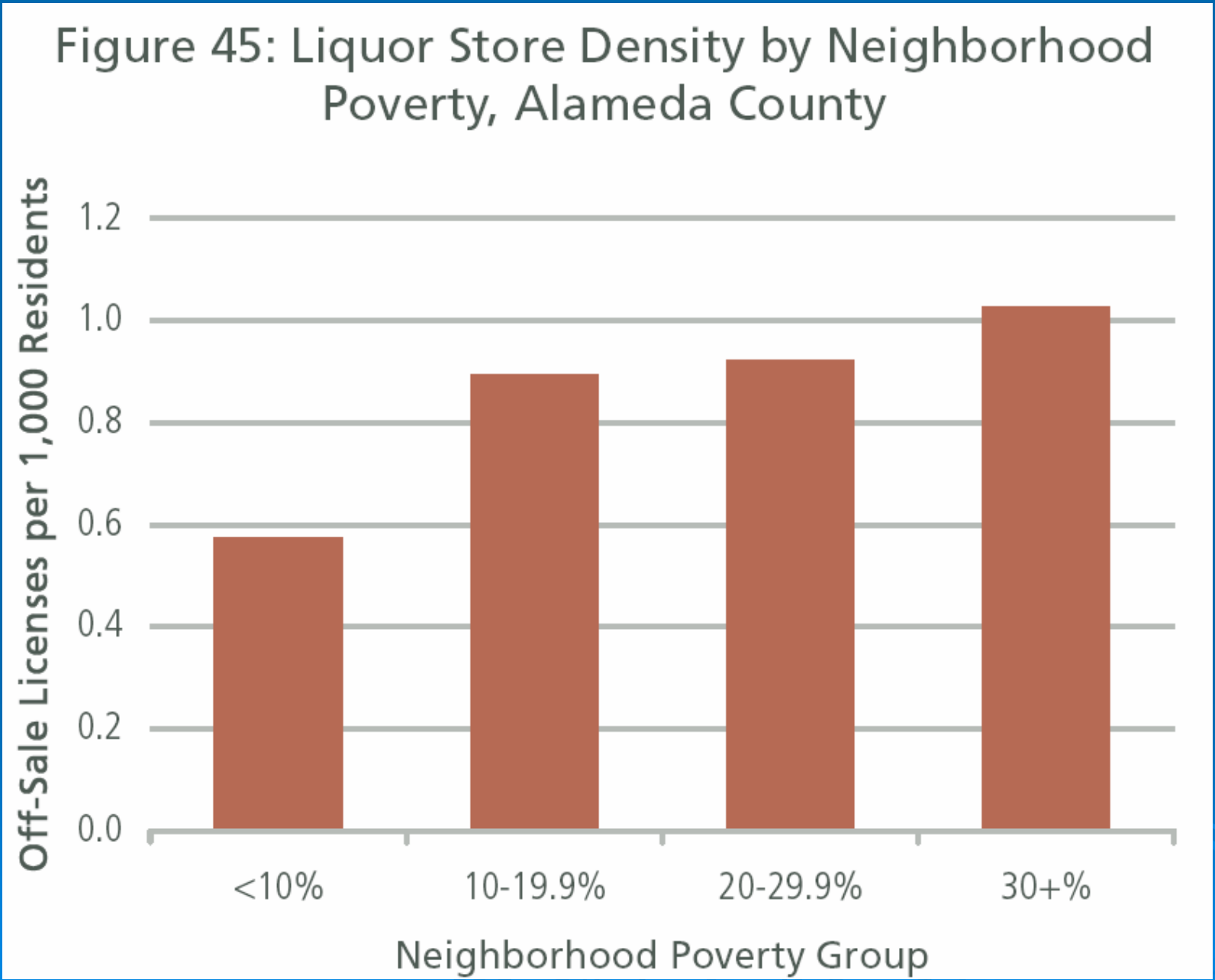
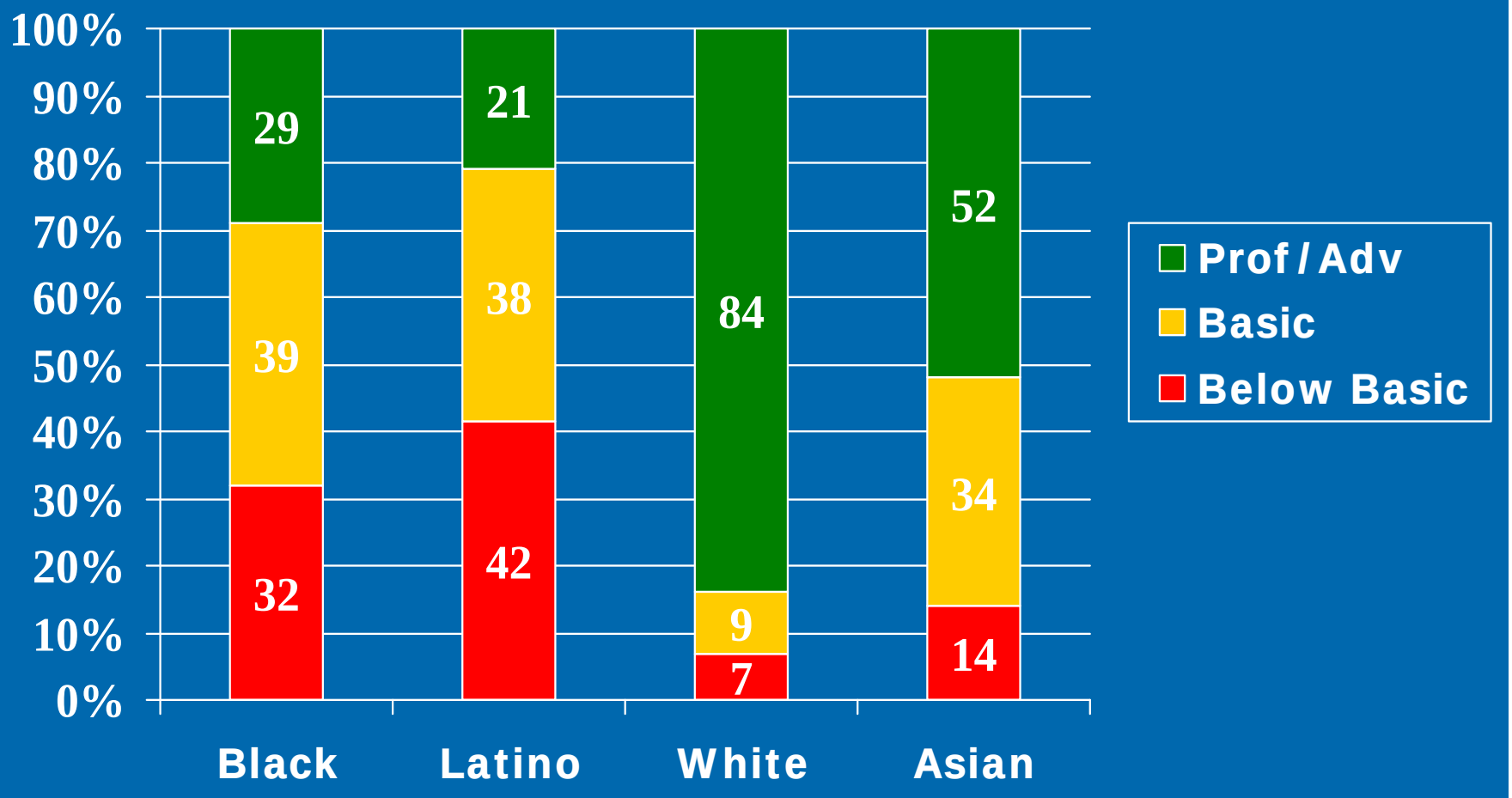


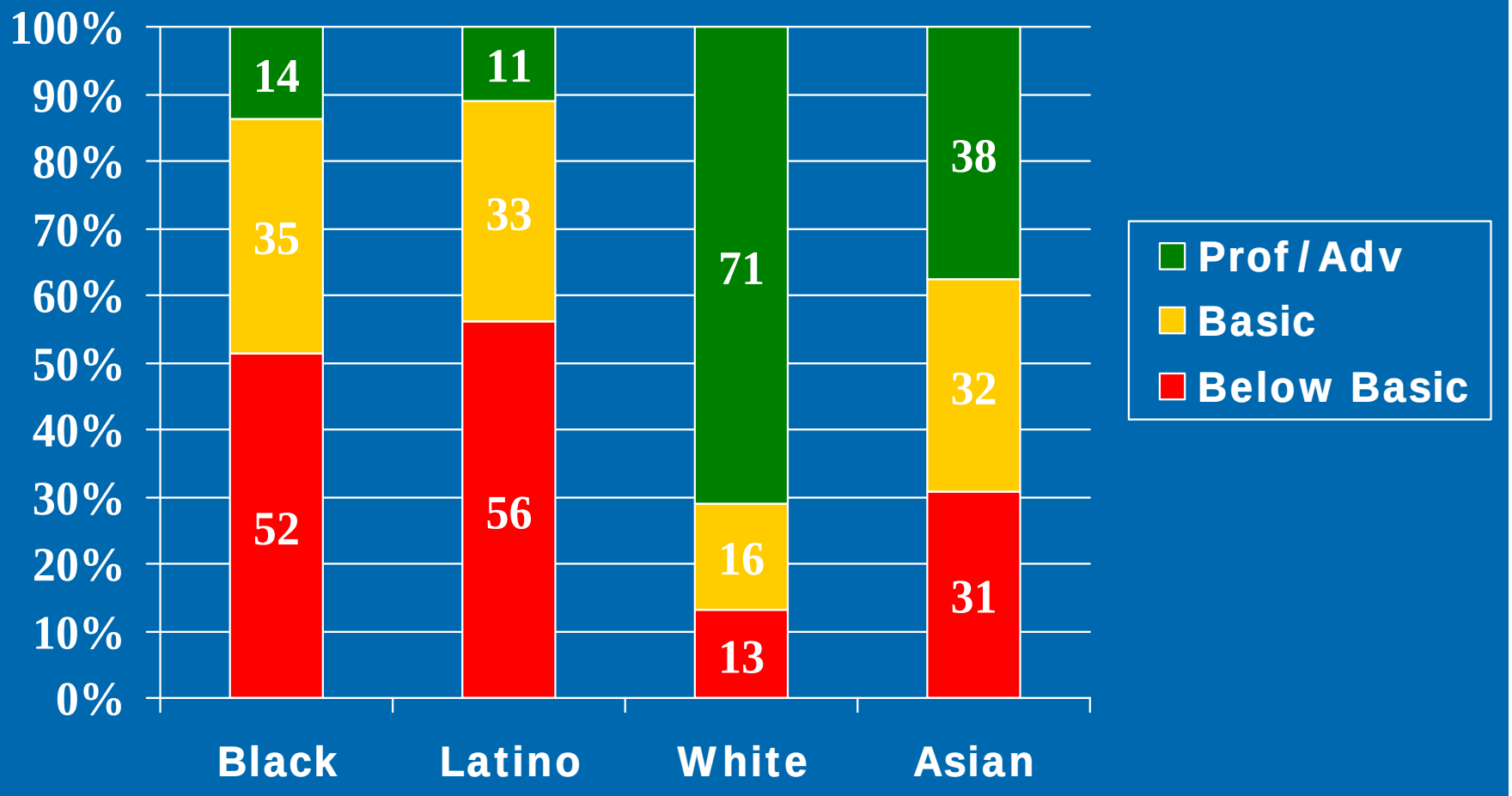
Figure 45: Liquor Store Density by Neighborhood Poverty, Alameda County
Off-Sale Licenses per 1,000 Residents
1.2
1.0
0.8
0.6
0.4
0.2
0.0
<10%
10-19.9%
20-29.9%
30+%
Neighborhood Poverty Group

