



UNNATURAL CAUSES

Is Inequality Making Us Sick?

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(formerly known as *Hidden Epidemic*)

A Four-Hour PBS Series and Public Impact Campaign

**Produced by California Newsreel with Vital Pictures
Presented by the National Minority Consortia of Public Television
Impact Campaign in association with the Health Policy Institute**

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INTRODUCTION

Unnatural Causes will, for the first time on television, sound the alarm about the extent of our alarming socio-economic and racial disparities in health—and search for their root causes. But those causes are not what we might expect. While we pour more and more money into drugs, dietary supplements and new medical technologies, *Unnatural Causes* crisscrosses the country investigating the findings that are shaking up conventional understanding of what really makes us healthy—or sick. It turns out there's much more to our health than bad habits, health care or unlucky genes. The social conditions in which we are born, live and work profoundly affect our well-being and longevity.

The four hour series, produced for a Fall 2007 PBS broadcast and DVD release, has been conceived as part of an ambitious communications and public impact campaign conducted with leading public health, policy and community-based organizations. The campaign aims to use the series and companion materials to help reframe the national debate over health. It will suggest a new and hopeful approach to tackling health inequities, one that links our individual aspirations for better health not only to medical interventions but to social and economic justice.

As a society, we have a choice. We can address the inequalities that lead us down the path to disease now. Or we can pay to repair bodies later.

THE SERIES

“Evidence is rarely if ever sufficient by itself to catalyze political action. In political terms, what might be at least as crucial as the evidence itself is the ‘story’ in which it is embedded.”

- WHO Commission on the Social Determinants of Health

This is a story that implicates us all. Experts of all political stripes agree: our medical system is strained to the breaking point. We're spending almost \$2 trillion a year and rising on health care, more than 15% of our GDP. We spend twice as much per person on health care than most other industrialized nations. Yet American life expectancy ranks 29th in the world; Costa Ricans live longer. Infant mortality? We're tied with Hungary, Poland and Slovakia for next to last among industrialized countries. Only Latvia does worse. One third of Americans are obese. Illness costs American business \$260 billion a year in lost productivity.

Further, research has revealed a gradient to health. At each descending rung of the socio-economic ladder, people tend to be sicker and die sooner. It's not only the poverty-stricken that are afflicted—after all, what would be so surprising about that?—but the middle classes as well. Top executives have on average better health than managers, managers fare better than supervisors and technical personnel, supervisor do better than line, service, and clerical workers, and the unemployed have the worst health of all. Americans who haven't graduated from high school have death rates two to three times those who've graduated college.

Yet at every socio-economic level, African Americans are worse off than their white counterparts. In many cases, so are other communities of color. And the mortality gap has been growing. African Americans live on average almost six years less than white Americans. Former U.S. Surgeon General Dr. David Satcher and his colleagues calculated that in 2002, 83,570 African Americans died who would not have died if black-white differences in health did not exist, a rate of 229 “excess deaths” per day. That’s the equivalent of one Boeing 767 being shot out of the sky and killing everyone on board every day, 365 days a year, points out David Williams of Harvard’s School of Public Health, And they are all black. According to a by-now landmark study by Drs. Colin McCord and Harold Freeman, African American males over age five in Harlem are less likely to reach age 65 than men in Bangladesh. Among Native Americans and Latinos, the prevalence of diabetes is 100% higher than among white Americans.

This epidemic is not driven, as commonly believed, by drug overdoses, gunshot wounds or even poor medical care. Nor, despite the newspaper headlines, is there anything different about the genes of people of color. Rather a growing body of research over the past 15 years indicates that the biggest health secret of all may be how our social environment—our jobs, schools, built space, transportation, even the quality of civic life—affect our risk of chronic diseases like stroke, heart disease, asthma, hypertension, diabetes, kidney disease and even cancer.

But how? How can socio-economic status and racism get under the skin? Why do some populations get sicker more often in the first place? Through what channels might inequality—the cumulative disparities in housing, wealth, jobs and education—combined with a lack of power and control over one’s life, translate into bad health? What is it about our poor neighborhoods, especially poor neighborhoods of color, that is so deadly? How are the lifestyle choices we make (e.g., diet and exercise) constrained by the choices we have?

There are by now thousands of studies tracing the pathways by which racial and socio-economic status affect health. But there is virtually no popular media—no print, TV, nor web—that translate this research into forms that can build public understanding of how social policies are de facto health measures.

Health equity advocates have no media tools that can help them build support. As a result, the ‘common-sense’ wisdom remains that the poor and minorities get sick because they have unlucky genes, or they are just too lazy and undisciplined to eat right, exercise and abstain from drugs and booze. Similarly, it is still widely believed that it’s top executives who are dropping dead from heart and artery disease when in truth it’s their subordinates.

