

Background

The Series and Public Impact Campaign

UNNATURAL CAUSES is a seven-part DVD series bundled into four television hours. The documentary goes beyond popular conceptions linking health to medical care, lifestyles, and genes to explore evidence of other more powerful determinants: the social conditions in which we are born, live and work.

The series raises unsettling questions with far-reaching implications:

- Why does the most powerful nation in the world rank behind Jordan and Slovenia in life expectancy, despite spending more than twice per person what the average industrialized country spends on health care? Why do middle-class Americans live, on average, shorter lives than upper-class Americans, even after taking behaviors and access to health care into account?
- Why do recent Latino immigrants, who are poorer, enjoy better health than native-born Americans when they arrive, yet suffer a rapid decline the longer they are here?
- Why are some African American and Native American populations less likely to reach age 65 than people from Bangladesh or Ghana?

Challenging the nation's approach to prevention, which is limited to encouraging healthy behaviors and managing individual risks, UNNATURAL CAUSES spotlights the growing body of evidence demonstrating the need for more "upstream" policies that provide everyone the opportunity for good health. In other words, social policy is health policy.

The opening 56-minute episode presents the series' overarching themes: health and longevity are correlated with class status; racism imposes an additional risk burden; and solutions lie in tackling our growing inequality. Each of the supporting half-hour episodes, set in different ethnic/racial communities, provides a deeper exploration of the ways in which social conditions affect population health and how some communities are extending their lives by improving them.

Conceived as part of a larger outreach campaign in association with leading public health, policy, and community-based organizations, the series is a tool to help groups educate, organize, and advocate for policies that promote wellbeing for everyone.



For detailed descriptions of the program episodes, see page 18 of this toolkit or go online: www.unnaturalcauses.org.

What Is Health Equity?

Health equity is a new idea for most people. It's not hard to grasp, but it does require us to reframe the way in which health differences are usually presented and perceived.

When the Robert Wood Johnson Foundation showed focus group participants evidence of glaring socio-economic and racial disparities in health, many felt that these were “unfortunate but not necessarily unfair.” People tended to attribute health differences to behaviors, genes or nature, and inevitability: “That’s just the way things are.” True, some outcomes are random or result from accidents of nature or individual pathology.

But health equity concerns those differences in population health that can be traced to unequal economic and social conditions and are systemic and avoidable – and thus inherently unjust and unfair.

Most of us can readily see how air pollution and toxic waste might harm health, but social structures can also get under the skin and disrupt our biology. Epidemiologist Sir Michael Marmot put it this way: “Real people have problems with their lives as well as with their organs. Those social problems affect their organs. In order to improve public health, we need to improve society.”

Tackling health inequities requires widening our lens to bring into view the ways in which jobs, working conditions, education, housing, social inclusion, and even political power influence individual and community health. When societal resources are distributed unequally by class and by race, population health will be distributed unequally along those lines as well. One way to understand what Marmot calls the “causes of the causes” is to ask new questions:

Conventional question: How can we promote healthy behavior?

Health equity question: How can we target dangerous conditions and reorganize land use and transportation policies to ensure healthy spaces and places?

Conventional: How can we reduce disparities in the distribution of disease and illness?

Health equity: How can we eliminate inequities in the distribution of resources and power that shape health outcomes?

Conventional: What social programs and services are needed to address health disparities?

Health equity: What types of institutional and social changes are necessary to tackle health inequities?

Conventional: How can individuals protect themselves against health disparities?

Health equity: What kinds of community organizing and alliance building are necessary to protect communities?





Just as the roots of illness and wellbeing encompass more than individual factors, so too do the solutions. Historians attribute much of the 30-year increase in U.S. life expectancy over the 20th century not just to the invention of drugs or new medical technology but to social reforms. The eight-hour workday, a minimum wage, universal schooling, prohibitions on child labor, business regulation, social security, and progressive tax policies all helped ensure that improvements in productivity would be shared, at least in part, by all Americans. The passage of civil rights laws in the 1960s extended these benefits to African Americans, whose health also improved in both absolute and relative terms.

For the past 30 years, however, the U.S. has been moving in the opposite direction. The top one percent of the population now holds as much wealth as the bottom 90 percent. Approximately 22 percent of our children live in poverty. The United States has by far the greatest inequality of the industrialized countries—and the worst health.

The good news is that the conditions that drive health inequities are neither natural nor inevitable. They are the consequence of public policies, and as such, can be changed. A good start is recognizing how other campaigns for social justice represent opportunities to improve our wellbeing and lifespan. Struggles over jobs, wages, employment and working conditions, housing, food security, social supports, and transportation promote health as much as anti-smoking campaigns, emergency preparedness and increasing health care access. Forging alliances with groups working on these issues can increase everyone's power and effectiveness, leading to a more equitable society and better health.