CST 4th Grade Reading
Oakland Unified, by Ethnicity



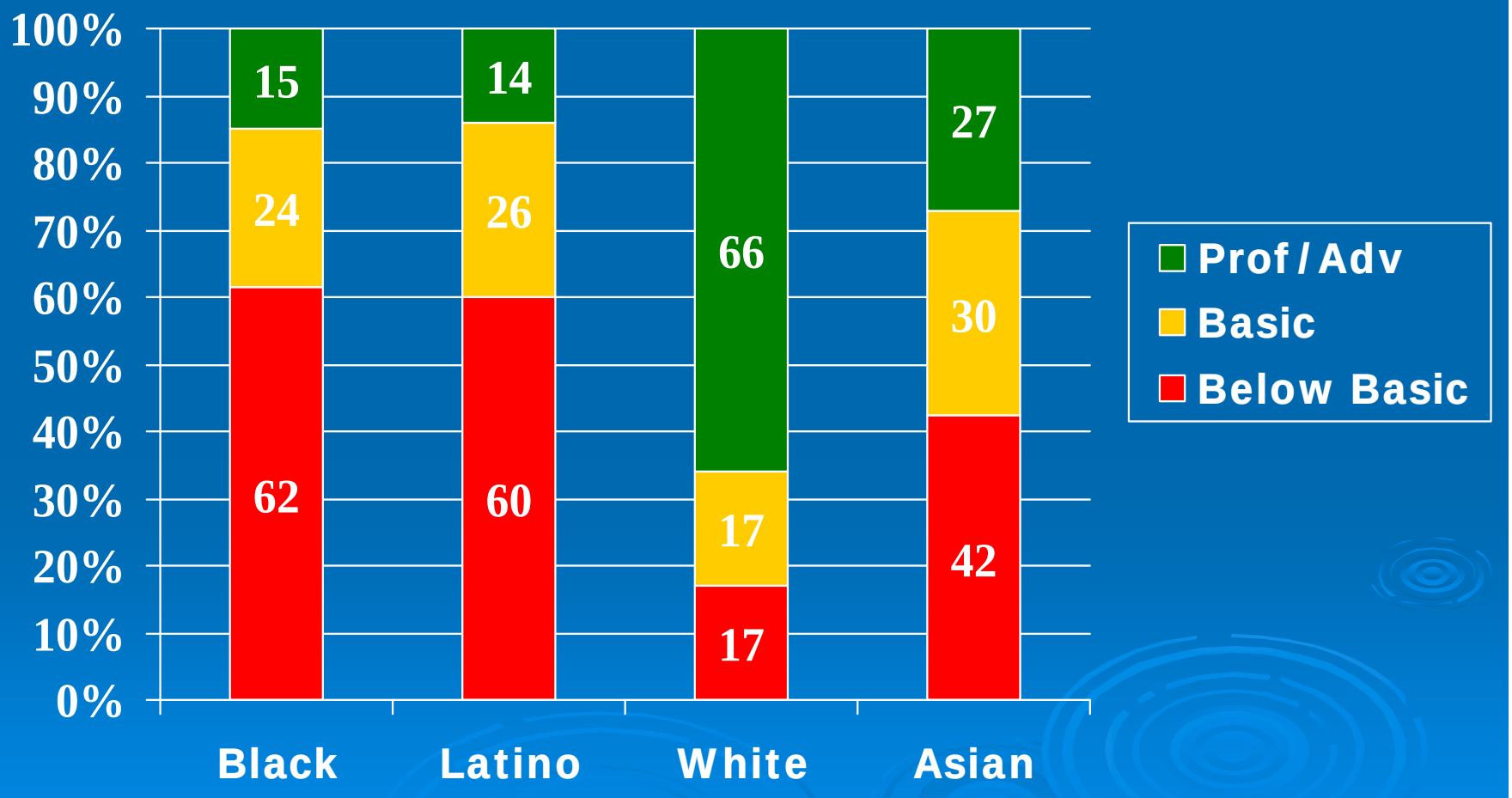
Source: California Department of Education, http://data1.cde.ca.gov/dataquest/

CST 8th Grade Reading
Oakland Unified, by Ethnicity



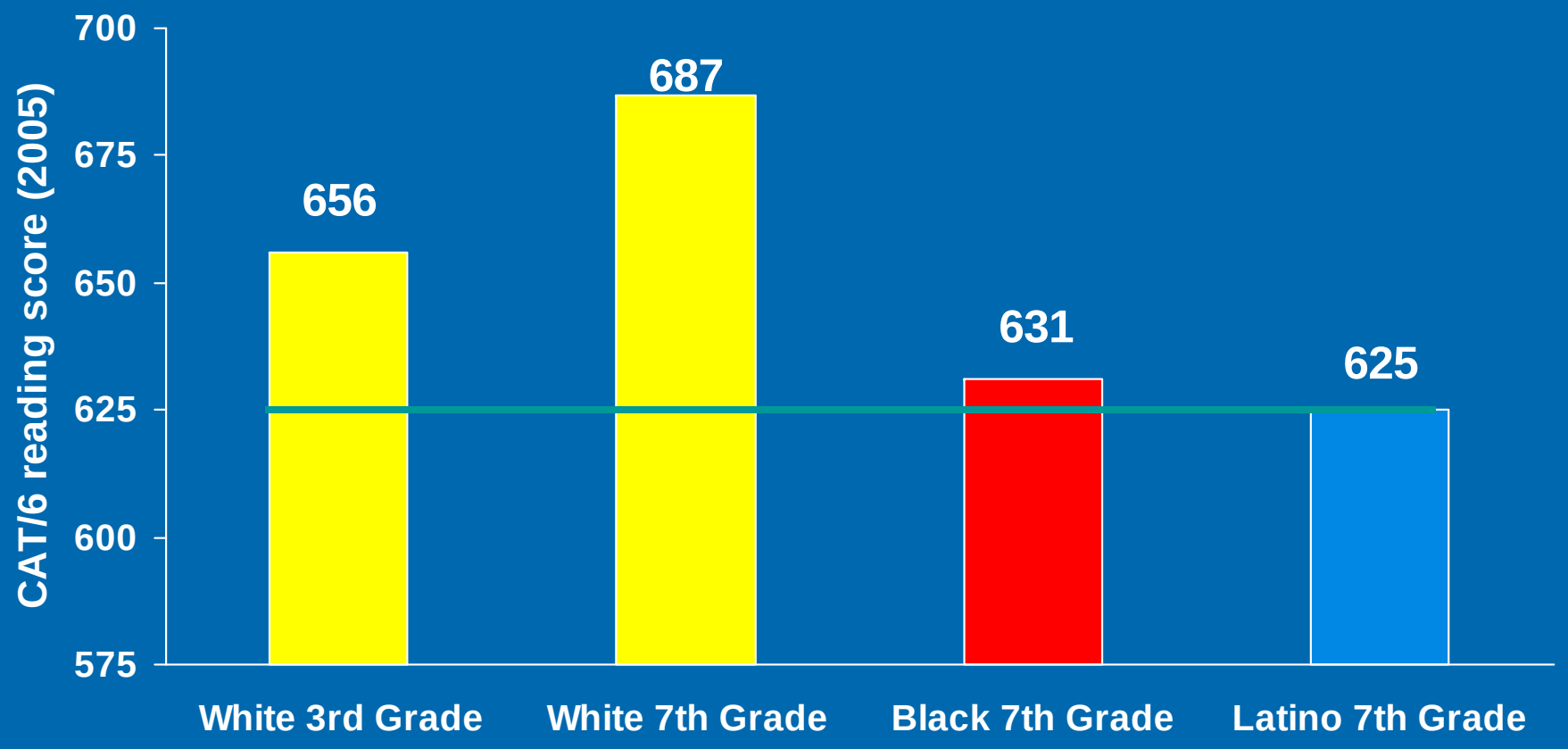
Source: California Department of Education, http://data1.cde.ca.gov/dataquest/

CST 11th Grade Reading Oakland Unified, by Ethnicity



Source: California Department of Education, http://data1.cde.ca.gov/dataquest/

In Oakland, African American and Latino 7th graders read below the level of White 3rd graders



