

Health and Social Inequity in Santa Clara County

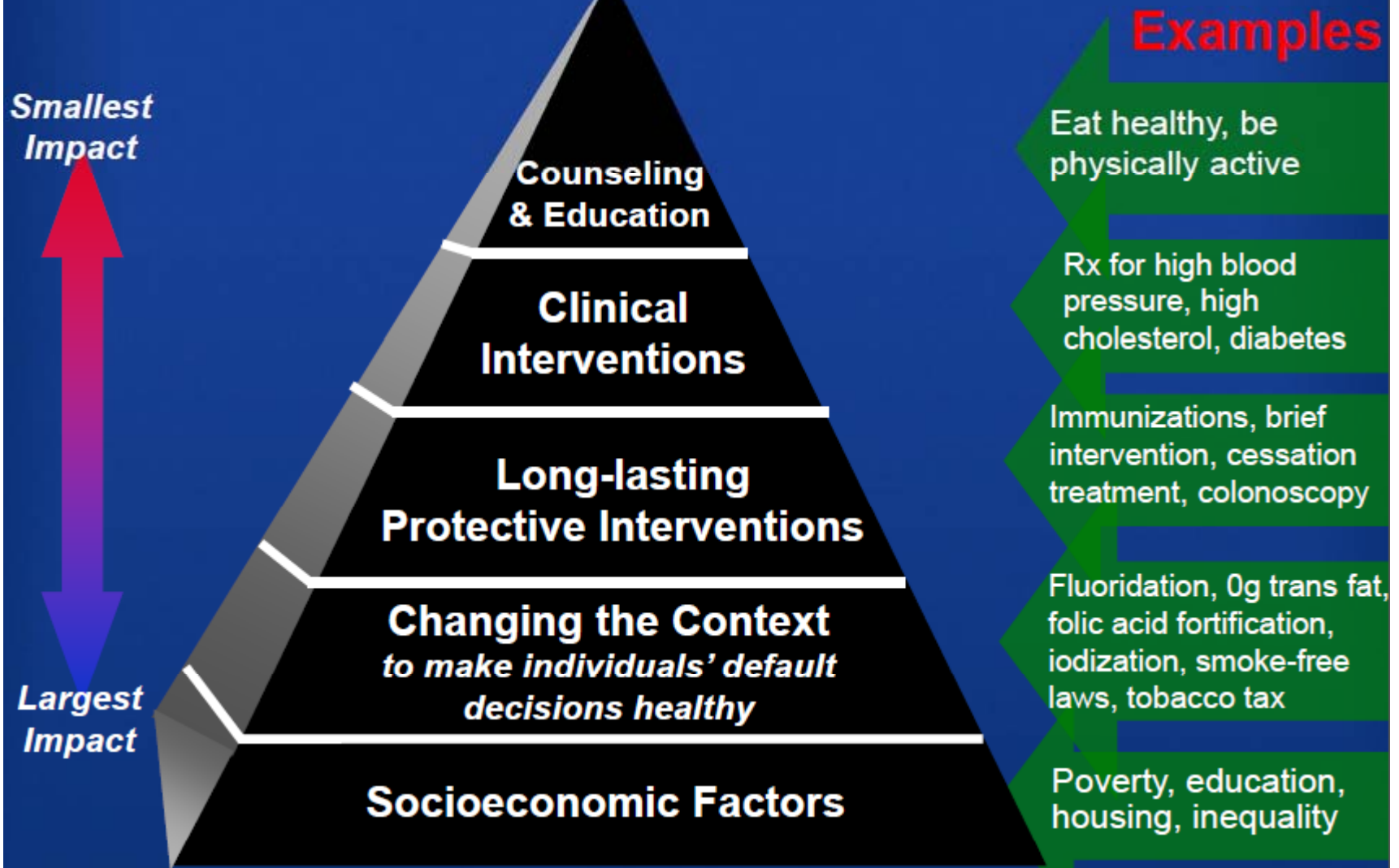


MARTY FENSTERSHEIB, MD, MPH

October 7, 2011



Factors that Affect Health

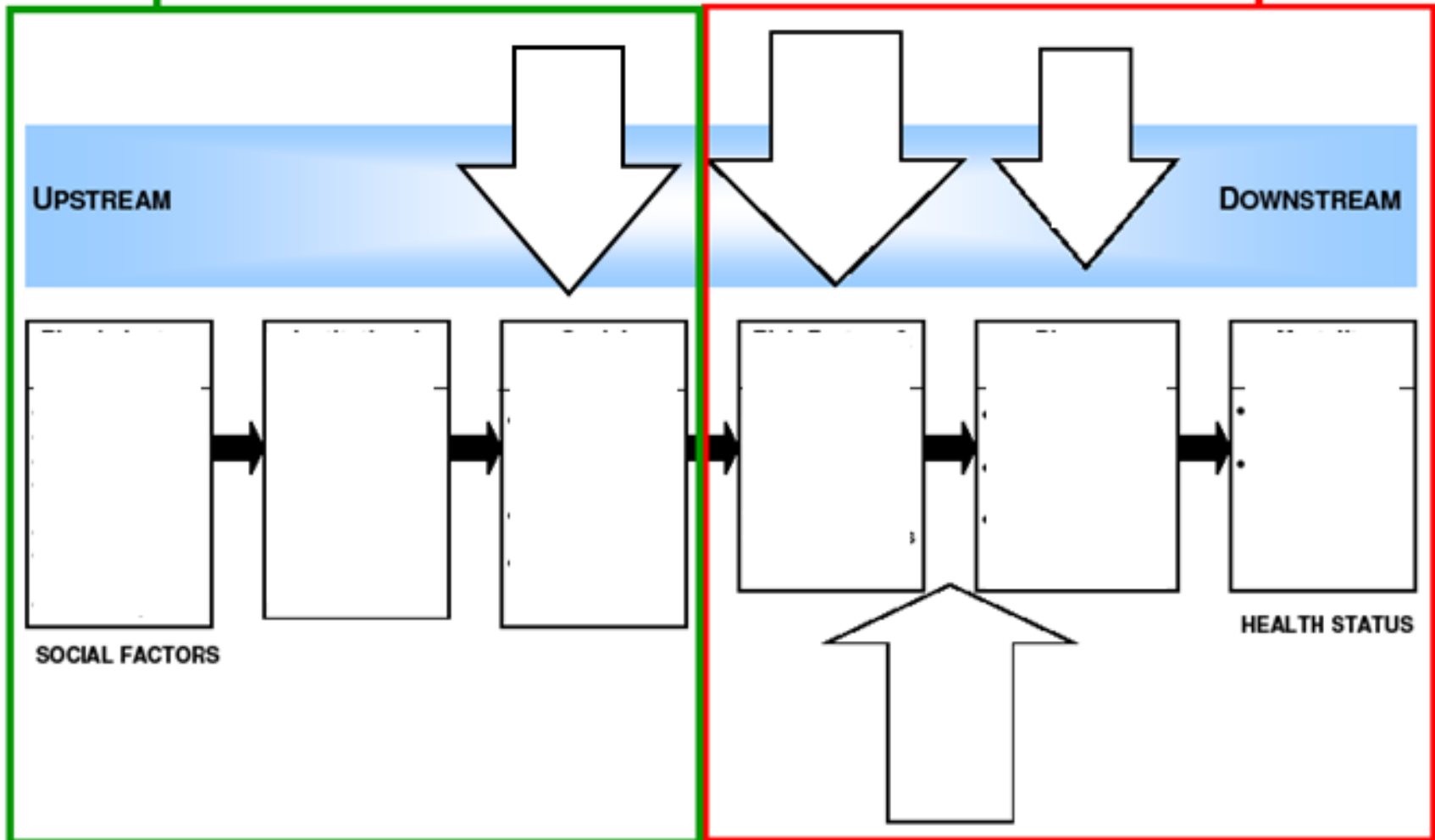


Source: Centers for Disease Control and Prevention

A Framework for Health Equity

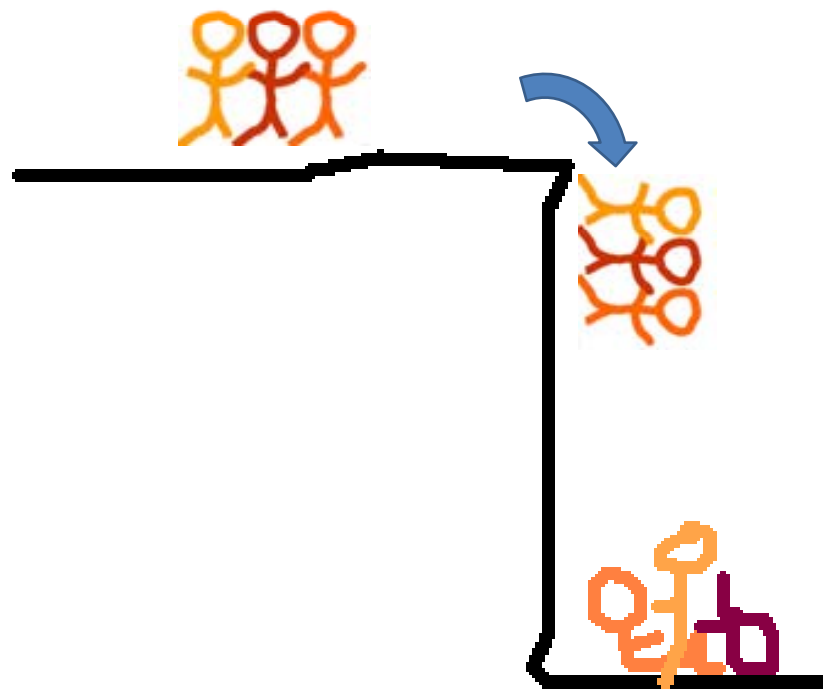
Socio-Ecological

Medical Model

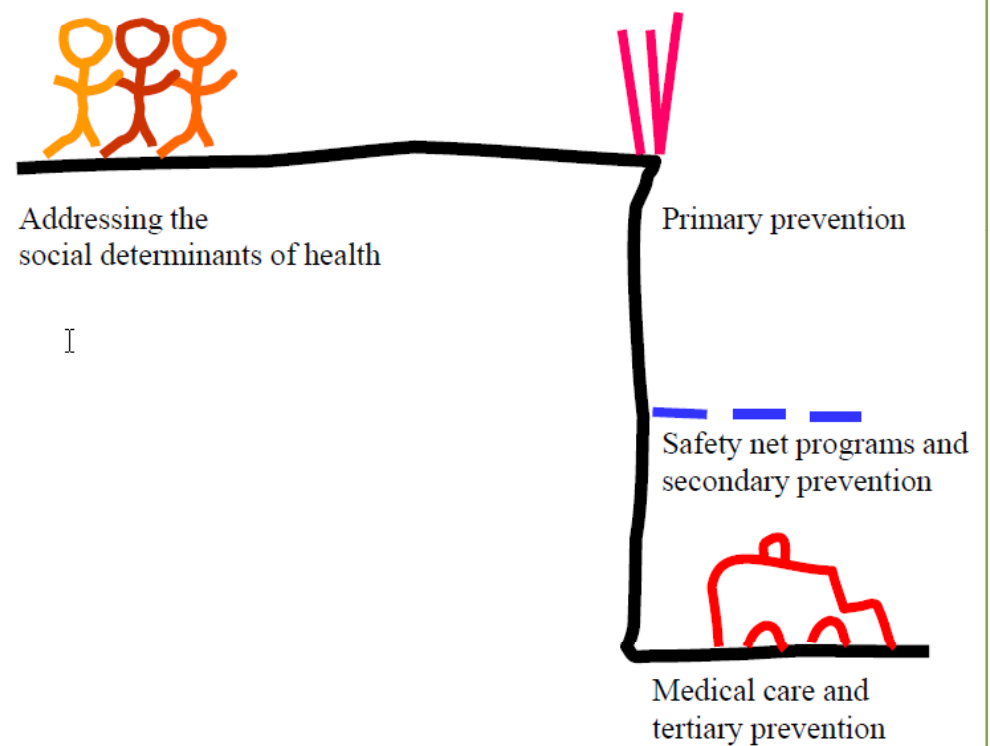


- Adapted by ACPHD from the Bay Area Regional Health Inequities Initiative, Summer 2008

