

# The Case For Place-Based Public Health Practice and Working To Create Health Equity

## Part 4

Marin County Meeting  
10-4-10

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

**“The American high school is obsolete....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

Race/ethnicity

Class

Gender

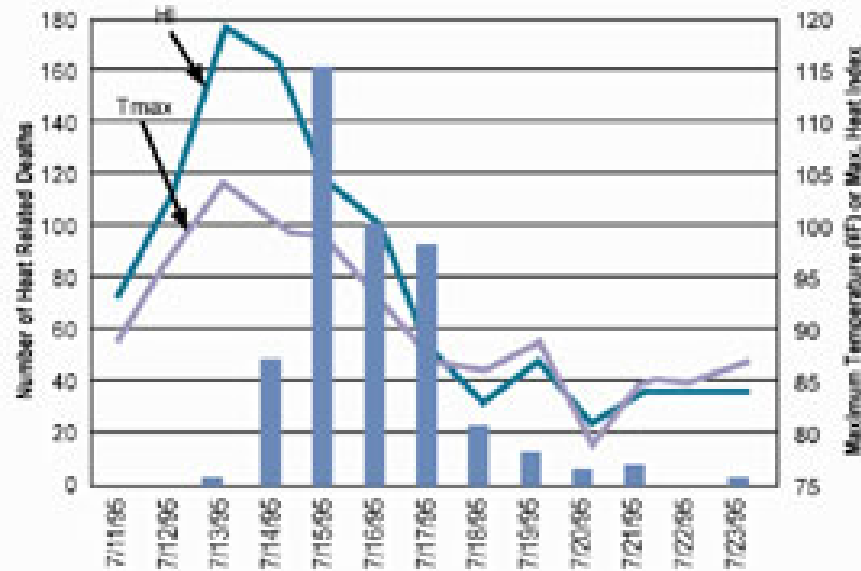


Immigration  
status



## Heat Related Deaths - Chicago, July 1995

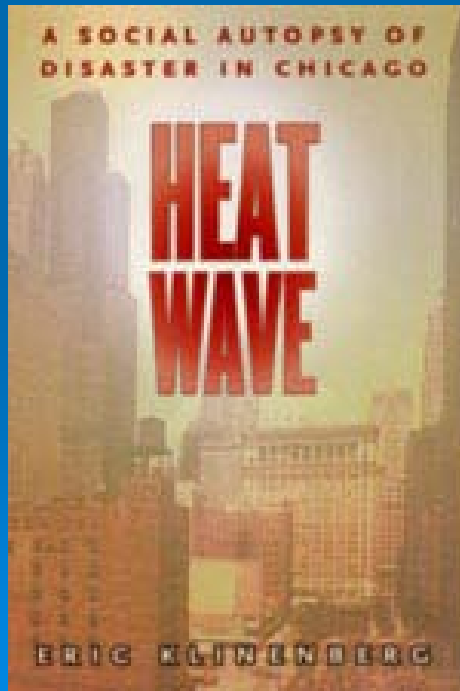
Maximum Temperature and Heat Index



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.

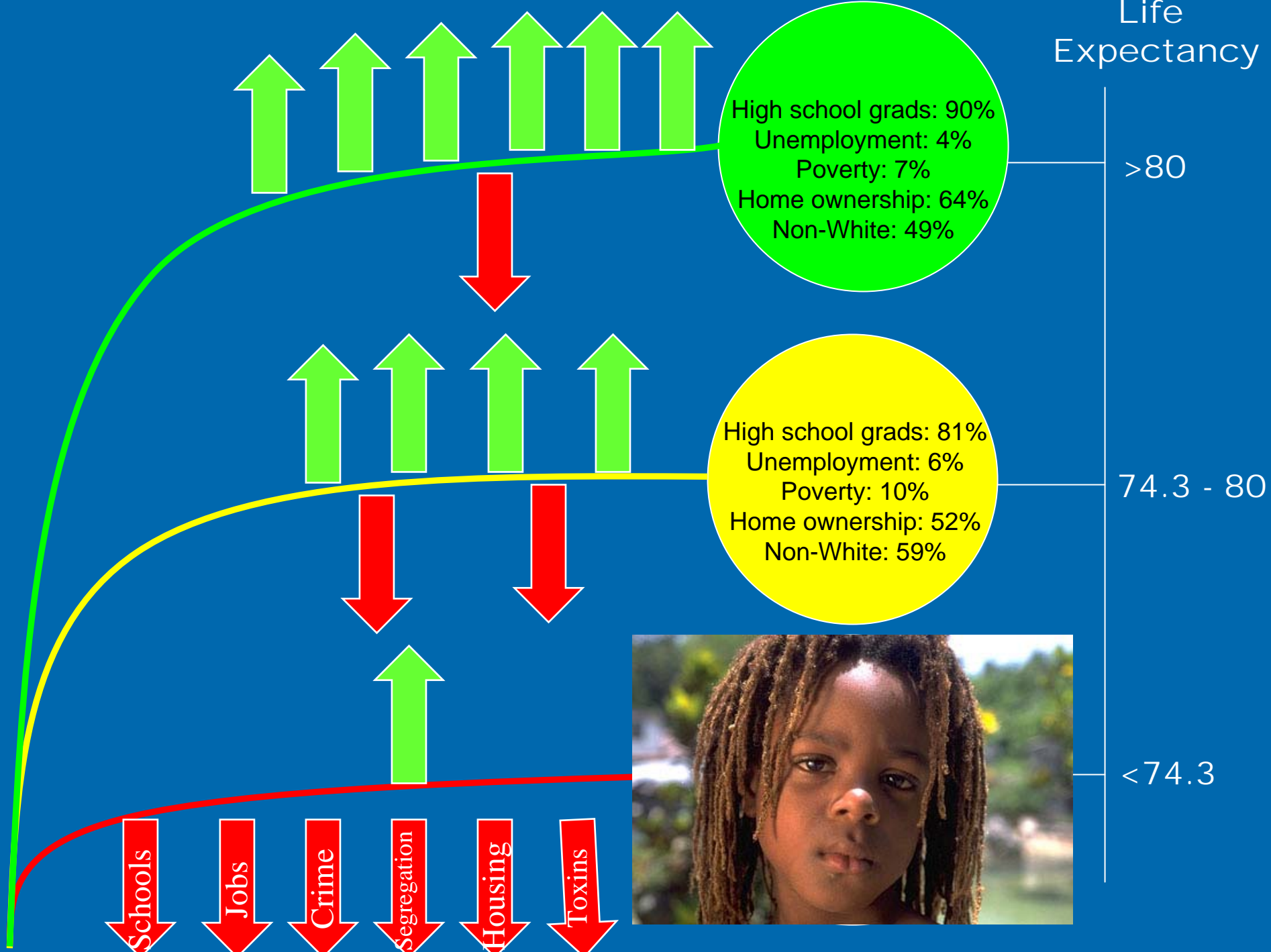
“The heat wave was a particle accelerator for the city: It sped up and made visible the hazardous social conditions that are always present but difficult to perceive.”



