Place & Health: Is Your Zip Code More Important Than Your Genetic Code?

Bernard Guyer Lecture

October 4, 2015

Rochester, NY

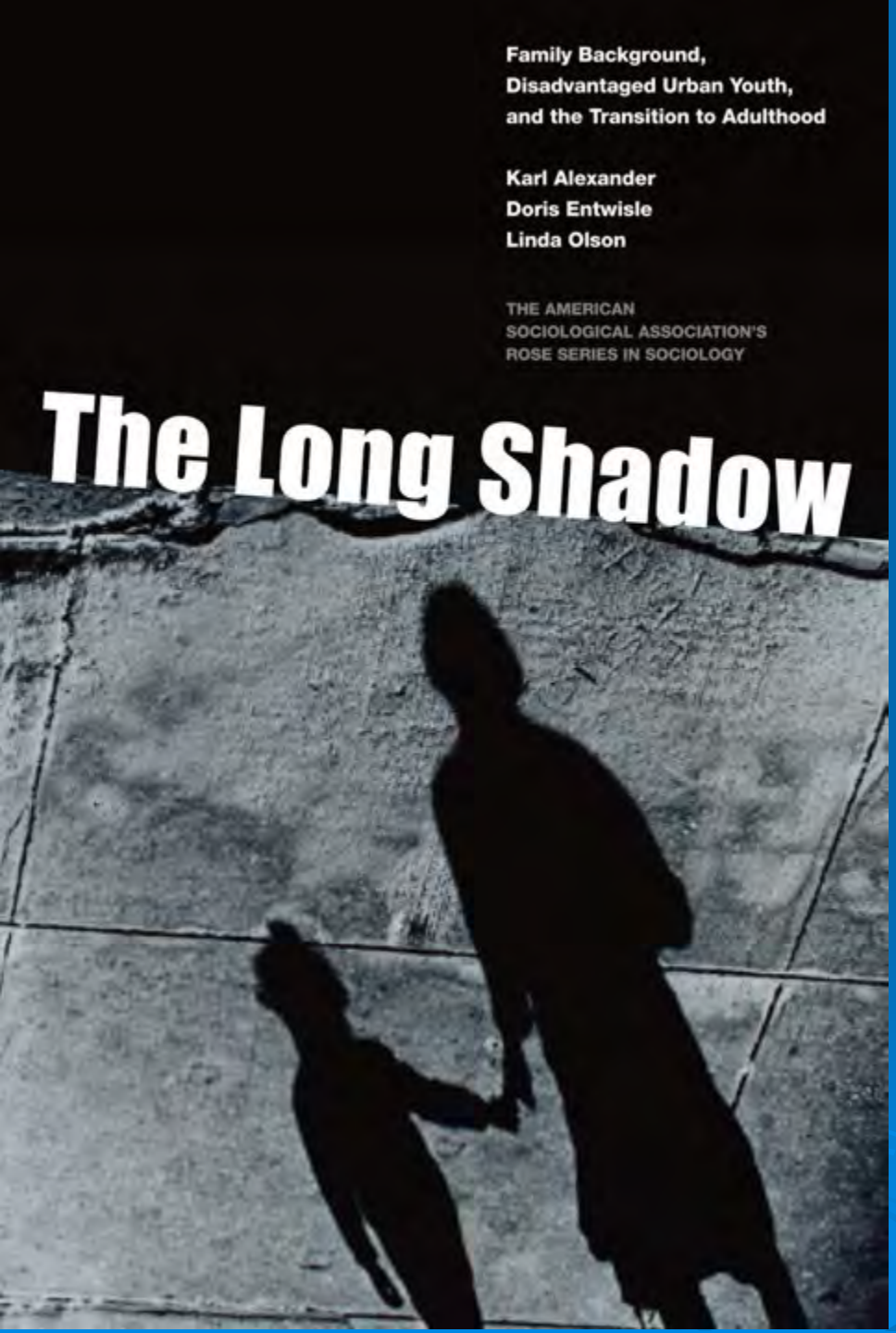
Tony Iton, M.D., J.D., MPH

- *I will say then that I am not, nor ever have been, in favor of bringing about in any way the social and political equality of the white and black races — that I am not, nor ever have been, in favor of making voters or jurors of negroes, nor of qualifying them to hold office, nor to intermarry with white people; and I will say in addition to this that there is a physical difference between the white and black races which I believe will forever forbid the two races living together on terms of social and political equality. And inasmuch as they cannot so live, while they do remain together there must be the position of superior and inferior, and I as much as any other man am in favor of having the superior position assigned to the white race.*

- Abraham Lincoln 1858

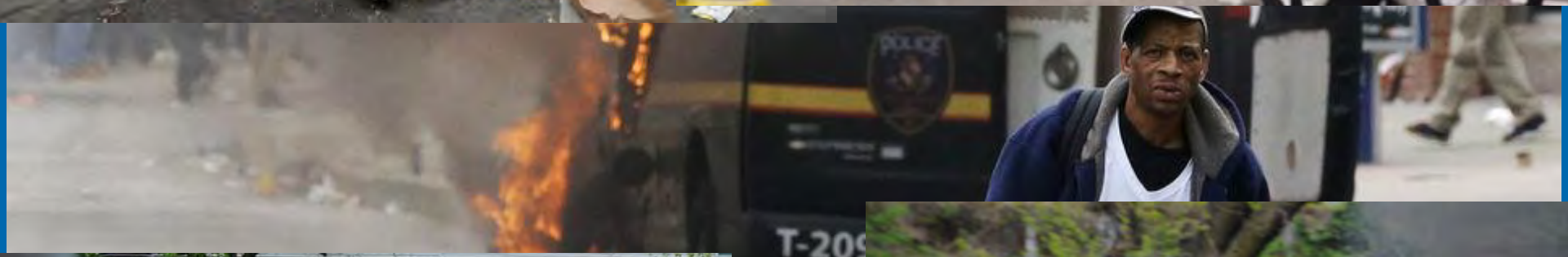
Why Place Matters


Ottawa
Montréal
JOHNS HOPKINS
MEDICINE
SCHOOL OF MEDICINE



- **Almost none of the children from low-income families made it through college.**
- **Among those who did not attend college, white men from low-income backgrounds found the best-paying jobs.**
- "The implication is where you start in life is where you end up in life," Alexander said. "It's very sobering to see how this all unfolds."

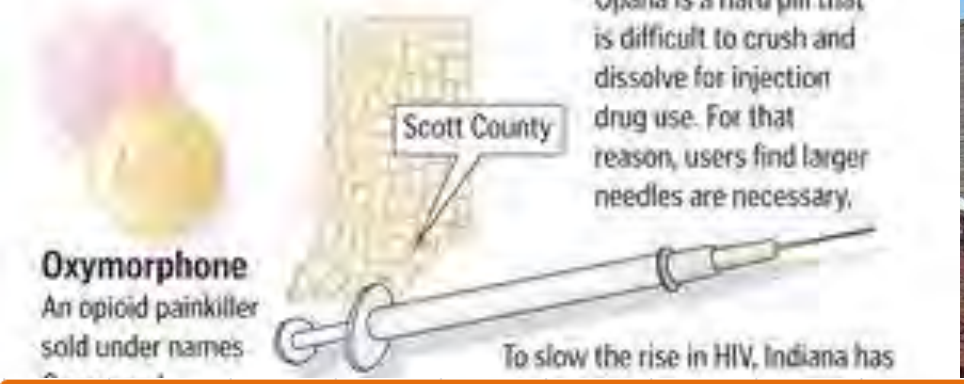

metroPCS


POLICE
T-209


BALTIMORE CITY
FIRE DEPARTMENT
TRUCK
T-16
T-253A

142 cases of HIV linked to illegal drugs

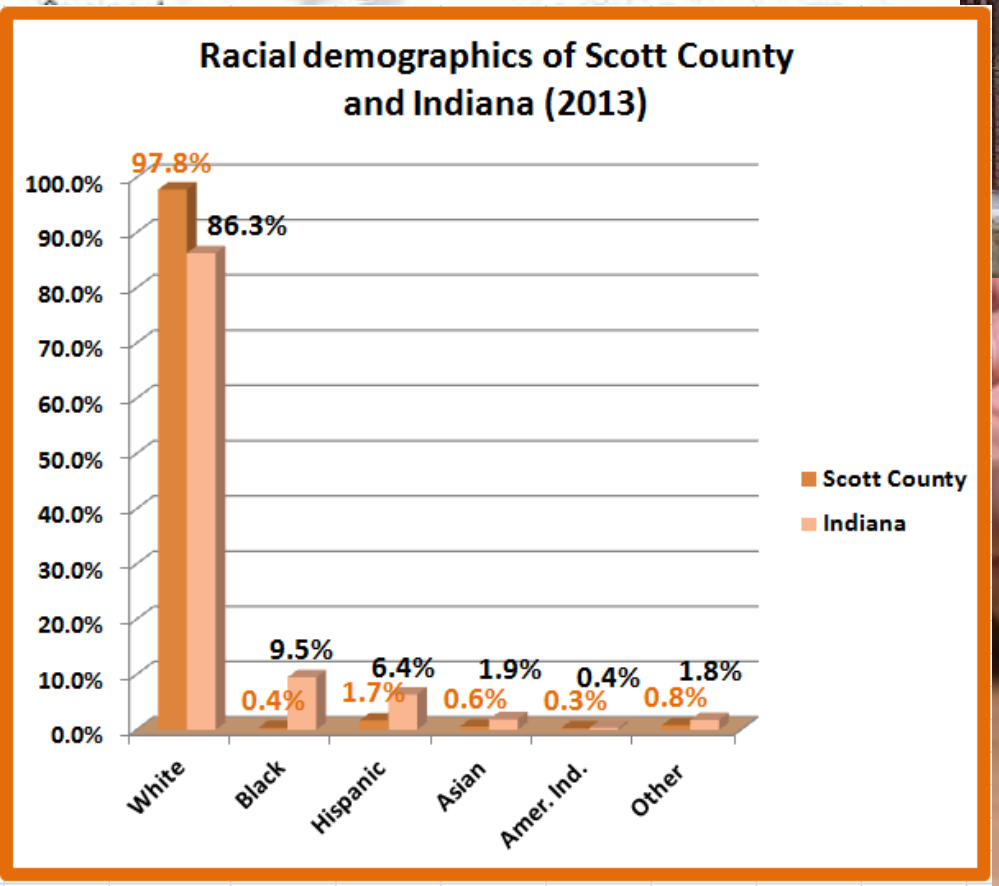
Many cases in Scott County are traced to people injecting Opana, a prescription painkiller similar to heroin and sold in pill form.

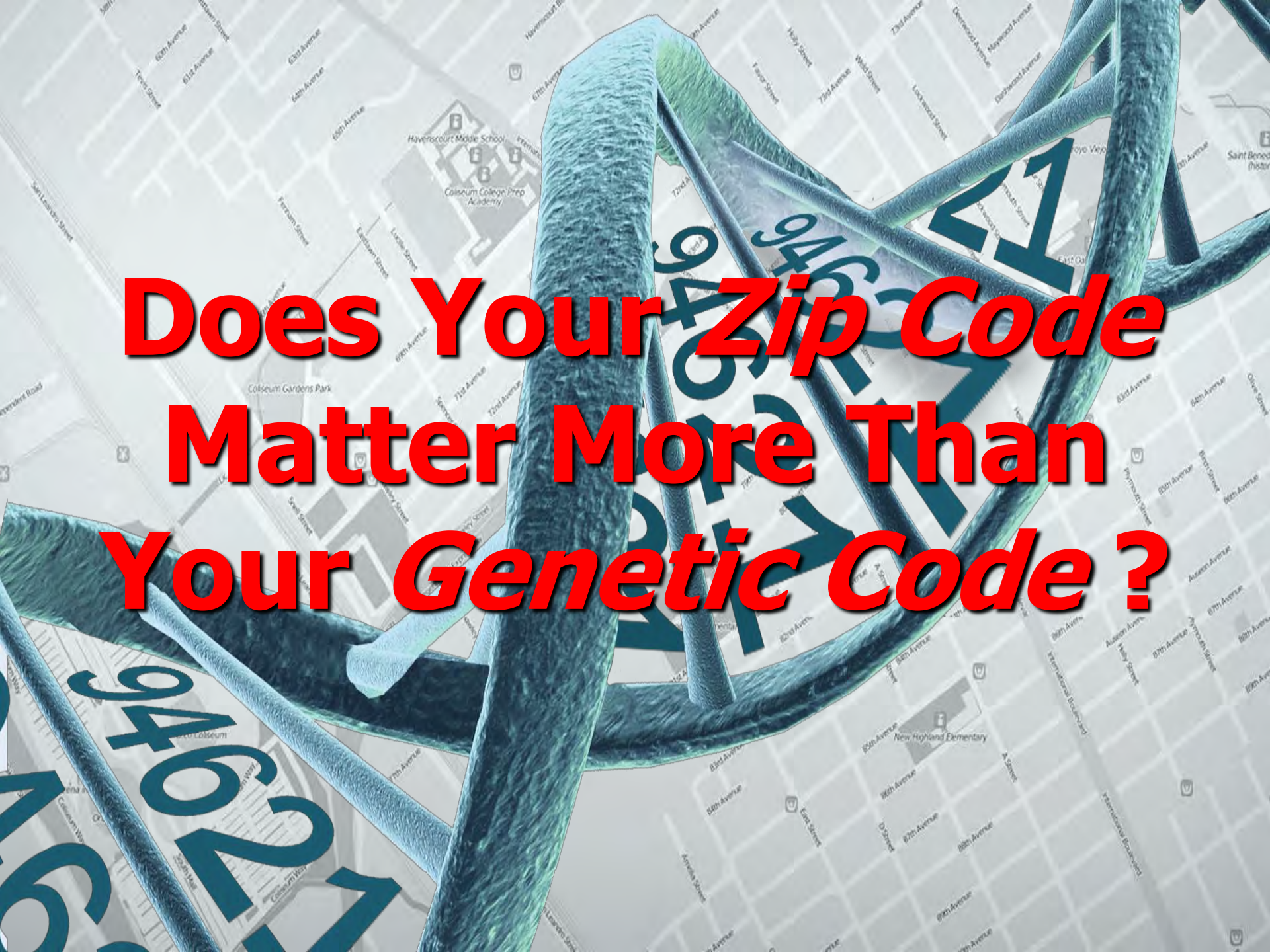


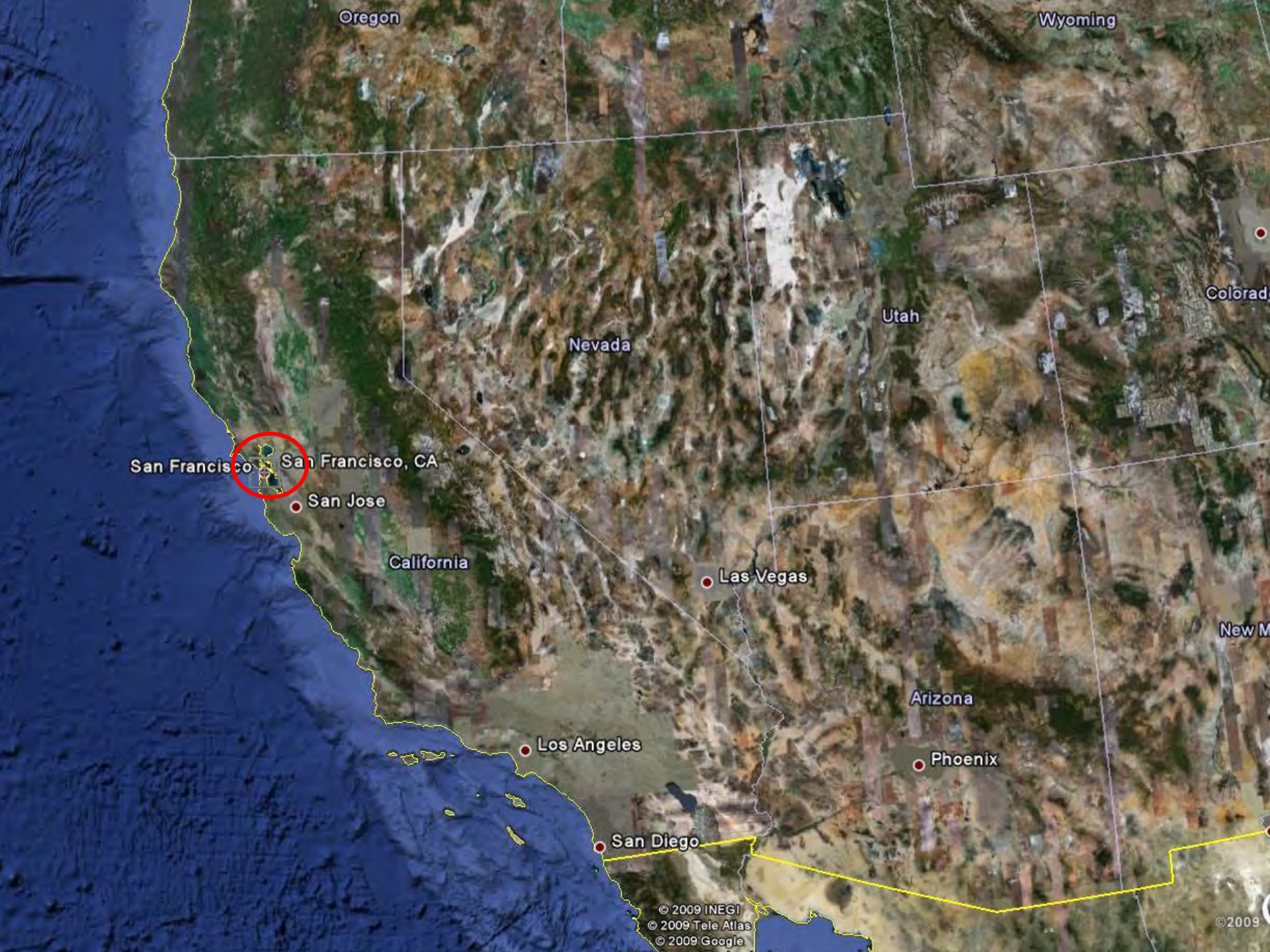
Opana is a hard pill that is difficult to crush and dissolve for injection drug use. For that reason, users find larger needles are necessary.

Oxymorphone
An opioid painkiller sold under names

To slow the rise in HIV, Indiana has




Does Your Zip Code
Matter More Than
Your Genetic Code ?