Upstream Parable - Falling Off the Cliff



People falling off the cliff with no barriers in place



People prevented from falling with barriers in place

Source: Modified from Centers for Disease Control and Prevention

Upstream Parable of the River



People drowning while trying to cross the river without a bridge



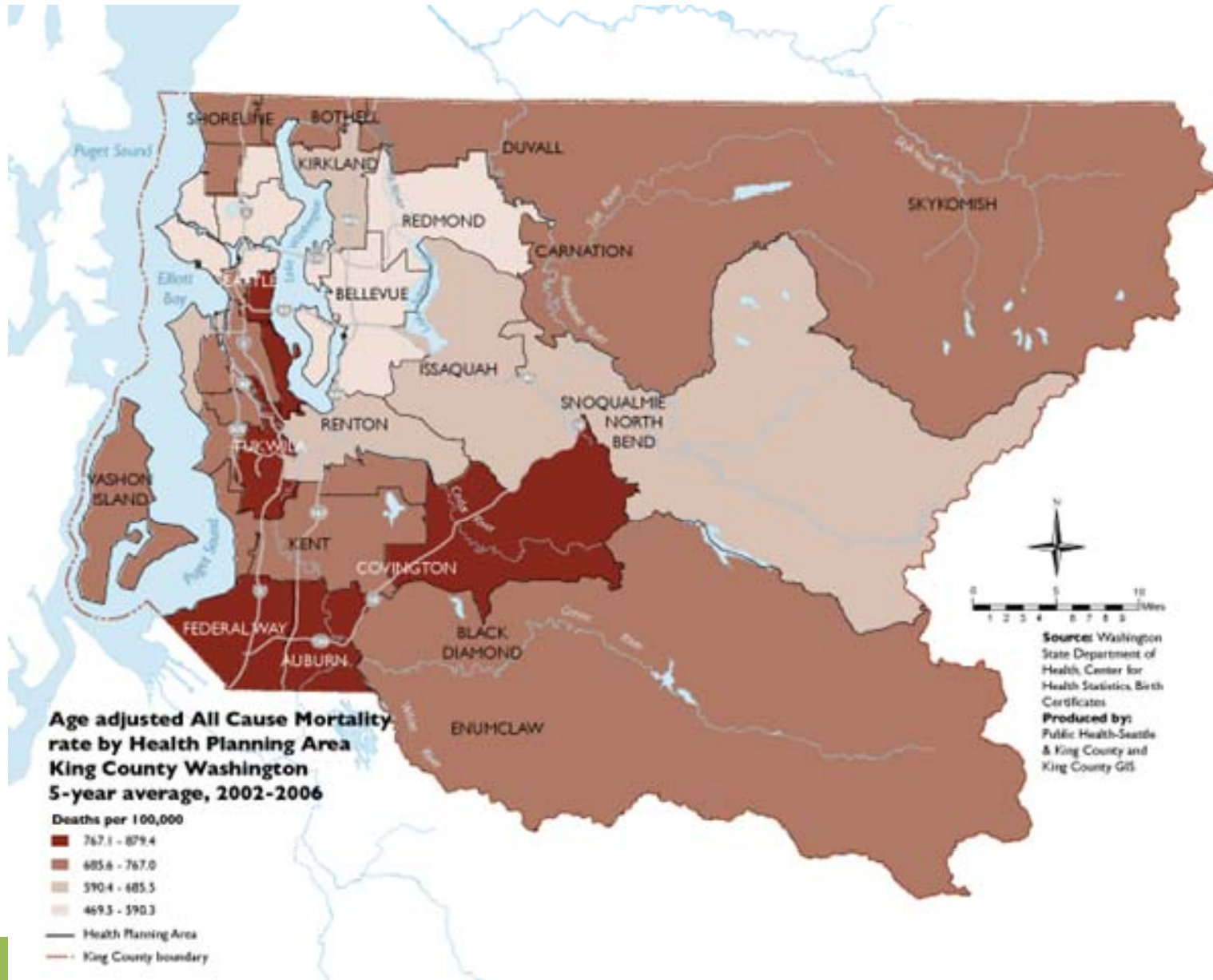
People stopped drowning due to the bridge built upstream

Health ≠ Healthcare

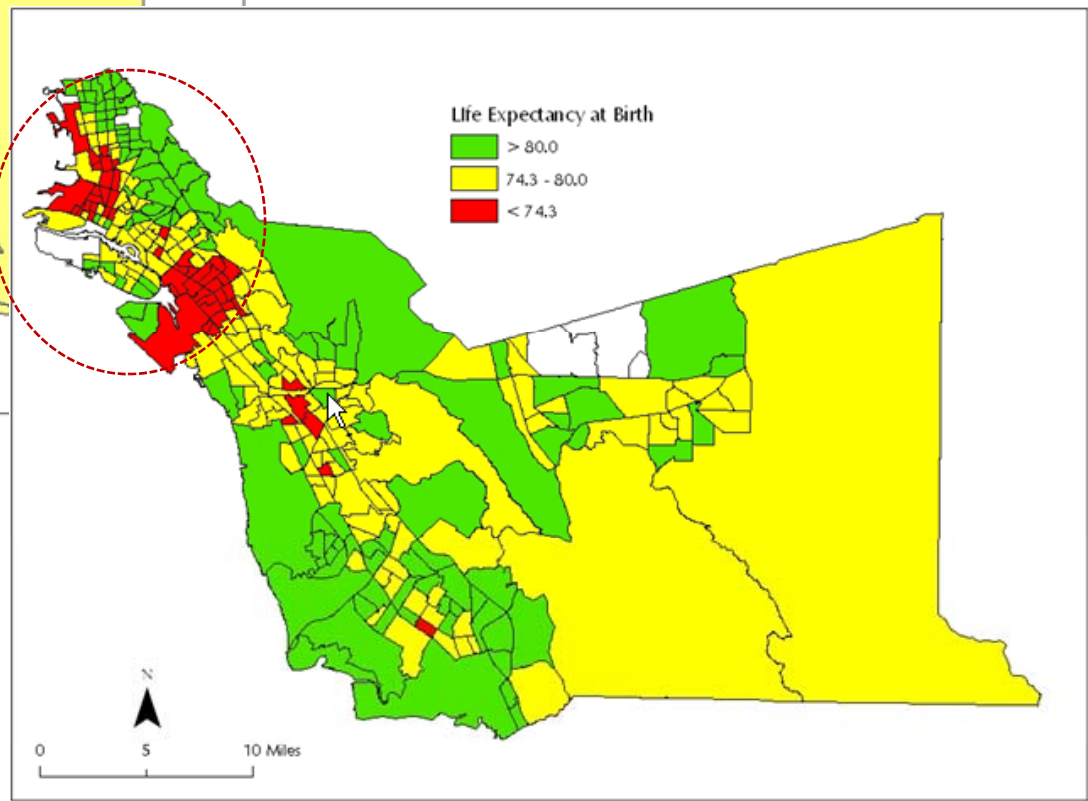
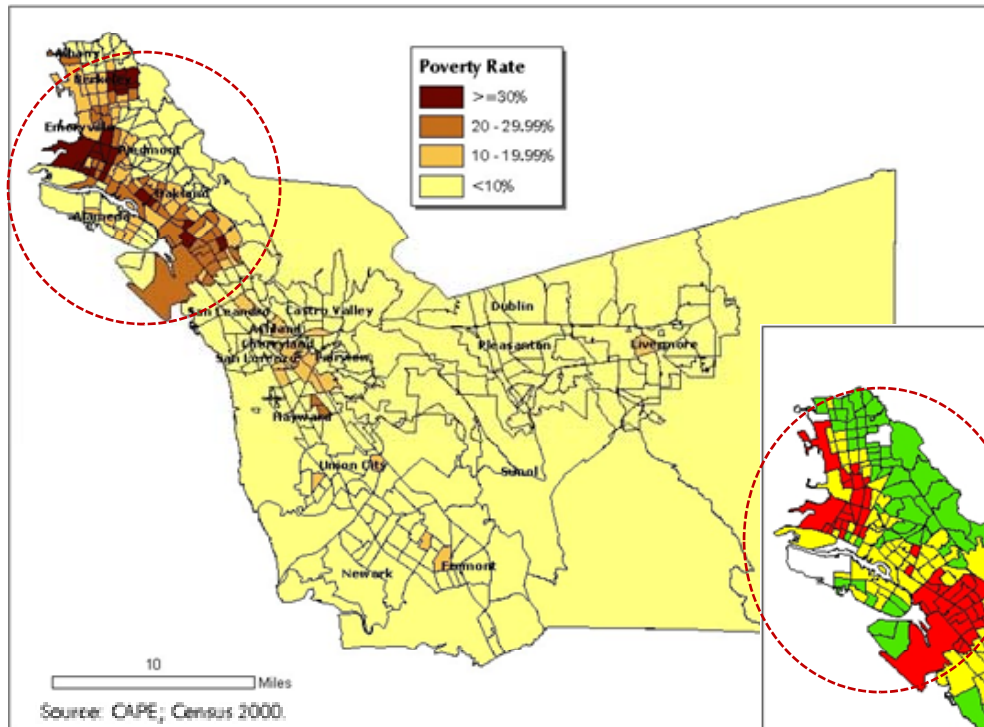
Where We Live Matters

It Matters A LOT!