“ 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



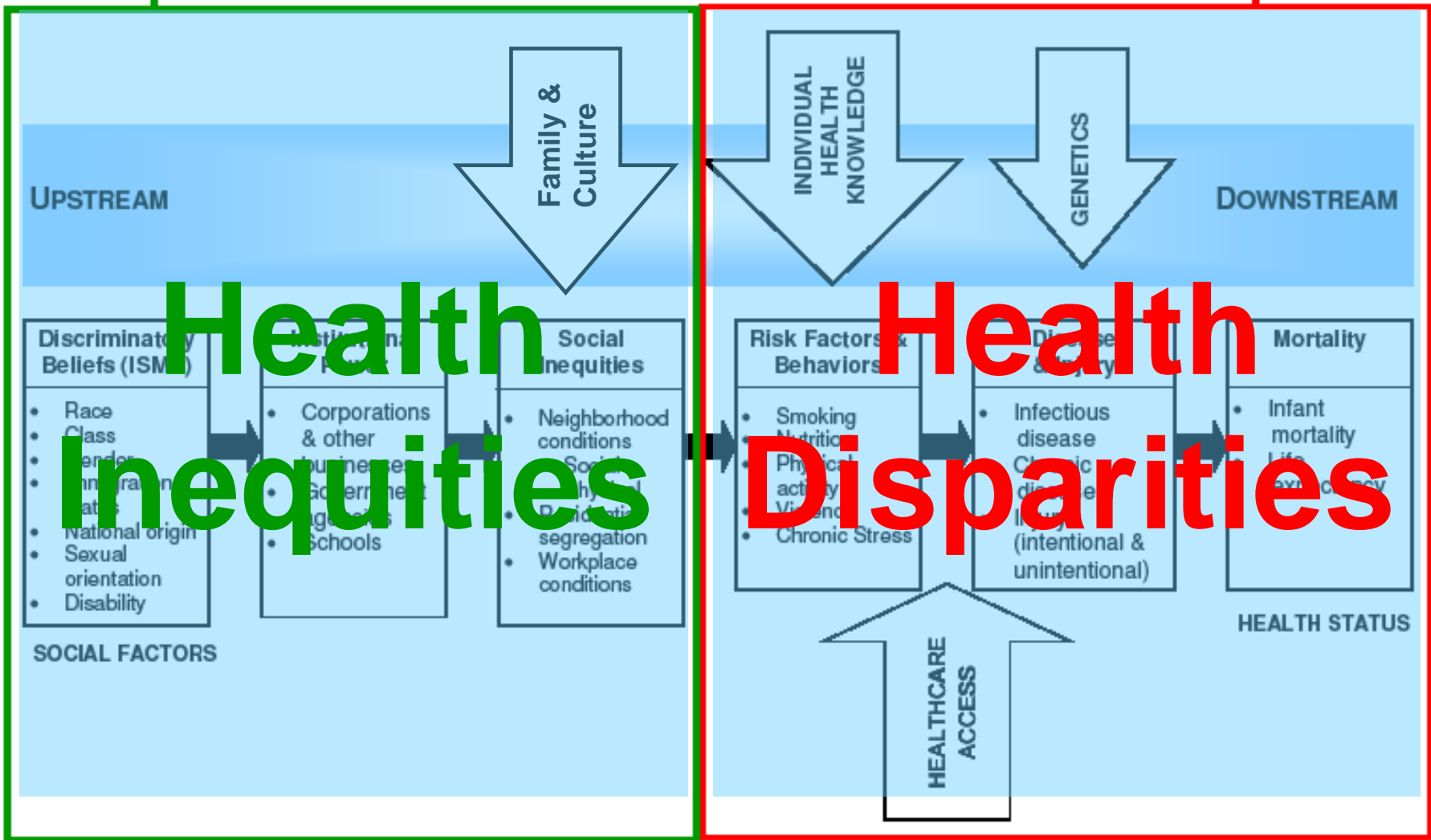
- Schools
- Jobs
- Crime
- Segregation
- Housing
- Toxins