Oregon
Wyoming
Utah
Nevada
San Francisco
San Francisco, CA
San Jose
California
Las Vegas
Arizona
Los Angeles
Phoenix
San Diego
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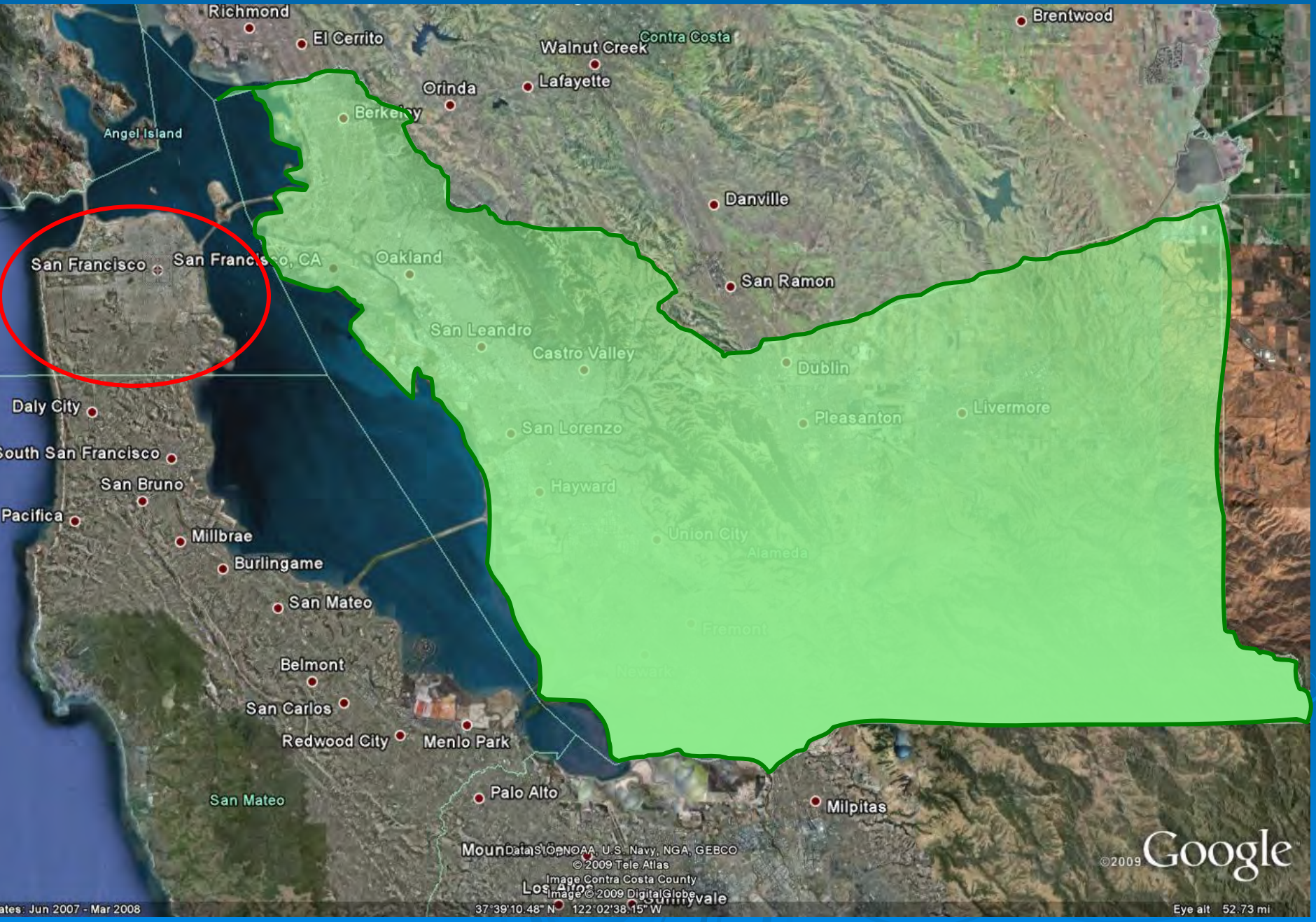

Richmond
El Cerrito
Walnut Creek
Contra Costa
Brentwood
Orinda
Lafayette
Angel Island
Danville
San Francisco
Oakland
San Ramon
San Leandro
Castro Valley
Dublin
Daly City
Pleasanton
Livermore
San Lorenzo
South San Francisco
San Bruno
Hayward
Pacifica
Union City
Millbrae
Alameda
Burlingame
San Mateo
Fremont
Belmont
San Carlos
Redwood City
Menlo Park
Palo Alto
Milpitas
Sunnyvale
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

CERTIFICATE OF DEATH

3200701000029

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

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

4. DATE OF BIRTH (mm/dd/yyyy)	5. AGE (Yrs.)	6. SEX
02/14/1937	69	M

7. BIRTH STATE/FOREIGN COUNTRY	8. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS AT TIME OF DEATH	13. DATE OF DEATH (mm/dd/yyyy)	14. HOUR (24 hours)
FINLAND	243-65-9974	☐ YES ☒ NO ☐ UNK	NEVER MARRIED	01/16/2007	0034

15. EDUCATION — Highest Level Degree (Use abbreviation, i.e. BA, MD)	16. WAS DECEDENT HISPANIC/LATINO/SPANISH?	17. DECEDENT'S RACE
06	☐ YES ☒ NO	CAUCASIAN

18. USUAL OCCUPATION — Type of work for most of life (Do not use retired)	19. KIND OF BUSINESS/INDUSTRY	20. YEARS IN OCCUPATION
TEACHER	EDUCATION	4

USUAL RESIDENCE

21. DECEDENT'S RESIDENCE (Street and Number or location)				
348 8TH AVE				
21. CITY	**22. COUNTY/PROVINCE**	**23. ZIP CODE**	**24. YEARS IN COUNTY**	**25. STATE/FOREIGN COUNTRY**
ALAMEDA	ALAMEDA	94501	3	CA

PRIOR MAY

26. NAME OF SURVIVING SPOUSE — FIRST	27. MIDDLE	28. LAST (Before Marriage)
SUE -, MOUSE		

29. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP)
345 HIGH ST, OAKLAND, CA 94601

SPOUSE AND PARENT INFORMATION

30. NAME OF SURVIVING SPOUSE — FIRST	30. MIDDLE	30. LAST (Before Marriage)
-	-	-

31. NAME OF FATHER — FIRST	31. MIDDLE	31. LAST	31. BIRTH STATE
THOMAS	-	DUCK	CA

32. NAME OF MOTHER — FIRST	32. MIDDLE	32. LAST (Maiden)	32. BIRTH STATE
MINNIE	-	UNKNOWN	UNKNOWN

FUNERAL DIRECTOR/LOCAL REGISTRAR

36. DISPOSITION DATE (mm/dd/yyyy)	37. PLACE OF FINAL DISPOSITION
01/22/2007	RES 345 HIGH ST, OAKLAND, CA 94601

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

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

PLACE OF DEATH

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

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

CAUSE OF DEATH

107. CAUSE OF DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death):
→ a. PNEUMONIA

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:
b. BRONCITIS
c.
d.

INTERVAL BETWEEN ONSET AND DEATH	108. DID TOBACCO USE CONTRIBUTE TO DEATH?
a. HRS 0	☒ YES ☐ NO
b. DAYS	109. AUTOPSY PERFORMED? ☐ YES ☒ NO
c.	110. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? ☐ YES ☒ NO
d.	111. USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO

112. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not resulting in the underlying cause given in 107.
DEMENTIA

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 107 OR 112?	114. IF FEMALE, PREGNANT IN LAST YEAR?
NO	☐ YES ☐ NO ☐ UNK

PHYSICIAN'S CERTIFICATION

115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED AND THE CAUSE(S) STATED. Decedent Examined Some / Decedent Last Seen Alive	116. SIGNATURE AND TITLE OF CERTIFIER	117. LICENSE NUMBER	118. DATE (mm/dd/yyyy)
	▸ GARY WINSETT BROWN M.D.	A38965	

119. DATE PRONOUNCED DEAD (mm/dd/yyyy)	120. TIME PRONOUNCED DEAD	121. TYPE AUTHORIZED PHYSICIAN NAME, MAILING ADDRESS, ZIP CODE
02/03/2006	01/10/2007	MICHAEL ANDREW HOGARTH M.D. 2315 STOCKTON BLVD, SACRAMENTO, CA 95817

CORONER'S USE ONLY

122. MANNER OF DEATH	123. IF PENDING INVESTIGATION	124. INJURY AT WORK?	125. INJURY DATE (mm/dd/yyyy)	126. HOUR (24 hours)
☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined		☐ YES ☐ NO ☐ UNK		

127. PLACE OF INJURY (e.g., home, construction site, wooding area, etc.)

128. DESCRIBE HOW INJURY OCCURRED (Enough detail to decide if "accident")

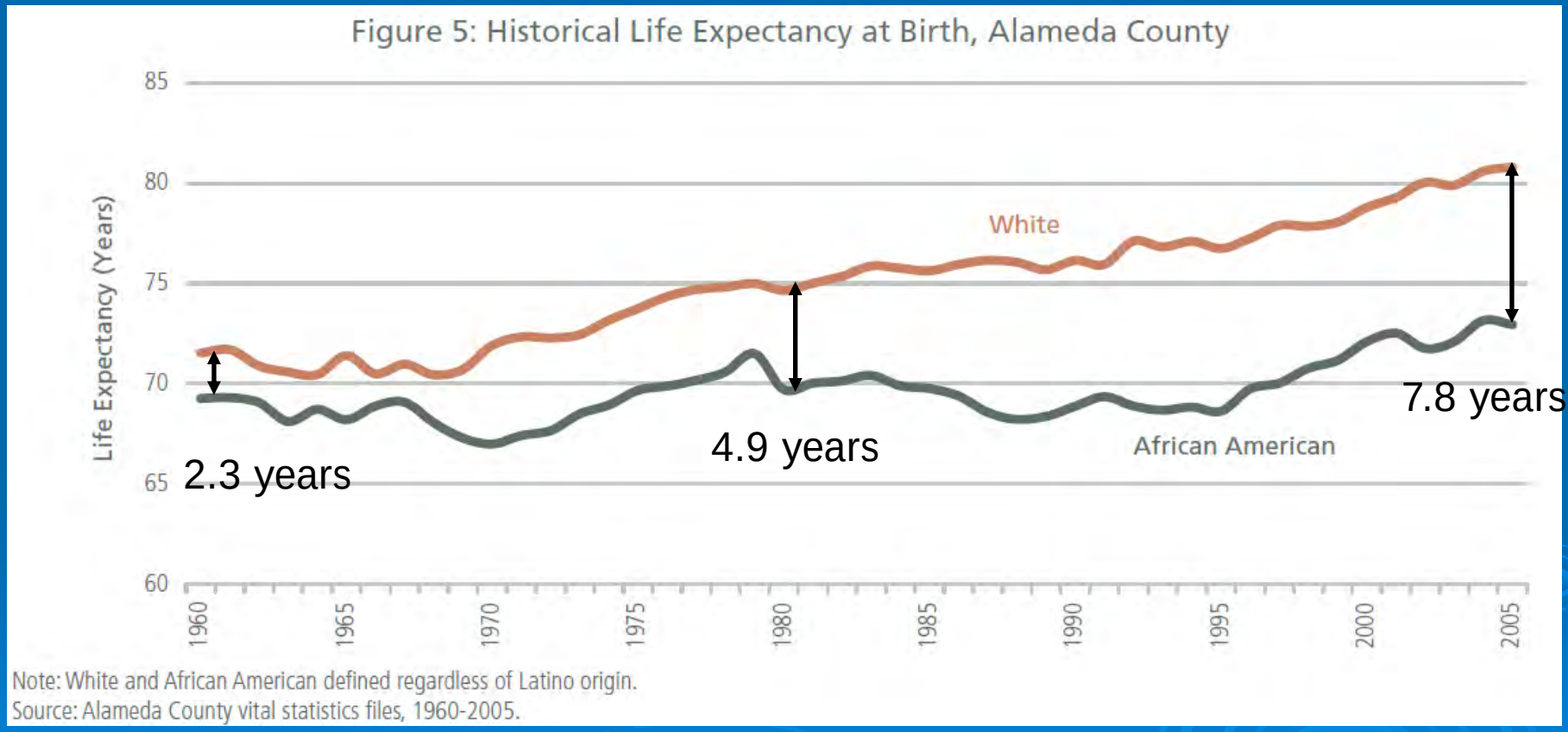
129. LOCATION (City, State and Number, or nearest port city and zip)

130. SIGNATURE OF CORONER OR DEPUTY CORONER	131. DATE (mm/dd/yyyy)	132. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
▸		

STATE REGISTRAR

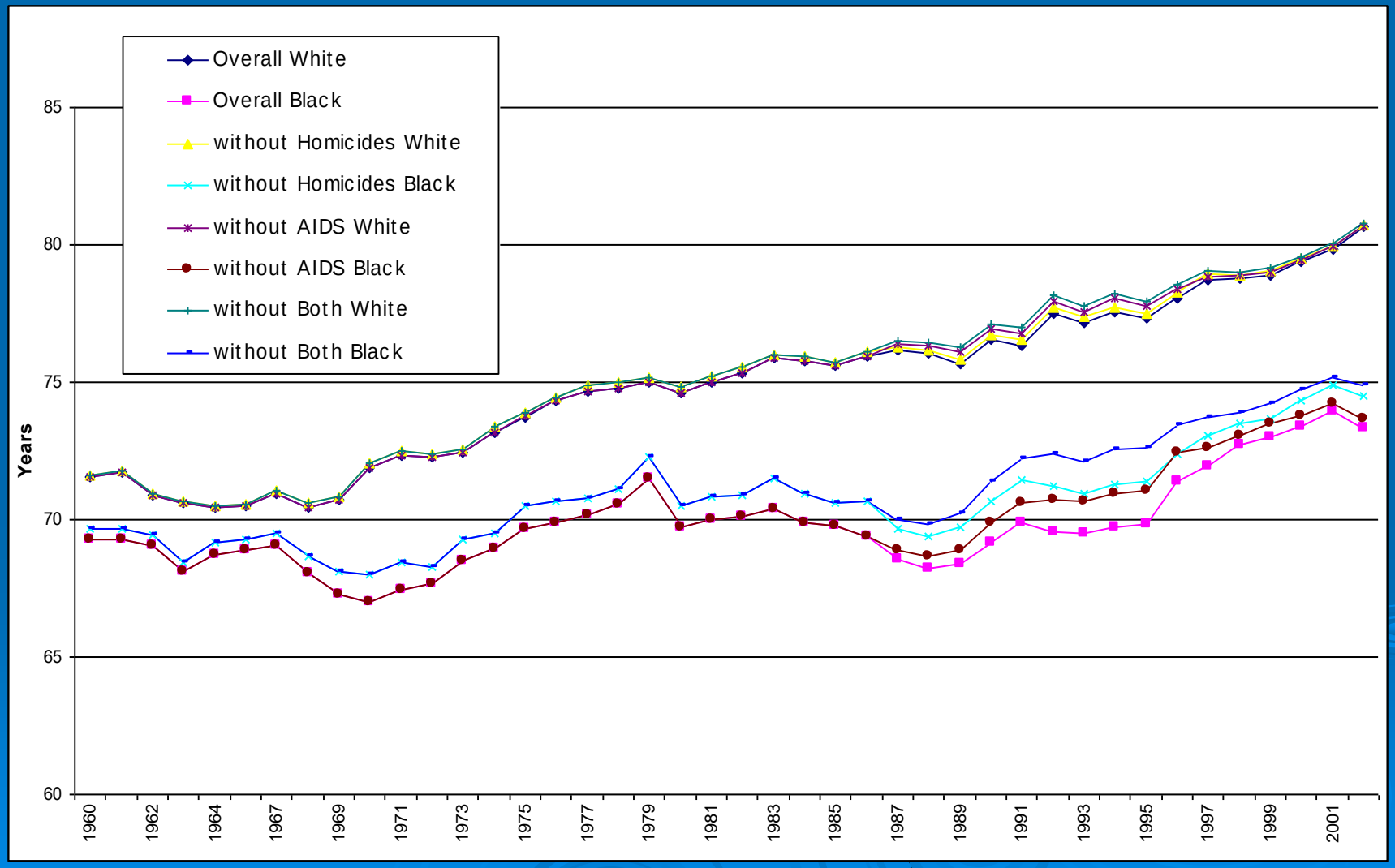
A.	B.	C.	D.	E.	12007000007315	FAX AUTH. #	DENSUS TRACT

Race and Racism Matters:
Health Inequities by Race/Ethnicity

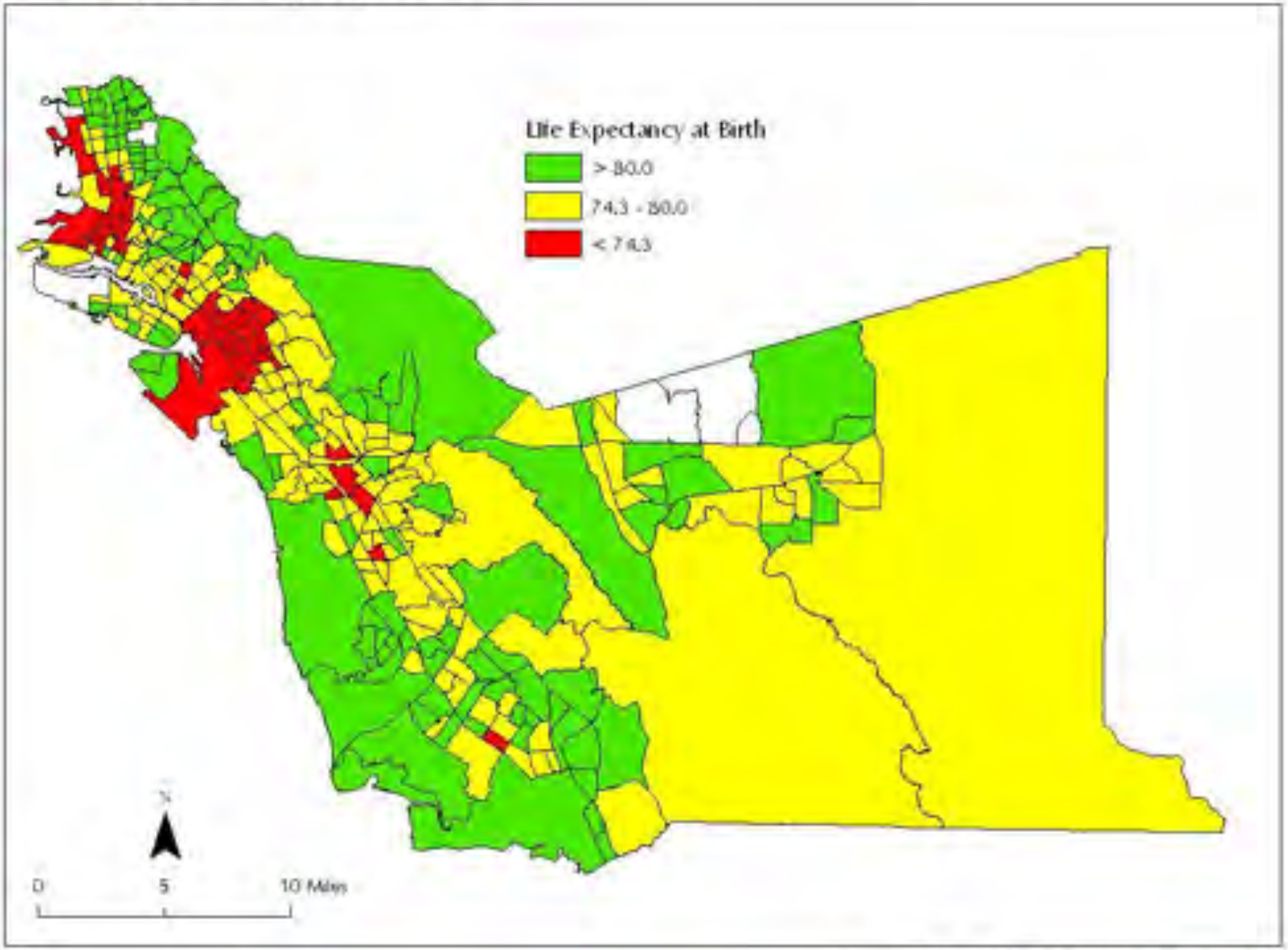


Race and Racism Matters:

Health Inequities by Race/Ethnicity

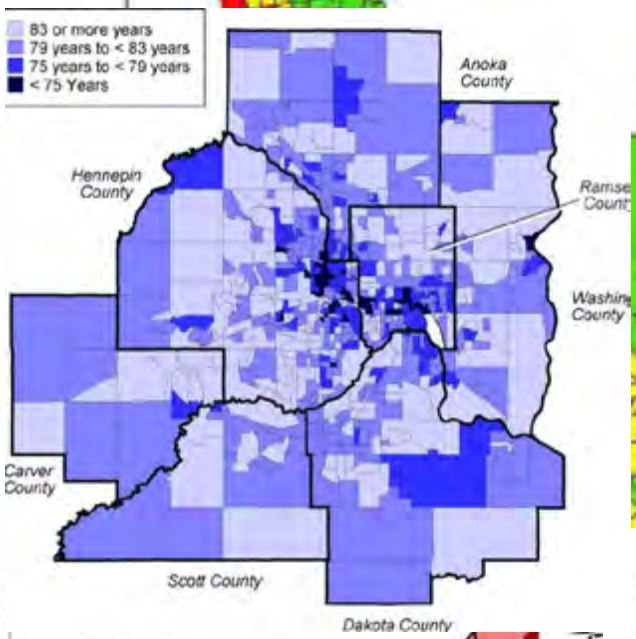


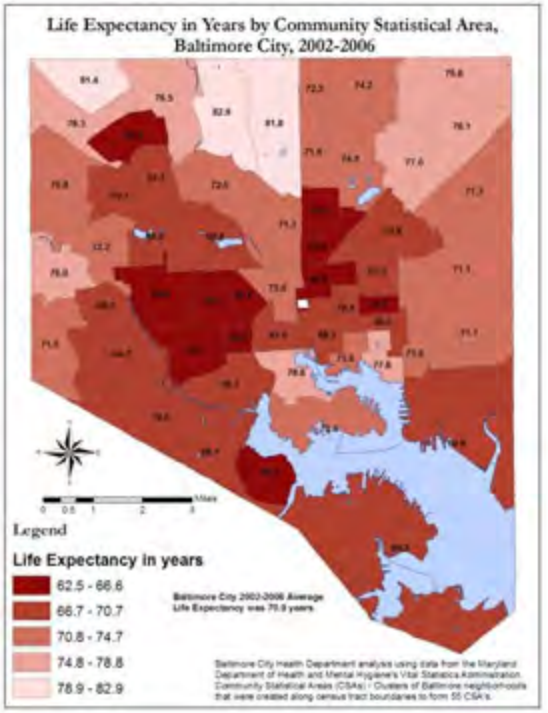
Life Expectancy by Tract

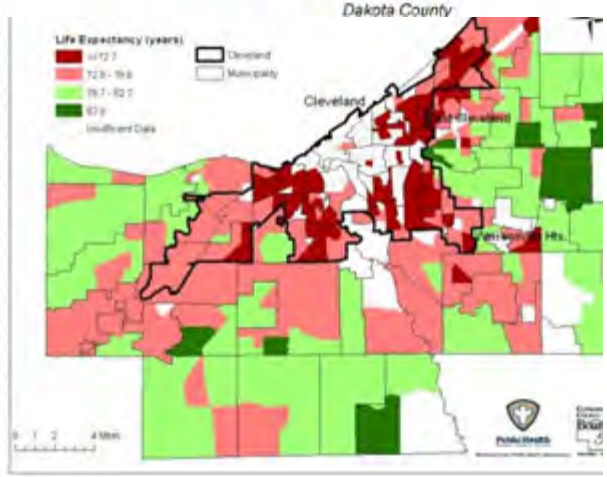


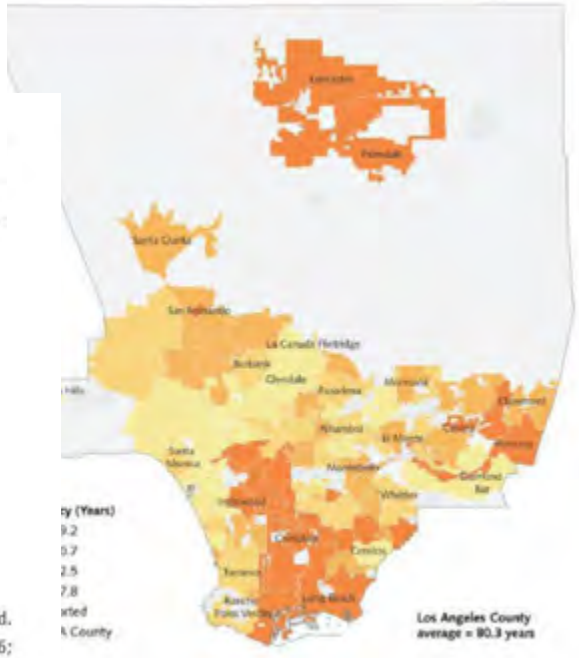
Sources: CAPE, with data from vital statistics 1999-2001.