Life Expectancy by Census Tracts, King County

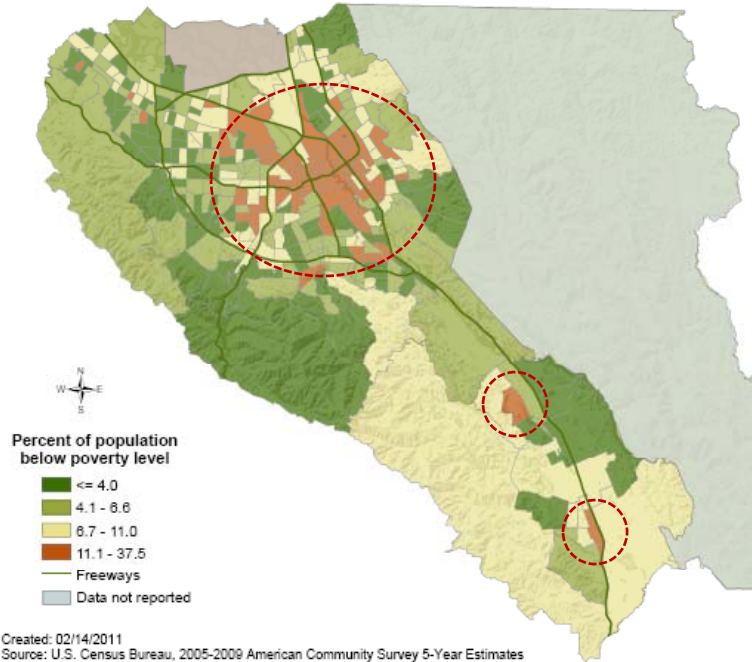


Life Expectancy and Poverty, Alameda County

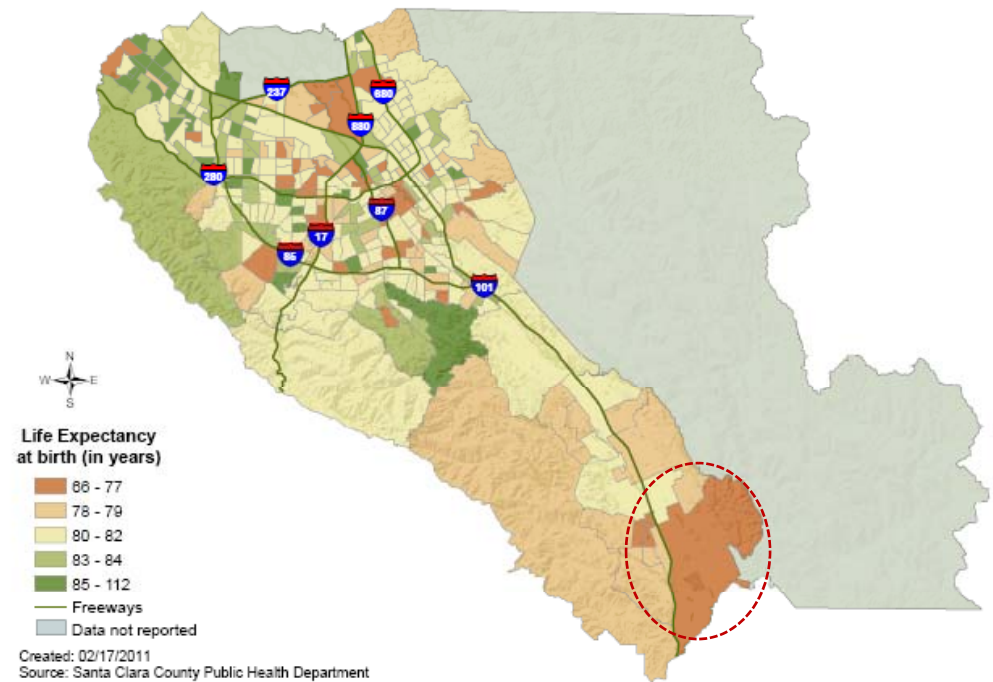


Life Expectancy and Poverty, Santa Clara County

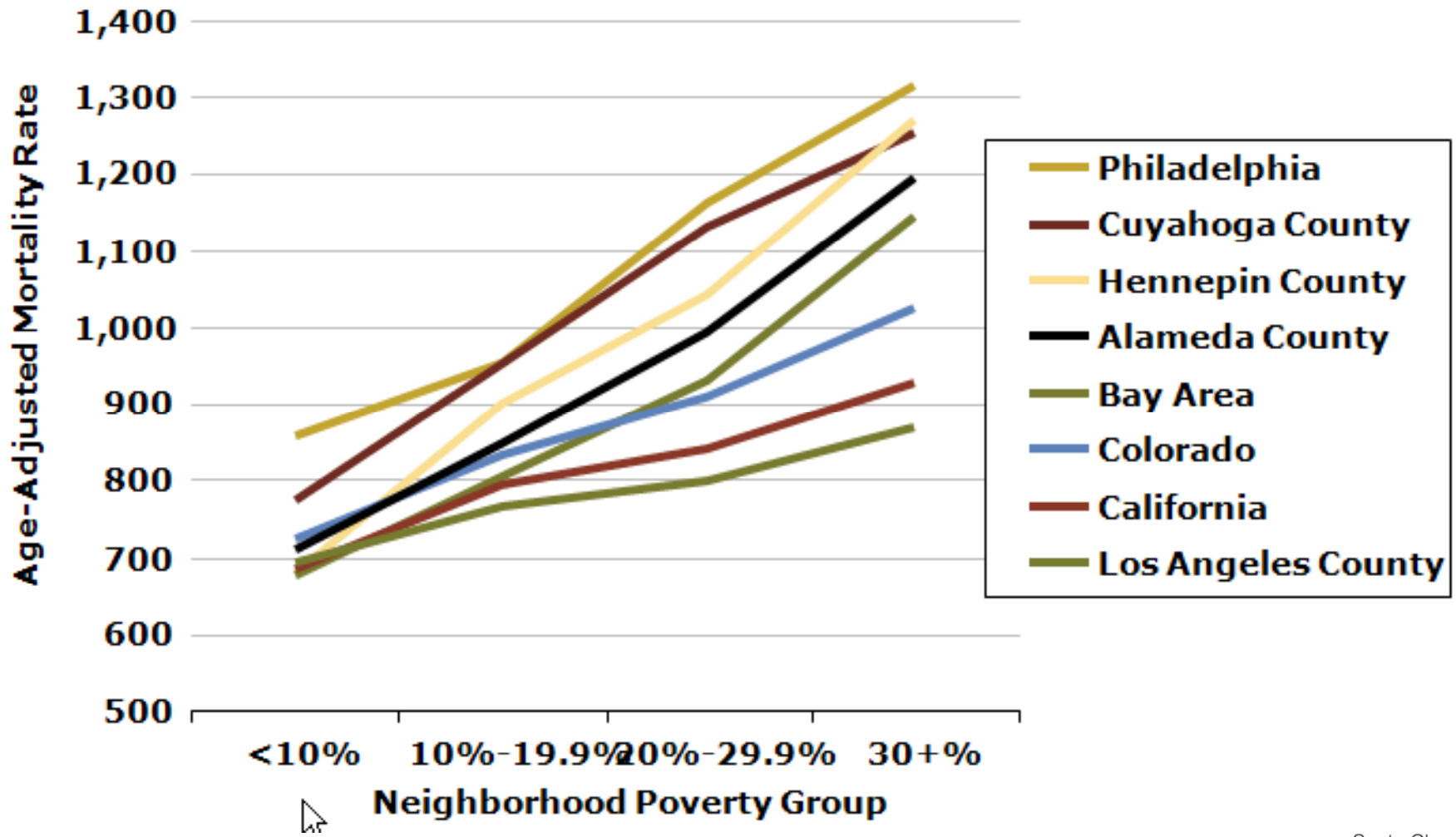
Population living below Federal Poverty Level



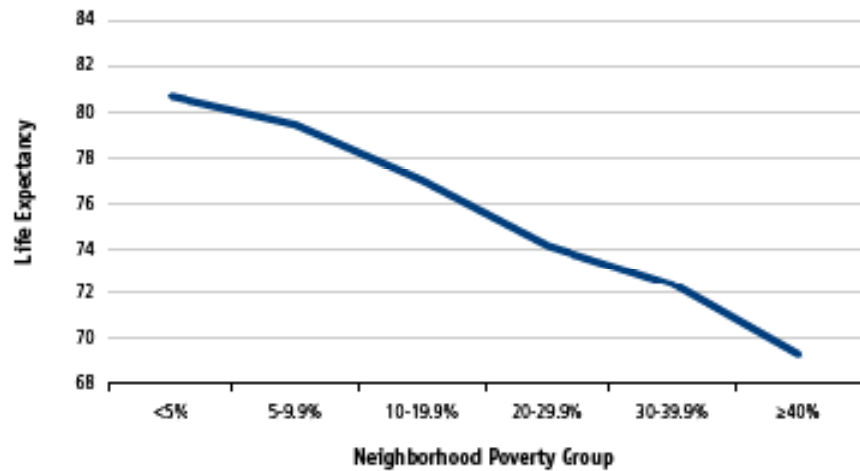
Life Expectancy by Census Tracts



Social Gradient – Various Jurisdiction



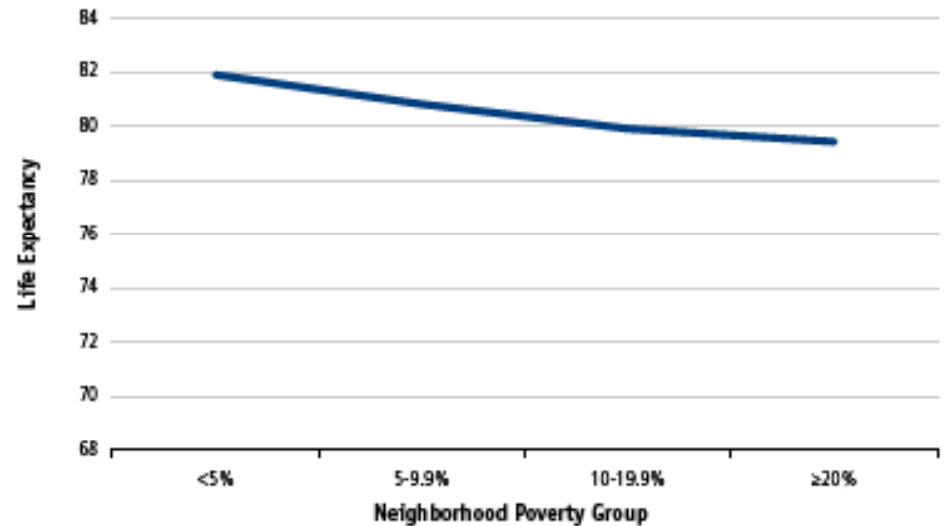
A Paradox of Two Counties



Santa Clara County

Life expectancy in Santa Clara County was 80.25 years in 2007

Alameda County



Life Expectancy Comparisons



Countries	Life Expectancy
US White	78 years
Chile	78 years
Costa Rica	78 years
Cuba	78 years
Slovenia	78 years
Kuwait	78 years