# A Framework for Health Equity

Socio-Ecological

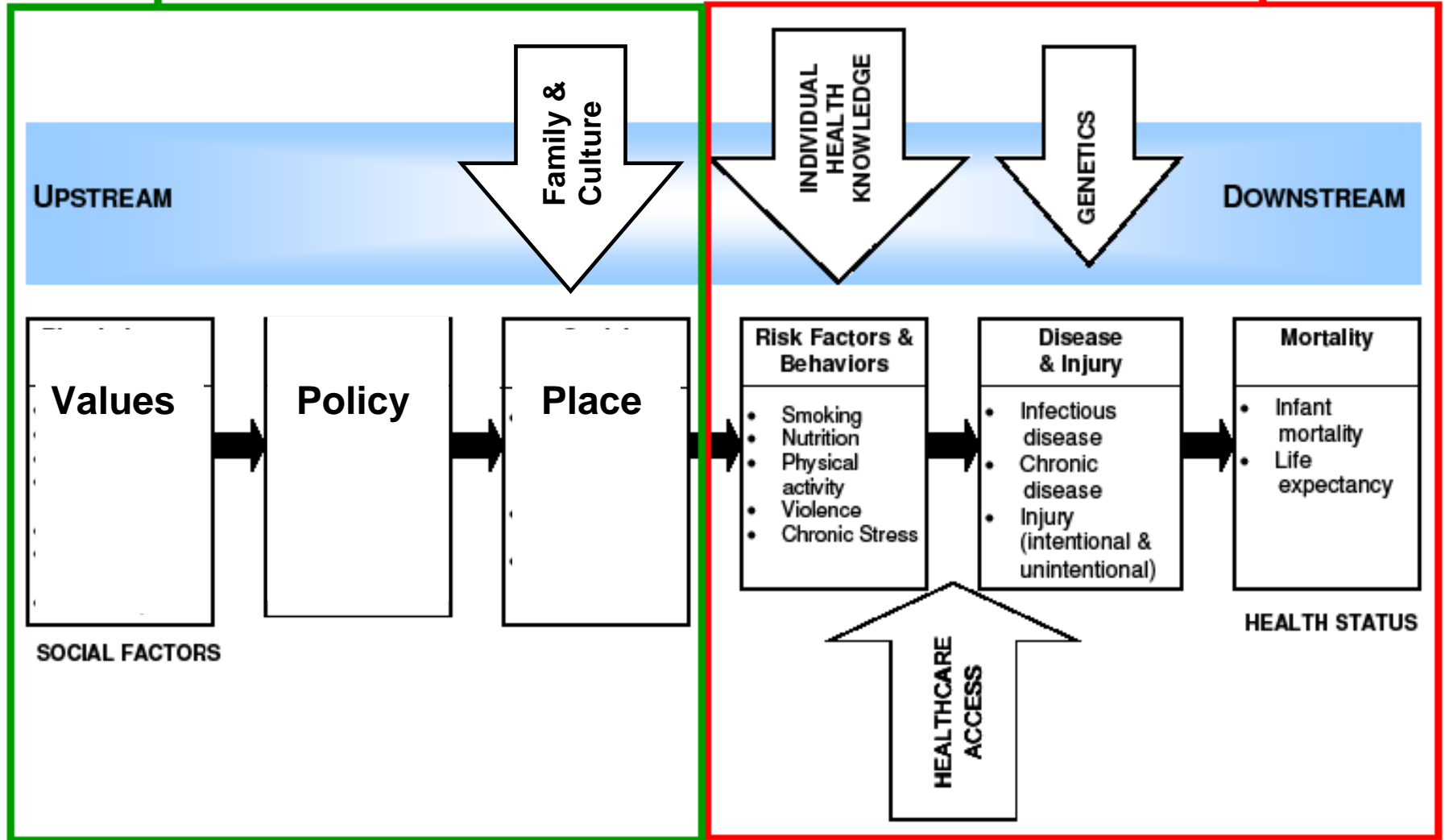
Medical Model



# A Framework for Health Equity

Socio-Ecological

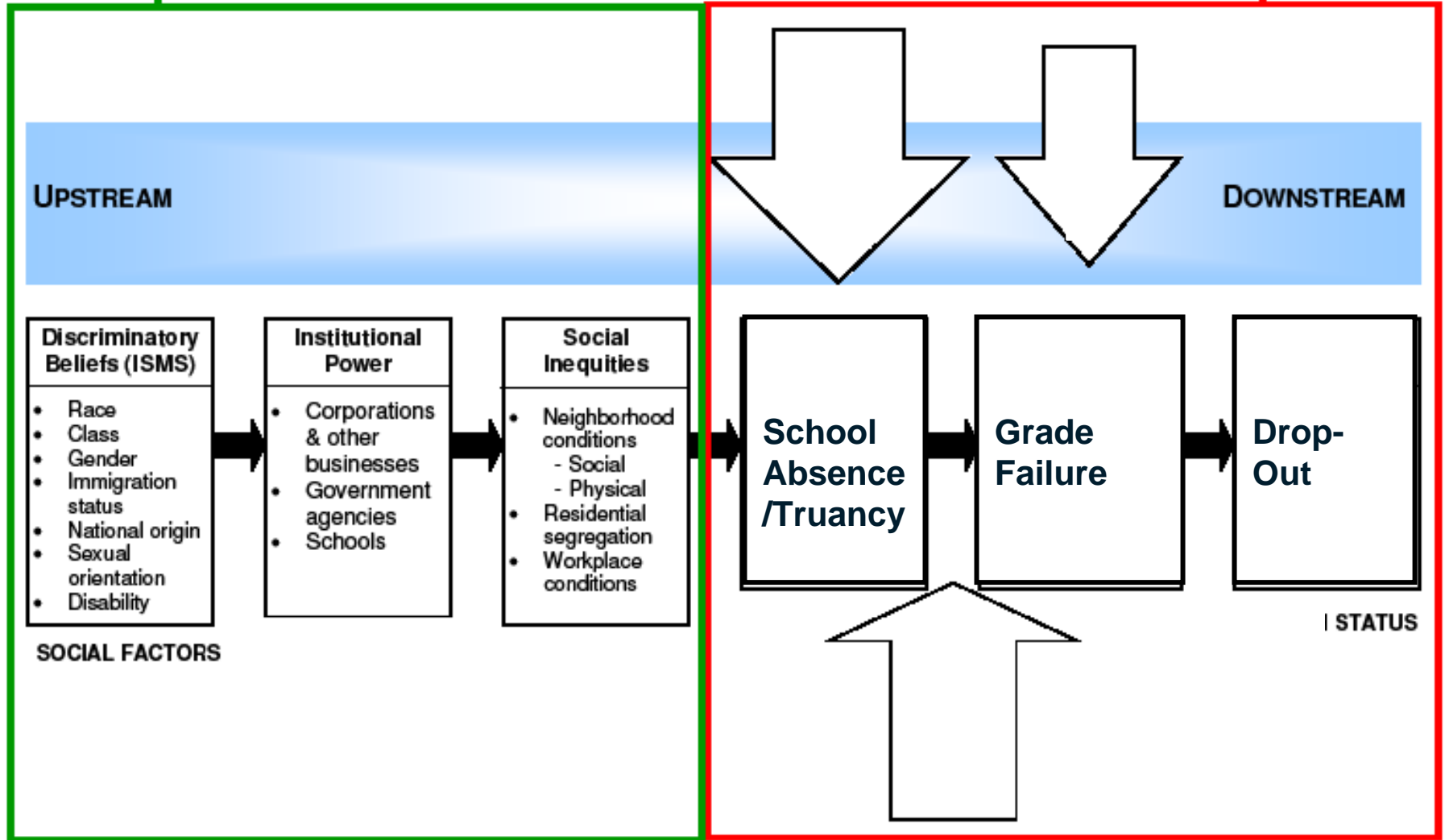
Medical Model



# A Framework for Health Equity

Socio-Ecological

Medical Model



# Our Community Partners



# 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



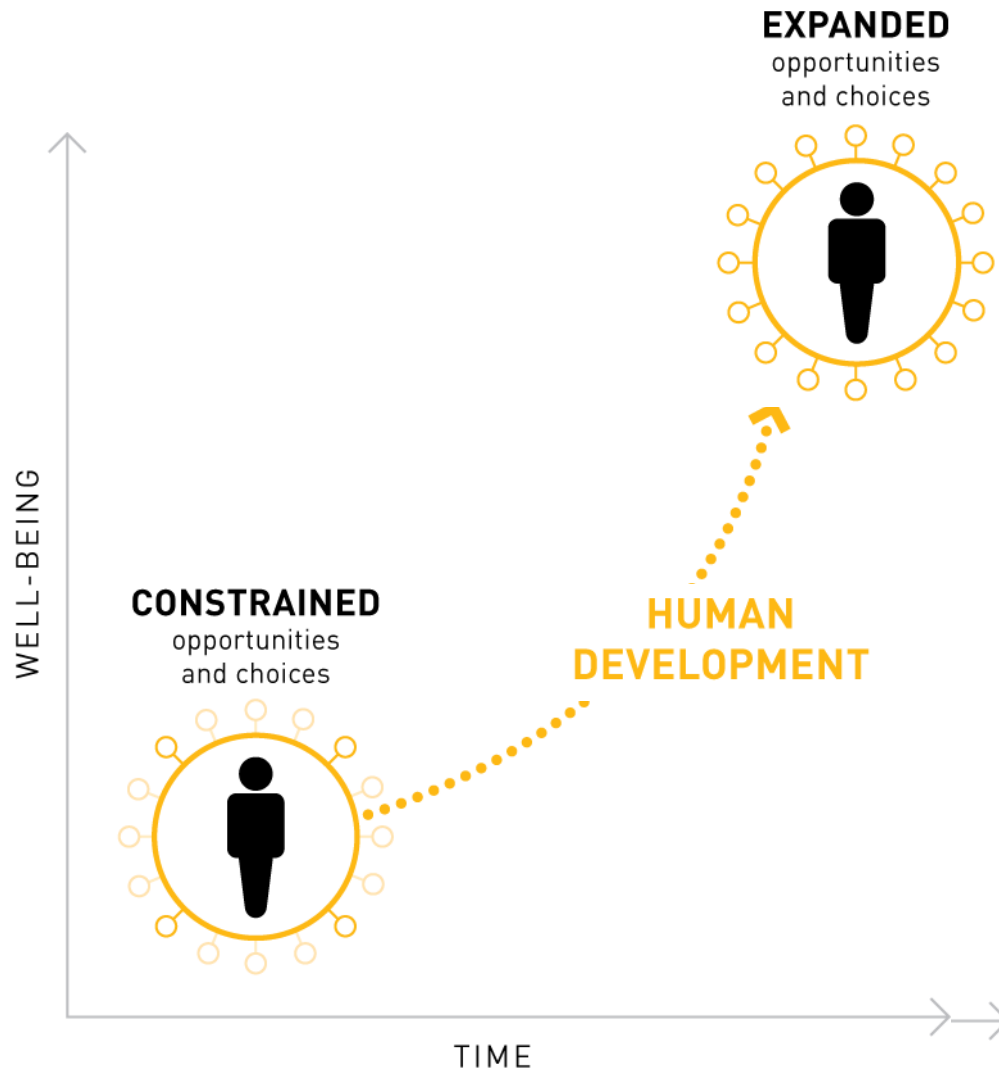
*Local Policy  
Agenda*

**BUILDING A  
HEALTHY  
COMMUNITY**

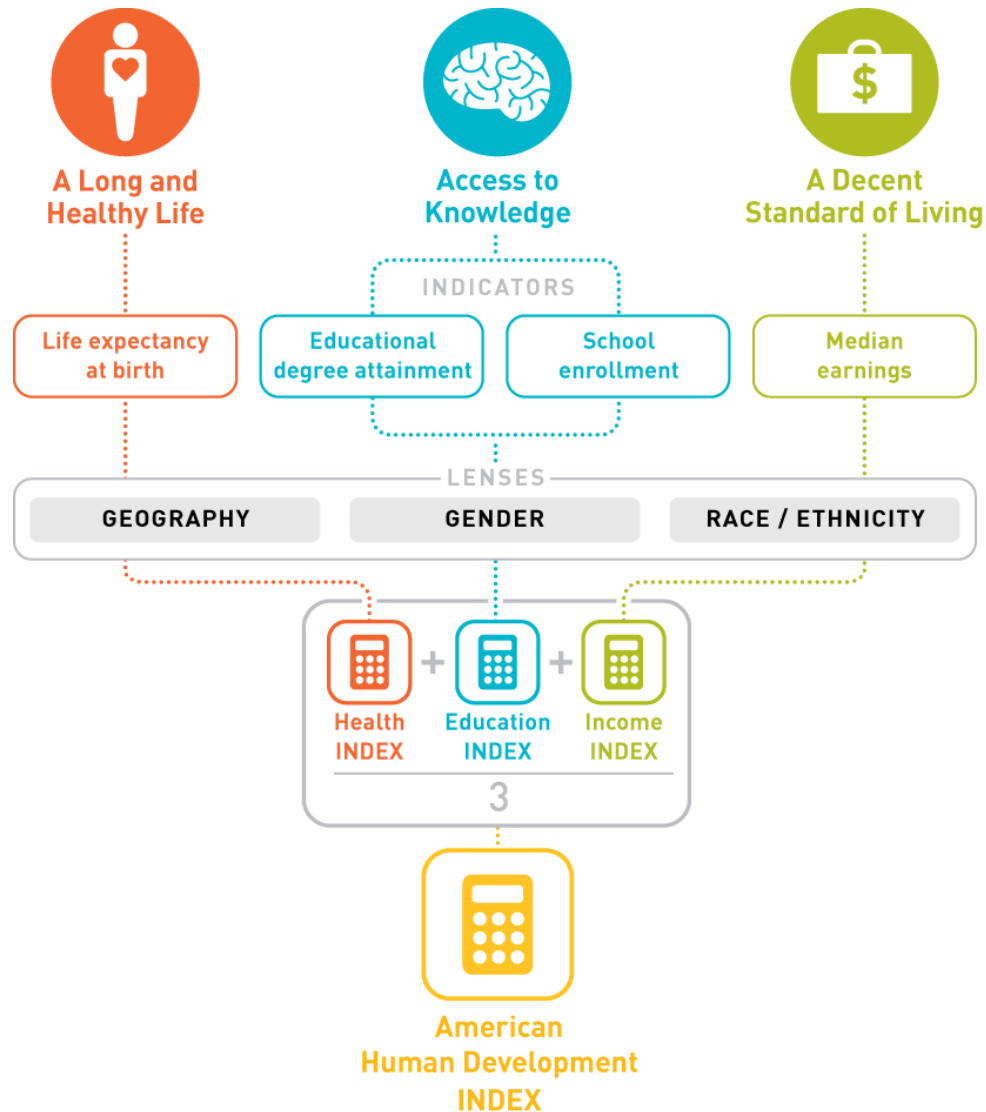
*Creating A  
New  
Narrative*

*Community  
Power  
Building*

# Human Development Concept



# Measuring Human Development



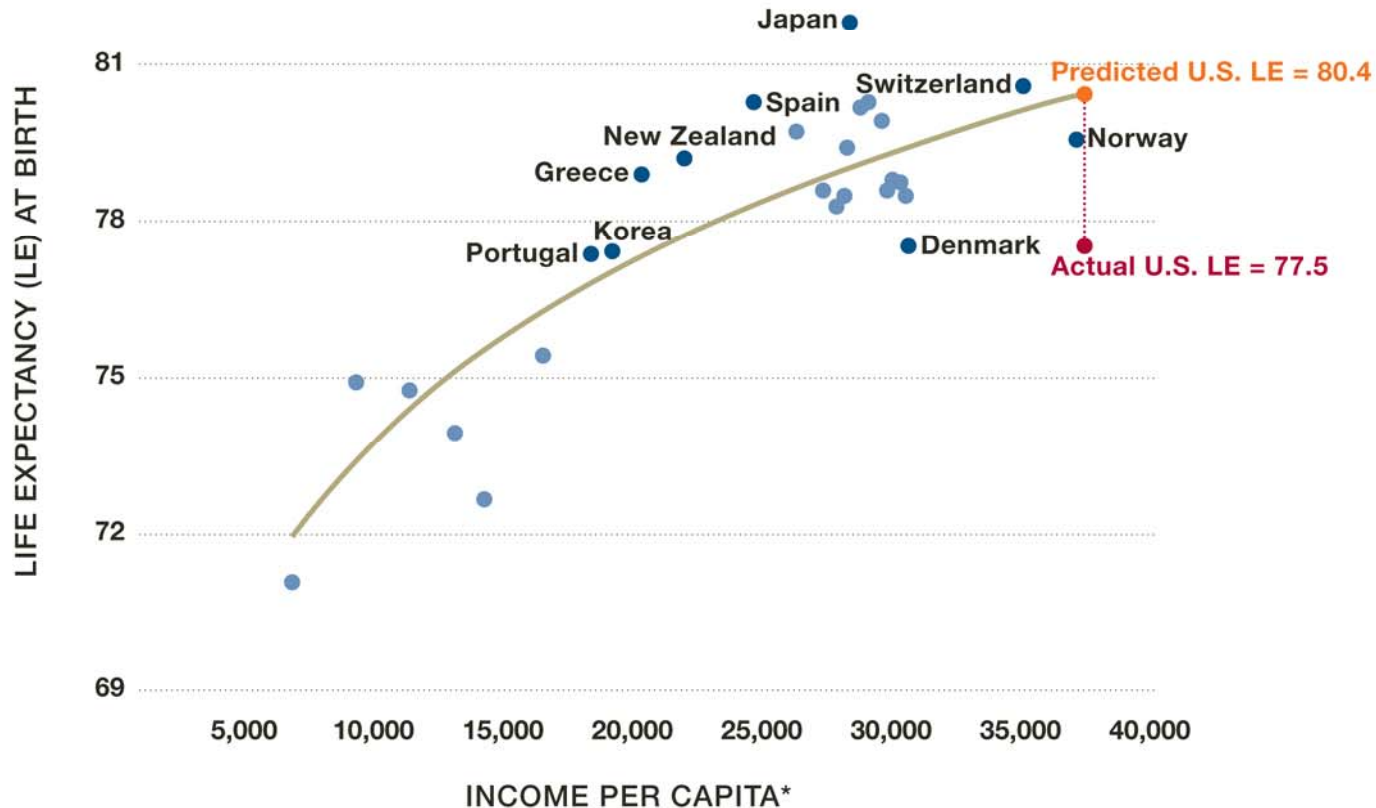


# Top-Ranked Countries in Human Development 1980–2005

1 Switzerland	1 Canada	1 Canada	1 Norway	1 Norway	1 Iceland
<b>2 U.S.</b>	<b>2 U.S.</b>	<b>2 U.S.</b>	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	<b>6 U.S.</b>	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	<b>9 U.S.</b>	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	<b>12 U.S.</b>