CAT/6 2005

Source: California Department of Education, http://data1.cde.ca.gov/dataquest/

Equal Postsecondary Attendance Rates for Low-Income, High Achievers and High-Income Low Achievers

Achievement Level (in quartiles)	Low-Income	High-Income
First (Low)	36%	77%
Second	50%	85%
Third	63%	90%
Fourth (High)	78%	97%

Source: NELS: 88, Second (1992) and Third Follow up (1994); in, USDOE, NCES, NCES Condition of Education 1997 p. 64

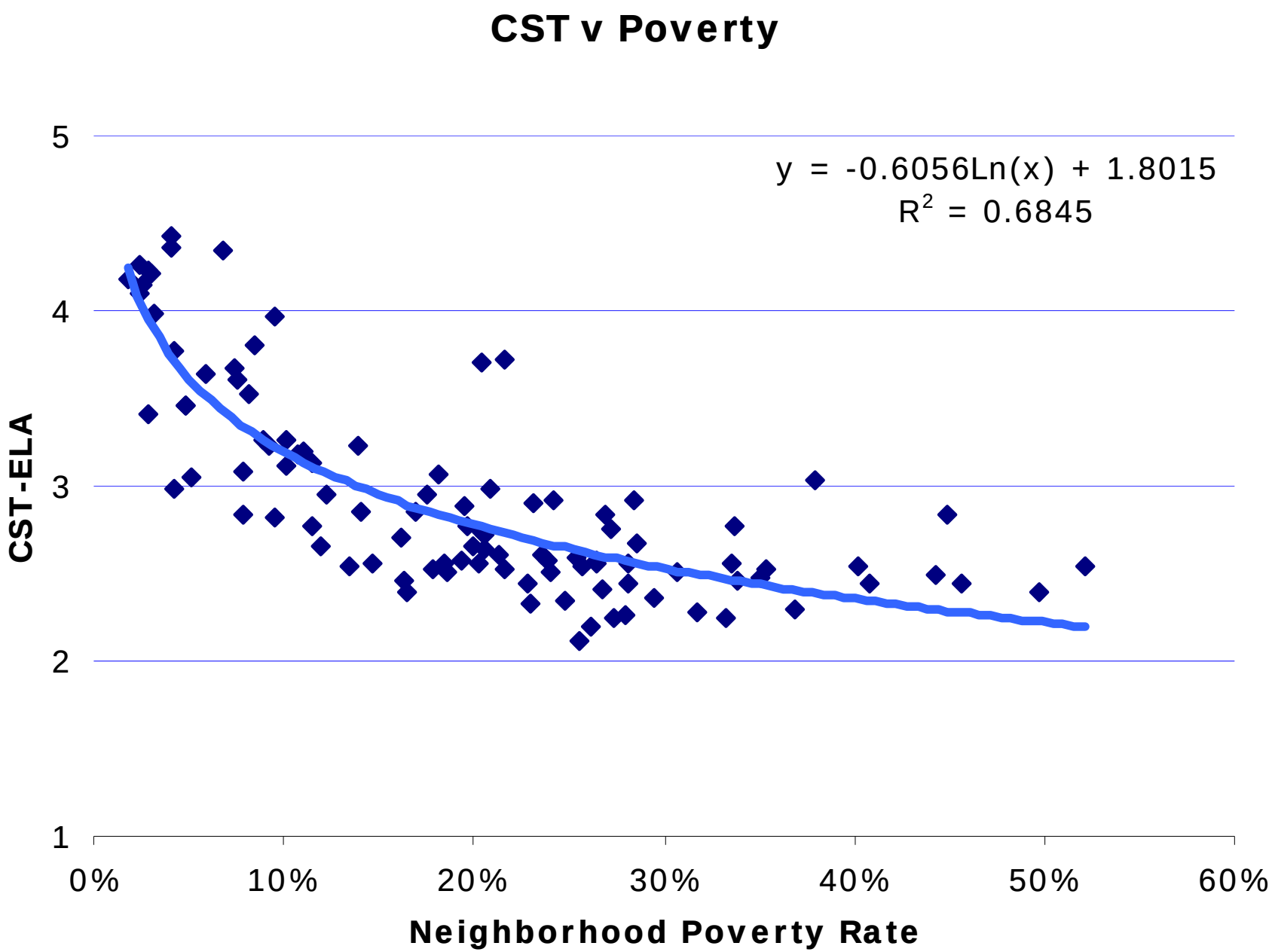
“The American high school is obsolete…. If we keep the system as it is, millions of children will never get a chance to fulfill their promise because of their zip code, their skin color, or the income of their parents. That is offensive to our values, and it’s an insult to who we are.”

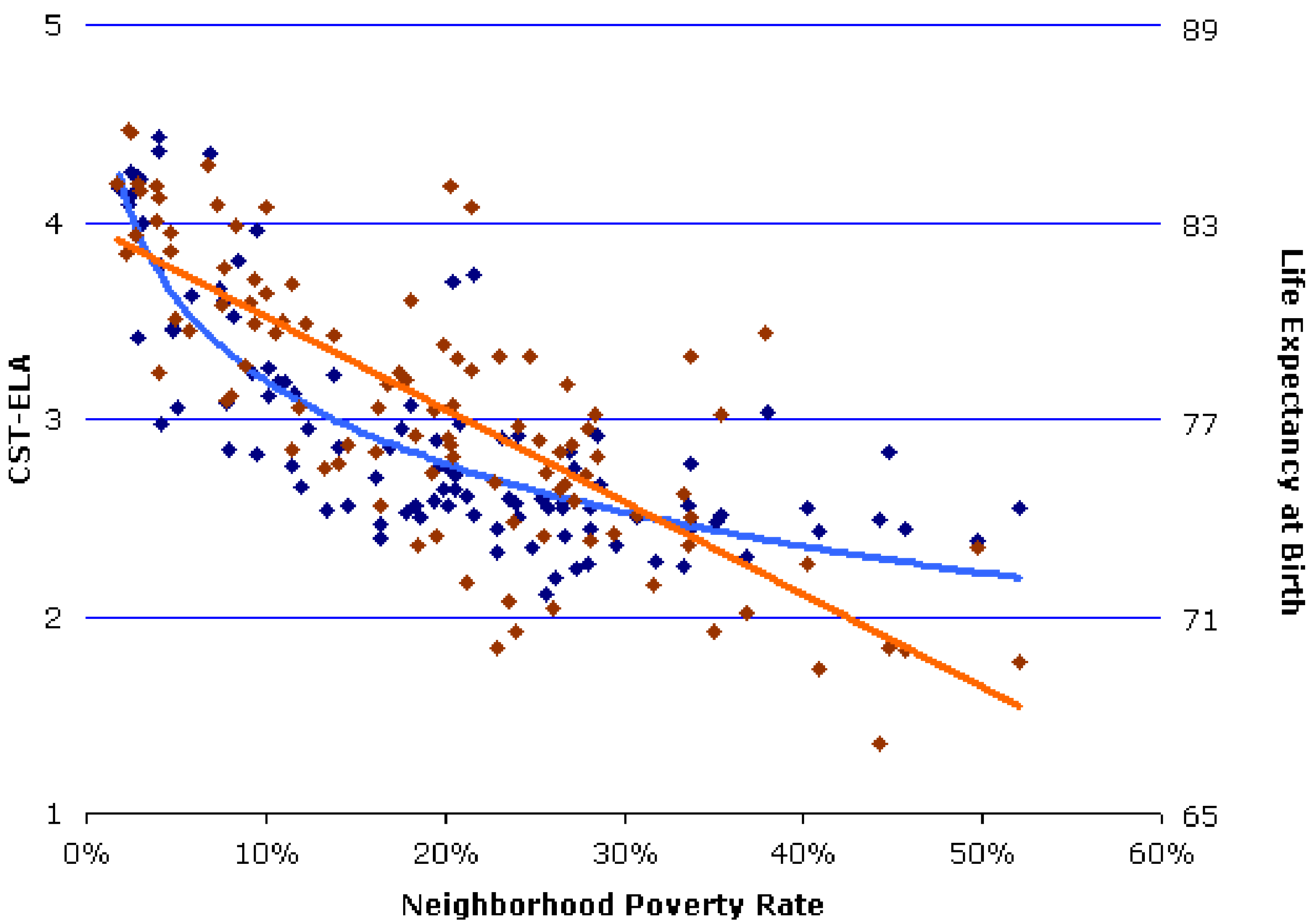
-Bill Gates addressing the National Governors Assoc. 2005

NIH

- “A review of the scientific literature shows associations between education and health across a broad range of illnesses, including coronary heart disease, many specific cancers, Alzheimer's disease, some mental illnesses, diabetes, and alcoholism.”