Source: WHO Statistical Information System

US Whites (78 yrs) Living Shorter Lives Than:



- 79 years: Belgium, Denmark, Finland, Malta, Portugal, Spain, Sweden, U.K., Korea
- 80 years: Austria, Cyprus, Germany, Greece, Ireland, Netherlands, Norway, New Zealand, Singapore
- 81 years: Canada, France, Iceland, Israel, Italy
- 82 years: Switzerland, Australia
- 83 years: Japan

- 26 countries in total

Source: WHO Statistical Information System

US White Infant Mortality= 5.7 per 1000 live births

(NCHS)



Worse Than:

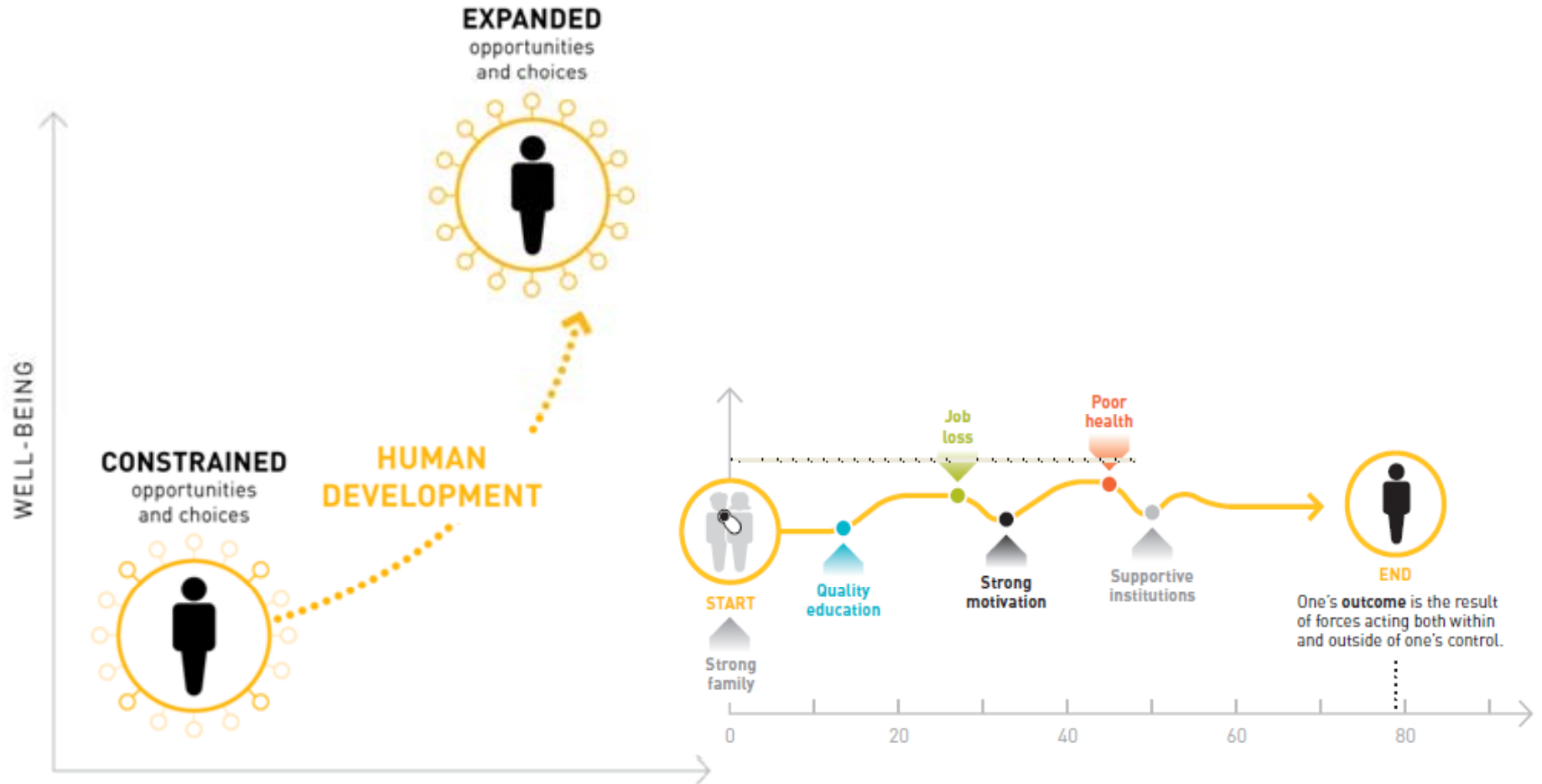
Canada, Cuba, Croatia,
Estonia, U.K., Australia,
New Zealand

Substantially Worse Than:

Austria, Belgium, Czech
Republic, Denmark,
Finland, France, Italy,
Germany, Greece, Israel,
Iceland, Ireland, Japan,
Norway, Netherlands,
Portugal, Spain, Sweden,
Switzerland, Singapore

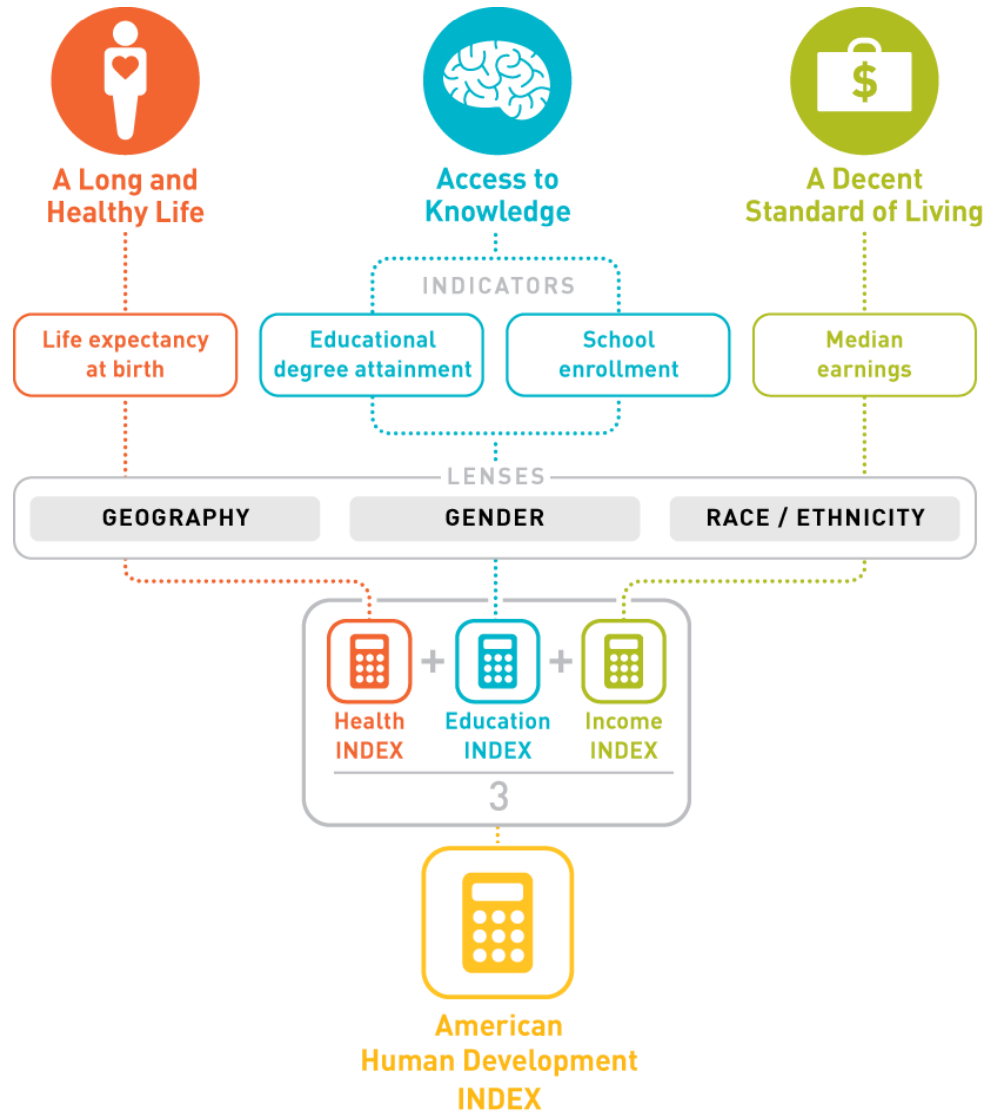
Source: WHO Statistical Information System

Human Development Concept



Source: 2011 American Human Development Project of the [Social Science Research Council](#)

Measuring Human Development Index



Source: 2011 American Human Development Project of the [Social Science Research Council](#)