Unnatural Causes will help change that. It will not dismiss the role individuals can play. On the contrary, healthy behaviors are critical. But they’re only one part of the picture. As Harvard epidemiologist and series advisor David Williams points out, “Increasing opportunities, providing education and training for better jobs, investing in our schools, improving housing, integrating neighborhoods, giving people more control over their work—these are as much health strategies as diet, smoking and exercise.” These are the stories *Unnatural Causes* will tell.

THE PUBLIC IMPACT CAMPAIGN: Moving Upstream

The broadcast and release of the series will provide a unique and potentially powerful opportunity to help reframe our debate over health and what we as a society can and should do to reduce our glaring health disparities and premature deaths. The goals of the Public Impact Campaign are challenging but straightforward: To use the series' visibility to help introduce the importance of equity and social justice into discussions of health, and to inject health consequences into debates over social and economic policies.

The series, the campaign and accompanying tools are being developed in tandem with initiatives tackling health inequities led by the Health Policy Institute of the Joint Center for Political and Economic Studies, the National Association of County and City Health Officials, the American Public Health Association, The Praxis Project and others. They and our other partners will utilize the series and the accompanying tools to influence not only public understanding but policy. Campaign planning has been moving ahead in parallel with production.

The Public Impact Campaign stands on four legs

I. Reaching the Press

A nine month-long communications campaign will reach beyond TV critics to engage opinion leader media, columnists, health media, ethnic media, and constituency media in radio, print, web and TV. We will generate coverage of how disparities in the rest of our lives affect population health and spotlight innovative community-based measures and national policies that can make a difference.

II. Targeted Outreach

Dozens of Outreach Partners will convene screenings, town meetings, forums and trainings with the goal of building coalitions across sectors--housing, labor, education, racial justice, economic development, etc.-- capable of educating and advocating for health equity. Policymakers and government officials at all levels will be urged to adopt health equity agendas while community-based organizations will work to engage stakeholders on the neighborhood level to apply pressure from below. Outreach will be directed at four basic arenas:

- Briefing Elected Officials and the Policy Community: Change from Within
- Mobilizing Public Health Organizations: Building the New Consensus
- Engaging Non-Health Stakeholders (e.g. labor, housing, racial justice, child development, faith-based and others): Broadening the Coalition
- Highlighting Community Health Equity Initiatives: Pressure from Below

III. Companion Web Site

The series' web site will serve as a hub for our outreach and provide a unique on-line gathering place for those interested in learning—and doing—more. It will feature interactivities, action suggestions, a Community Tool-Kit, webcasts and podcasts, discussion guides, lesson plans, fact sheets and other down-loadable tools for advocates and the general public both.

IV. Educational Dissemination

California Newsreel's nationally recognized video and DVD distribution will place the series and ancillary materials into high schools, colleges, health centers, medical schools and non-formal institutions of learning around the country.

Using the Series to Educate, Organize and Advocate for Change

More than 60 outreach partners are already engaged in the public impact campaign. Partners to-date include:

American Public Health Association
Asian & Pacific Islander American Health Forum
The Congressional Black Caucus Health Braintrust
Families USA
Joint Center for Economic and Political Studies, Health Policy Institute
March of Dimes
National Association of Chronic Disease Directors
National Association of County and City Health Officials (NACCHO)
National Council of Churches
National Policy Alliance
Northwest Federation of Community Organizations
Opportunity Agenda
Policy Link
The Praxis Project
Society for Public Health Education
Summit Health Institute for Research and Education
West Harlem Environmental Action

A Few Examples of Partner Activities

Joint Center Health Policy Institute (HPI)

HPI is building an ambitious "Fair Health" movement around seven initiatives. *Unnatural Causes* is a key part of their trainings and organizing. Their Place Matters initiative, for example, brings together officials from 149 county governments with significant populations of color committed to developing social justice interventions as a way to improve health outcomes. They will use the series to win buy-in and support for their initiatives with government officials, other stakeholder organizations and the general public.

American Public Health Association (APHA)

APHA will be instrumental in launching the series to the public health community who are hungry for this tool. The effort was kicked off at the Fall 2006 annual meeting where attendees learned about and signed on to the Public Impact Campaign. For the Fall 2007 Washington, DC annual meeting, APHA is planning a special plenary or evening screening and forum to build a national dialog on paths towards health equity. APHA government relations staff will also—in

collaboration with other organizations—organize a week of health equity screenings and forums on Capitol Hill, including a Congressional briefing tour just prior to broadcast.