Life Expectancy by Tract

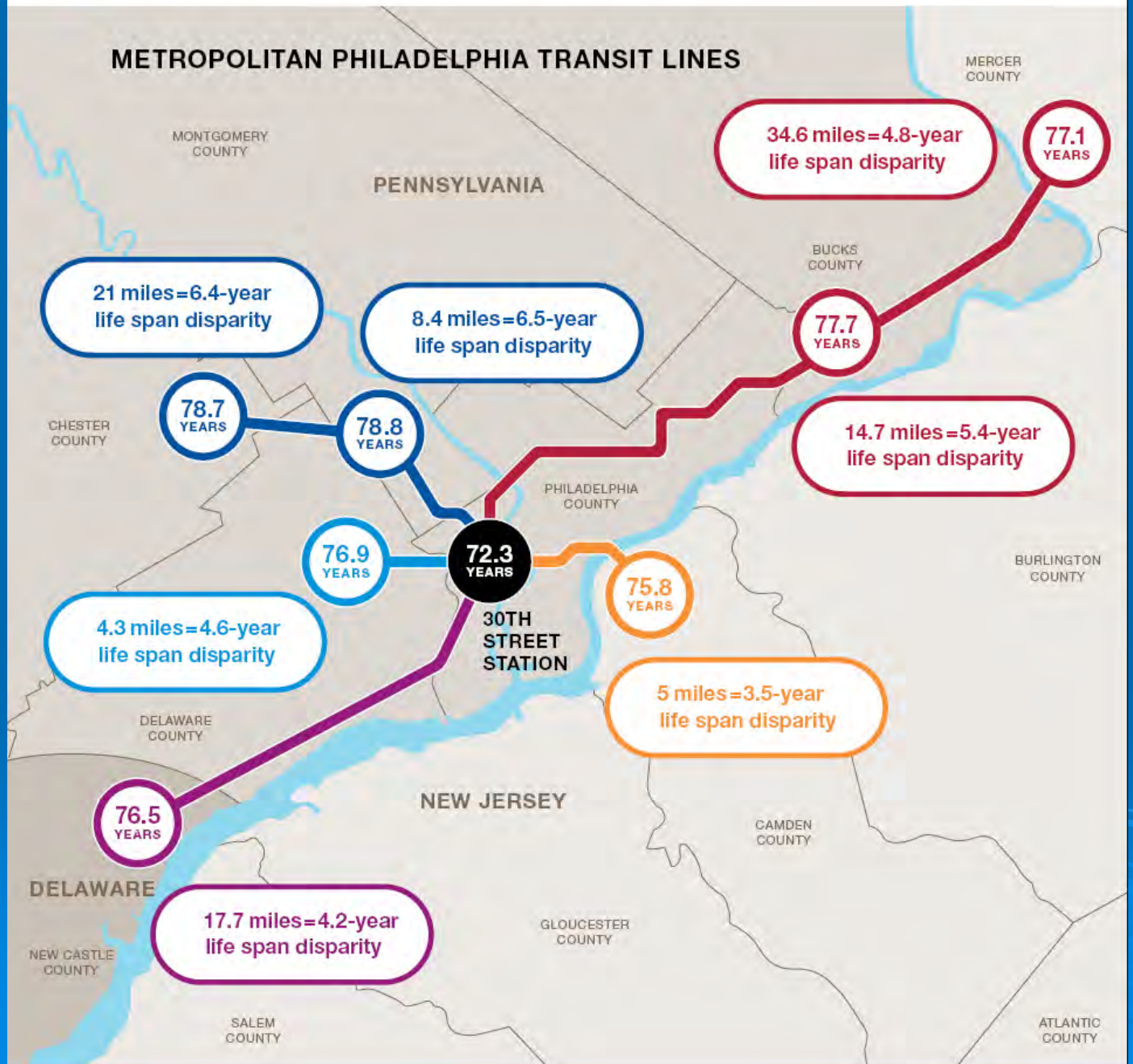




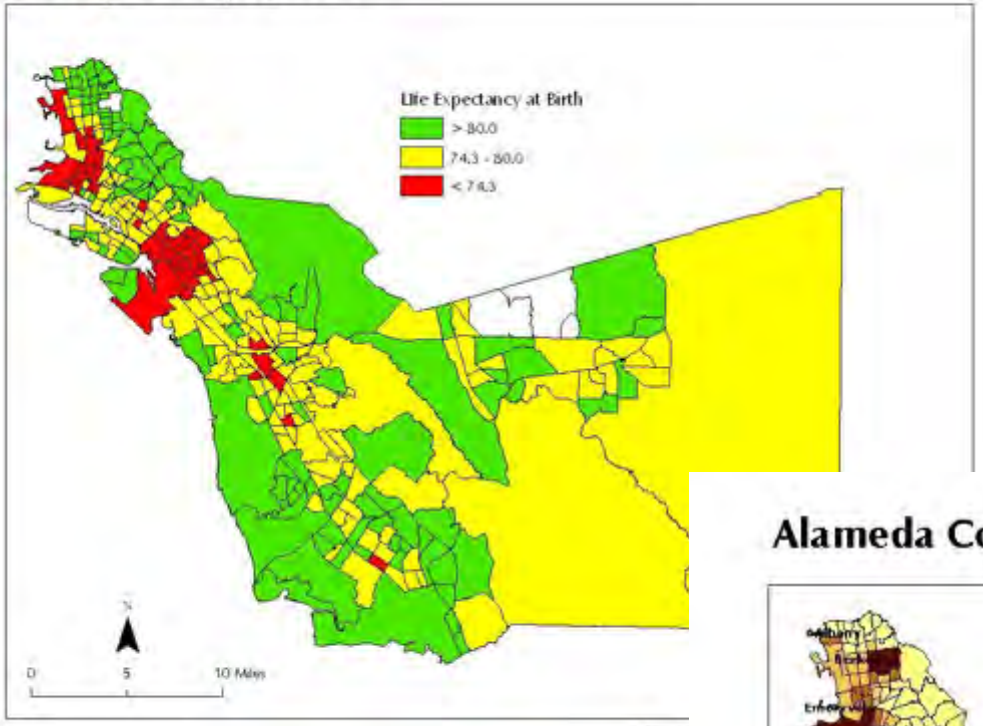




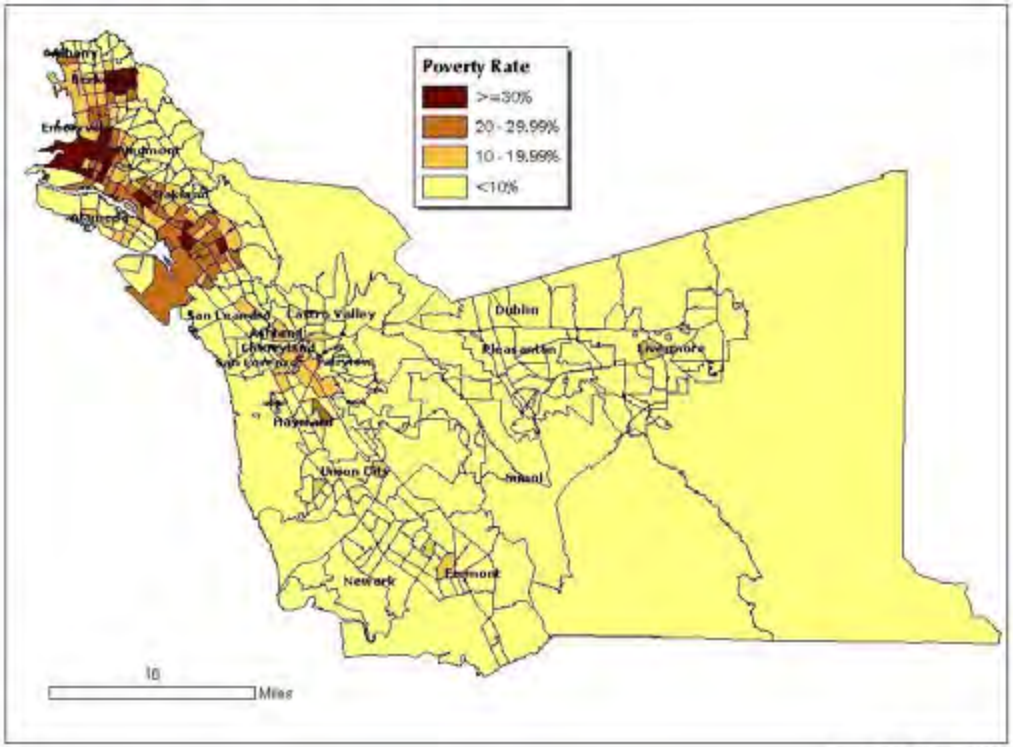
ROBERT WOOD JOHNSON FOUNDATION
Commission to Build a Healthier America