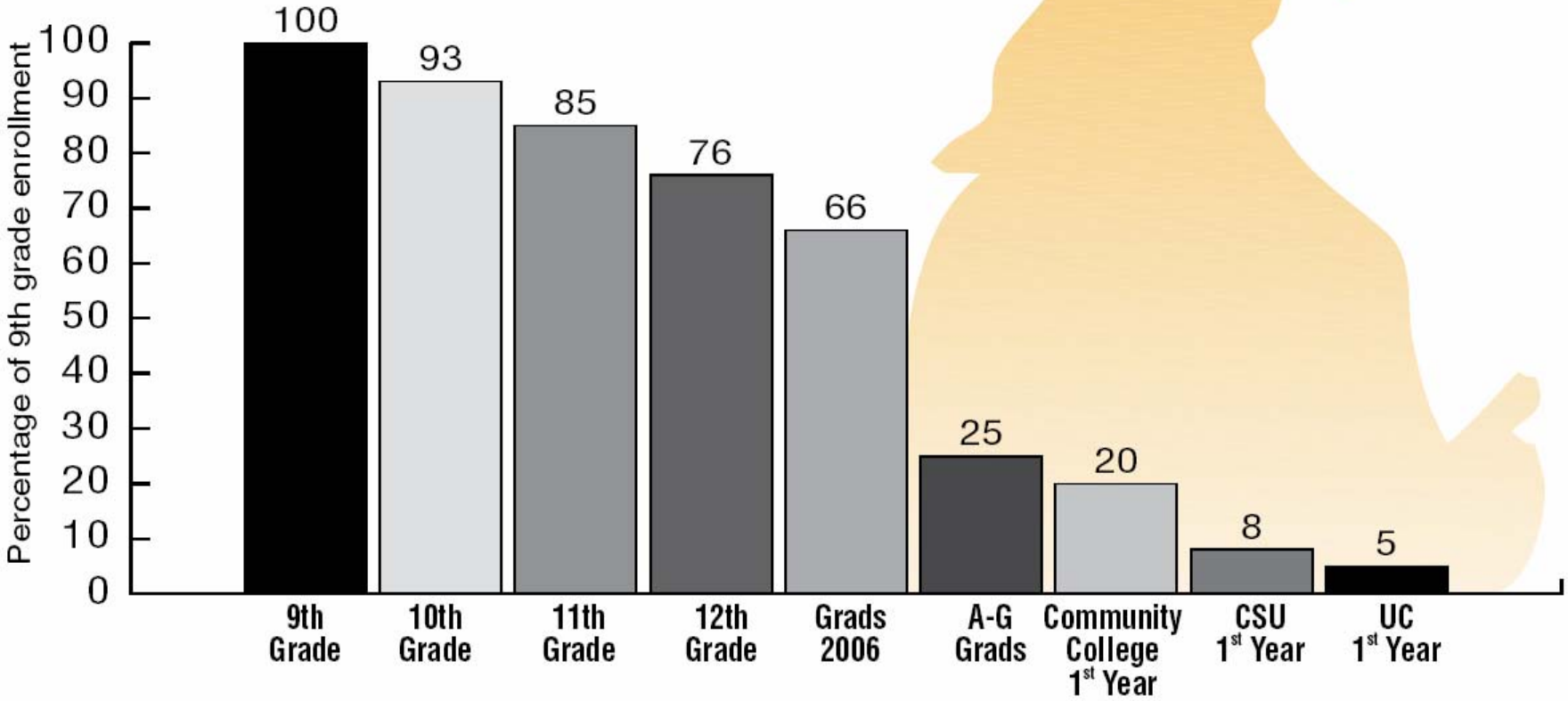
-NIH RFA OB-03-001-PATHWAYS LINKING EDUCATION TO HEALTH


CST v Poverty
y = -0.6056Ln(x) + 1.8015
R2 = 0.6845
5
4
3
2
1
CST-ELA
0%
10%
20%
30%
40%
50%
60%
Neighborhood Poverty Rate


5
4
3
2
1
CST-ELA
89
83
77
71
65
Life Expectancy at Birth
0%
10%
20%
30%
40%
50%
60%
Neighborhood Poverty Rate

California

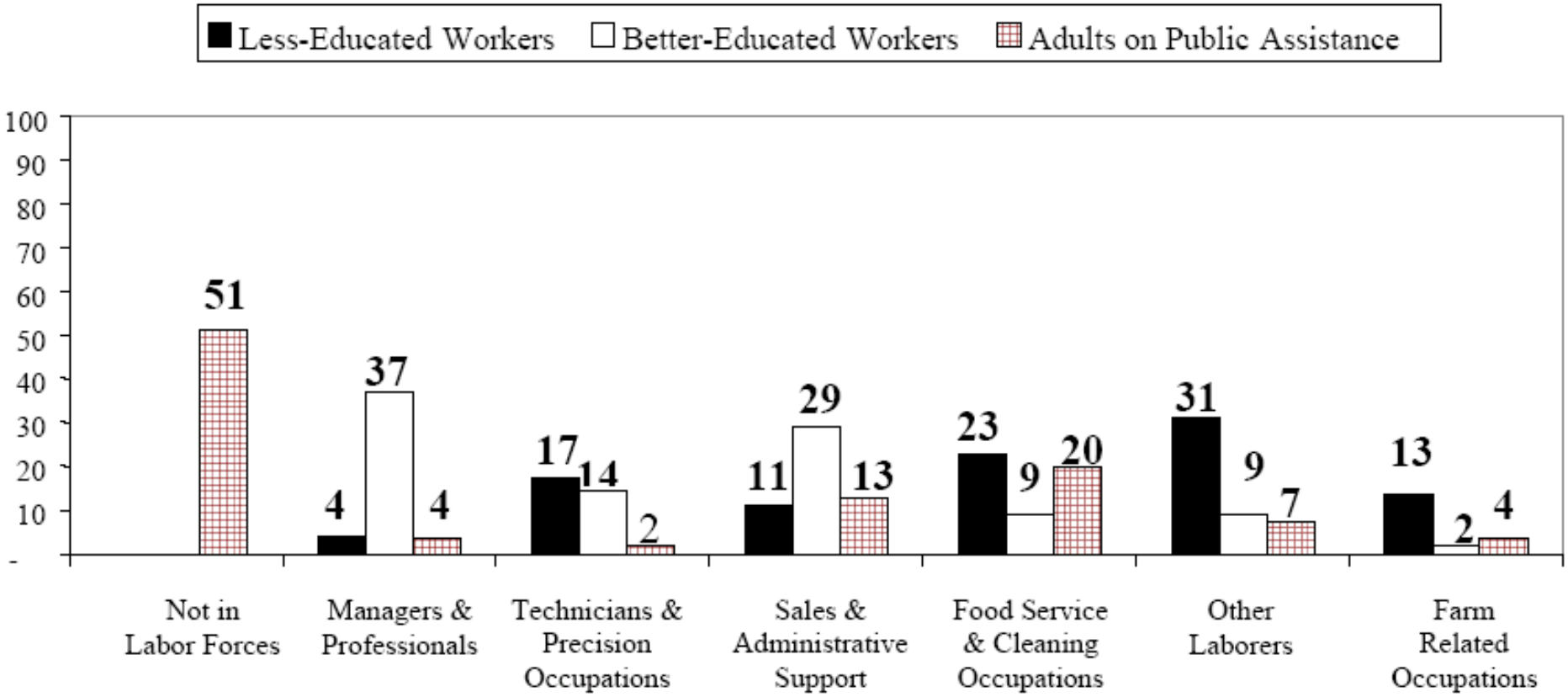
Class of 2006: **Pathway to College**



Produced by UCLA/**IDEA** and UC/**ACCORD**

Current Occupation

Persons Over the Age of 18, California 1999



Source: 1999 March Current Population Survey.

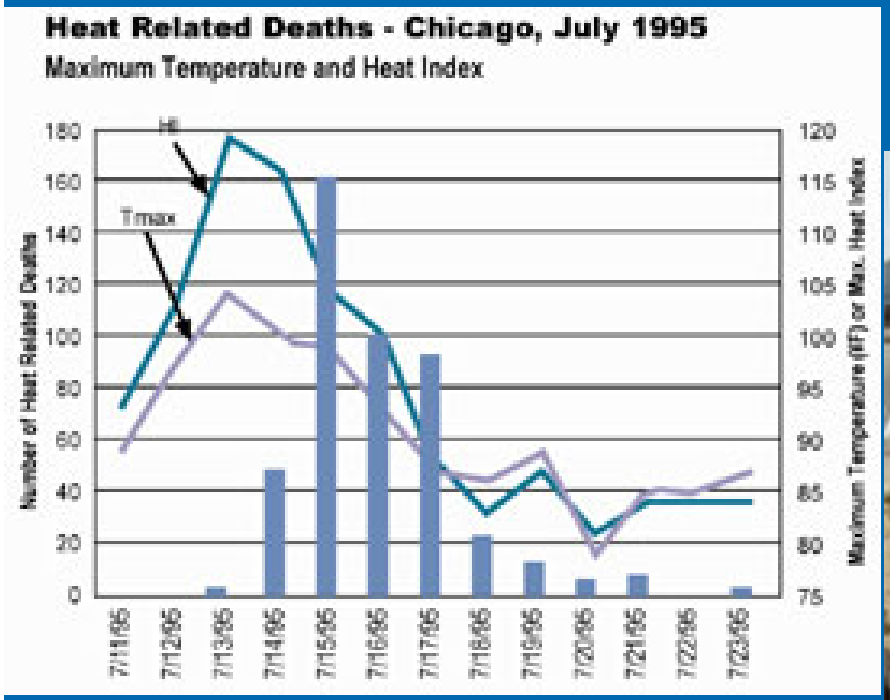
Race/ethnicity

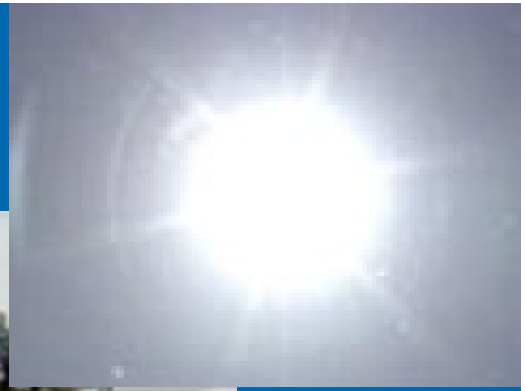
Class

Gender

Discrimin-atory Belief Systems → Institutional Power → Neighbor-hood Conditions → Risk Behaviors → Disease and Injury → Mortality

Immigration status

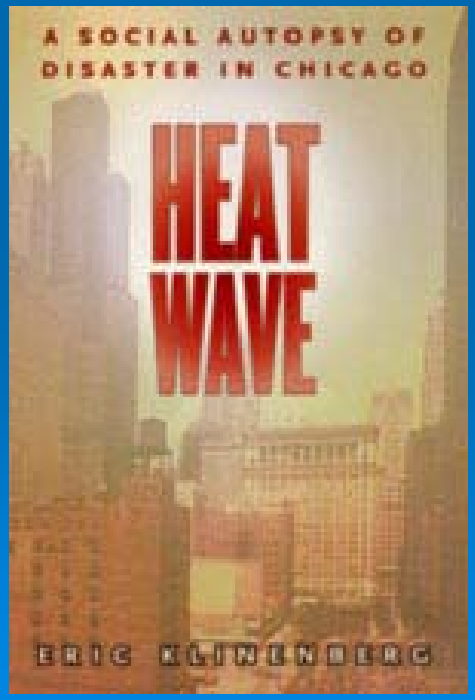




Results of the statistical comparison of weather and deaths over 12 years show that blacks and those with a high school education or less are most likely to die on extremely hot days.