National Association of County and City Health Officials (NACCHO)

Under the guidance of NACCHO, 100 city and county public health departments will convene local elected officials, the health community, community-based organizations and other stakeholders in “Town Hall meetings” that will use the series to draw local attention to health disparities, win buy-in for upstream interventions and spotlight local health equity initiatives. This effort will be launched at their annual convention in July 2007 which will feature a town-hall meeting in Columbus, OH. NACCHO is also developing an internal training for health departments structured around the series with a target of 1000 departments.

SERIES STRUCTURE

Ours is a medical detective story out to solve the mystery of what’s stalking and killing us before our time, especially those of us who are less well off and darker skinned. But our investigators—epidemiologists, neuro-biologists, doctors and health workers—keep peeling back the onion, broadening their inquiry beyond the immediate, physical causes of death to the deeper, underlying causes that lurk in our neighborhoods, our jobs and even back in history. The perpetrators, of course, aren’t individuals but rather societal and institutional forces. And theirs are not impulsive crimes of passion. These are slow deaths—the result of a lifetime of grinding wear and tear, thwarted ambition, segregation and neglect.

But this is also a story of hope and possibility, of communities organizing to gain control over their destinies—and their health. The good news is that if our bad health results in part from policy decisions that we as a society have made, then we can make other decisions. As some already are.

The centerpiece of the series is the hour-long opening episode, *Sick of It* that sets up the overarching themes of the series. It is supported by six additional 30-minute stories set in different racial and ethnic communities. They will be packaged two to an hour for the PBS broadcast, and available as separate modules on video and DVD.

EPISODE ONE: *Sick of It* (wt)

This is a story about health, but it’s not about doctors or drugs. It’s about why some of us get sicker more often and die sooner in the first place. What are the connections between healthy bodies, healthy bank accounts and skin color? How does social policy and the way we organize society affect health? Solutions, the show suggests, don’t lie in more pills but in more equality. *Sick of It* sets out the series’ overarching themes: that health and longevity are correlated with socio-economic status, that people of color face an additional burden, and that solutions lie in making this an urgent public policy matter.

THE 30-MINUTE STORIES

These deepen understanding of the root causes of disease, render visible the pathways by which social conditions affect physiology, and bring viewers face to face with innovative initiatives for health equity.

Bad Sugar (wt)

This episode travels to the O’odham Indian reservations of southern Arizona who are marked with the dubious distinction of perhaps the highest rates of Type 2 diabetes in the world. There we explore a re-conceptualization of chronic disease as the body’s response to ‘futurelessness,’ a condition arising from decades of oppression and historical trauma. We look at the prospects for a new approach that places a community taking control of its own destiny as fundamental to regaining health.

Place Matters (wt)

Recent Southeast Asian immigrants, along with Latinos, are moving increasingly into what have been neglected black urban neighborhoods—and now their health is being eroded too. What policies and investment decisions create neighborhood environments that can harm—or enhance—the health of residents. And what actions can make a difference?

When the Bough Breaks (wt)

African American infant mortality rates remain twice as high as white Americans. African American mothers with graduate degrees face the same risk of having pre-term, low birth-weight babies as white high school drop-outs. As we investigate possible causes, we circle in on the chronic stress of racism over the life-course as an added risk factor that can become embedded in the body.

Is America Making Us Sick? (wt)

Recent Mexican immigrants, though poorer, tend to be healthier than the average American. But the longer they’re here, the worse their relative health becomes even as their socio-economic status improves. This is known as the “Hispanic Paradox.” Is there something about life in America that is harming their health? Conversely, what is protective about new immigrant communities that we can all learn from? Can community and labor organizing reverse this trend?

Saving Our Town (wt)

How does employment policy and job insecurity affect our health? Residents of western Michigan struggle against depression, domestic violence and an uptick in heart disease and diabetes when the largest refrigerator factory in the country shuts down. Ironically, the plant is owned by a Swedish company, where shutdowns, far from devastating lives, are relatively benign events, for some even an opportunity, because of Swedish government policies.

Specks on a Map (wt)

Patterns of uneven development mark the Pacific islands and diabetes, cardiovascular and kidney diseases, even tuberculosis, are taking a growing toll on our Pacific Islander populations. Many end up in Honolulu—with too few facilities, doctors, or beds—and no money. How much longer can our health system take the strain? Isn’t it time to intervene “upstream”?

KEY PROJECT PERSONNEL

Executive Producer and Project Director: Larry Adelman

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- **Gail Christopher**, DN, Vice President for Health, Women and Families, Joint Center for Political and Economic Studies; Director, Health Policy Institute
- **Troy Duster**, former President, American Sociological Association; Professor of Sociology, New York University
- **Harold Freeman**, MD, Associate Director, National Cancer Institute; Director, NCI's Center to Reduce Health Disparities
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