Life Expectancy by Tract

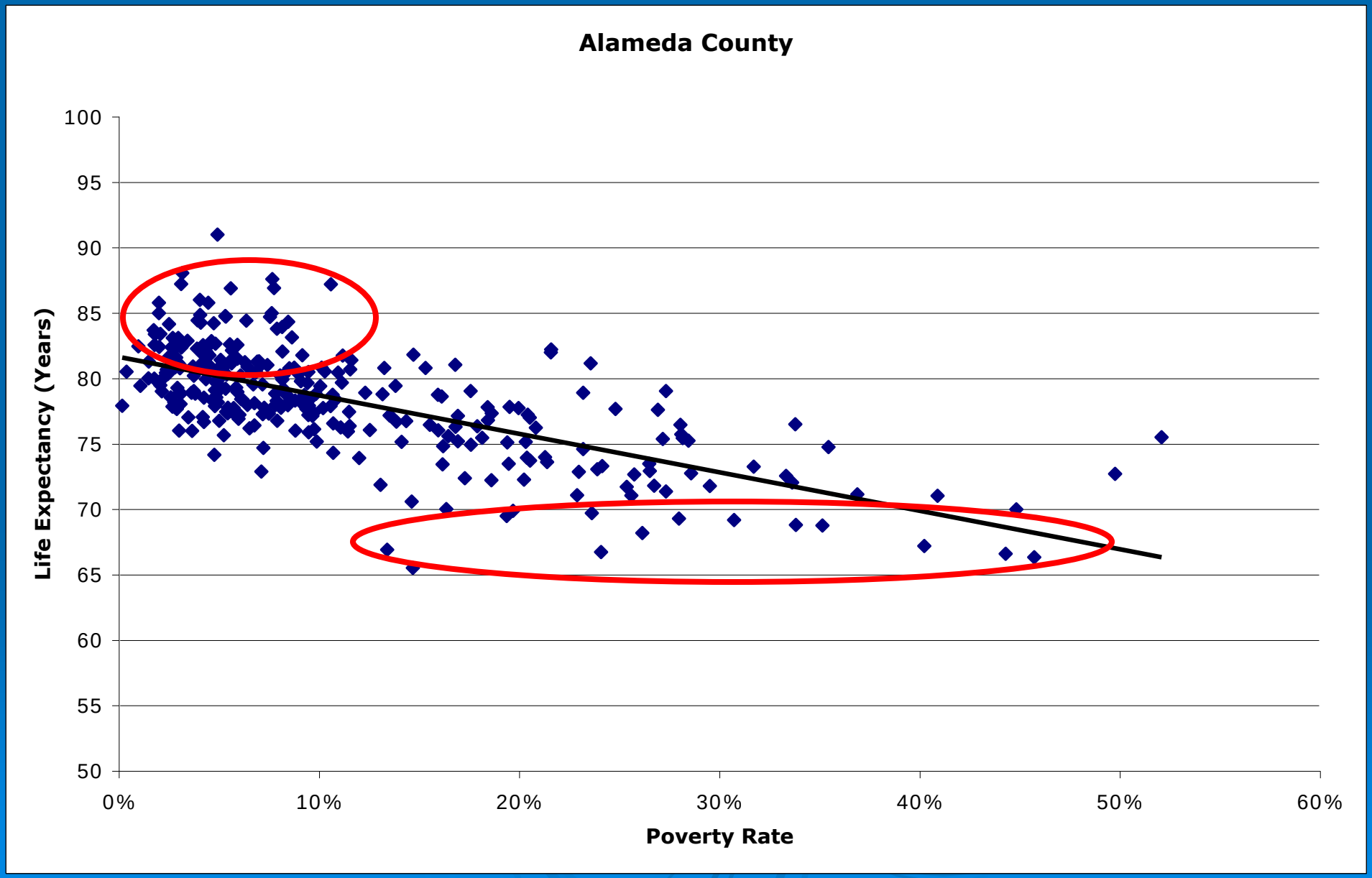


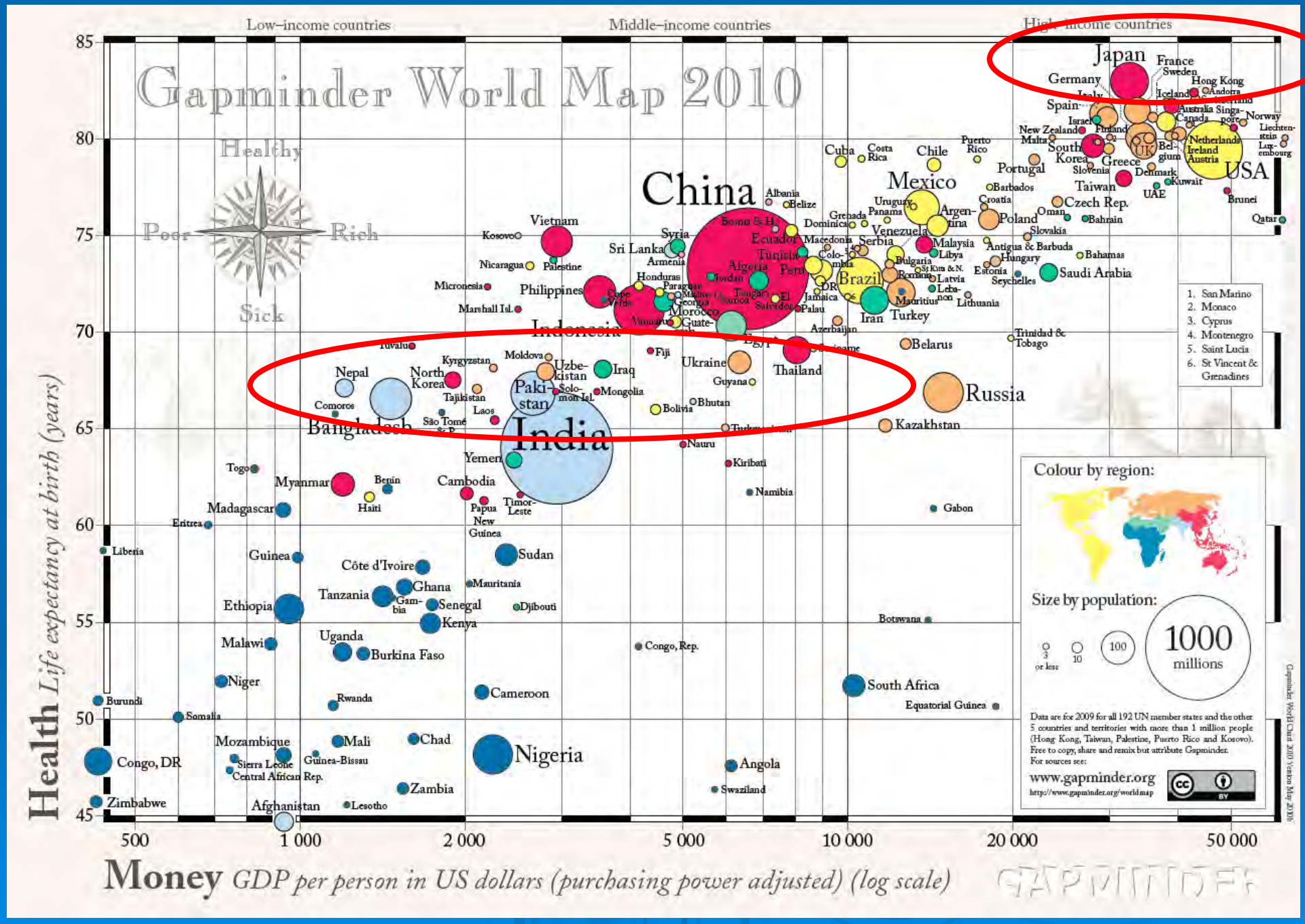
Alameda County Poverty



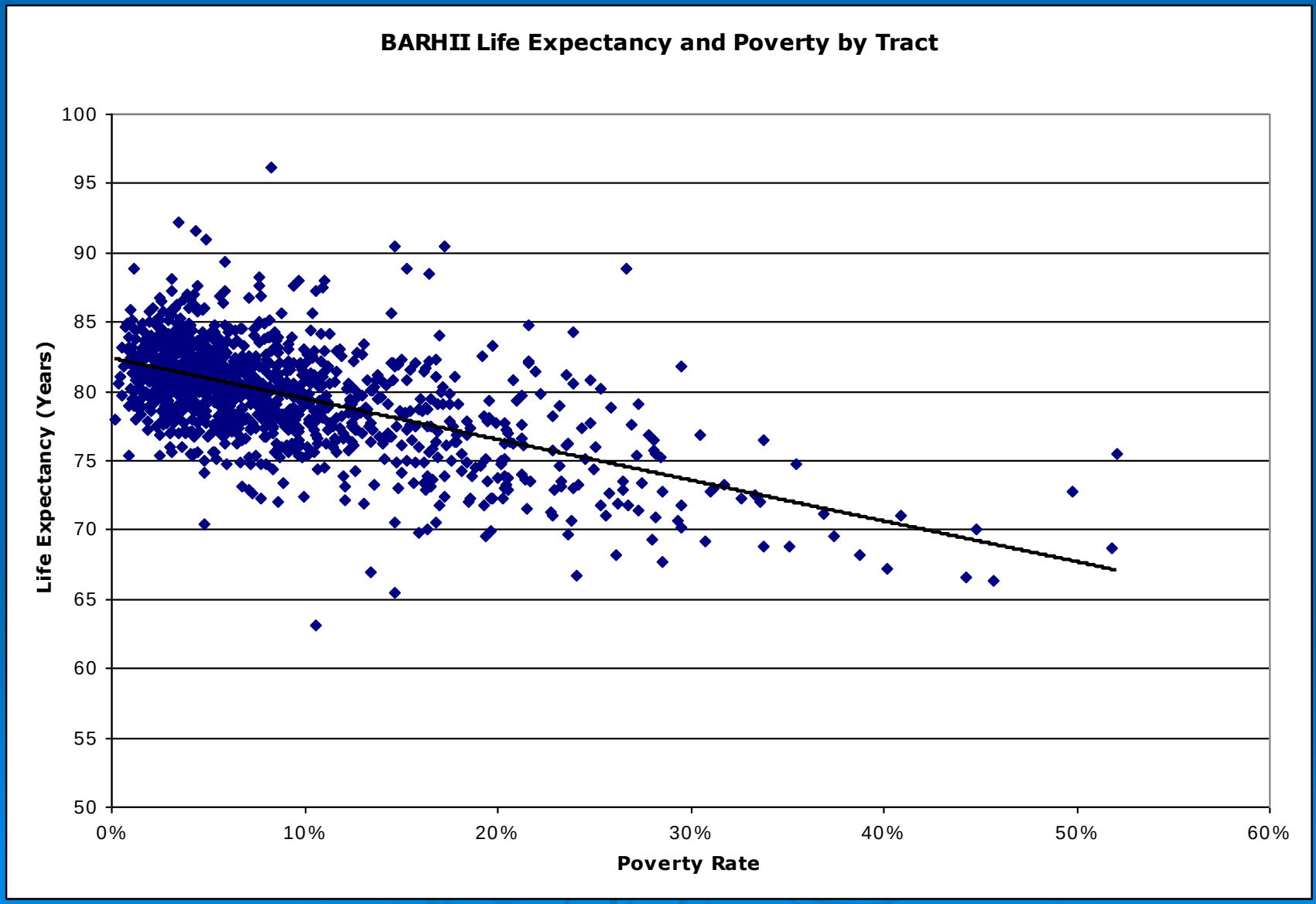
Source: CAPE; Census 2000

Life Expectancy by Poverty Group 2000-2003

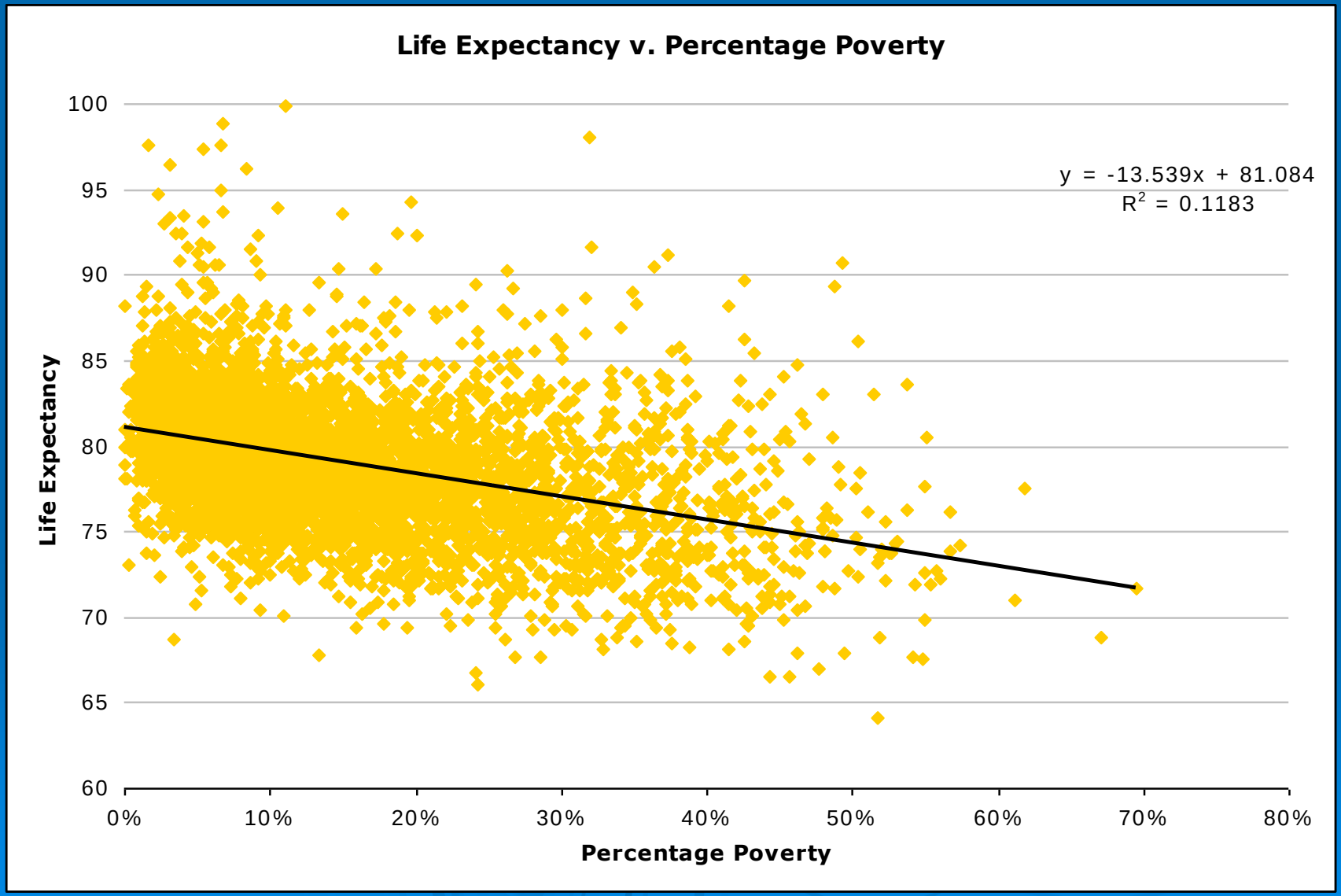



Low-income countries
Middle-income countries
High-income countries
Gapminder World Map 2010
Healthy
Poor
Rich
Sick
Health Life expectancy at birth (years)
Money GDP per person in US dollars (purchasing power adjusted) (log scale)
85
80
75
70
65
60
55
50
45
500
1 000
2 000
5 000
10 000
20 000
50 000
China
India
Indonesia
Brazil
Russia
USA
Japan
Nigeria
Bangladesh
Pakistan
Mexico
Thailand
Iran
Turkey
Ukraine
Vietnam
Philippines
Ethiopia
Congo, DR
Zimbabwe
Afghanistan
Zambia
Mozambique
Angola
South Africa
Saudi Arabia
Colour by region:
Size by population:
3 or less
10
100
1000 millions
1. San Marino
2. Monaco
3. Cyprus
4. Montenegro
5. Saint Lucia
6. St Vincent & Grenadines
Data are for 2009 for all 192 UN member states and the other 5 countries and territories with more than 1 million people (Hong Kong, Taiwan, Palestine, Puerto Rico and Kosovo).
Free to copy, share and remix but attribute Gapminder.
For sources see:
www.gapminder.org
http://www.gapminder.org/worldmap
Gapminder World Chart 2010 Version May 2010b
GAPMINDER

Bay Area Poverty vs. Life Expectancy



California 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)***

Published by Oxford University Press on behalf of the International Epidemiological Association
International Journal of Epidemiology 2007;36:542–548
doi:10.1093/ije/dym008

The shape of health to come: prospective study of the determinants of 30-year health trajectories in the Alameda County Study

George A Kaplan,[1]* Peter T Baltrus[2] and Trivellore E Raghunathan[3]

A 30 year longitudinal study of nearly 7000 Alameda County residents from 1965 forward. Those residents with household income 1 SD above mean were 25% less likely to die prematurely, 1 SD below mean were 35% more likely to die early.


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

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL REPORT

Volume 352:1138-1145 March 17, 2005 Number 11

A Potential Decline in Life Expectancy in the United States in the 21st Century

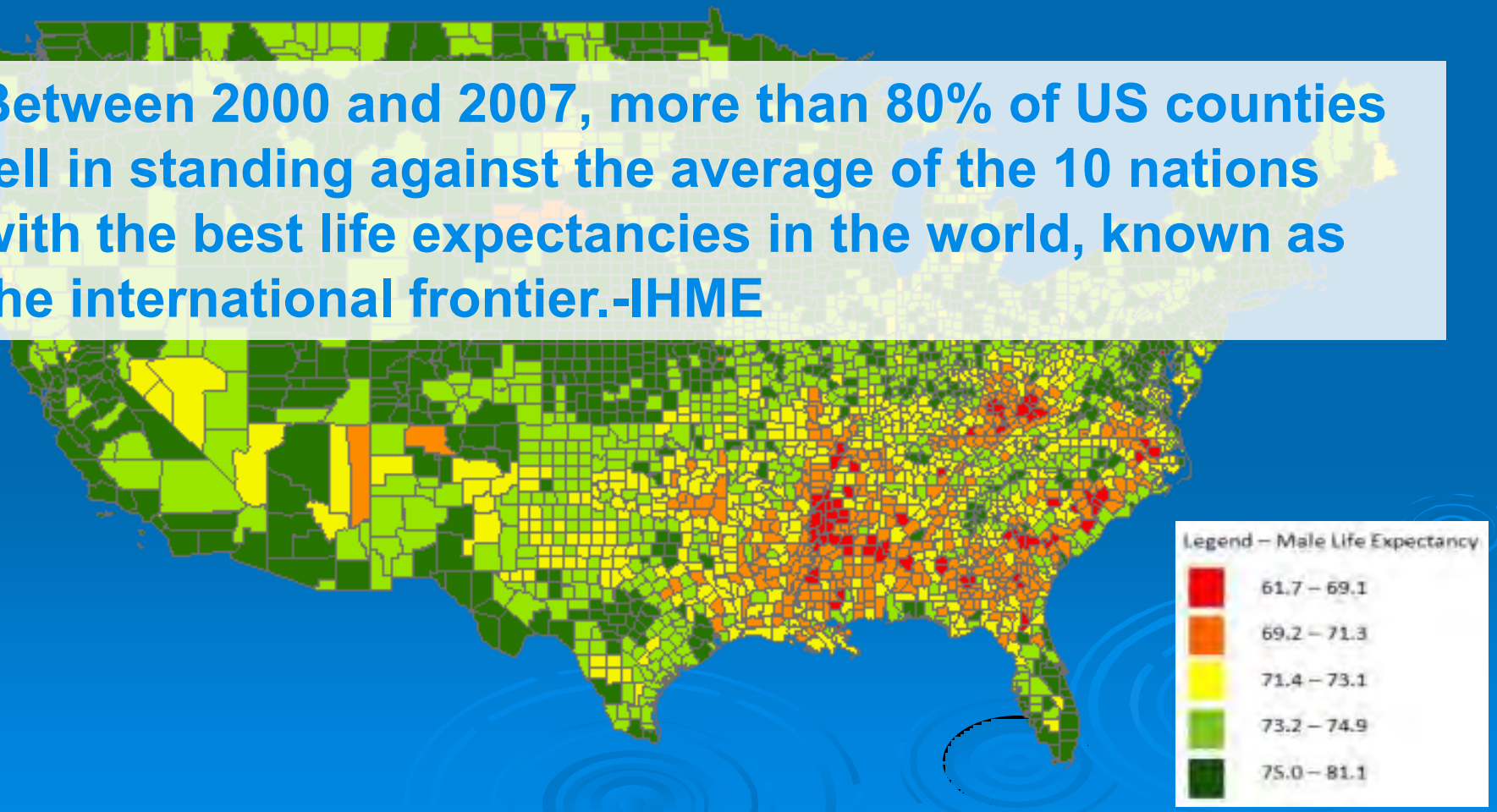
S. Jay Olshansky, Ph.D., Douglas J. Passaro, M.D., Ronald C. Hershow, M.D., Jennifer Layden, M.P.H., Bruce A. Carnes, Ph.D., Jacob Brody, M.D., Leonard Hayflick, Ph.D., Robert N. Butler, M.D., David B. Allison, Ph.D., and David S. Ludwig, M.D., Ph.D.

ABSTRACT

Forecasts of life expectancy are an important component of public policy that influence age-based entitlement programs such as Social Security and Medicare. *Although the Social Security Administration recently raised its estimates of how long Americans are going to live in the 21st century, current trends in obesity in the United States suggest that these estimates may not be accurate. From our analysis of the effect of obesity on longevity, we conclude that the steady rise in life expectancy during the past two centuries may soon come to an end.*

US Male Life Expectancy 1987-2007

Between 2000 and 2007, more than 80% of US counties fell in standing against the average of the 10 nations with the best life expectancies in the world, known as the international frontier.-IHME



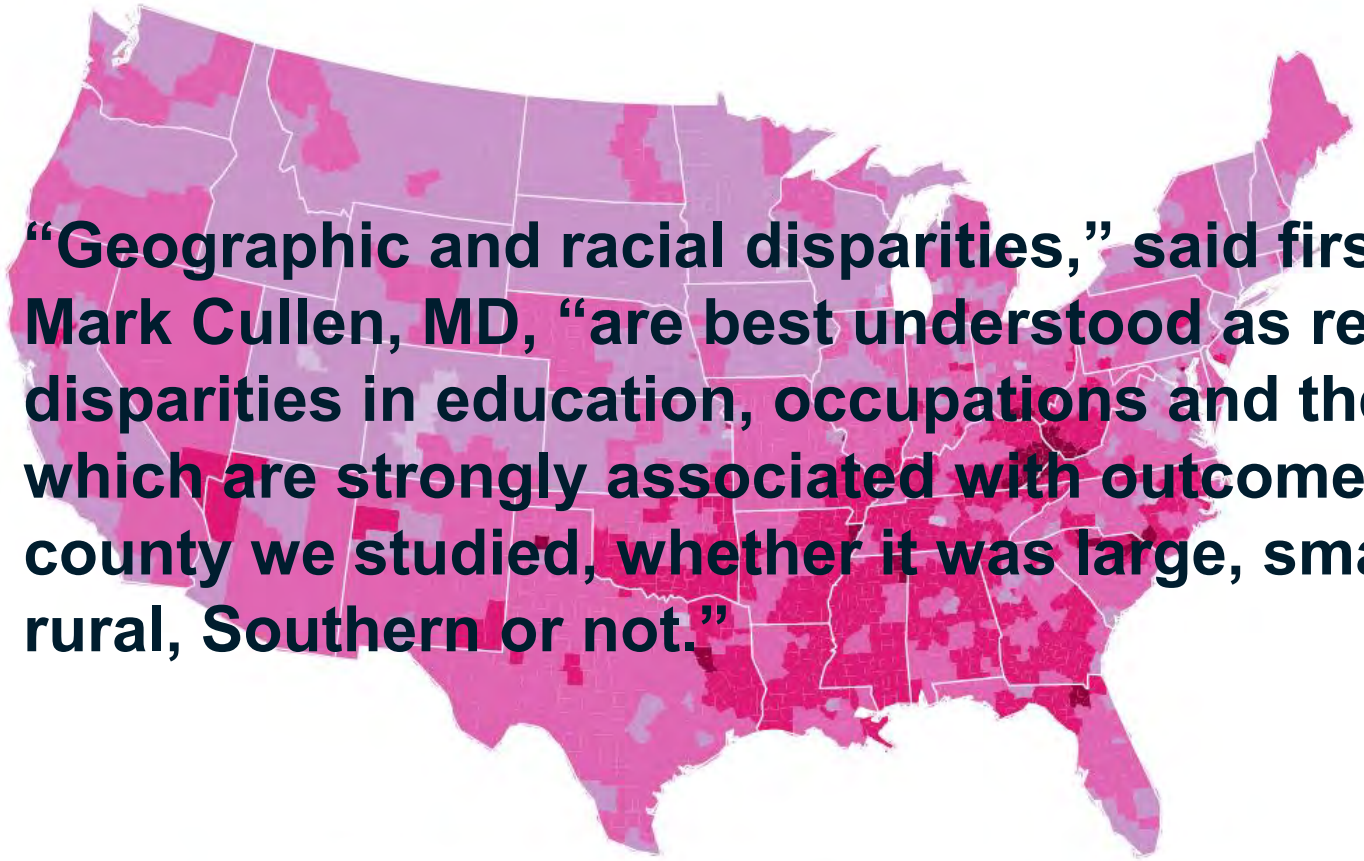
OPEN ACCESS Freely available online

PLoS one

Geographic and Racial Variation in Premature Mortality in the U.S.: Analyzing the Disparities

Mark R. Cullen[1]*, Clint Cummins[2], Victor R. Fuchs[1,2]

1 General Medical Disciplines, Stanford University School of Medicine, Stanford, California, United States of America, **2** Departments of Economics and Health Research and Policy, Stanford University, Stanford, California, United States of America

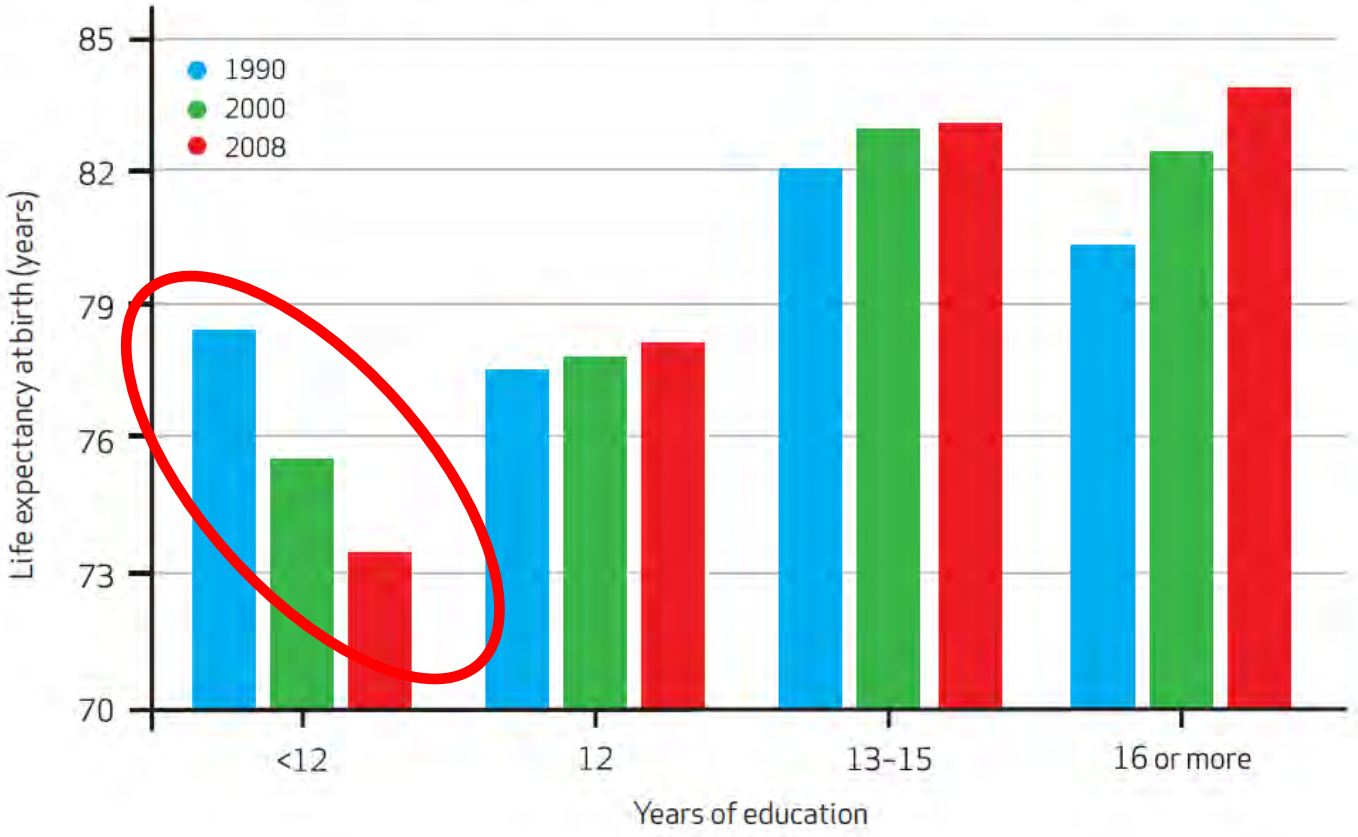


"Geographic and racial disparities," said first author Mark Cullen, MD, "are best understood as related to disparities in education, occupations and the like, which are strongly associated with outcomes in every county we studied, whether it was large, small, urban, rural, Southern or not."

