

## 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 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 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 premature death than rich ones.
- 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 level, 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, people's degree of hope and optimism, 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 – do matter for health. But making good choices isn't just about self-discipline. Some neighborhoods have easy access to fresh, affordable produce; others have only fast food, liquor joints and convenience stores. Some have nice homes, clean parks, safe places to exercise and play, and well-financed schools offering gym, art, music and after-school programs; others 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 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 – e.g., insecure and low-paying jobs, uncontrolled debt, capricious supervisors, unreliable transportation, poor childcare, lack of health insurance, noisy and violent living conditions – and the less we have access to the money, power, knowledge and social connections that can 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 the engine of a car, this constant state of arousal, even if low-level, wears down our bodies 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 more wealth than the bottom 90% combined. Tax breaks for the rich, deregulation, the decline of unions, racism, segregation, outsourcing, globalization and 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 U.S. life expectancy increased 30 years during the 20th century. Researchers attribute much of that increase not to drugs or medical technologies but to social reforms; for example, improved wages and work standards, sanitation, universal schooling, and civil rights laws. Social measures like living wage jobs, 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. These are as much health issues as diet, smoking and exercise.
- 9. Health inequities are neither natural nor inevitable.** Inequities in health – arising from racial and class-based inequities – are the result of decisions that we as a society have made. Thus, we can make them differently. Other industrialized nations already have, in two important ways: they make sure there's less inequality (e.g., in Sweden the relative child poverty rate is 4%, compared to 21% in the U.S.), and they enact policies that protect people from health threats regardless of personal resources (e.g., good schools and health care are available to everyone, not just the affluent). As a result, on average, citizens of those countries 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 the average of what other industrialized nations spend, and our health care system is strained to the breaking point. The U.S. lags behind 28 other countries in life expectancy, 29 other countries in infant mortality, and each year loses more than \$1 trillion in work productivity due to chronic illness.

Adapted from the four-hour documentary series *UNNATURAL CAUSES: Is Inequality Making Us Sick?* As seen on PBS. Produced by California Newsreel with Vital Pictures.

**To learn more and find out how to make a difference: [www.unnaturalcauses.org](http://www.unnaturalcauses.org).**