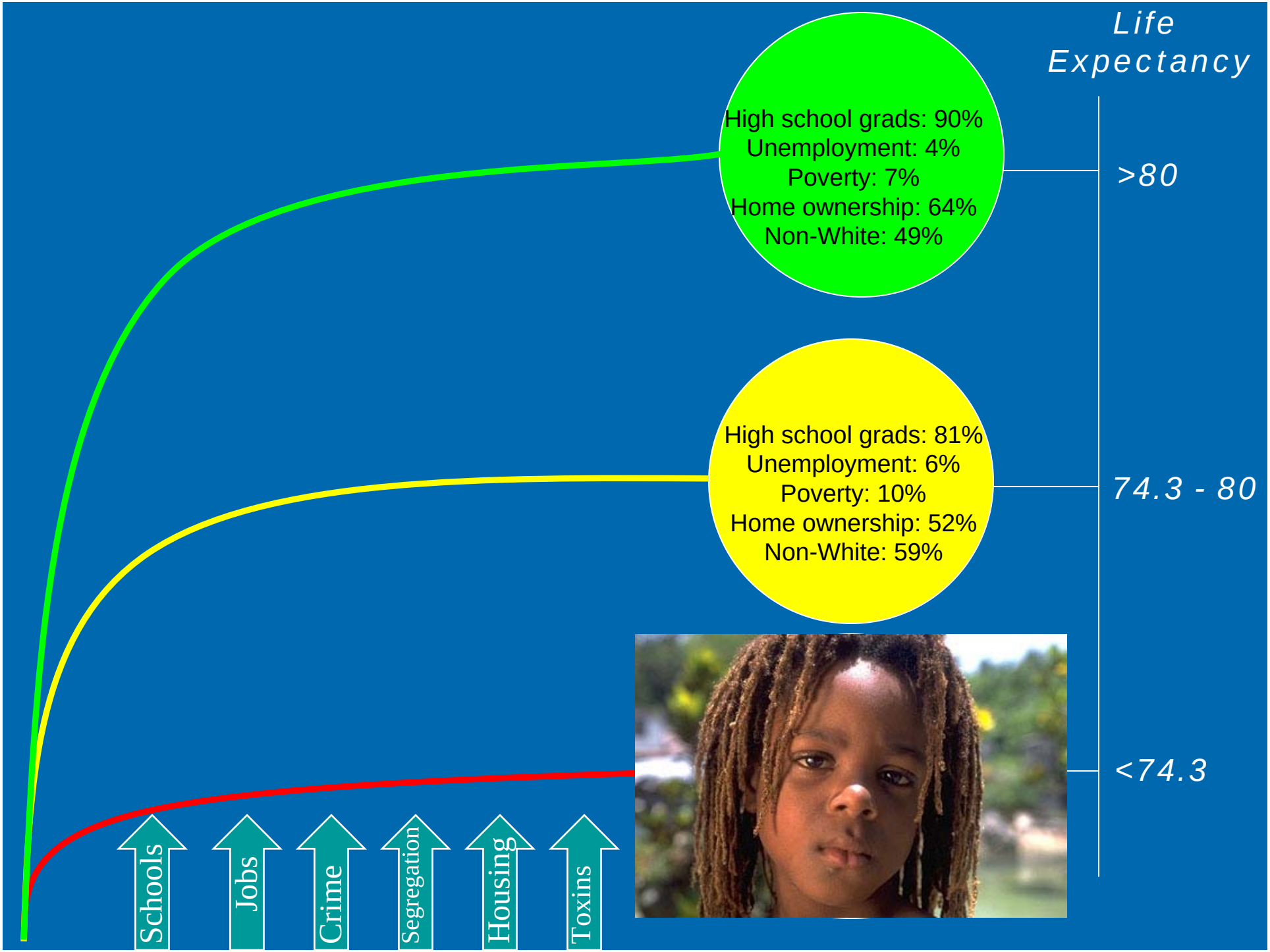
– Harvard School of Public Health study of almost 8 million deaths in 50 cities from 1989 to 2000.

“The heat wave was a particle accelerator for the city: It sped up and made visible the hazardous social conditions that are always present but difficult to perceive.”

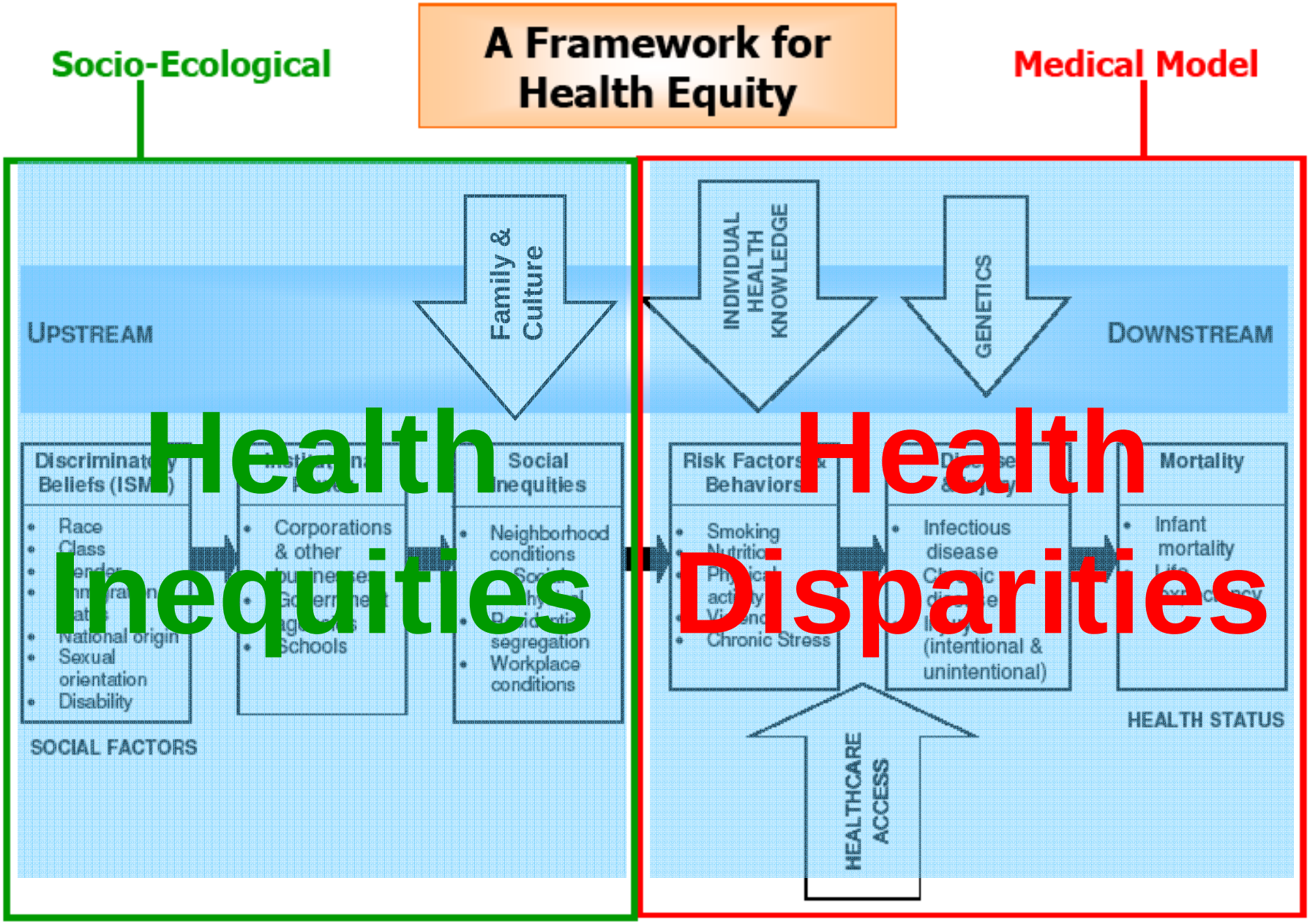


“ Yes, the weather was extreme. But the deep sources of the tragedy were the everyday disasters that the city tolerates, takes for granted, or has officially forgotten.”-