Life span for uneducated white women now lower than that of uneducated black women

DISP

Life Expectancy At Birth, By Years Of Education At Age 25 For White Females, 1990–2008



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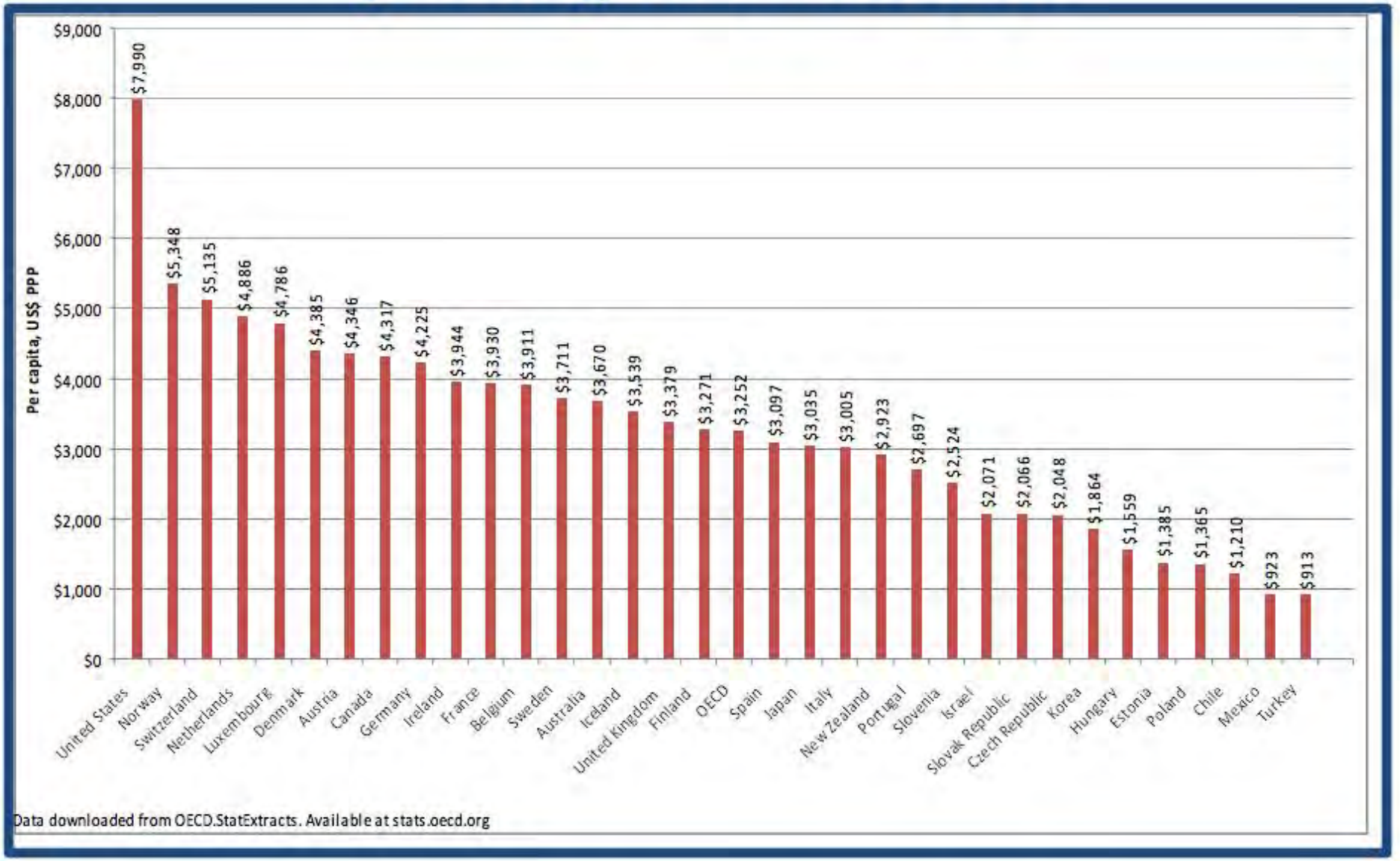
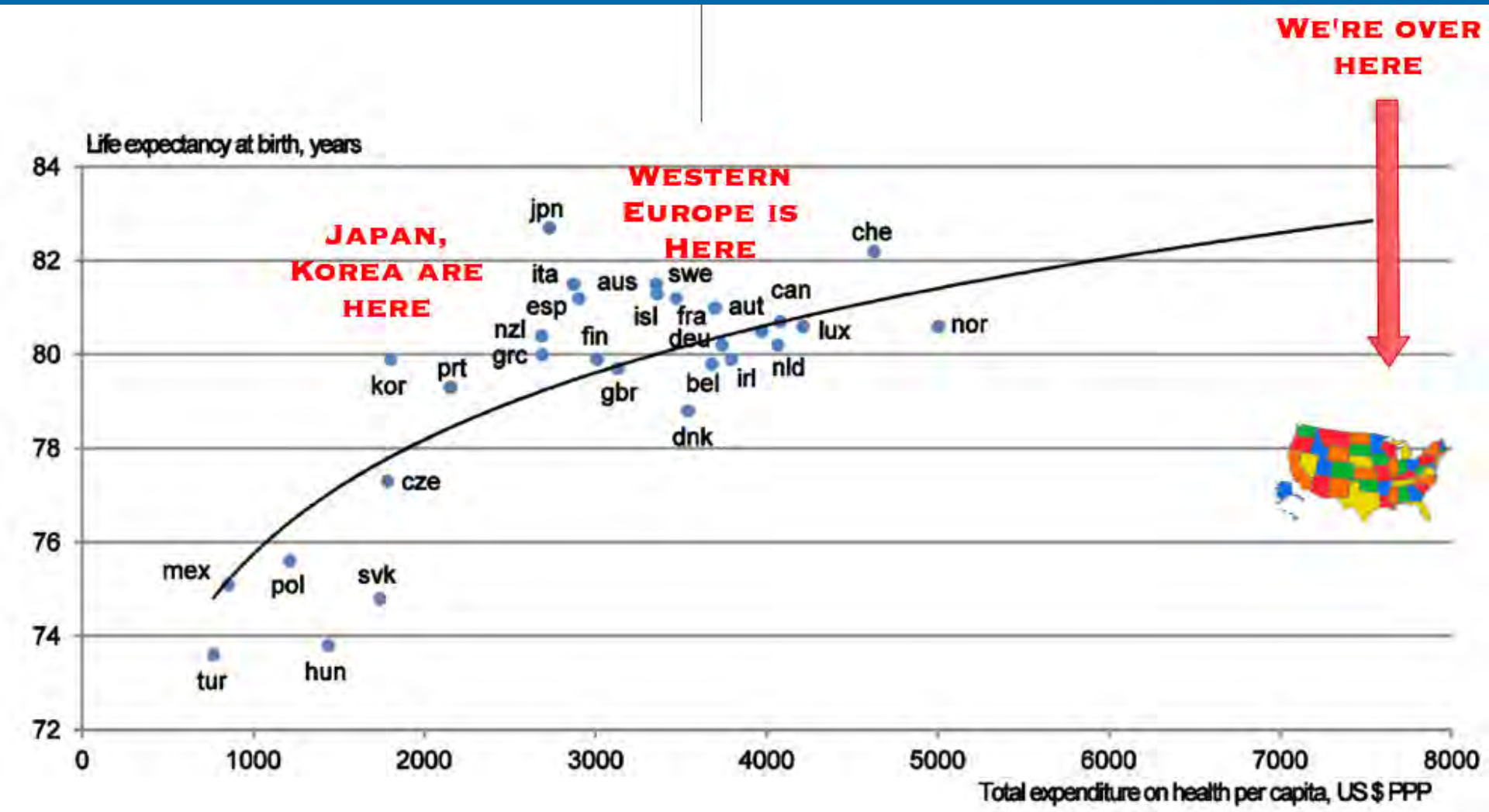
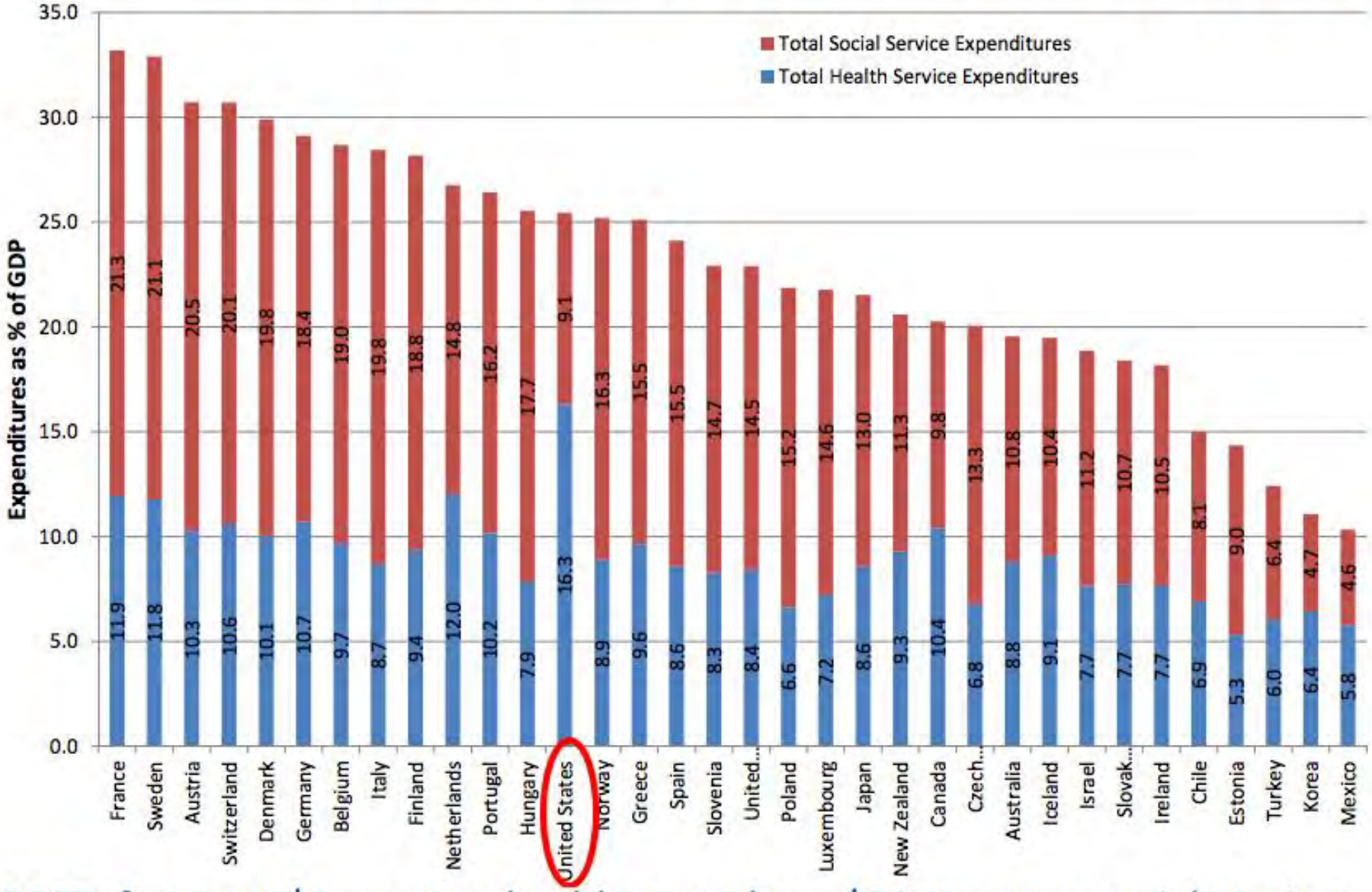
Spending on health care




WE'RE OVER HERE
Life expectancy at birth, years
WESTERN EUROPE IS HERE
JAPAN, KOREA ARE HERE
jpn
che
ita
aus
swe
can
esp
isl
fra
aut
nzl
fin
deu
lux
nor
grc
prt
kor
gbr
bel
irl
nld
dnk
cze
mex
pol
svk
tur
hun
84
82
80
78
76
74
72
0
1000
2000
3000
4000
5000
6000
7000
8000
Total expenditure on health per capita, US $ PPP

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

Findings

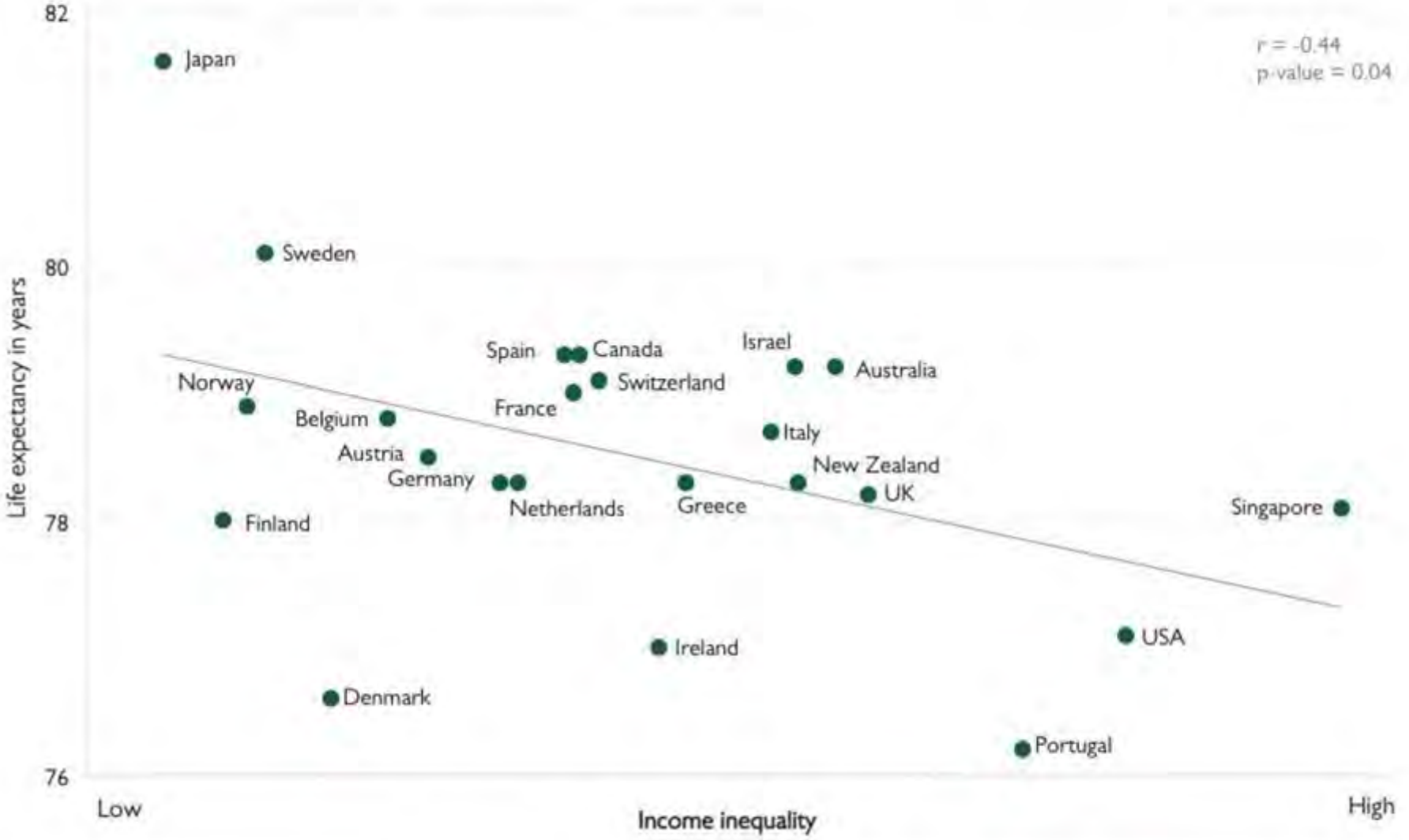
The ratio of social to health spending was significantly associated with better health outcomes:

- Less infant mortality, low birth weight, premature death; longer life expectancy
- Non-significant for maternal mortality

This remained true even when the US was excluded from the analysis

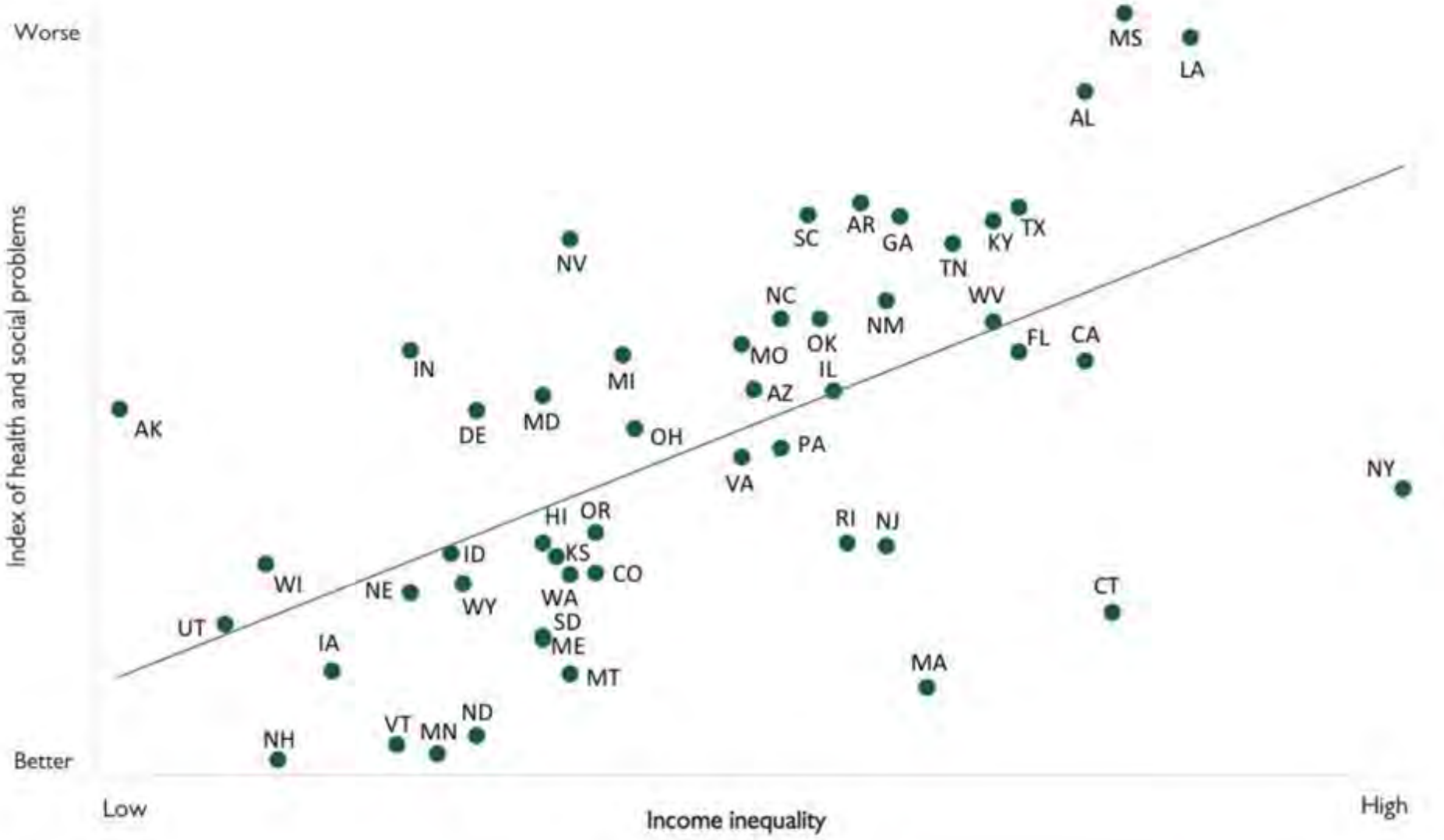
Bradley et al., BMJ Qual and Safety 2011

Life expectancy is longer in more equal rich countries



Source: Wilkinson & Pickett, The Spirit Level (2009)

Health and social problems are worse in more unequal US states



Source: Wilkinson & Pickett, The Spirit Level (2009)

Life Expectancy of White Americans

US Whites

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

WHO World Health Statistics 2015, CDC/NCHS 2015

US Whites Living Shorter Lives Than:

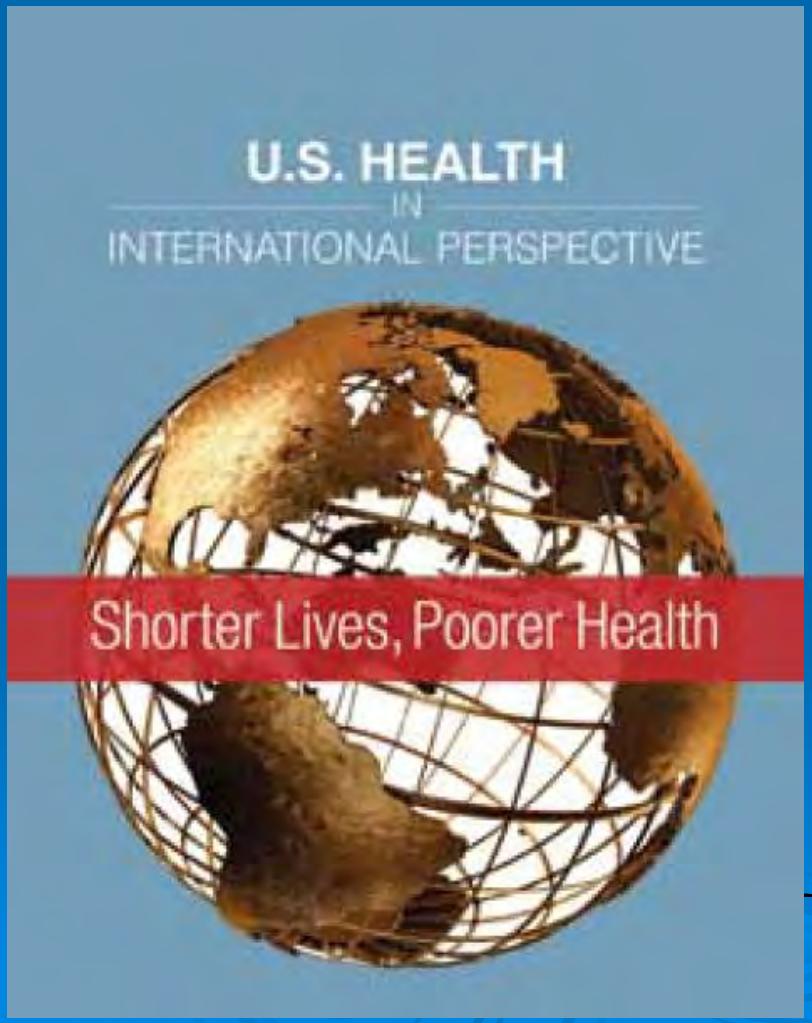
- 80 years: Belgium, Chile, Denmark, Lebanon, Slovenia
- 81 years: Austria, Finland, Germany, Greece, Ireland, Malta, Netherlands, Portugal, UK
- 82 years: Canada, Cyprus, France, Iceland, Israel, S. Korea, Luxembourg, Monaco, New Zealand, Norway, Sweden
- 83 years: Andorra, Australia, Italy, San Marino,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

- 33 countries (only 17 in 1990)

WHO World Health Statistics 2015

"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

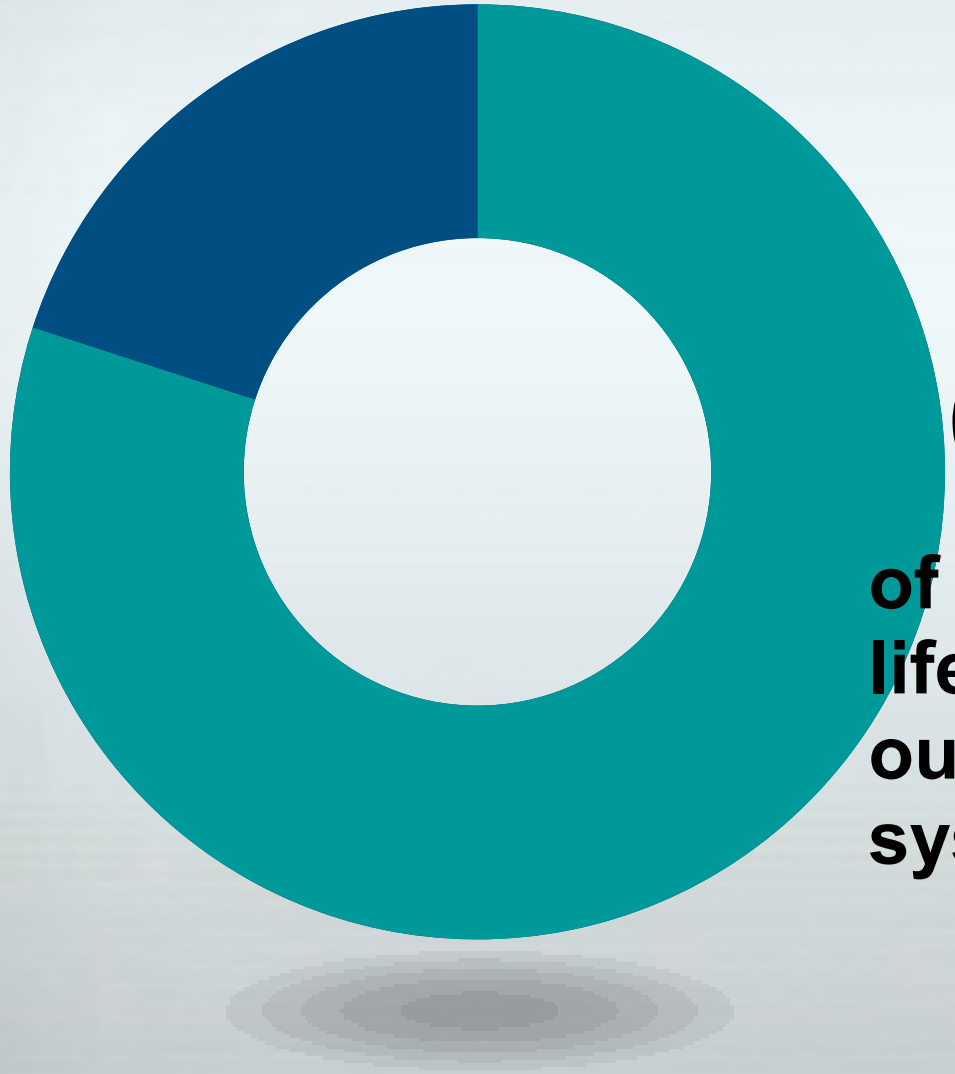
- " ***The panel was struck by the gravity of its findings***. For many years, Americans have been dying at younger ages than people in almost all other high-income countries. This disadvantage has been getting worse for three decades, especially among women.

