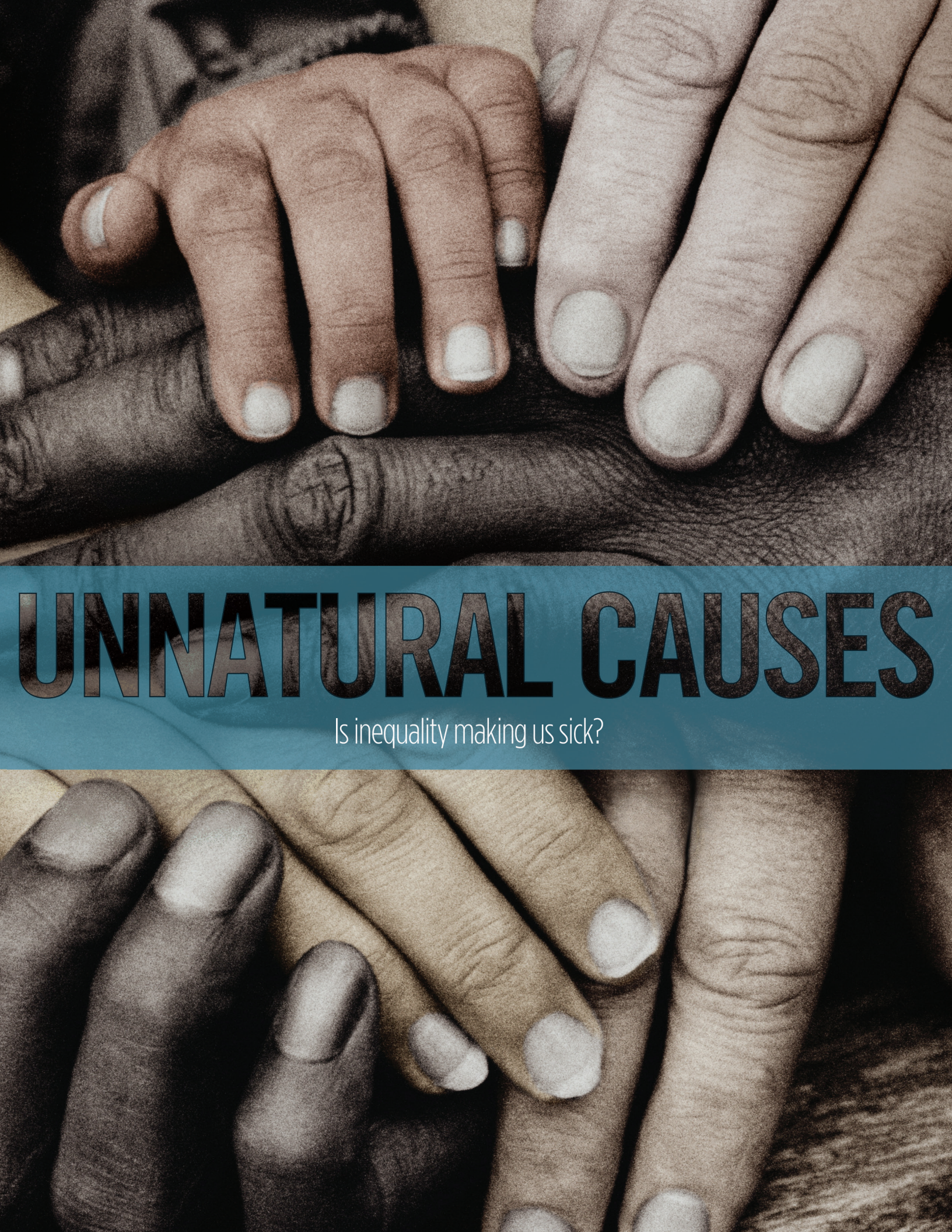

UNNATURAL CAUSES

Is inequality making us sick?