Eric Klineberg, author of Heat Wave

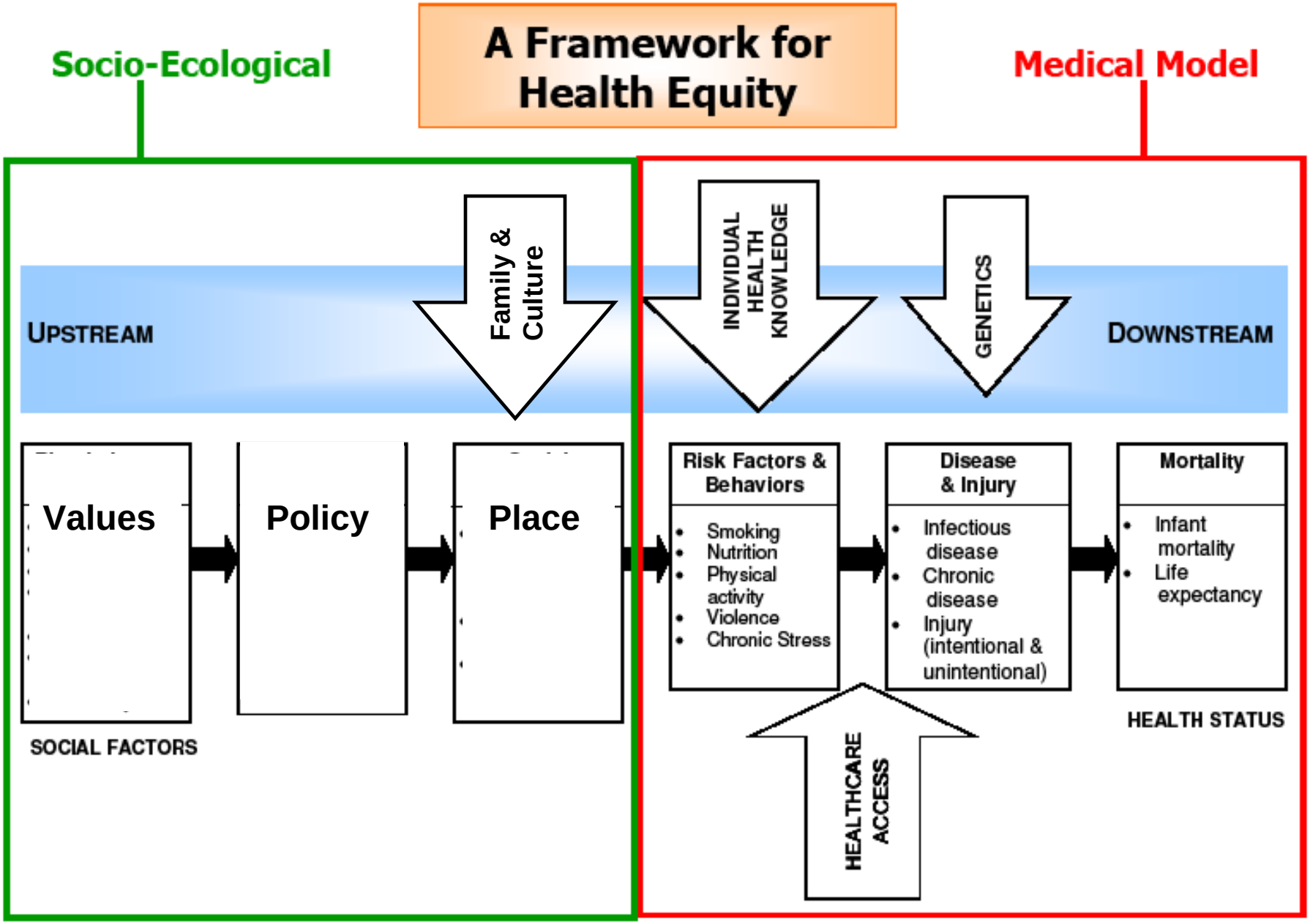

Life Expectancy
High school grads: 90%
Unemployment: 4%
Poverty: 7%
Home ownership: 64%
Non-White: 49%
>80
High school grads: 81%
Unemployment: 6%
Poverty: 10%
Home ownership: 52%
Non-White: 59%
74.3 - 80
<74.3
Schools
Jobs
Crime
Segregation
Housing
Toxins

A Framework for Health Equity



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

A Framework for Health Equity



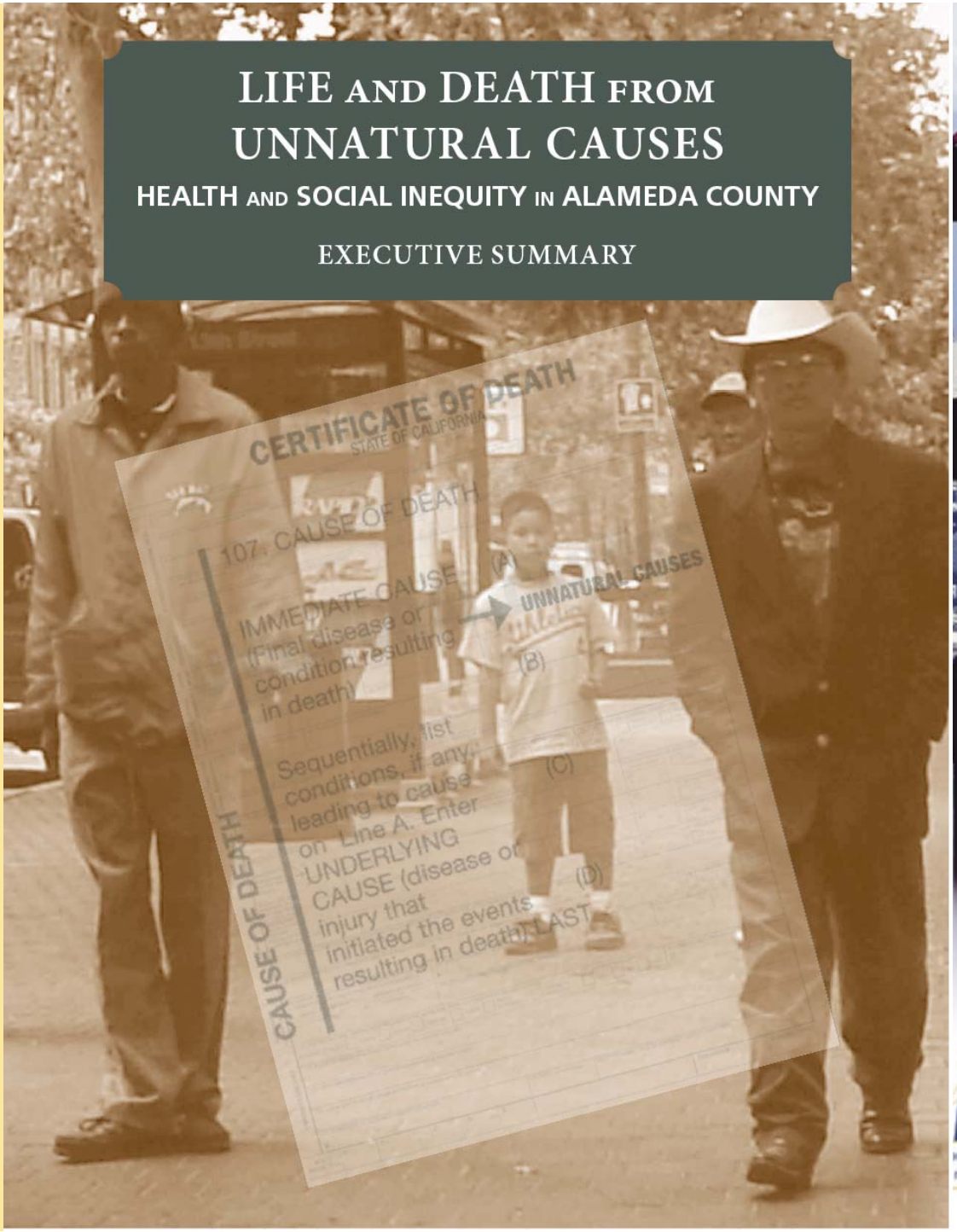
- Adapted by ACPHD from the Bay Area Regional Health Inequities Initiative, Summer 2008

WORLD HEALTH ORGANIZATION
EUROPE

LIFE AND DEATH FROM UNNATURAL CAUSES

HEALTH AND SOCIAL INEQUITY IN ALAMEDA COUNTY

EXECUTIVE SUMMARY



ment

nal Health
nitiative

INTERVENTION DURING EARLY CHILDHOOD TO ACHIEVE HEALTH EQUITY

The nexus of research in Health, Education, and Economics

HEALTH:
Adult chronic disease is linked to early life experiences

- Journal of the American Medical Association, June 2009:

Neuroscience, Molecular Biology, and the Childhood Roots of Health Disparities

Building a New Framework for Health Promotion and Disease Prevention

Jack P. Shonkoff, MD
W. Thomas Boyce, MD
Bruce S. McEwen, PhD

A scientific consensus is emerging that the origins of adult disease are often found among developmental and biological disruptions occurring during the early years of life. These early experiences can affect adult health in 2 ways—either by cumulative damage over time or by the biological embedding of adversities during sensitive developmental periods. In both cases, there can be a lag of many years, even decades, before early adverse experiences are expressed in the form of disease. From both basic research and policy perspectives, confronting the origins of disparities in physical and mental health early in life may produce greater effects than attempting to modify health-related behaviors or improve access to health care in adulthood.

JAMA. 2009;301(21):2252-2259 www.jama.com

ADVANCES IN DEVELOPMENTAL biology are building an increasingly persuasive case for a new way of thinking about health promotion and disease prevention that focuses on the origins of persistent disparities in morbidity and mortality in the early years of life. Central to this framework is an increasing interest in the extent to which early experiences and

in early childhood may be a more ap-

high-quality care to reduce socioeco-

- “Despite increasing evidence of the long-term effects of early adversity on life-long health, little attention has been paid to …the reduction of significant stressors affecting everyday life for vulnerable young children and their parents.”

EDUCATION
High Return on Early Childhood Education

- Brookings Institution, Cost Effective Investments in Children, 2007:

Benefit-Cost Evidence on Early Childhood Education

A number of analysts have estimated the economic benefits of early childhood education, comparing the stream of long-term benefits against the initial costs of the intervention.[5] Four such estimates are summarized in table 2, showing benefit-cost ratios that range from well over 5:1 for two programs (Perry Preschool and Chicago Child-Parent Centers) to 3:1 for the Abecedarian project and more than 2:1 for an estimate of a generic real-world high-quality early childhood education program based on meta-analysis of forty-eight different program evaluations.

EDUCATION:

"Early Childhood Development is grossly under-funded"

WestEd
Excellence in research, development, & service

Early Childhood Investment
Yields Big Payoff

"…Recent studies suggest that one critical form of education, early childhood development... is grossly under-funded. However, if properly funded and managed, investment in ECD yields an extraordinary return, far exceeding the return on most investments, private or public…. In the future any proposed economic development list should have early childhood development at the top."