"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."


6'0"
5'10"
5'8"
5'6"
5'4"
5'2"
5'0"
4'10
PRISON
$62,300
health happens here
SCHOOL
$9,100
Do the math.

The Neighborhood Context

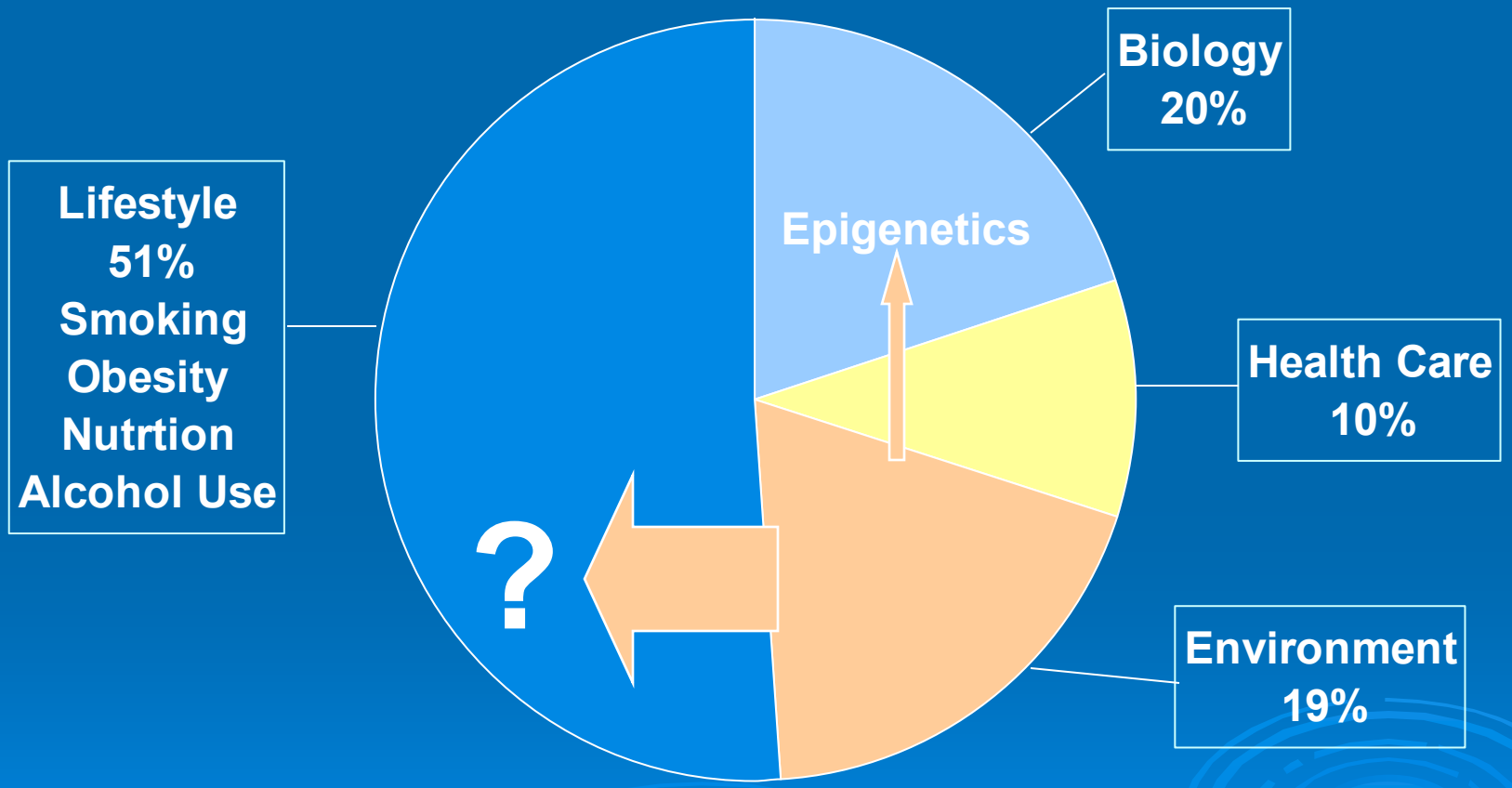


80%

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

Actual Causes of Death

A bridge between genotype and phenotype— a phenomenon that changes the final outcome of a locus or chromosome without changing the underlying DNA sequence

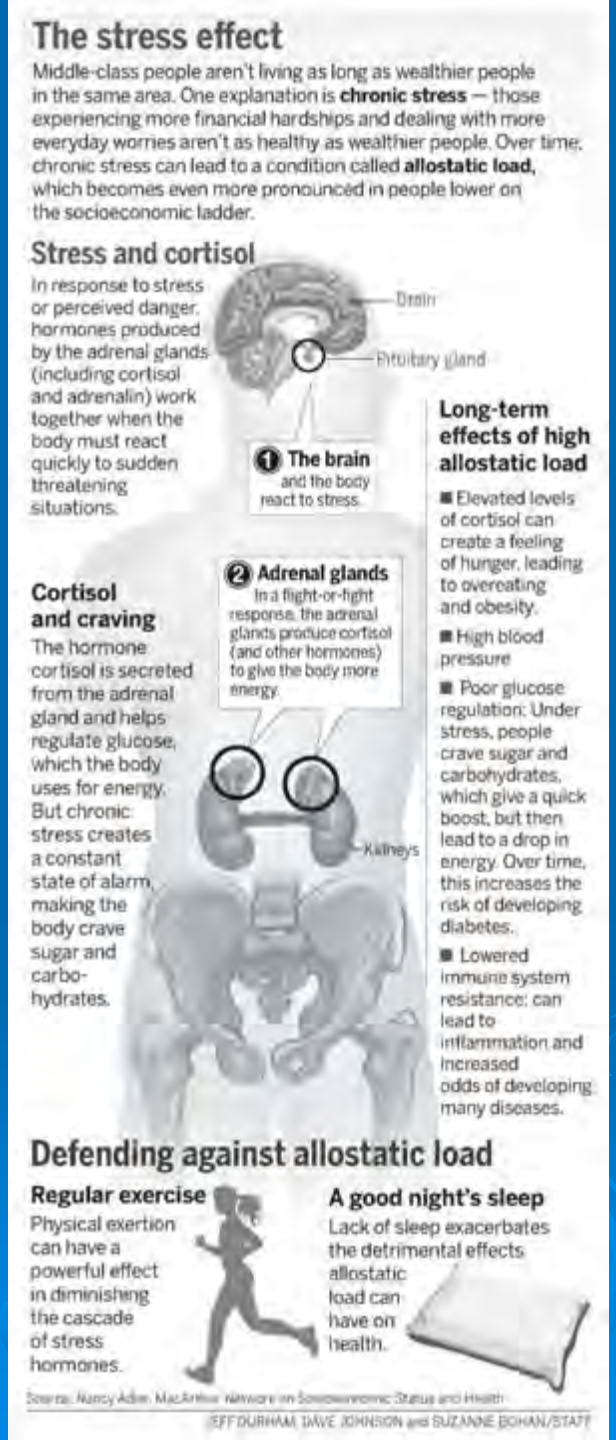


Source: McGinnis, J.M and Foege, W.H. (1993). "Actual Causes of Death in the United States," Journal of the American Medical Association.

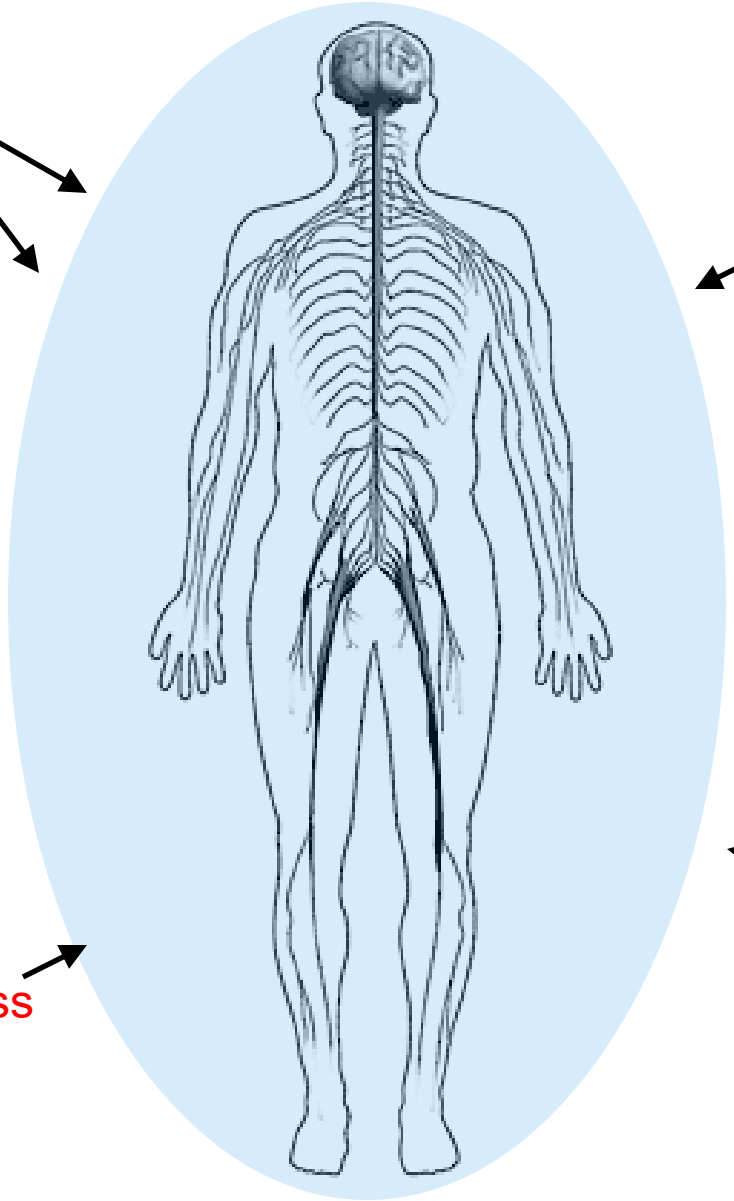
Allostasis, meaning literally "maintaining stability (or homeostasis) through change" was introduced by Sterling and Eyer to describe how the cardiovascular system adjusts to resting and active states of the body. This notion can be applied to other physiological mediators, such as the secretion of cortisol as well as catecholamines.

The concept of "***allostatic load***" was proposed to refer to the wear and tear that the body experiences due to repeated cycles of allostasis as well as the inefficient turning-on or shutting off of these responses.

-Bruce McEwen and Teresa Seeman in collaboration with the Allostatic Load Working Group.



When the external becomes internal: How we internalize our environment



Allostatic Load

Inadequate Transportation Long Commutes — Stress

Housing — Stress

Stress — Lack of social capital

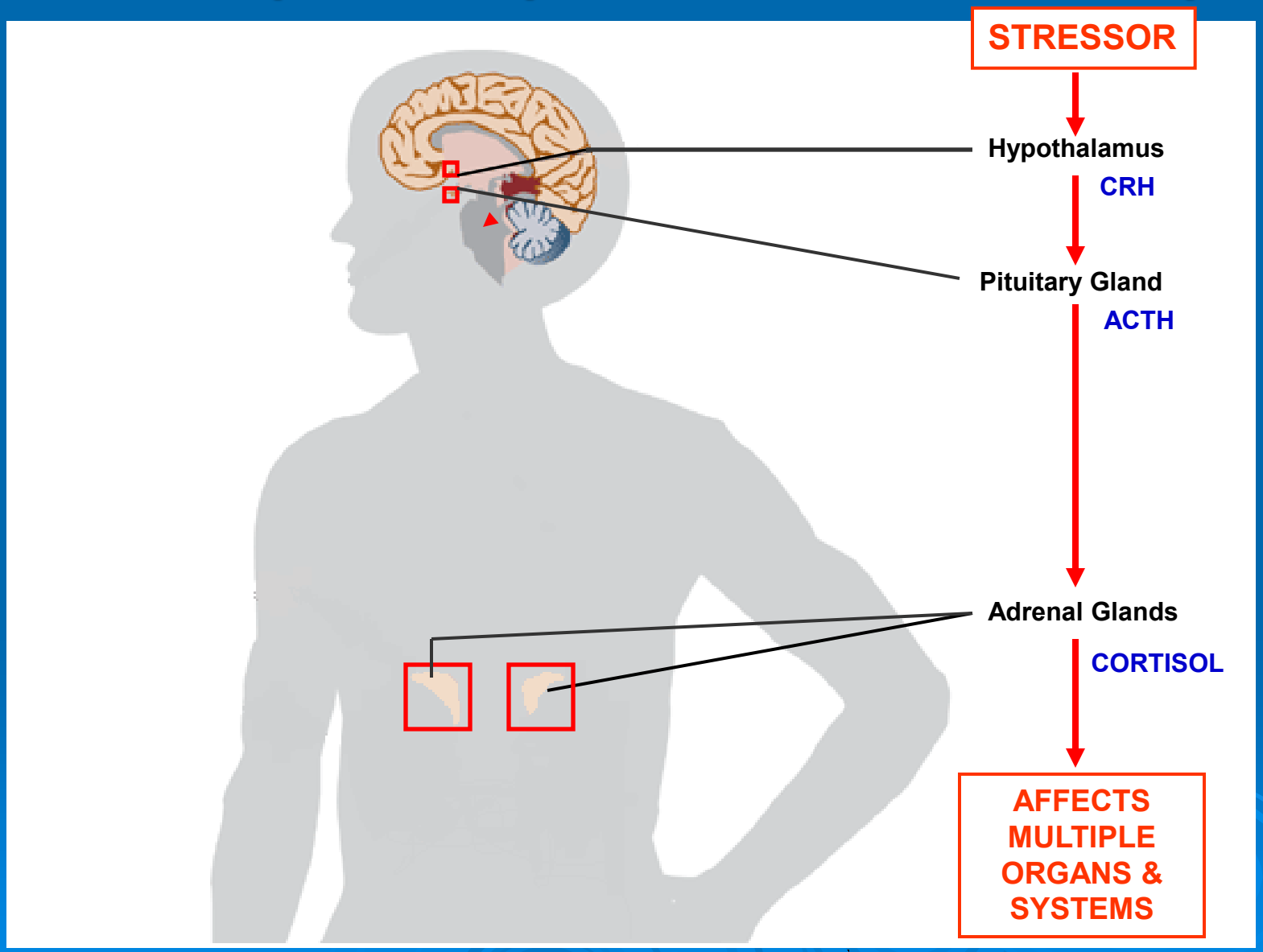
Stress — Racism

Stress — High Demand-Low Control Jobs

Stress — Lack of access to stores, jobs, services

Stress — Crime

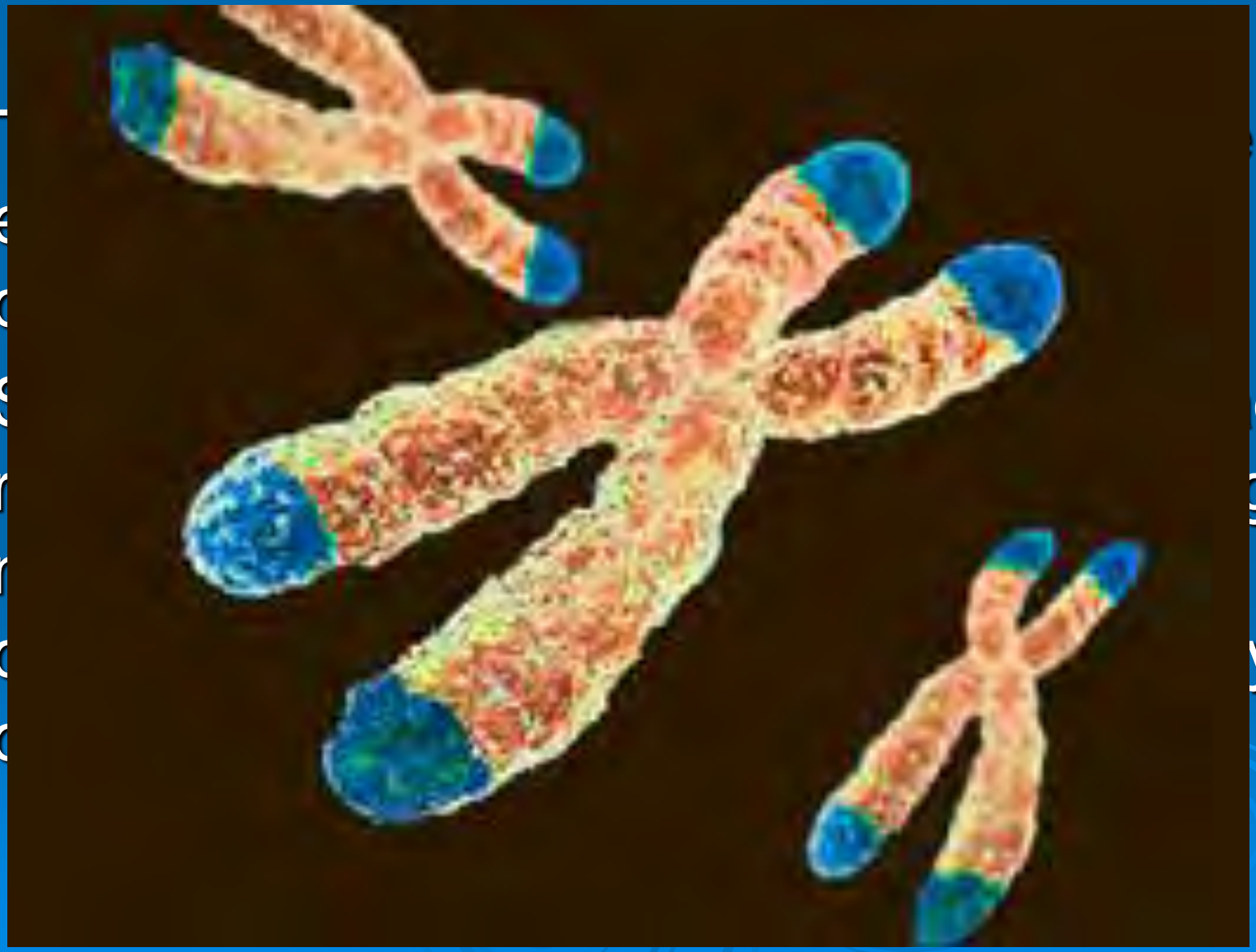
Stress pathway from brain to body



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

Telomeres



Telomeres

- Changes in diet, exercise, stress management and social support may result in longer telomeres.
- Telomere length reduced by poverty, education, safety stress, negative social interactions, low neighborhood satisfaction, hopelessness, and obesity.

