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PBS to air study on link between money, health

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If you tell Dr. Anthony Iton where you live and how much money you make, he'll tell you how long you're likely to live.

The public health director for Alameda County said he was startled by the results of taking the county's deaths and mapping them according to U.S. Census tracts, a far smaller and precise geographical region than ZIP Code.

"There are hot spots of death where life expectancy is literally on the order of a decade shorter than other parts of the county," said Iton, who has been on the job five years. "That's pretty astounding. That's 10 years of life lost due to social conditions."

Iton, who appears in "Unnatural Causes: Is Inequality Making Us Sick?," a four-part PBS series that explores why social factors - economic status, race, neighborhood conditions - can be more powerful predictors of health and life expectancy than biology or even some behaviors such as smoking. The series begins airing at 10 tonight on KQED.

According to Iton, the vast majority of deaths in the so-called hot spots in Alameda County were not due to crime or AIDS, but to heart disease, cancer and other chronic conditions - the same diseases that kill the general population. These diseases just kill people in poorer neighborhoods faster.

But he believes, contrary to health reform proposals nationwide, that health insurance does little to solve the problem. "Health care doesn't work to reduce health disparities. We spend way more than anyone else, and health costs are going up. The more we spend, the worse the problem seems to be getting," he said, adding that genetics account for a relatively small percentage of chronic illnesses.

To Iton, the greatest determinant of an individual's health and life expectancy is education.

"Education is probably the single most important health policy in the state," he said, adding that policymakers respond to the argument because it involves children, who bear virtually no responsibility for their predicament. "We get more traction talking about the consequences of poor education on death than we do talking about the impact of poor education on incomes or jobs."

Research has long supported the notion that socioeconomic factors greatly influence health.

Studies in the 1980s of British civil servants showed those at the top of the hierarchy live longer than those at the bottom, and that's in a country where everyone is supposed to have equal access to health care. U.S. government research released this week shows a large and growing disparity in the health of richer and poorer Americans over the last 20 years.

As a Canadian, the 44-year-old Iton, whose parents immigrated to Montreal from the Caribbean, said he still fully doesn't understand the American attitude toward health care. While critics contend that Canadians have long waits for care and sparse services, Iton counters that Americans also face long waits, particularly for public health services, and that quality of care is unfairly affected by insurance status.

'Medical apartheid'

At 22 years old, he moved to the United States, where he received his medical degree from Johns Hopkins Medical School in Baltimore and followed with a master's degree in public health and a law degree from UC Berkeley.

In Baltimore, Iton said, he was exposed to a kind of "medical apartheid" where patients treated in the private portion of Johns Hopkins' prestigious hospital received stellar care while patients in the public realm were treated mainly by residents and lacked continuity of care that comes with having regular medical services.

"They were clearly suffering from social ills," he said. "There was no medicine I could prescribe that could cure them of those social ills."

That experience spurred his interest in focusing on what factors lead to health disparities. After working six years as an internist, Iton decided to concentrate on the public health realm, working as a disability rights attorney at the Berkeley Community Law Center, a health policy analyst for Consumers Union and a physician and advocate for the homeless for San Francisco's Public Health Department. He served as the health officer in Stamford, Conn., before taking the equivalent position in larger Alameda County, where he oversees a budget of \$100 million.

In his current role, Iton has taken on issues such as the health impact of the Port of Oakland - primarily from diesel fumes - on surrounding neighborhoods. A two-year study released this month showed that more than 3 million people living a 3,800 square-mile area that includes West Oakland had higher rates of cancer, asthma and other chronic illnesses than the general population. Iton is also conducting a long-term study involving 800 households in West Oakland and another 800 households in East Oakland to test a theory that promoting community awareness and engagement will have a positive impact on health.

As part of the study, which began in 2004, city employees are asking residents what services they need instead of deciding for them, said Africa Williams, community-building coordinator with the

project.

"We're always running to give them services, but these may not be the services they need," Williams said.

City taking steps

The city has used small grants to offer children programs such as etiquette and baseball to help promote self esteem and keep kids busy with positive activities, she said. Other changes include improved parks and the creation of special resident action councils to encourage involvement.

While Iton believes health insurance is important, he questions whether something as simple as planting trees in a blighted neighborhood could have just as dramatic an impact on health.

He says there's a cumulative affect. Trees on sidewalks make it nicer to walk, encouraging people to exercise more. In addition, those same trees create a sense of community in which people interact and look out for each other more, which reduces crime and makes streets safer. Less crime reduces stress, which is harmful to long-term health.

Iton said he realizes the long-view approach is less valued in a society that is all about the latest quick-fix or high-tech cure. "We're investing in building hope in communities, and we'll be there as long as it takes," he said.

Death and disparity

A four-hour series, "Unnatural Causes: Is Inequality Making Us Sick?" will air on Thursdays starting tonight on KQED. According to the series:

-- People in the highest income group can expect to live, on average, at least 6 1/2 years longer than those in the lowest. Even the middle class - families earning between \$41,300 and \$82,600 - die an average of two years earlier than those at the top.

-- College graduates live at least five years longer on average than those who have not finished high school, and almost two years longer than those who started but didn't finish college.

-- Low-income smokers are more likely to become ill and die sooner from tobacco-related illnesses than smokers who are wealthy.

For more information, visit www.unnaturalcauses.org.

Source: PBS

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