— Arthur Rolnick, Director of Research, and Robert Grunewald, Regional Economic Analyst, Federal Reserve

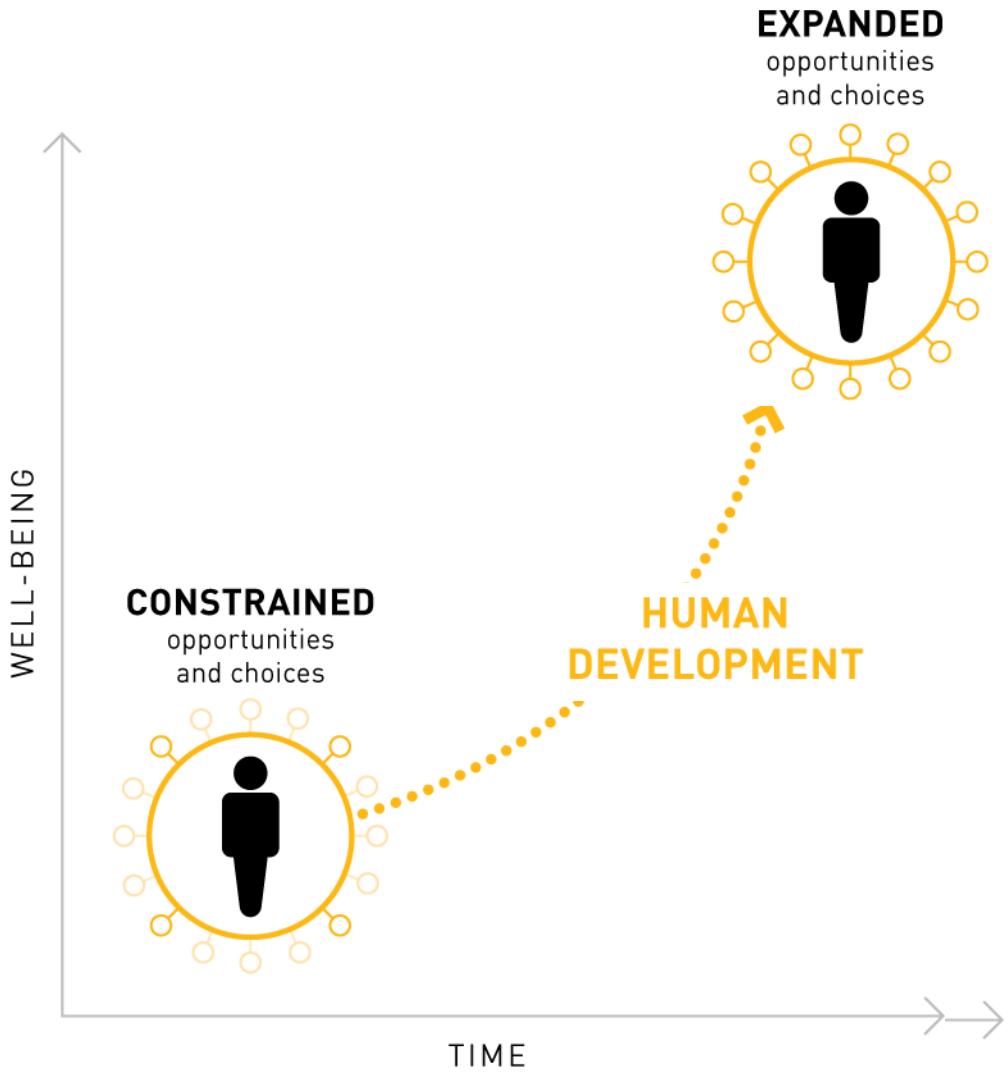
In 2003, 19.8% of all children under the age of

Yet, recent studies have found that invest-

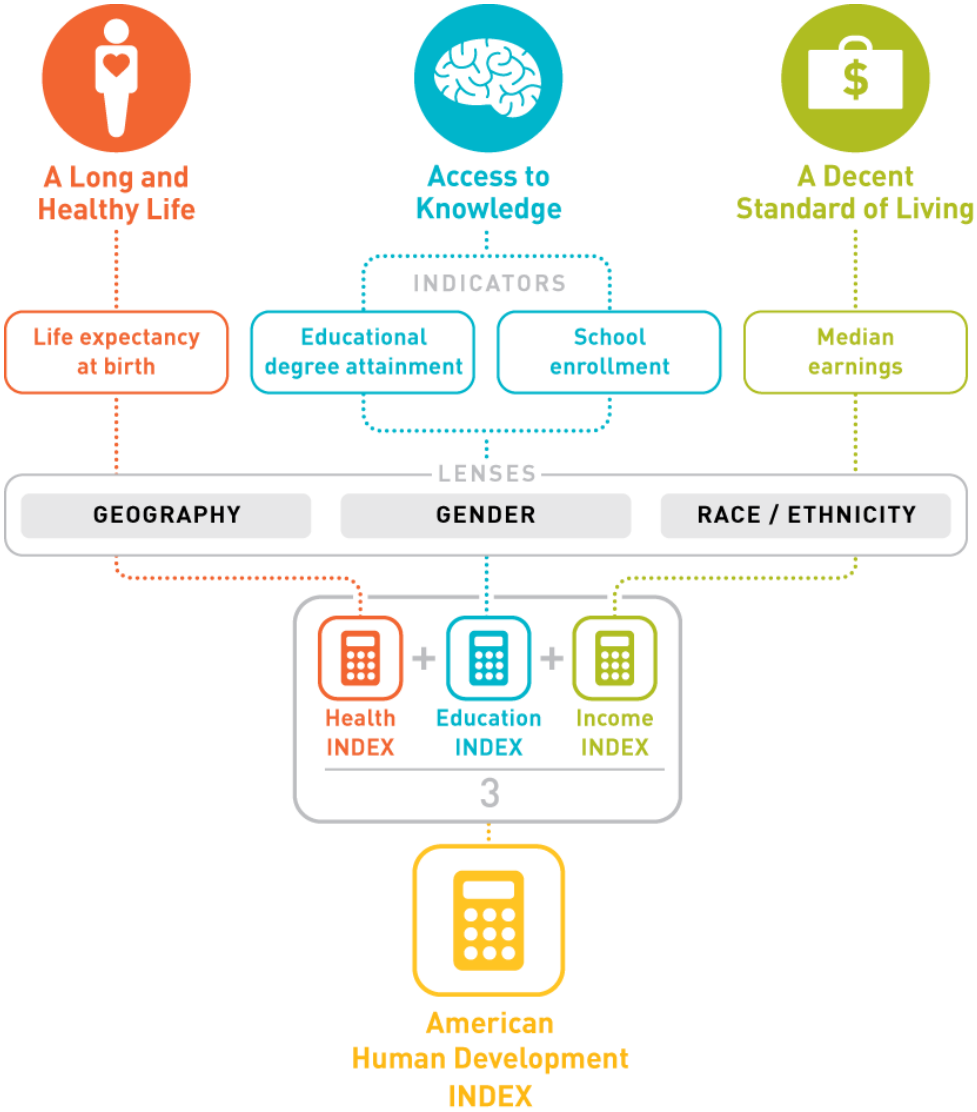
ECONOMICS:
America's economic well-being depends on early childhood investment

- Telluride Summit – September 2009: "…to make early childhood investment an integral part of rebuilding our economy to achieve workforce competitiveness and fiscal sustainability."

Human Development **Concept**



Measuring Human Development



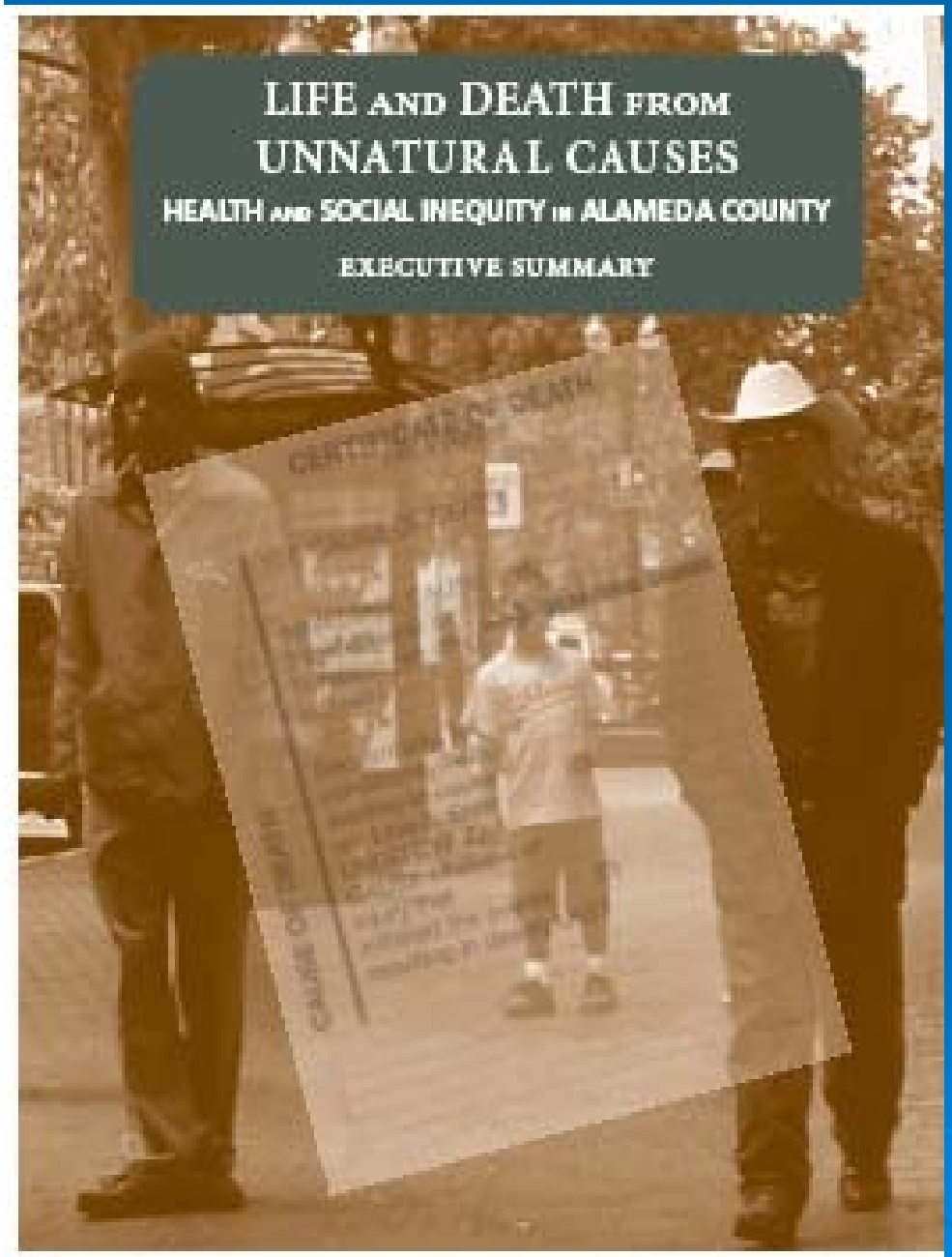
Top-Ranked Countries in Human Development 1980–2005