<b>1980</b>	<b>1985</b>	<b>1990</b>	<b>1995</b>	<b>2000</b>	<b>2005</b>

# 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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**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 Whites

	Life Expectancy
<b>US White</b>	<b>78 years</b>
Chile	78 years
Costa Rica	78 years
Cuba	78 years
Slovenia	78 years
Kuwait	78 years

# US Whites 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

# 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, Germany, Greece,  
Iceland, Ireland, Israel, Italy,  
Netherlands, Norway,  
Portugal, Spain, Sweden,  
Switzerland, Japan, Singapore

# Self-reported Health by Education and Income in England and the United States, Ages 55-64 Years\*

**Table 3.** Self-reported Health by Education and Income in England and the United States, Ages 55-64 Years\*

	England				United States			
	Low	Medium	High	Total	Low	Medium	High	Total
<b>Years of Schooling, Percent Distribution</b>								
Diabetes	7.7	6.2	7.4	7.2	13.9†	11.9†	10.6‡	12.5†
Hypertension	37.6	32.9	32.5	35.1	46.0†	40.2†	38.0‡	42.4†
All heart disease	12.2	8.3	7.9	10.1	17.1†	14.9†	11.9	15.1†
Myocardial infarction	4.8	4.0	3.3	4.2	6.7‡	4.2	4.3	5.4‡
Stroke	2.7	2.3	1.8	2.3	4.7†	4.1‡	2.0	3.8†
Lung disease	7.7	5.4	4.3	6.2	10.4†	7.9‡	4.4	8.1†
Cancer	4.9	5.3	6.5	5.4	8.8†	9.7†	10.5†	9.5†
<b>Income, Percent Distribution</b>								
Diabetes	8.1	7.7	6.0	7.2	16.8†	11.4†	9.2†	12.5†
Hypertension	37.9	35.8	31.6	35.1	46.1†	42.8†	38.2†	42.4†
All heart disease	14.3	9.1	6.9	10.1	20.2†	13.1†	12.1†	15.1†
Myocardial infarction	6.7	3.3	2.5	4.2	8.6	4.3	3.3	5.4‡
Stroke	3.5	1.9	1.6	2.3	5.8‡	3.7†	1.8	3.8†
Lung disease	7.6	6.3	4.8	6.2	12.3†	7.0	5.1	8.1†
Cancer	5.7	5.1	5.5	5.4	9.3†	9.8†	9.5†	9.5†