As Dr. David Williams of the Harvard School of Public Health says in *UNNATURAL CAUSES*, “Housing policy is health policy. Educational policy is health policy. Anti-violence policy is health policy. Neighborhood improvement policies are health policies. Everything that we can do to improve the quality of life of individuals in our society has an impact on their health and is a health policy.”

Ten Things to Know about Health

- 1. Health is more than health care.** Doctors treat us when we're ill, but what makes us healthy or sick in the first place? Research shows that social conditions - the jobs we do, the money we're paid, the schools we attend, the neighborhoods we live in - are as important to our health as our genes, behaviors and even medical care.
- 2. Health is tied to the distribution of resources.** The single strongest predictor of our health is our position on the class ladder. Whether measured by income, schooling or occupation, those at the top have the most power and resources, and on average live longer and healthier lives. Those at the bottom are most disempowered and get sicker and die younger. Everyone else falls somewhere in between. On average, people in the middle are twice as likely to die an early death compared to those at the top; those on the bottom are four times as likely. Even among people who smoke, poor smokers have a greater risk of premature death than rich smokers.
- 3. Racism imposes an added health burden.** Past and present discrimination in housing, jobs, and education means that today, people of color are more likely to be lower on the class ladder. But even at the same rung, African Americans typically have worse health and die sooner than their white counterparts. In many cases, so do other populations of color. Segregation, social exclusion, encounters with prejudice, the degree of hope and optimism people have, differential access and treatment by the health care system - all of these can impact health.
- 4. The choices we make are shaped by the choices we have.** Making healthy choices isn't just about self-discipline. Some neighborhoods have easy access to fresh, affordable produce; others have only fast food joints, liquor outlets and convenience stores. Some have nice homes, clean parks, safe places to walk, jog, bike or play, and well-financed schools offering gym, art, music and after-school programs, while others don't. What public policies and business practices can better ensure healthy spaces and places for everyone?
- 5. High demand + low control = chronic stress.** It's not CEOs who are dying of heart attacks, it's their subordinates. People at the top certainly face pressure but they are more likely to have power and resources to manage those pressures. The lower in the pecking order we are, the greater our exposure to forces that can upset our lives - insecure and low-paying jobs, uncontrolled debt, unreliable transportation, poor childcare, no healthcare, noisy and violent living conditions - and the less access we have to the money, power, knowledge, and social connections that help us cope and gain control over those forces.

- 6. Chronic stress can be deadly.** Exposure to fear and uncertainty trigger a stress response. Our bodies go on alert: the heart beats faster, blood pressure rises, glucose floods the bloodstream – all so we can hit harder or run faster until the threat passes. But when threats are constant and unrelenting, our physiological systems don't return to normal. Like gunning a car, this constant state of arousal, even if low-level, wears down our immune systems over time, increasing our risk for disease and death.
- 7. Inequality – economic and political – is bad for our health.** The United States has by far the most inequality in the industrialized world – and the worst health. The top one percent now owns more wealth than the bottom 90 percent combined. Tax breaks for the rich, deregulation, the decline of unions, racism and segregation, outsourcing and globalization, as well as cuts in social programs destabilize communities and channel wealth, power and health to the few at the expense of the many. Economic inequality in the U.S. is now greater than at any time since the 1920s.
- 8. Social policy is health policy.** Average life expectancy in the U.S. improved by 30 years during the 20th century. Researchers attribute much of that increase to social reforms – for example, improved wage and work standards, universal schooling, and civil rights laws. Social measures like a living wage, paid sick and family leave, guaranteed vacations, universal preschool and access to college, and guaranteed health care can further extend our lives by improving them.
- 9. Health inequalities are not natural.** Health disparities that arise from our racial and class inequities result from decisions we as a society have made – and can make differently. Other industrialized nations differ in two important ways: they make sure absolute inequality is less (e.g., Sweden's child poverty rate is 4 percent, compared to our 21 percent), and they guarantee that everyone has a chance for prosperity and good health regardless of a family's personal resources (e.g., good schools and health care are available to everyone, not just the affluent). As a result, their citizens live healthier, longer lives than we do.
- 10. We all pay the price for poor health.** It's not only the poor but also the middle classes whose health is suffering. We already spend \$2 trillion a year to patch up our bodies, more than twice per person what the average industrialized country spends. Yet we lag behind 28 other countries in life expectancy, 29 other countries in infant mortality, and chronic illness costs businesses more than \$1 trillion a year in lost productivity. Our health care system is strained to the breaking point.

As a society, we have a choice: reduce poverty, increase incomes and job security, and improve equality today or pay to repair the bodies tomorrow.