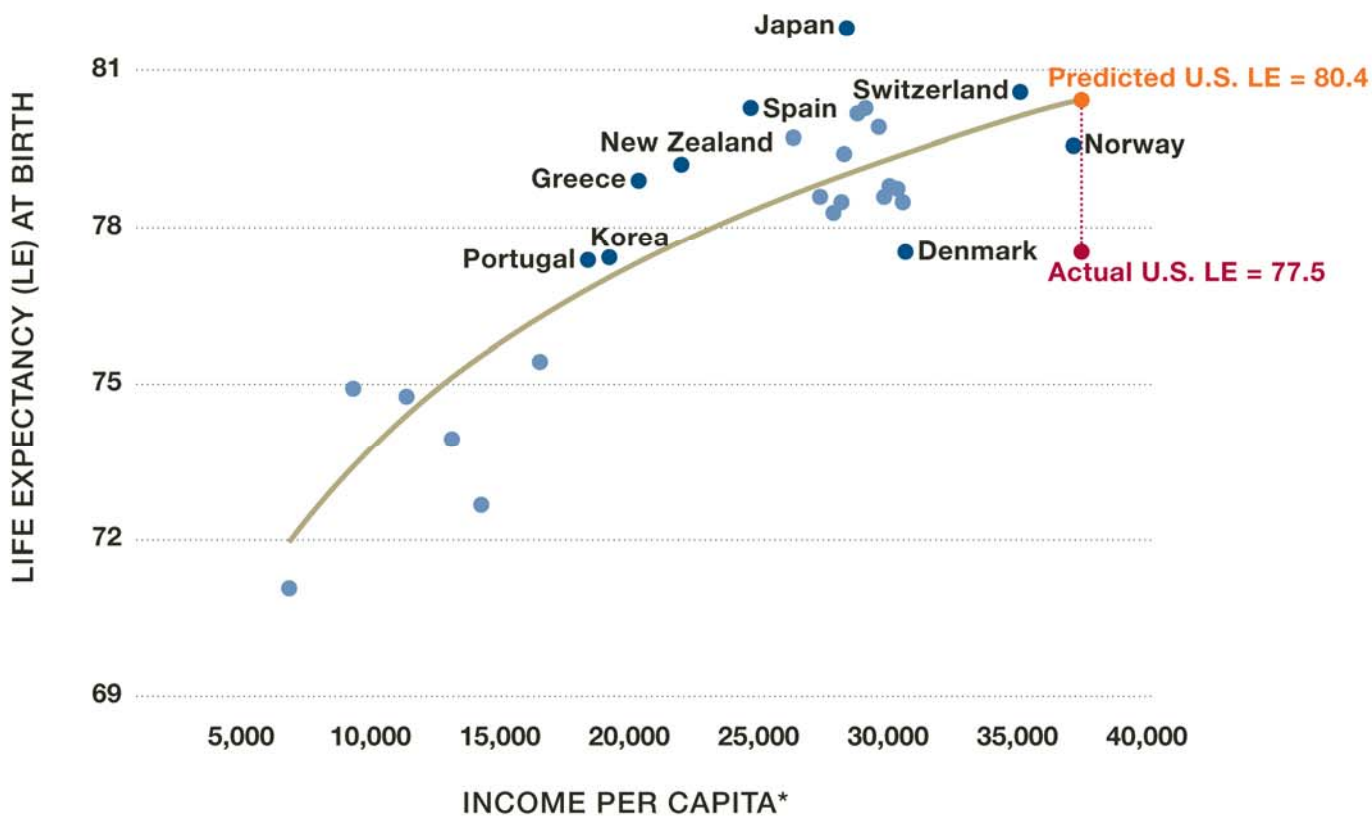
Top Countries in Human Development



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.
1980	1985	1990	1995	2000	2005

Americans Have Shorter Lives Than Expected Based on Income

Life expectancy is shorter in the U.S. than in some countries with per capita incomes half as large as ours. Based on per capita income, U.S. life expectancy at birth should be nearly three years longer.



Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco.

Sources: OECD Health Data 2007; *OECD Factbook 2007: Economic, Environmental and Social Statistics*. Paris: OECD Publishing, 2007.

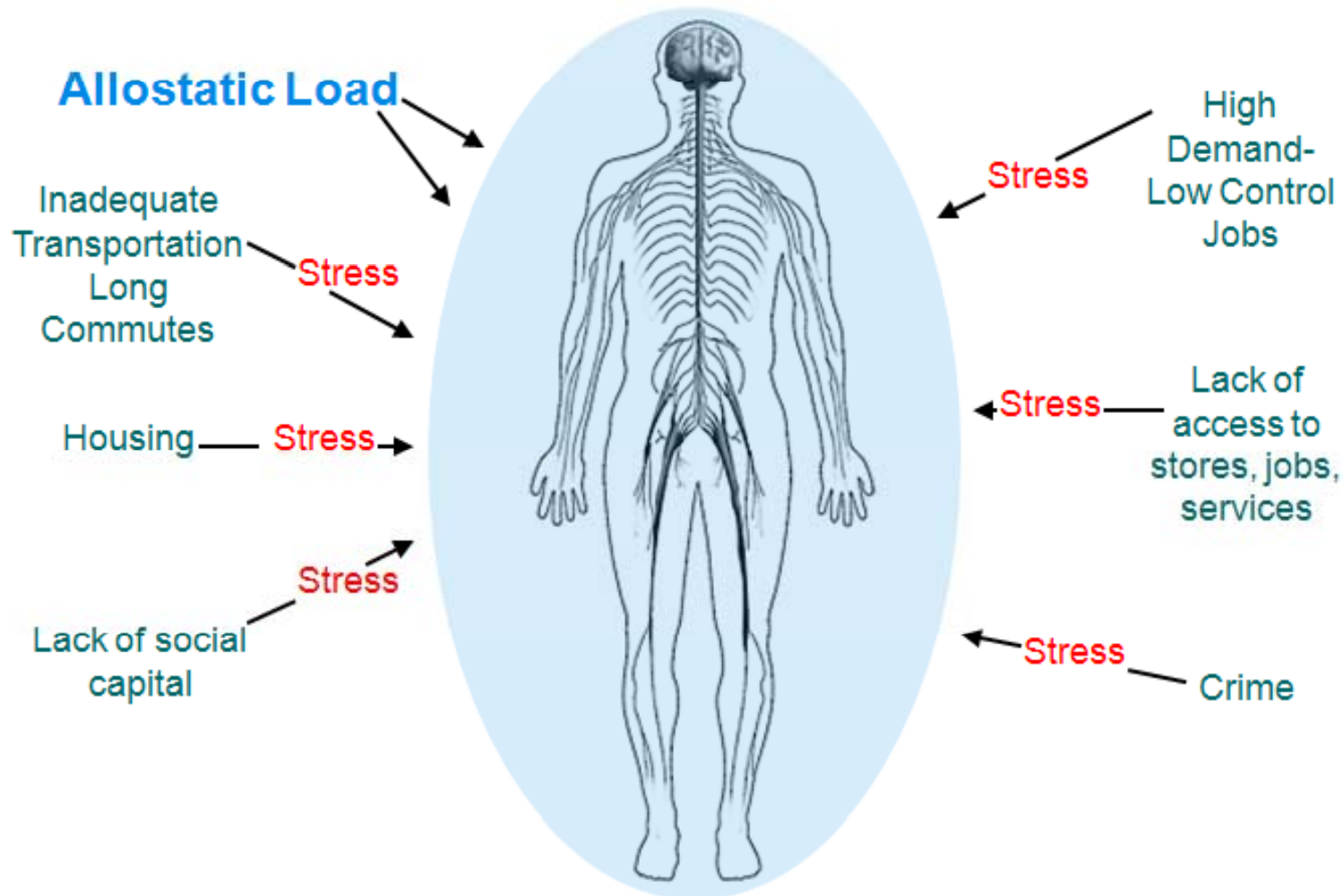
Does not include countries with populations smaller than 500,000. Data are for 2003.

*Per capita Gross Domestic Product in 2003 U.S. dollars, purchasing power parity

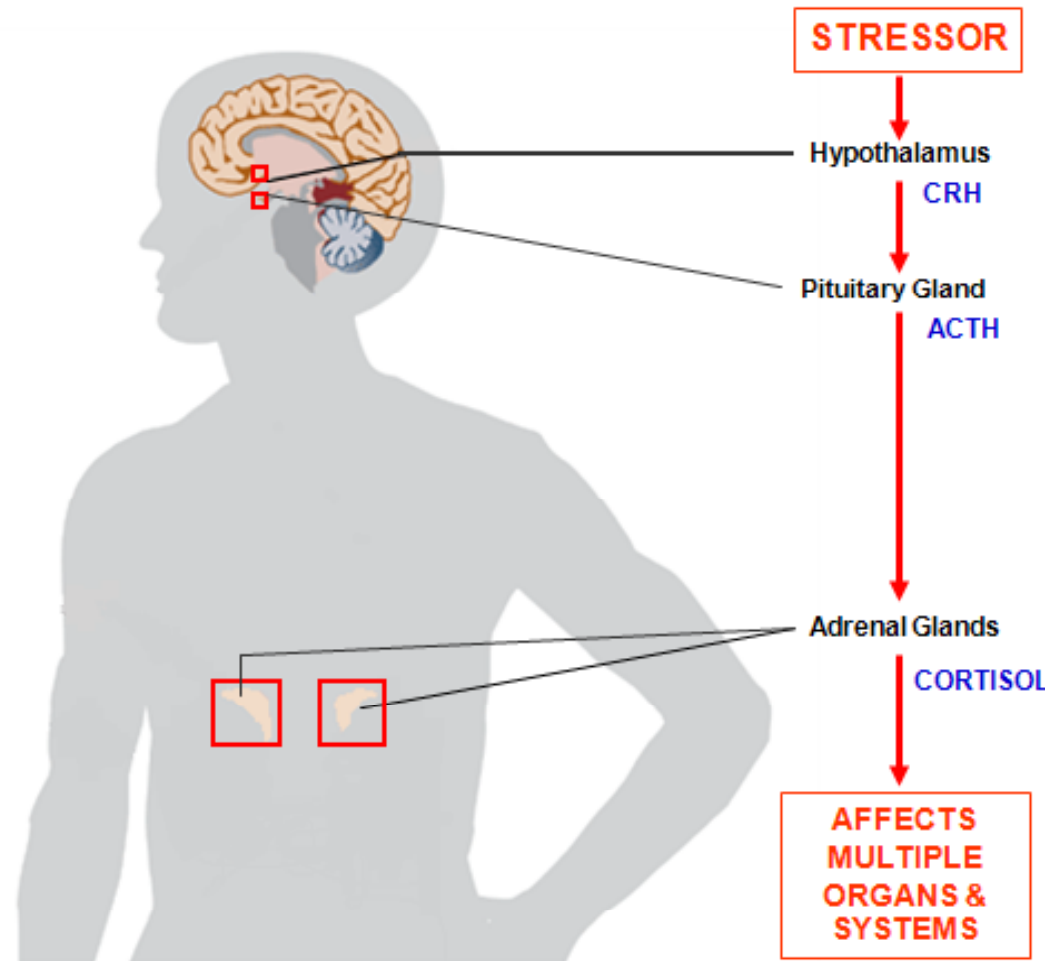
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When the External becomes Internal: How We Internalize Our Environment



Stress Pathway from Brain to Body



Source: Center on Social Disparities in Health, University of CA, San Francisco

Social Determinants of Health



- Conditions in which people are born, grow, live, work and age, including the health system
- These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices
- These are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries

Source: World Health Organization

Disparities Vs. Inequities

Health disparities:

Differences in rates of disease, physical or mental health, quality of life, or longevity between members of one group and those of another

- Minority race/ethnic groups experiencing an undue burden of diseases, disability, and premature death

- e.g. More than 2 in 10 adults do not have health insurance in Santa Clara County, including 3 in 10 African Americans and 4 in 10 Hispanics