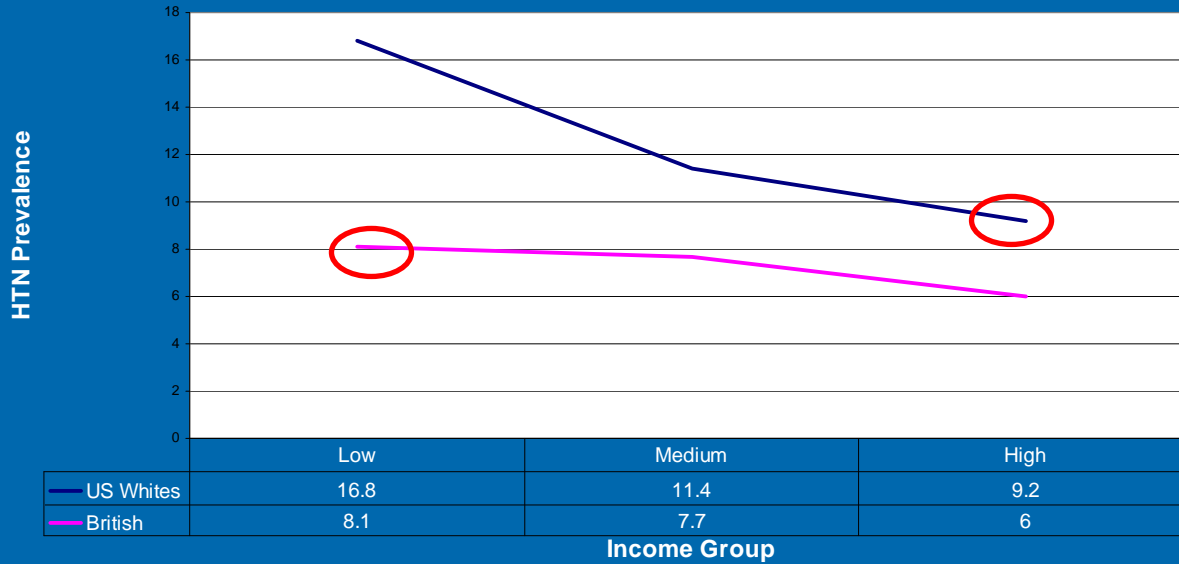
\*Adjusted for risk factors so that everyone has same as average US risk factors but coefficients are country specific. Source: English data are from first wave of English Longitudinal Survey of Aging, and US data are from the 2002 wave of the Health and Retirement Survey. See Table 1 for sample sizes and definitions of income and education groups. All data are weighted

†P<.01 vs data from England.

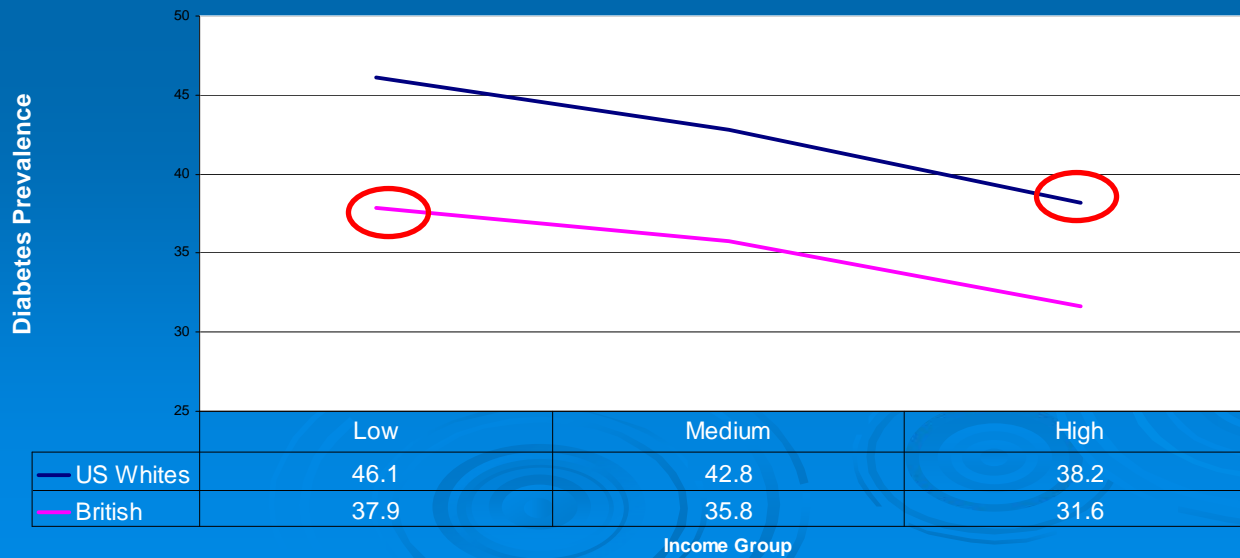
‡P=.05 vs data from England.

Banks, J. et al. JAMA 2006;295:2037-2045.

### HTN Social Gradient US Whites vs. British



### Diabetes Social Gradient U.S. Whites vs. British





# Disease and Disadvantage in the United States and in England

James Banks, Michael Marmot, Zoe Oldfield, James P. Smith,

- White Americans are much sicker than White Britons.
- “differences in socioeconomic groups between the two countries were so great that those in the *top* education and income level in the U.S. had similar rates of diabetes and heart disease as those in the *bottom* education and income level in England”.

LIFE AND DEATH FROM  
UNNATURAL CAUSES

ment



# Promoting Health Equity

*A Resource to Help Communities Address  
Social Determinants of Health*



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](http://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

1

**PLACE**

2

**POLICY**

3

**LEADERSHIP**



World Health  
Organization



Commission on  
Social Determinants of Health

# Closing the gap in a generation

Health equity through action on  
the social determinants of health



- "Health inequity really is a matter of life and death, but health systems will not *naturally* gravitate towards equity. Unprecedented leadership is needed that compels all actors, including those beyond the health sector, to examine their impact on health."
- – Dr. Margaret Chan.  
WHO Director-General