1980	1985	1990	1995	2000	2005
1 Switzerland	1 Canada	1 Canada	1 Norway	1 Norway	1 Iceland
2 U.S.	2 U.S.	2 U.S.	2 Canada	2 Sweden	2 Norway
3 Iceland	3 Switzerland	3 Iceland	3 Sweden	3 Australia	3 Australia
4 Norway	4 Norway	4 Japan	4 Netherlands	4 Netherlands	4 Canada
5 Canada	5 Iceland	5 Switzerland	5 Australia	5 Iceland	5 Ireland
6 Japan	6 Japan	6 Netherlands	6 U.S.	6 Canada	6 Sweden
7 Netherlands	7 Netherlands	7 Norway	7 Belgium	7 Switzerland	7 Switzerland
8 Denmark	8 Sweden	8 France	8 Japan	8 Belgium	8 Netherlands
9 Sweden	9 Denmark	9 Finland	9 UK	9 U.S.	9 Japan
10 France	10 France	10 Sweden	10 Switzerland	10 Japan	10 Finland
11 Belgium	11 Finland	11 Belgium	11 France	11 Finland	11 France
12 Australia	12 Belgium	12 Austria	12 Iceland	12 France	12 U.S.

A documentary series & public impact campaign

www.unnaturalcauses.org

Produced by California Newsreel with Vital Pictures
Presented on PBS by the National Minority Consortia of Public Television
Impact Campaign in association with the Joint Center Health Policy Institute

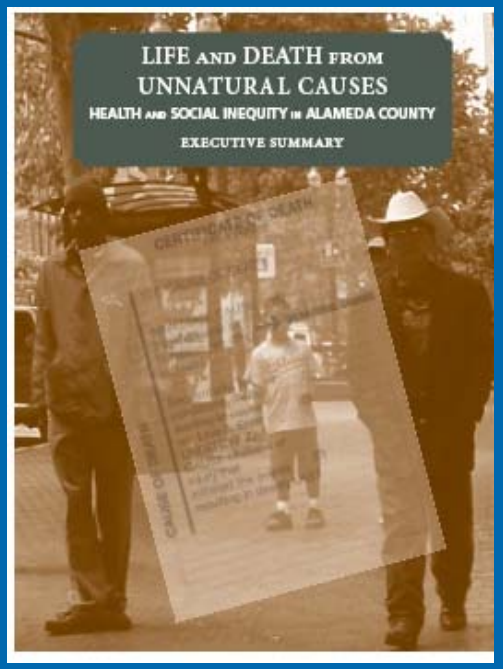


Life and Death from Unnatural Causes:

Health and Social Inequity in Alameda County

Report Chapters

- Executive Summary
- Introduction
- Part One: Health Inequities
- Part Two: Social Inequities
  - Social Inequities: Root Causes of Health Inequities
  - Segregation
  - Income & Employment
  - Education
  - Housing
  - Transportation
  - Air Quality
  - Food Access & Liquor Stores
  - Physical Activity & Neighborhood Conditions
  - Criminal Justice
  - Access to Health Care
  - Social Relationships & Community Capacity



- Historical Overview
- What Research Tells Us
- A Look at Alameda County
- Data to Action: Policy Implications

Policy Principles

- Understanding the *historical forces* that have left a legacy is key to moving forward with the structural changes.
- *Working across multiple sectors* of government and society is key to making the structural changes necessary.
- *Measuring and monitoring the impact* of social policy on health to ensure gains in equity is essential.
- *Meaningful public participation* is needed with attention to outreach, follow-through, language, inclusion, and cultural understanding.
- Acknowledging the *cumulative impact of stressful experiences and environments* is crucial.

Policy Principles (cont)

- The developmental needs and transitions *of all age groups* should be addressed, with a particular emphasis on early childhood.
- Changing community conditions requires extensive *work on land use policy.*
- The *social fabric of neighborhoods* needs to be strengthened.
- *New challenges* are brought on by the global economy, climate change, U.S. foreign policy, and the need for immigration reform and energy alternatives.
- Because of the cumulative impact of multiple stressors, our overall approach should shift *toward changing community conditions* and away from blaming individuals or groups for their disadvantaged status.

1

PLACE

2

POLICY

3

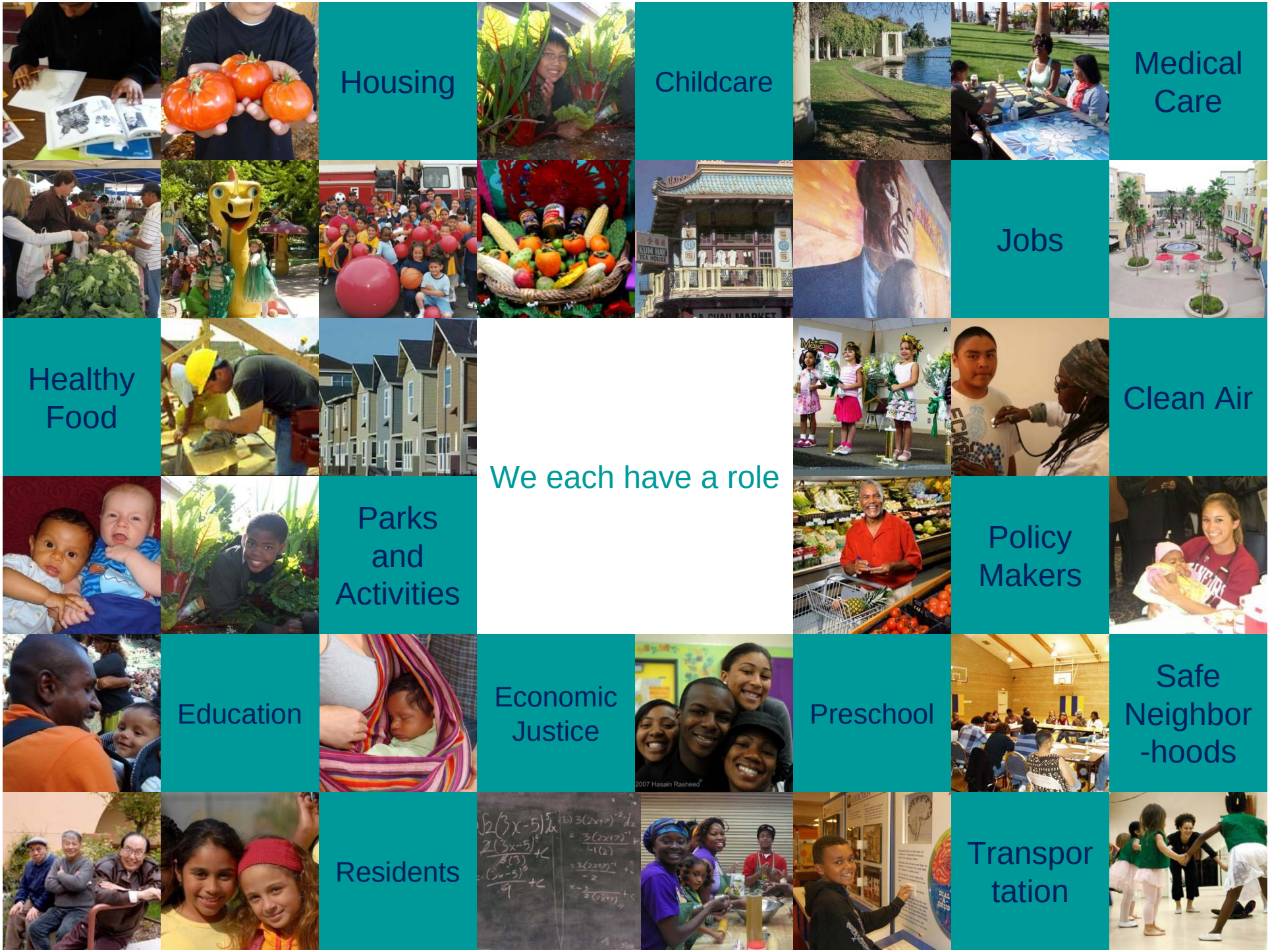
LEADERSHIP

Our Community Partners

The California Endowment

10 Outcomes

1. All children have health coverage
2. Families have improved access to a “health home” that supports healthy behaviors
3. Health and family-focused human services shift resources toward prevention
4. Residents live in communities with health-promoting land-use, transportation and community development
5. Children and their families are safe from violence in their homes and neighborhoods
6. Communities support healthy youth development
7. Neighborhood and school environments support improved health and healthy behaviors
8. Community health improvements are linked to economic development
9. Health gaps for boys and young men of color are narrowed
10. California has a shared vision of community health


Housing
Childcare
Medical Care
Jobs
Healthy Food
Clean Air
We each have a role
Parks and Activities
Policy Makers
Education
Economic Justice
Preschool
Safe Neighbor -hoods
Residents
Transpor tation

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