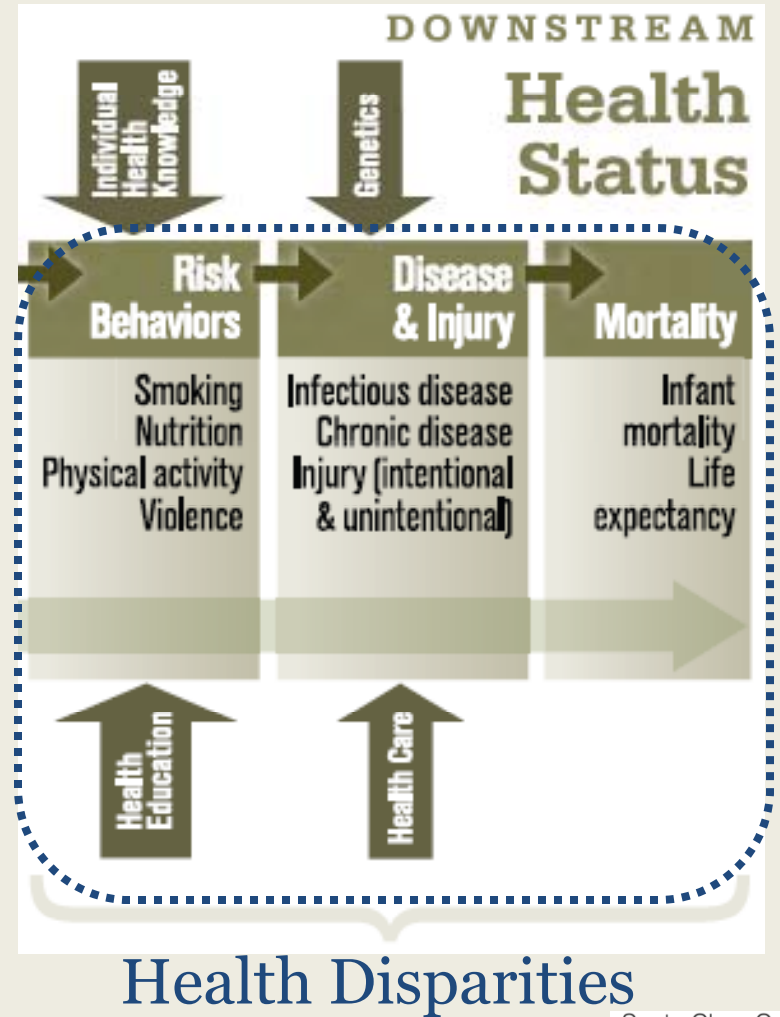
Health inequities:

Disparities caused by marginalization, discrimination, and unequal access

- Unnecessary, preventable, and inherently unjust

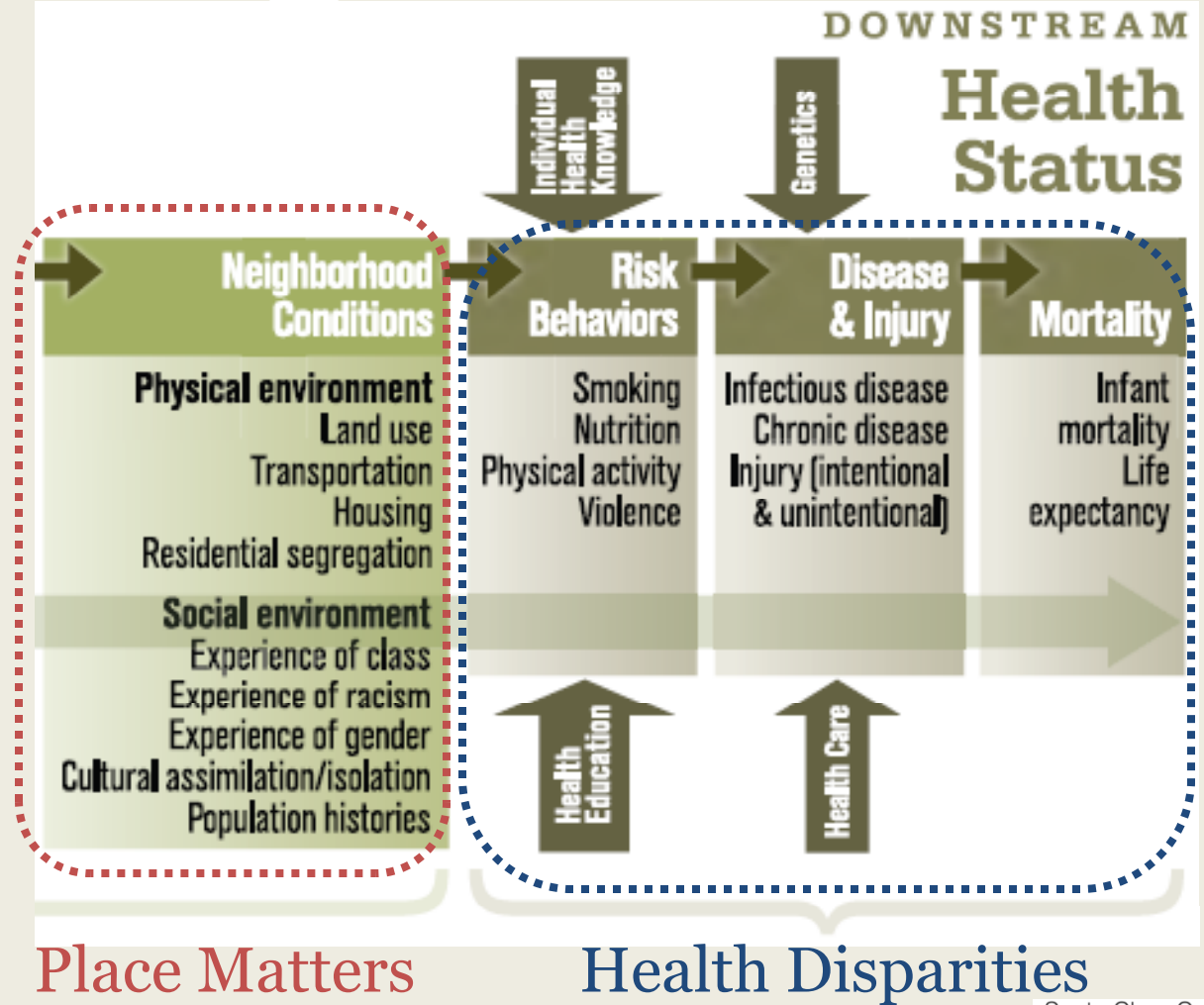
Source: Centers for Disease Control and Prevention

Current Public Health Practices



Health Disparities

Emerging Public Health Practices



Social and Health Inequities Framework

UPSTREAM

Social Factors

Social Inequities

Class
Race/ethnicity
Gender
Immigration status

Institutional Power

Corporations & other businesses
Gov't agencies
Schools

Neighborhood Conditions

Physical environment
Land use
Transportation
Housing
Residential segregation

Social environment
Experience of class
Experience of racism
Experience of gender
Cultural assimilation/isolation
Population histories

DOWNSTREAM

Health Status

Individual Health Knowledge

Genetics

Risk Behaviors

Smoking
Nutrition
Physical activity
Violence

Disease & Injury

Infectious disease
Chronic disease
Injury (intentional & unintentional)

Mortality

Infant mortality
Life expectancy

EMERGING PUBLIC HEALTH PRACTICE

CURRENT PUBLIC HEALTH PRACTICE

Social Inequities

Health Disparities

Santa Clara County – Healthy, Wealthy, Wise



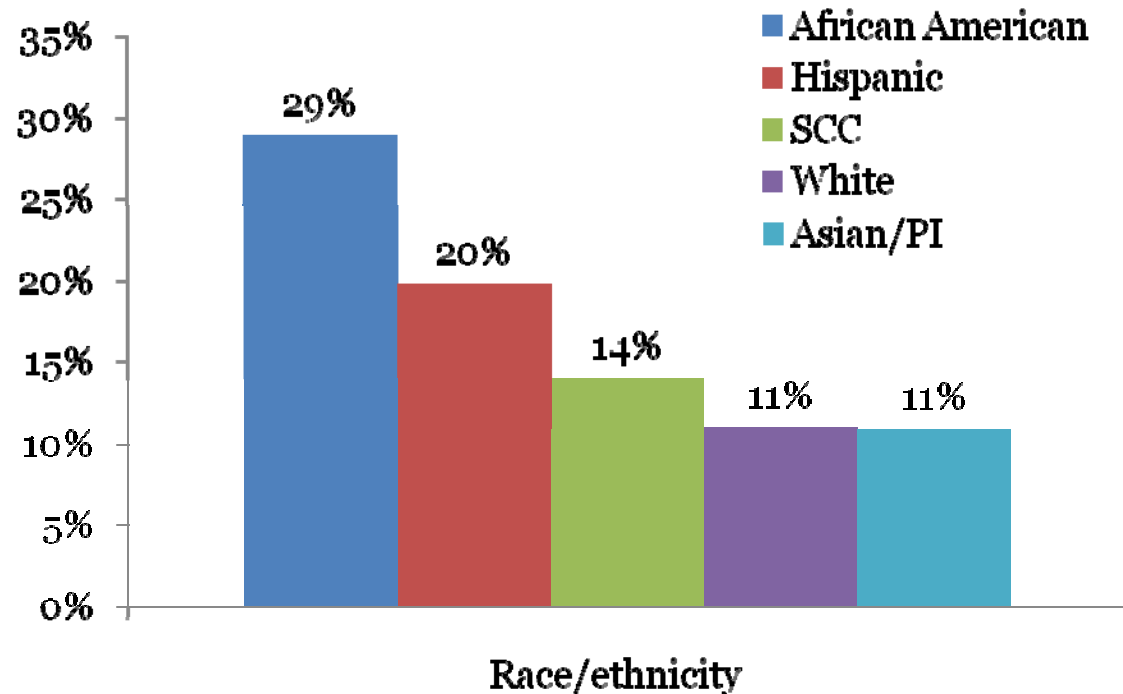
- Minority majority county
- More than 4 in 10 adults ages 25 and older (44%) have a bachelor's degree or higher
- More than 4 in 10 households (43%) have annual income of \$100,000 or more (median household income is \$85,569)
- More than 1 in 10 children and nearly 1 in 12 adults live below 100% Federal Poverty Level (**\$22,350** in 2011)
- Self Sufficiency Standard for a family of four (2 adults+2 school-age children) is **\$70,129** in 2011



Health Disparities

- Majority of African Americans have some college education
- Still, they have the lowest median household income in the county (\$56,694)
- Nearly 3 in 10 African Americans do not have health care coverage
- Over a third reported they could not see a doctor due to cost
- African Americans continue to have the highest overall mortality and infant mortality rates in the county

Adults Reporting Fair or Poor General Health by Race/Ethnicity



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Disparities between African Immigrants and US-born African Americans



Table 3: Infant Mortality Number and Rate per 1,000 births for Infants Born to Black Mothers, Minnesota 1996-2000 and 2001-2005