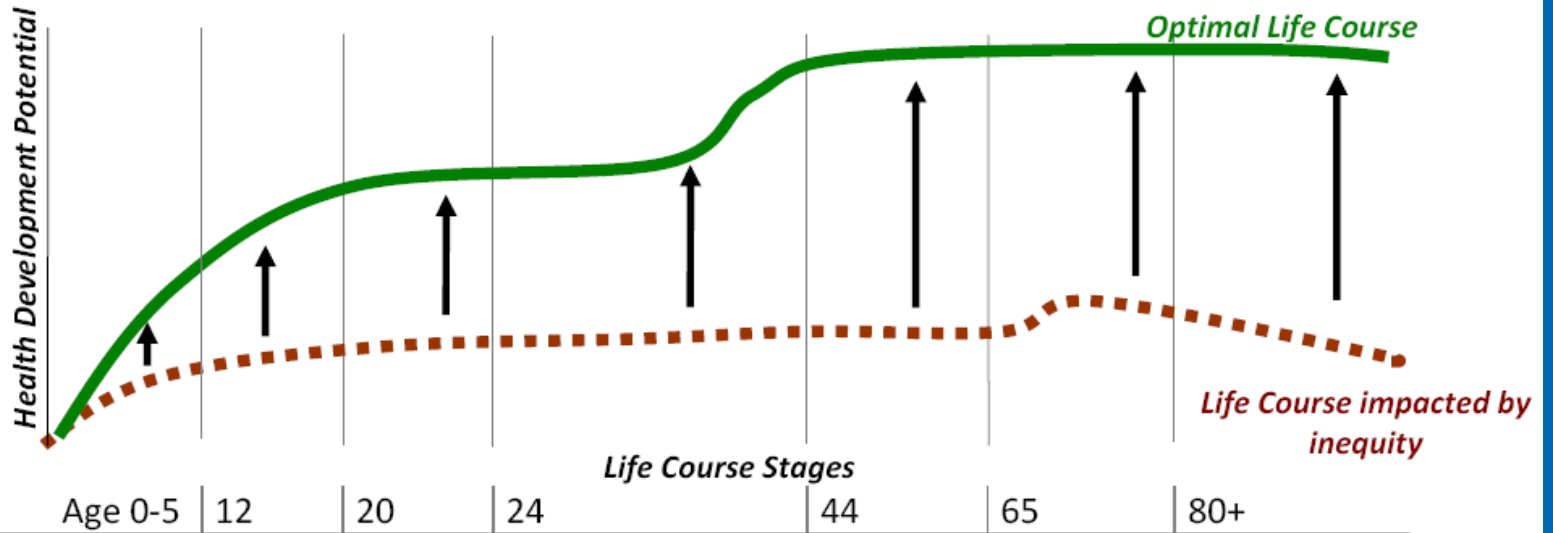
# Contact Information

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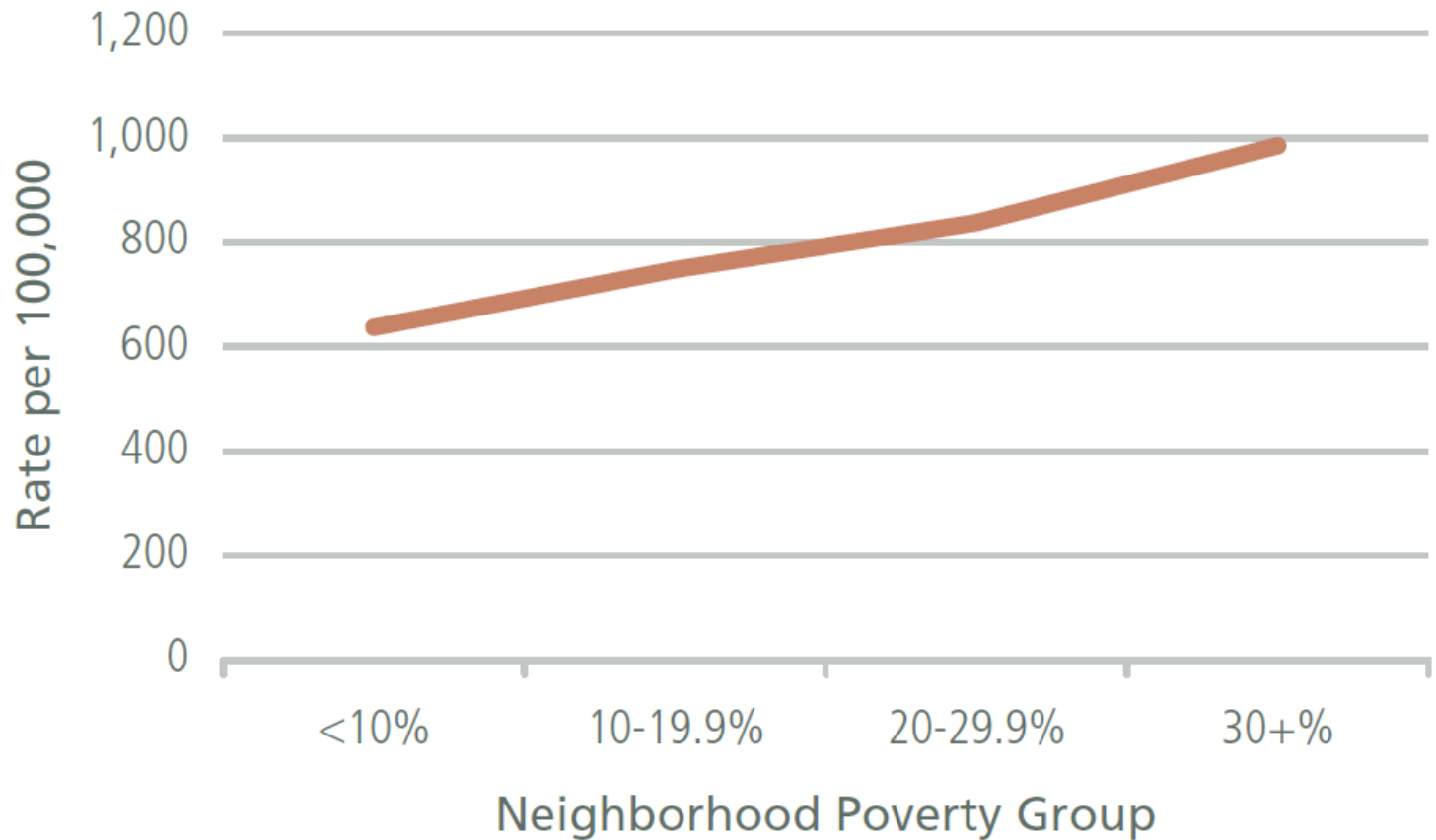


# Interventions for Health Equity Across the Life Course



		Age 0-5	12	20	24	44	65	80+
Socio-Ecological	Discriminatory Beliefs							
	Institutional Power							
	Social Inequities							
Medical Model	Risk Factors & Behaviors							
	Disease & Injury							
	Mortality							