HERE ARE A FEW IDEAS YOU CAN USE TO GET STARTED AND ENCOURAGE OTHERS TO BECOME INVOLVED IN WORKING TOWARDS HEALTH EQUITY:

- **Identify and connect people** interested in the root causes of health inequities.
- **Organize a "brown bag" screening** to discuss how social conditions—where we are born, live, work and play—impact health.
- **Form a committee** to identify assets, programs, or initiatives within your organization where you can educate, organize or advocate for health equity.
- **Discuss the social determinants of health inequities** with PTAs, book clubs, neighborhood associations, churches, tenants groups, racial justice groups, and trade unions.
- **Identify three existing struggles** in your community that can improve health equity, e.g., land use, a living wage, paid sick leave, affordable housing mandates, toxic clean-ups, lead paint removal, etc. How can you become a partner?
- **Conduct an audit** of health threats and health promoters in your neighborhood.
- **Identify and build strategic partnerships** with community-based organizations and organizations in other sectors; link health outcomes to housing, education, employment, political power and other arenas.
- **Form a** community-wide health equity coalition.
- **Ask your public health department** to conduct a Health Impact Assessment (HIA) on proposed development projects and government initiatives and ordinances.
- **Provide local media with facts and resources** so they can incorporate a health equity lens in their reporting; help them identify a message point person to provide quotes, analysis and additional information.
- **Broaden the discussion:** look for opportunities to submit op ed articles, letters to the editor, call in to radio talk shows, and form discussion groups.
- **Organize a policy forum** to brief officials in government agencies about the social determinants of health inequities.

WHAT IS HEALTH EQUITY?

When the Robert Wood Johnson Foundation showed focus group participants evidence of glaring socioeconomic and racial disparities in health, many attributed these to behaviors, genes or nature, and inevitability: "That's just the way things are." And it is true that 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.

Most of us can readily see how air pollution and toxic waste might harm health. But social structures can 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 viewing 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.

The good news is that we can change the conditions that drive health inequities. A good start is recognizing how other campaigns for social justice represent opportunities to improve our health and well-being. Struggles over jobs and wages, employment security and working conditions, housing, food security, social supports and transportation are as much health-promoting initiatives as anti-smoking campaigns, emergency preparedness and increasing access to health care. Forging alliances with groups working on these issues can increase everyone's power and effectiveness, leading to a more equitable society and better health.

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, our behaviors and even our medical care.

2 Health is tied to the distribution of resources. The single strongest predictor of our health is our position on the class pyramid. 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. The rest of us fall somewhere in between. On average, people in the middle are almost twice as likely to die an early death compared to those at the top; those on the bottom, four times as likely. Even among people who smoke, poor smokers have a greater risk of dying 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. Individual behaviors—smoking, diet, drinking, and exercise— matter for health. But making healthy choices isn't just about self-discipline. Some neighborhoods have easy access to fresh, affordable produce; others have only fast food joints and liquor 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; and some don't. What government and corporate 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 the 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, capricious supervisors, 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 can help us cope and gain control over those forces.

6 Chronic stress can be toxic. Exposure to fear and uncertainty triggers 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 the engine of a car, this constant state of arousal, even if low-level, wears us down over time, increasing our risk for disease.

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 1% now owns as much wealth as the bottom 90%. Tax breaks for the rich, deregulation, the decline of unions, racism and segregation, outsourcing and globalization, and cuts in social programs destabilize communities and channel wealth and 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 not to drugs or medical technologies but to social changes—for example, improved wage and work standards, universal schooling, improved sanitation and housing, and civil rights laws. Social measures like living wage jobs, paid sick and family leave, guaranteed vacations, universal preschool and access to college, and universal health care can further extend our lives by improving our lives. These are as much health issues as diet, smoking and exercise.

9 Health inequalities are not natural. Health differences that arise from our racial and class inequities result from decisions we as a society have made—and can make differently. Other rich nations already have, in two important ways: they make sure inequality is less (e.g., Sweden's relative child poverty rate after transfers is 4%, compared to our 22%), and they try to ensure that everyone has access to health promoting resources regardless of their personal wealth (e.g., good schools and health care are available to everyone, not just the affluent). They 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 than the average rich country spends, and our health care system is strained to the breaking point. Yet our life expectancy is 29th in the world, infant mortality 30th, and lost productivity due to illness costs businesses more than $1 trillion a year. As a society, we face a choice: invest in the conditions that can improve health today, or pay to repair the bodies tomorrow.