	1996-2000			2001-2005		
	Infant Deaths	Births	Rate per 1,000 births	Infant Deaths	Births	Rate per 1,000 births
Africans	32	4,173	7.7	83	11,111	7.5
African Americans	180	13,304	13.5	142	14,068	10.1
All Minnesotans	1,920	326,784	5.9	1,722	346,246	5.0

Better birth outcomes of infants born to African women compared to infants born to African American women, e.g. lower infant mortality, fewer low birth weight babies, fewer preterm babies

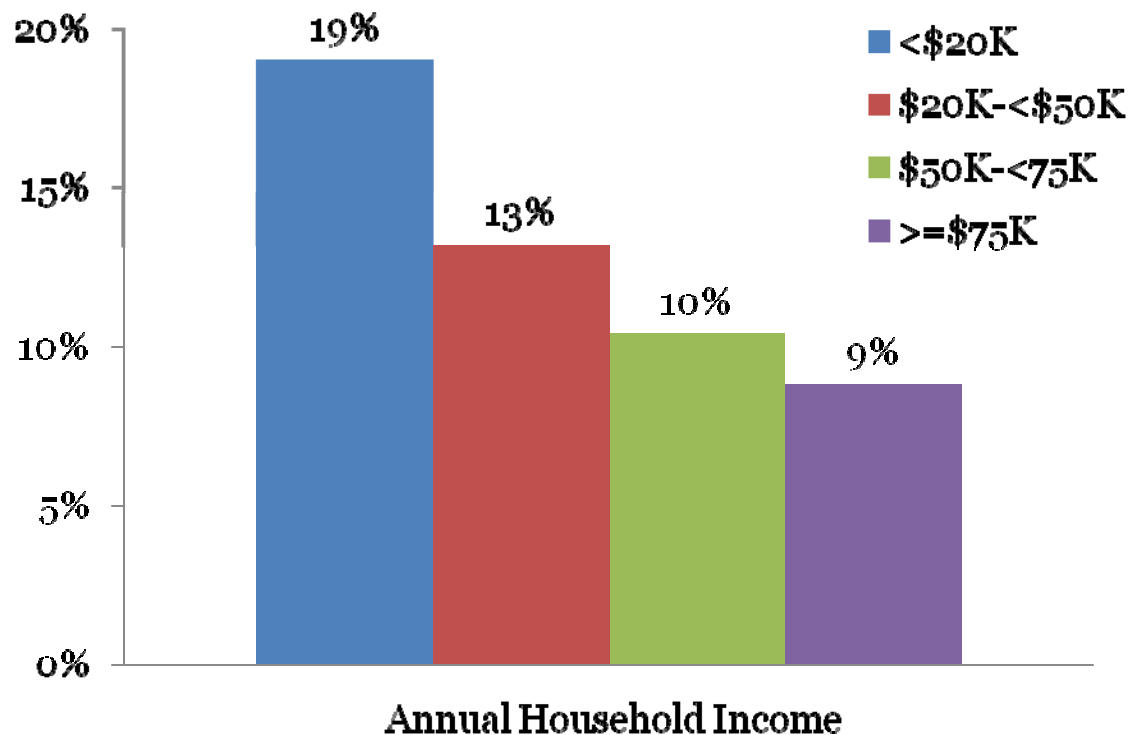
- Healthy immigrant effect
- Cultural differences
- Social support network
- Discrimination and stress

WHY?

Low income neighborhoods:

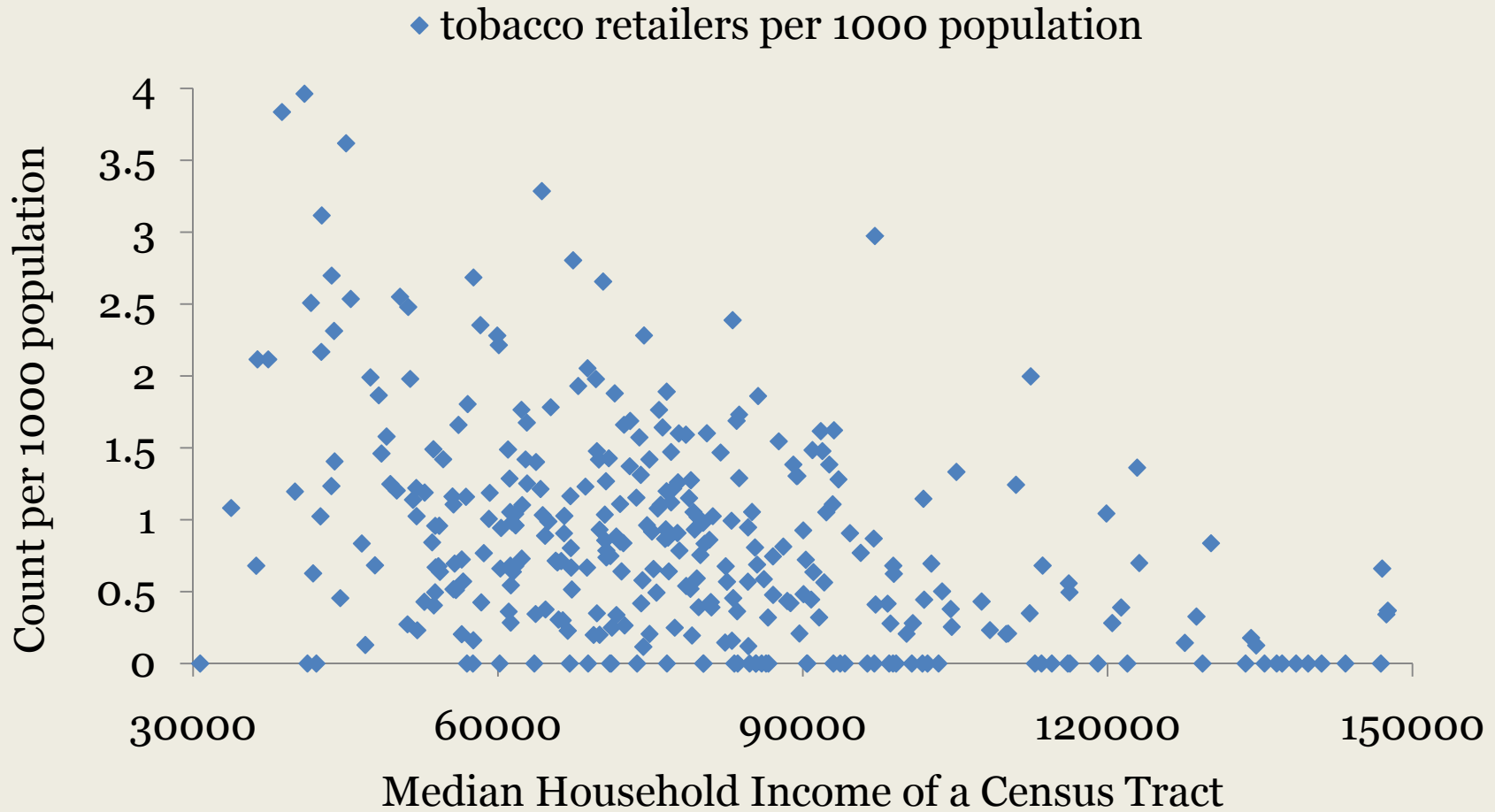
- Higher access to tobacco retailers
- Density of tobacco retailers in low income neighborhoods is two times that in high income neighborhoods
- Targeted advertisements
- Lack of knowledge and awareness
- Low access to quitting resources

Adults who are Current Smokers by Income



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Tobacco Retailer Density by Income



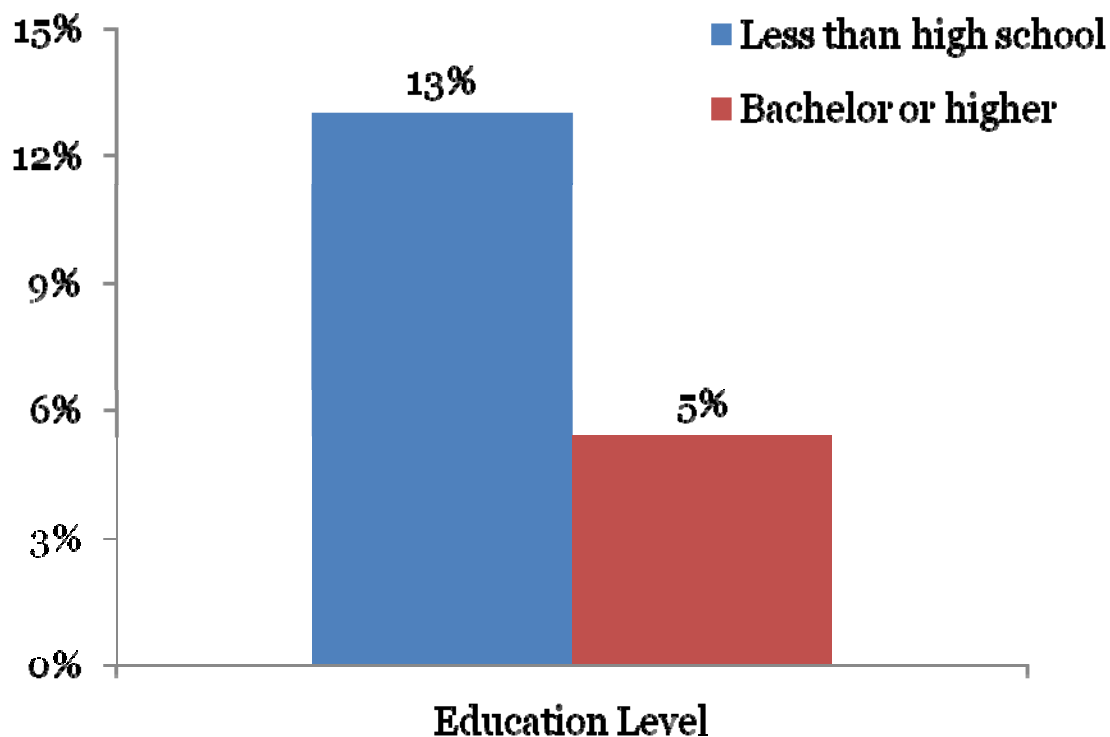
Source: U.S. Census Bureau, 2000 and California Board of Equalization, Data as of June 2010

WHY?