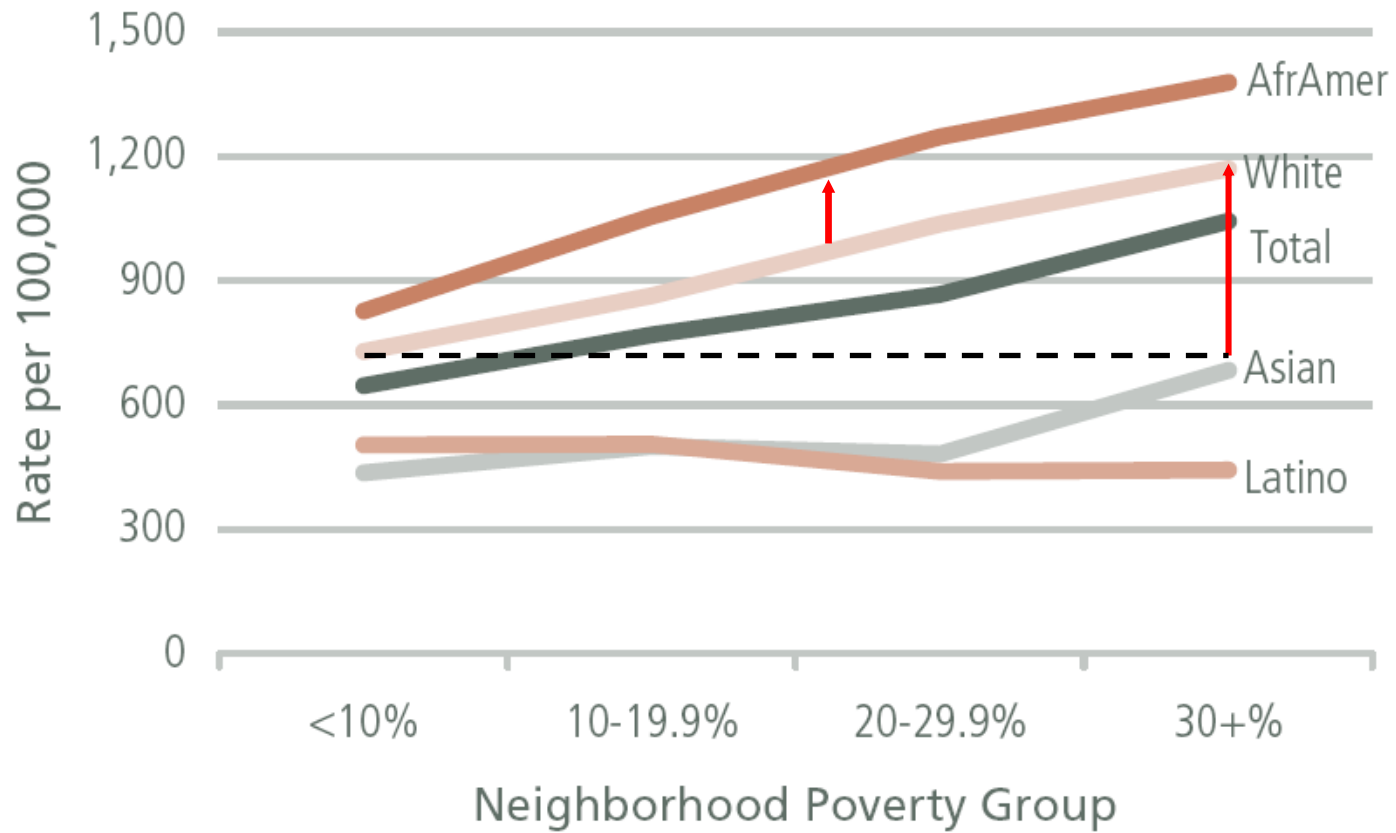
## Figure 2: All-Cause Mortality Rate by Neighborhood Poverty, Alameda County



Source: Alameda County vital statistics files, 2003-2005.

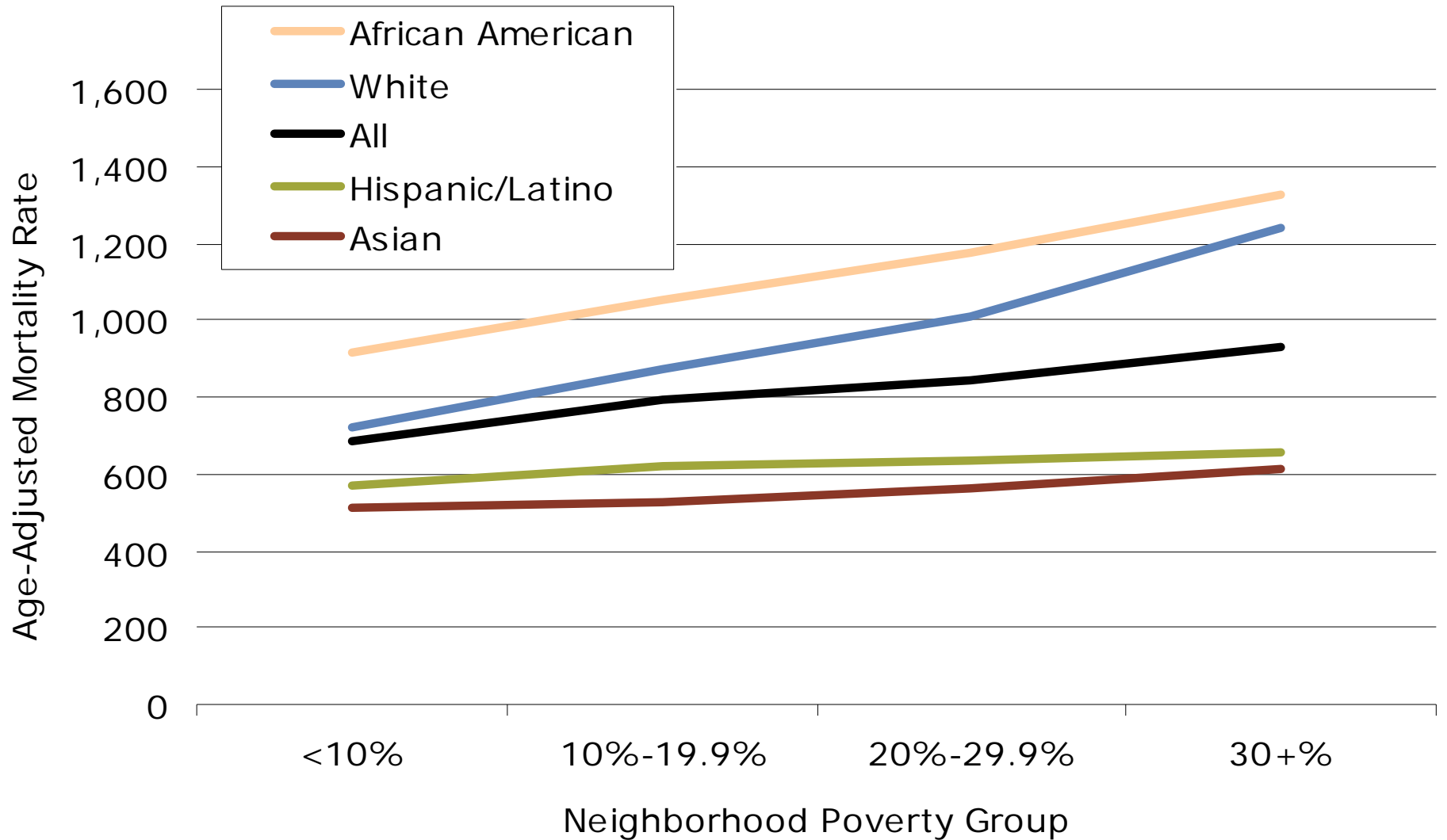


### Figure 7: All-Cause Mortality Rate by Neighborhood Poverty Group and Race/Ethnicity, Alameda County



Source: Alameda County vital statistics files, 2001-2005.

# California Social Gradient by Race/Ethnicity



# Los Angeles County