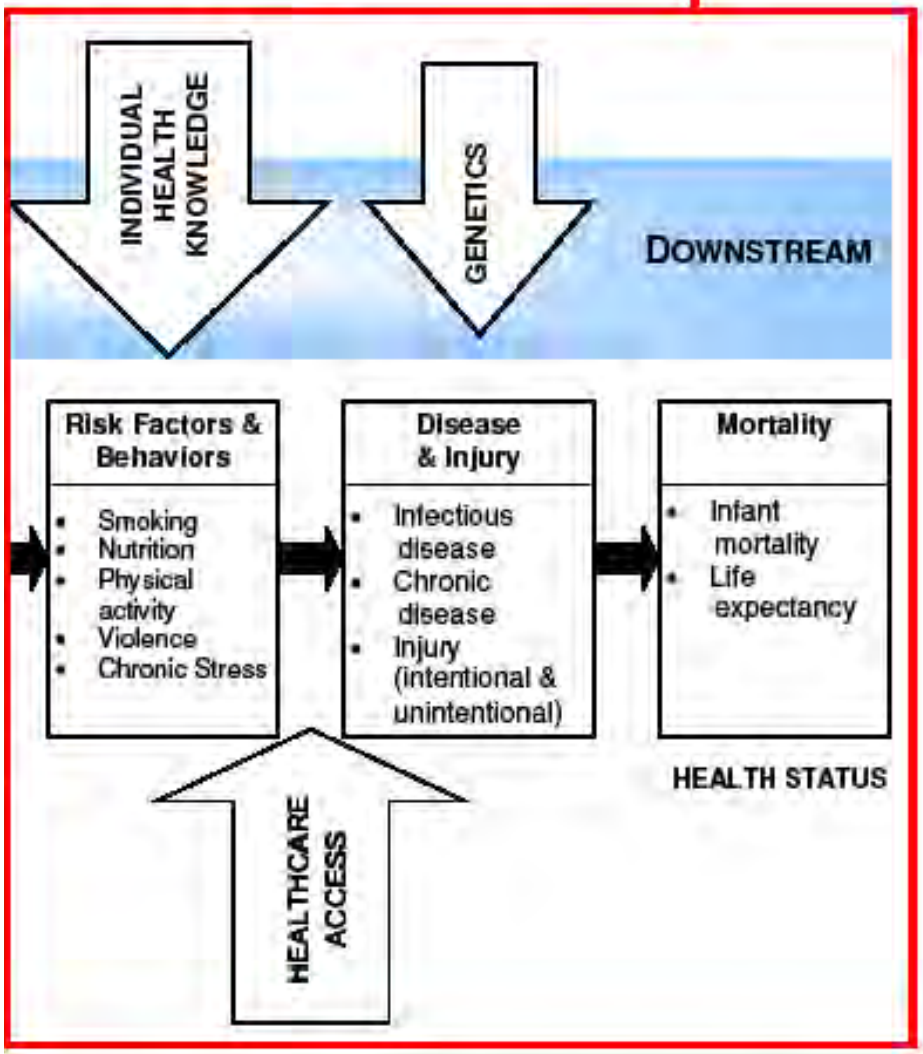
Loss of Control

Disparities are the tip of the iceberg…

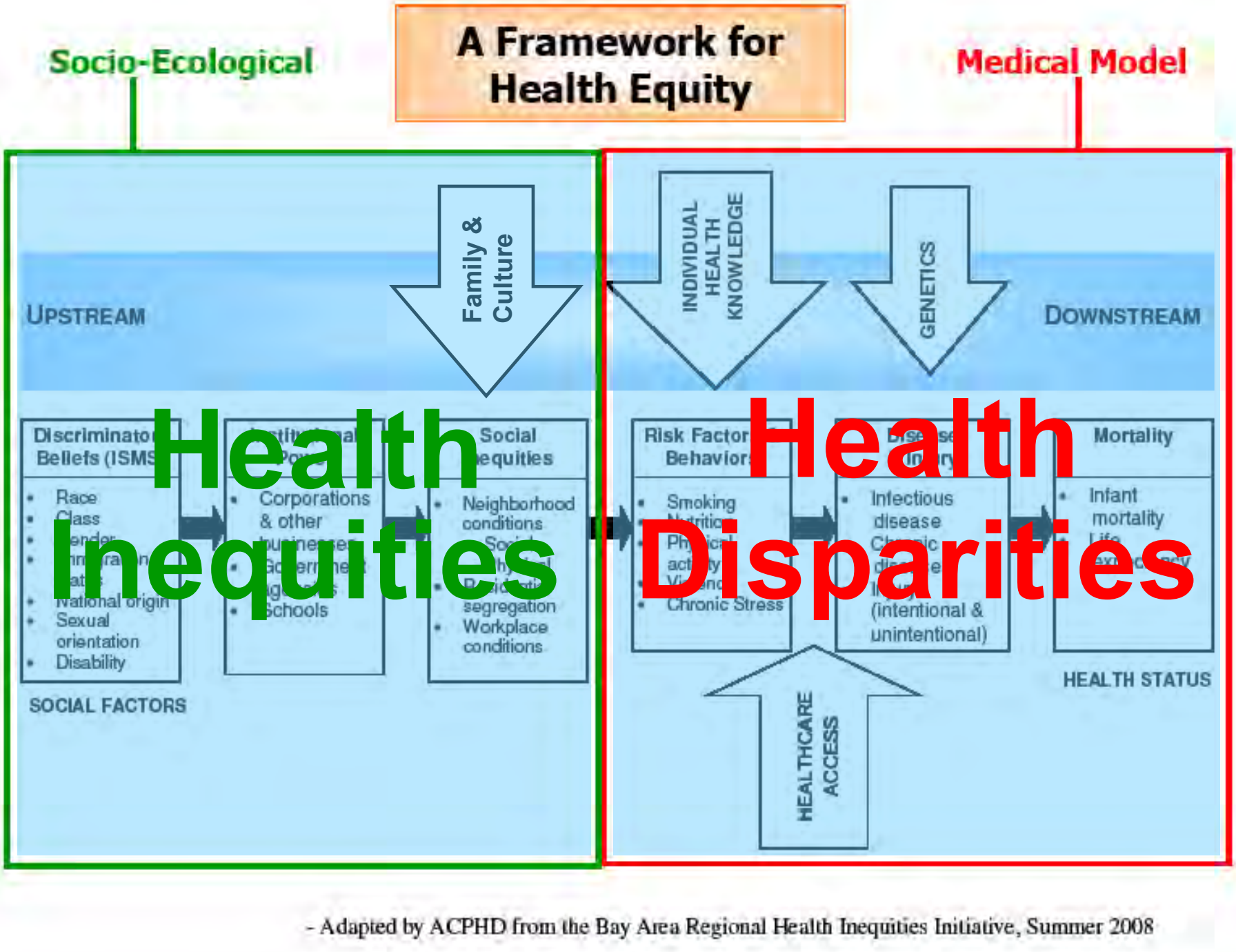
The California Endowment

A Practitioner's Framework

A Framework for Health Equity



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



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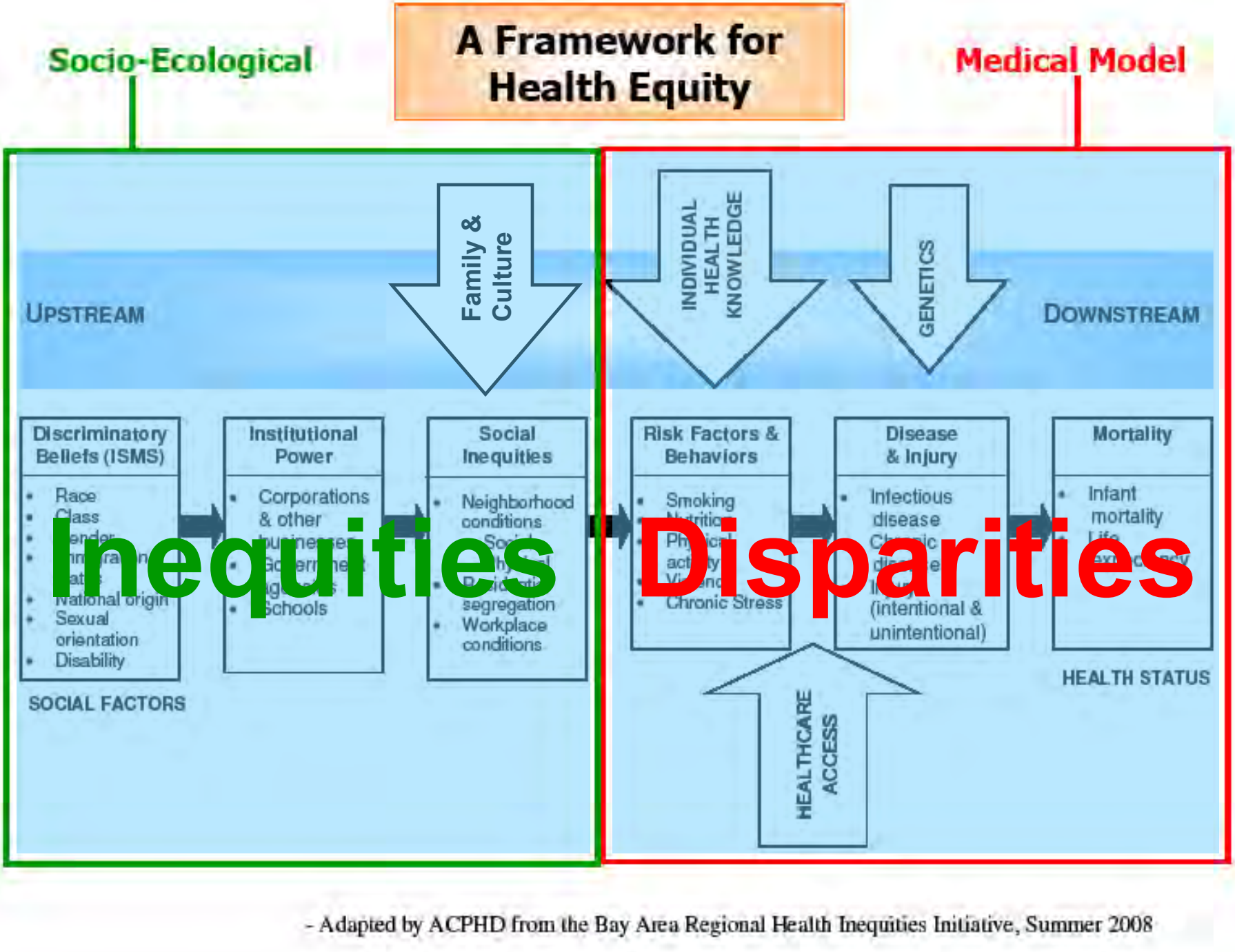

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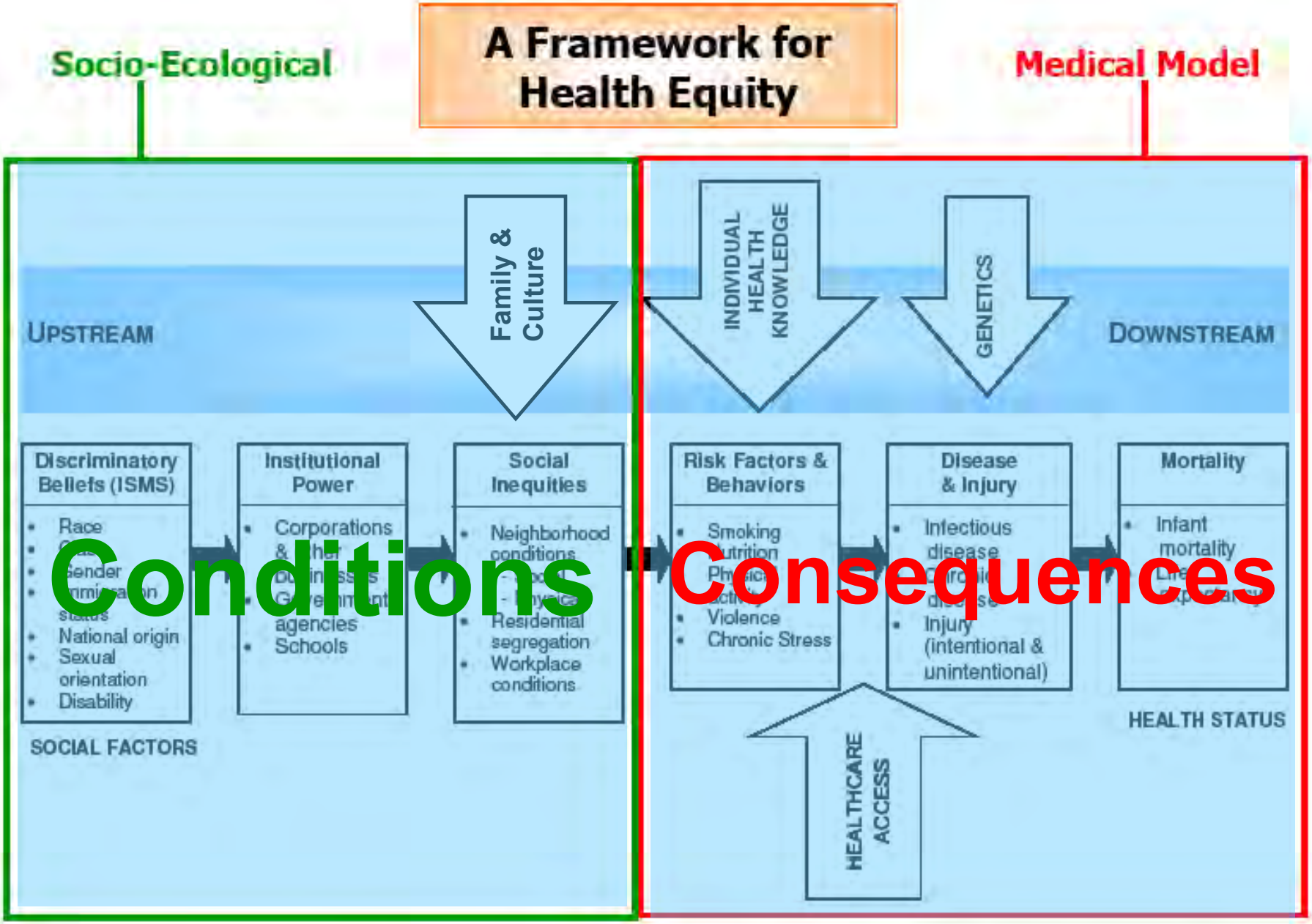

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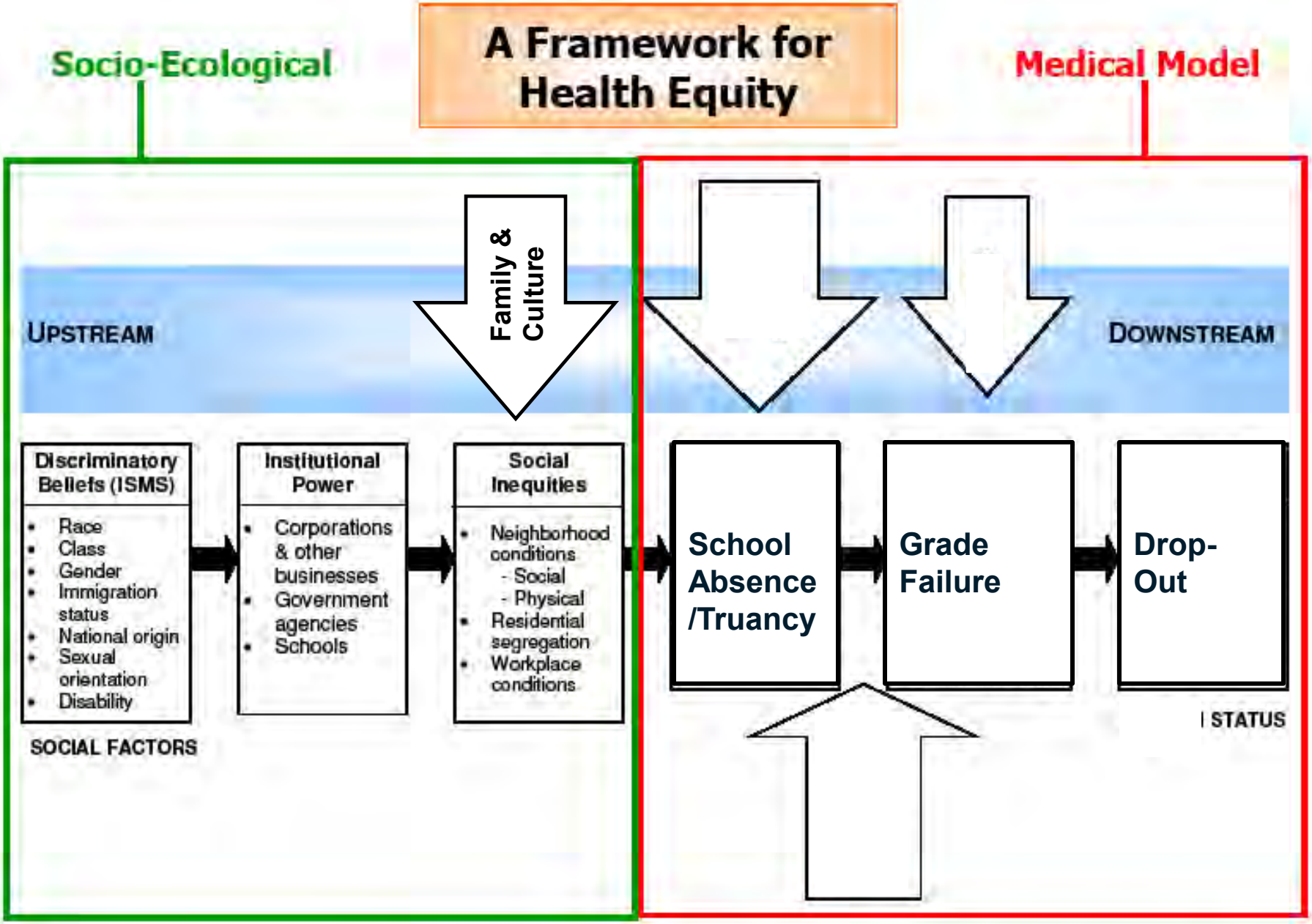

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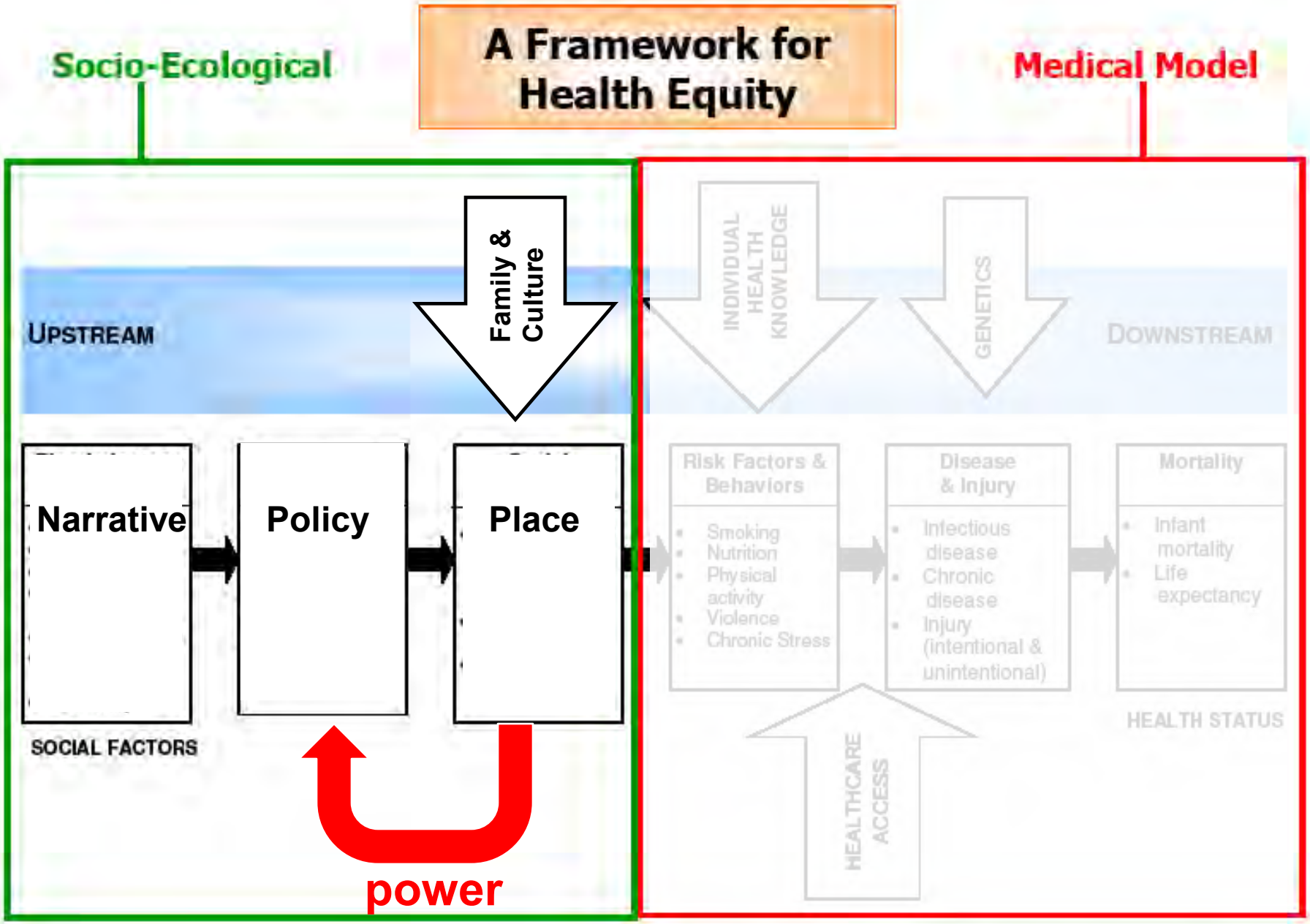