Higher education level:

- Better health knowledge and cognitive skills
- Better-informed health choices
- Engage in healthier behaviors, including refraining from smoking

Adults who are Current Smokers by Education Level



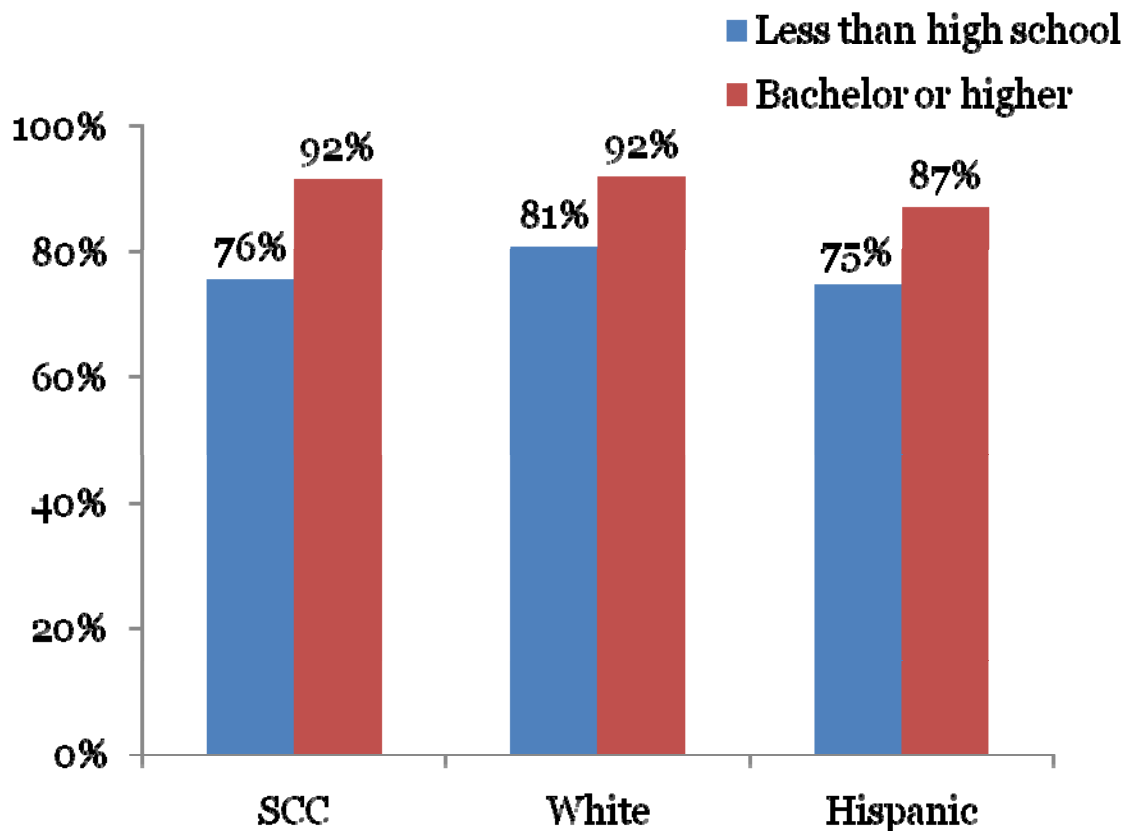
Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

WHY?

Higher education level:

- May be the most powerful social determinant of health
- Lead to a higher socioeconomic status or class
- Affects health across generations
- More likely to report their health as good, very good, or excellent

Adults Reporting Good or Better General Health
by Education Level



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

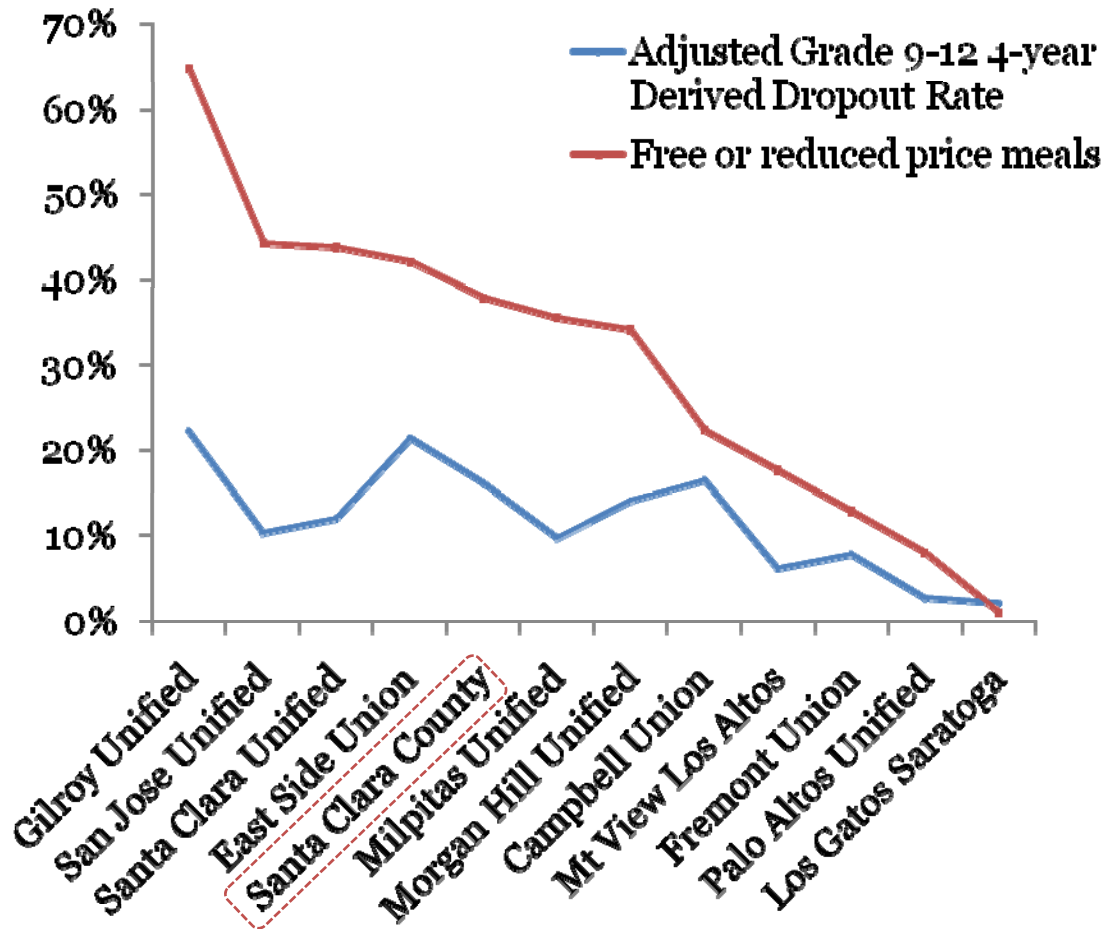


WHY?

Unequal Access to Education:

- Low academic performance
- Higher dropout rates
- Fewer students eligible for colleges
- More English-language learners and/or Hispanic and African American
- More likely to have lower-wage jobs
- Fewer economic, social and health resources over the course of their lives

Dropout Rate and Free or Reduced Price Meals by High School Districts



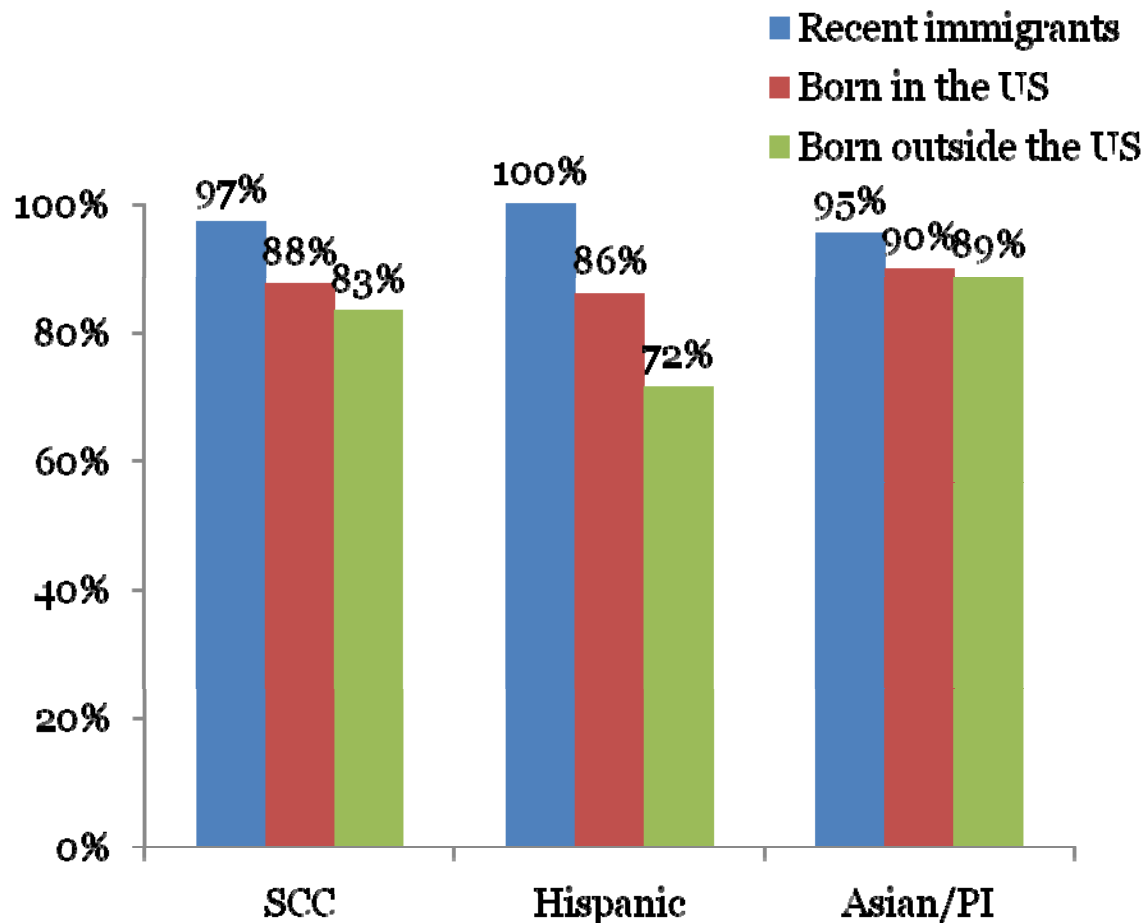
Source: California Department of Education, 2009-2010 school year data

WHY?

Diversity is Healthy:

- 4 in 10 are immigrants
- Bimodal educational pattern
- Wide spectrum of socioeconomic status, from great wealth to extreme poverty
- Immigrant health paradox or the healthy migrant effect
- Acculturation – next generations lose protective factors

Adults Reporting Good or Better General Health by Immigrant Status



Source: Santa Clara County Public Health Department, 2009 Behavioral Risk Factor Survey

Conclusion



- Addressing social determinants is key to improving population health
- National and State framework to move upstream
 - CDC place-based focus initiatives
 - Affordable Care Act
 - CDPH: Health in All Policies movement
- Health is everyone's business

a
four-hour
documentary
series
exploring
America's
racial and
socioeconomic
inequities
in health



UNNATURAL CAUSES

...is inequality making us sick?

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

Thank You