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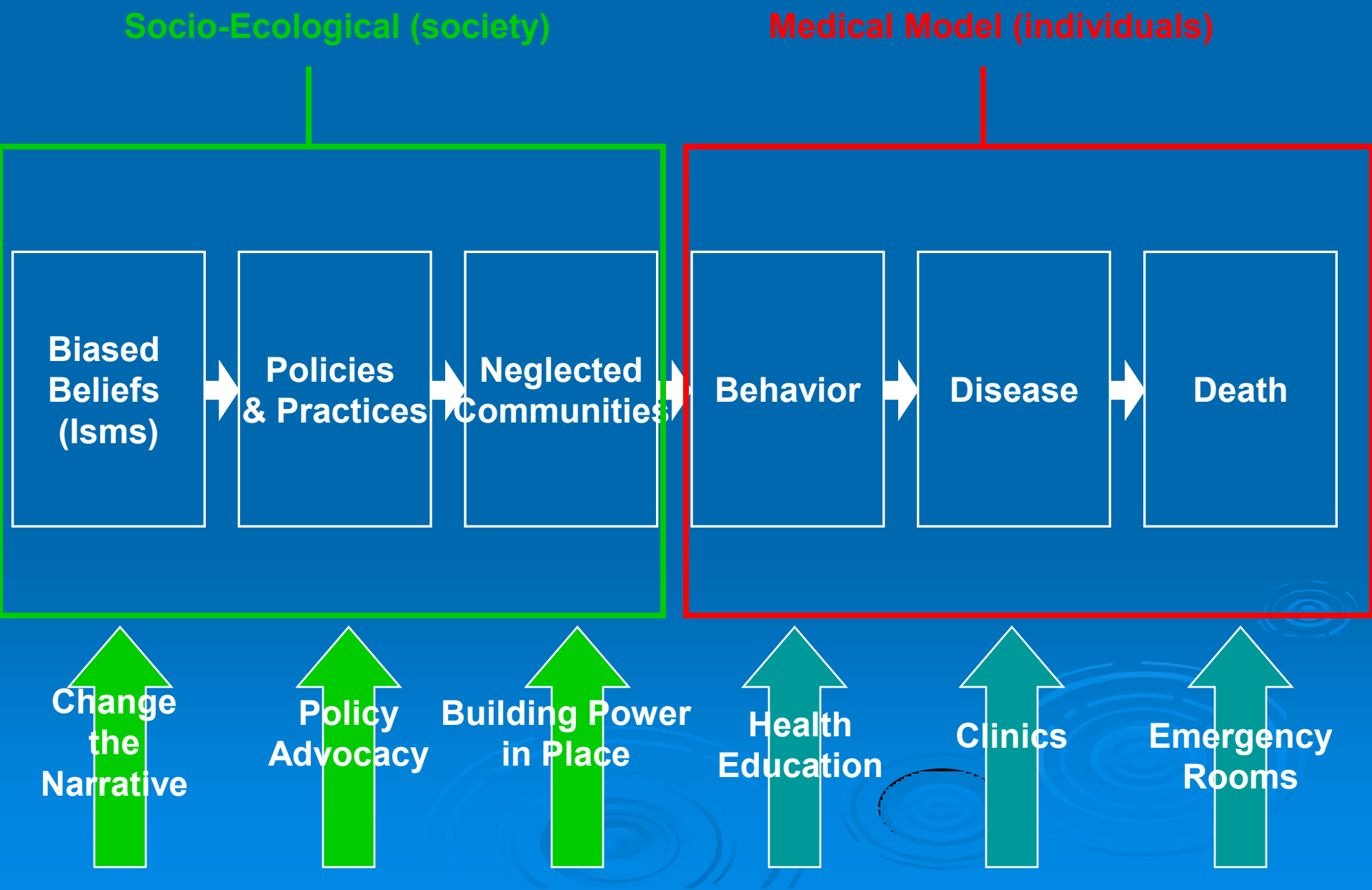

Socio-Ecological (society)
Medical Model (individuals)
Biased Beliefs (Isms)
Policies & Practices
Neglected Communities
Behavior
Disease
Death
Change the Narrative
Policy Advocacy
Building Power in Place
Health Education
Clinics
Emergency Rooms

Building Healthy Communities

An Ecological Approach to Improving Population Health

Building Healthy Communities

The California Endowment

health happens here

Our Community Partners

The California Endowment

Human Capital: Our Greatest Resource


90224
91801
92252
93301

The "What"

The Core Content of Our Work

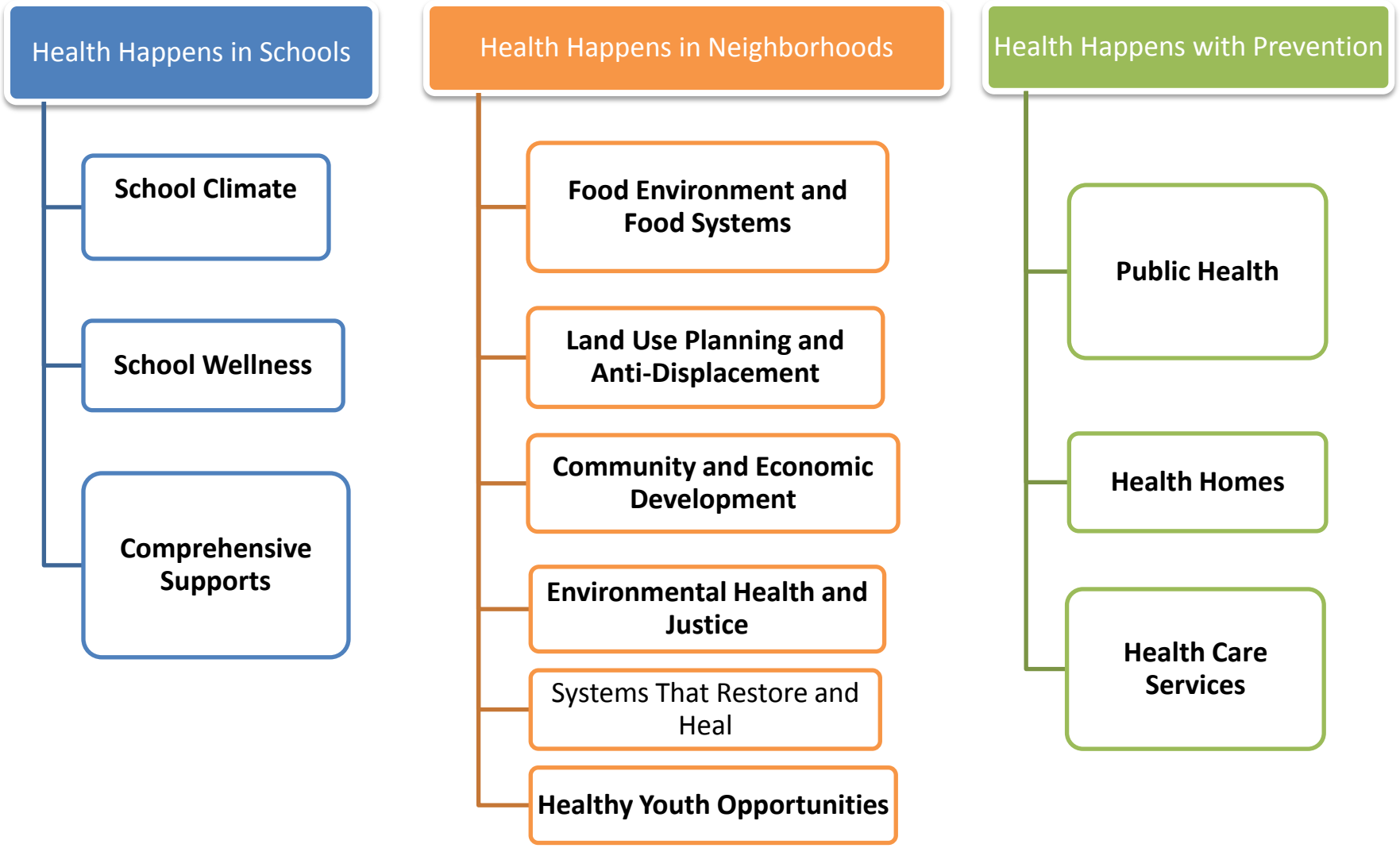
BHC Planning Process

PREVENTION

SCHOOLS

NEIGHBORHOODS

"Transformative Twelve" Policy Domains



The "How"

Our Approach in Broad Strokes

4 Systems/Institutional Targets

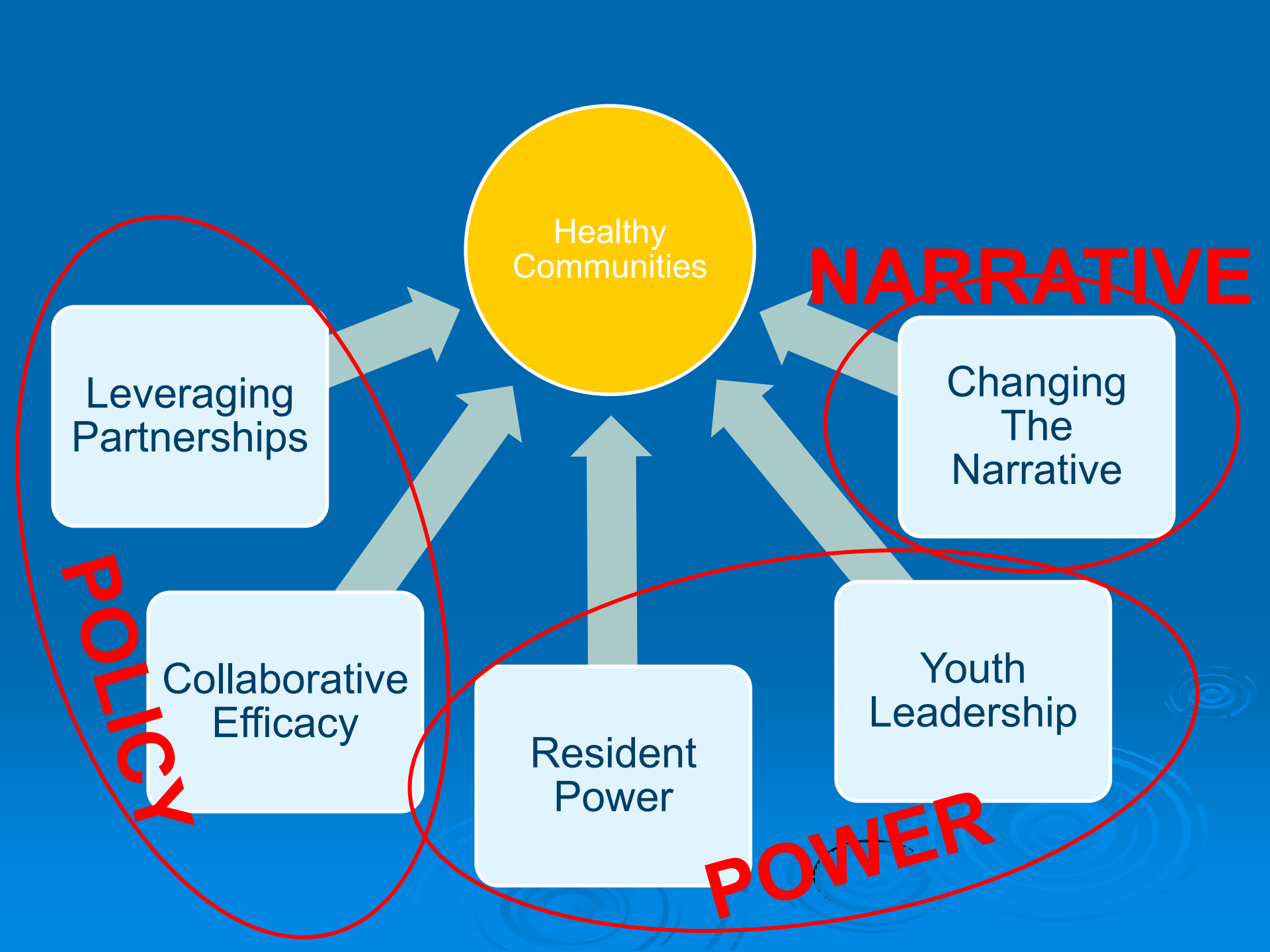
Health systems are family-centered and prioritize prevention opportunities for children, young adults, and families

Human services systems are family centered, prioritize prevention, and promote healthy opportunities for children, young adults, and families

BHC HUB

Schools promote healthy behaviors and are a gateway for resources and services for families

Physical, social, & economic environments in local communities support health


Healthy Communities
NARRATIVE
Changing The Narrative
Leveraging Partnerships
POLICY
Collaborative Efficacy
Resident Power
Youth Leadership
POWER

"Physicians are the natural attorneys of the poor, and social problems fall to a large extent within their jurisdiction"-Rudolph Virchow 1821-1902


health happens here
health happens here

Contact Information

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Senior Vice President
The California Endowment

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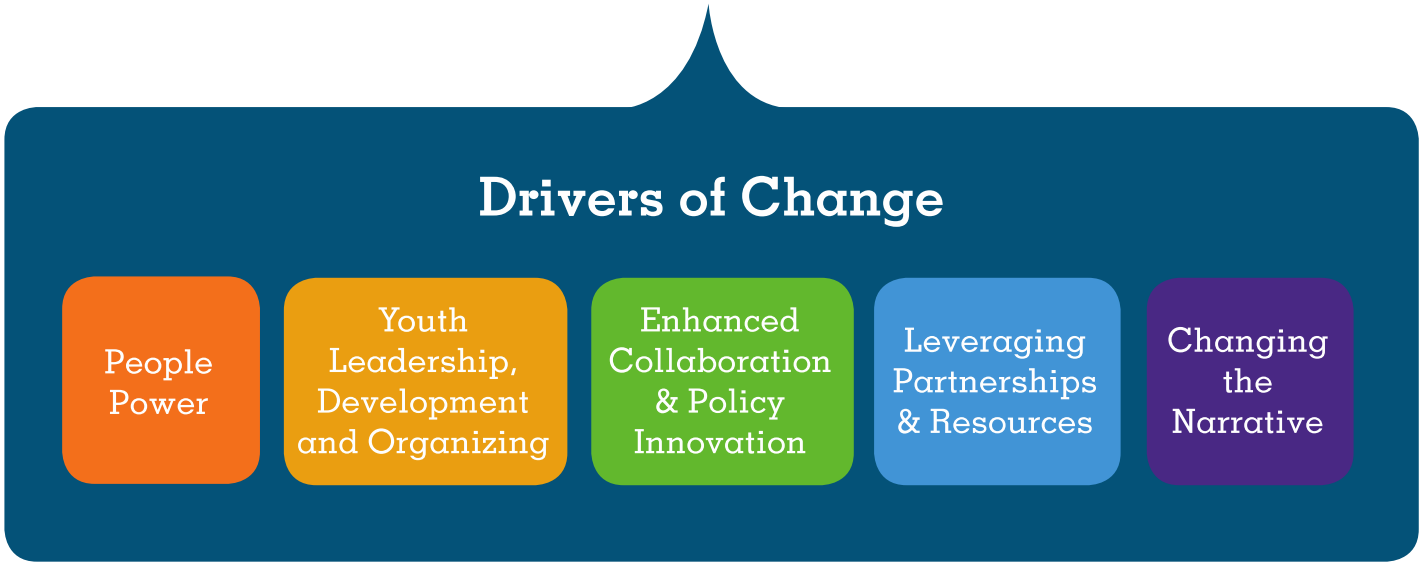
(510) 271-4310

health happens here | Building Healthy Communities

Building Healthy Communities



The California Endowment

People Power

GOALS: Resident organizing and training activities support resident engagement and leadership in local decision-making forums and policy and systems change campaigns. Local systems and institutions promote full and active participation by residents in policy development and implementation. Residents value and have the tools to engage in multi-racial alliances for change.

People Power

As part of the ***People Power*** vision, we aim to help BHC communities develop the following capacities by 2020:

- Adult residents from traditionally marginalized communities occupy positions of influence and authority in their communities, across public, community-based and private institutions.
- Traditionally marginalized and excluded residents have voice and power in local government agencies and nonprofit decision-making processes.
- Pathways and structures are in place within organizations and community-wide to support resident healing, leadership development and organizing, with residents leading organizing efforts for local, regional and statewide impact.
- Local structures—formal and informal—are in place to support mobilizing resident voice and power.
- Multi-racial and inclusionary alliances build people power and deepen impact.

Youth Leadership, Development and Organizing

GOALS: Youth leadership training and a continuum of other youth development activities support a network of motivated, activated youth leaders in reaching their full potential, serving as leaders in the movement to create healthy and just communities. Youth are organizing within and across all Building Health Community (BHC) sites and beyond. BHC supports leadership development as well as youth academic, economic, and socio-emotional development, employing a trauma- and healing-informed approach. Additionally, BHC supports pushes for norms change within public and private institutions to promote active participation by youth in decision making at the local, regional and statewide levels.

Youth Leadership, Development and Organizing

As part of the ***Youth Leadership*** vision, we aim to help BHC communities develop the following capacities by 2020:

- Local youth increasingly occupy positions of influence in their communities.
- Pathways and structures to support local youth healing, leadership development and organizing are in place.
- Youth voice and leadership are incorporated in decision making by public agencies and community based organizations.
- Public and private institutions prioritize and increase funding to promote healthy youth development, resiliency, and power.

Enhanced Collaboration & Policy Innovation

GOALS: Improve the way key systems collaborate by enhancing the quality and quantity of interactions between systems players, community-based organizations, and residents to promote constructive and innovative system redesign and performance optimization. Enhance the quality of cross-sector collaboration, resident/stakeholder engagement, and data-sharing/analysis. Tools and mechanisms are made available to facilitate root cause analysis, stakeholder engagement, collaboration (such as the Hub, the convening and coordinating table for all BHC stakeholders), data sharing, and improved local policy analysis and development.

Enhanced Collaboration & Policy Innovation

As part of the ***Collaboration and Policy*** vision, we aim to help BHC communities develop the following capacities by 2020:

- Local government agencies, community based organizations, residents and other stakeholders work collaboratively across issue areas to establish and pursue shared outcomes and power.
- Local structures and practices grounded in the meaningful participation of marginalized populations are in place to promote and sustain ongoing, inclusive and collective efforts to advance health equity.
- Coalitions, collaborations, and other structures that promote working across issues and sectors are in place to support innovative advocacy approaches to advance policy, systems and social norms change.
- Local policies, practices and structures promote equity and inclusion of historically marginalized populations.
- Community stakeholders, including nonprofit organizations, systems leaders, and policy makers integrate an equity lens in policy development and practice.

Leveraging Partnerships and Resources

GOAL: Strategic partnerships among the many sectors connected to BHC priorities leverage new dollars or other discrete resources so that transformative community strategies thrive and are sustained.

Leveraging Partnerships and Resources

As part of the ***Partnerships and Resources*** vision, we aim to help BHC communities develop the following capacities by 2020:

- Community stakeholders in divested neighborhoods mobilize and secure new forms of private capital by building community development skills and fostering new relationships.
- Community stakeholders mobilize and secure increased investment of public dollars across sectors (e.g. public health, education, human services, transportation, public works, public safety, public housing, etc.) to address the social determinants of health, such as housing, jobs, food, transportation, and all the opportunities, resources, and services people and communities need to be healthy in disinvested neighborhoods.
- Local residents are directly engaged in the implementation and governance of partnership agreements, such as community benefit agreements, both to reinforce their power and to maximize the potential for sustainability.

Changing the Narrative

GOAL: Engage the local media and local messengers influential with elected officials and other leaders in weaving a compelling and new narrative about community health and prevention, and the historical and structural context for low income communities.

Changing the Narrative

As part of the ***Changing the Narrative*** vision, we aim to help BHC communities develop the following capacities by 2020:

- People value health equity and inclusion. They understand that the social and physical environment influence health and contextualize current inequities and community problems within a historical and structural context.
- The dominant narrative recognizes historically marginalized communities (Boys and Men of Color, Undocumented, LGBTQ, Women, Formerly Incarcerated) as valuable members of the community and they are supported by policies, practices and structures that ensure their inclusion.
- Local structures—formal and informal—are in place to facilitate adult and youth residents to tell their own stories.