

[www.unnaturalcauses.org](http://www.unnaturalcauses.org)

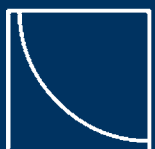
The background of the entire page is a dark blue gradient. Overlaid on this is a white ECG (heart rate) line that spans the width of the page. The line is set against a light blue grid. Labels for ECG leads are visible: 'aVL', 'V2', 'V5' at the top and 'aVF', 'V3' in the middle. In the center of the page, there is a group of silhouettes of approximately 15 people of various ages and ethnicities, standing in a line. The text 'UNNATURAL CAUSES' is superimposed over the silhouettes in a large, white, sans-serif font.

# UNNATURAL CAUSES

...is inequality making us sick?

## Action Toolkit

A four-hour documentary series produced by California Newsreel with Vital Pictures, Inc. Presented by the National Minority Consortia of public television. Outreach in association with the Joint Center for Political and Economic Studies Health Policy Institute



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## Table of Contents

|   |    |
|---|----|
| Letter from the Executive Producer .....                          | 1  |
| <b>Using the Series</b> .....                                     | 2  |
| What You'll Find Here .....                                       | 2  |
| <b>Background</b> .....   | 3  |
| The Series and Public Impact Campaign .....                       | 3  |
| What Is Health Equity? .....                                      | 4  |
| Ten Things to Know about Health .....                             | 6  |
| <b>Before you Begin</b> .....                                     | 8  |
| Step I: Build Internal Consensus and Capacity .....               | 9  |
| Step II: Develop Clear Goals and Objectives .....                 | 10 |
| Step III: Define Your Audience and Opportunities for Action ..... | 13 |
| <b>Planning your Event</b> .....                                  | 15 |
| Types of Screenings .....   | 15 |
| Episode Descriptions .....  | 18 |
| Messaging: A New Story .....                                      | 20 |
| Highlighting Promising Policies and Initiatives .....             | 21 |
| <b>Practical Tools</b> .....                                      | 22 |
| Tips for Ensuring a Productive Discussion .....                   | 22 |
| Logistics Checklist .....   | 23 |
| Sample Agendas .....  | 24 |
| <b>Resources and Acknowledgments</b> .....                        | 27 |

## Letter from the Executive Producer

It often appears that we Americans are obsessed with health. Media outlets trumpet the latest gene and drug discoveries, dietary supplements line shelf after shelf in the supermarket, and a multi-billion dollar industry of magazines, videos and spas sells healthy “lifestyles.” We spend more than twice what other rich countries spend on average per person on medical care.

Yet we have among the worst health outcomes of any industrialized nation and the greatest health inequities. It’s not just the poor who are sick. Even the middle classes die, on average, almost three years sooner than the rich. And at each step down the class pyramid, African Americans, Native Americans, and Pacific Islanders often fare worse than their white counterparts. Interestingly, that’s not the case for most new immigrants of color. Recent Latino immigrants, for example, though typically poorer than the average American, have better health. But the longer they live here, the more their health advantage erodes.

We produced *UNNATURAL CAUSES: Is Inequality Making Us Sick?* to draw attention to the root causes of illness and to help reframe the health debate in America. Economic and racial inequalities are not abstract concepts; they hospitalize and kill even more people than cigarettes. The wages and benefits we’re paid, the neighborhoods we live in, the schools we attend, our access to resources, and even our tax policies all have an impact on our health.

But social inequities – and their health consequences – are not natural or inevitable. Changing policies and practices can help improve outcomes and save lives. Other nations have already made such changes and now enjoy longer, healthier lives as a result.

We hope that *UNNATURAL CAUSES* and its companion tools, like this toolkit, will help you tackle health inequities by bringing into view how economic justice, racial equality and caring communities may be the best medicines of all. .

**Larry Adelman**  
*Executive Producer*  
*December 2007*

## Using the Series

### What You'll Find Here

The UNNATURAL CAUSES documentary series can help you promote health equity in the following ways:

#### Educate

- Raise awareness about the extent and cost of health inequities
- Track their root causes to inequities in other aspects of our lives
- Demonstrate that it doesn't have to be this way, that we as a society can make different policy choices

#### Organize

- Get people involved and eager for change
- Strengthen organizational capacity and readiness to tackle health inequities
- Reach out and build alliances with other organizations, agencies, and communities
- Connect people to opportunities to advance health equity

#### Advocate

- Draw attention to innovative, community-based initiatives for health equity
- Bring mobilized constituencies together to educate public officials and the media and to press for specific policy changes



This toolkit provides facilitation tips, background, sample agendas, and guidelines for planning an effective screening – one that not only deepens understanding of issues but serves as a step towards further involvement. It has been designed to help you:

1. Assess and strengthen internal capacity for tackling health inequities;
2. Set goals and develop a clear organizational framework;
3. Plan events that highlight promising practices and offer opportunities for audience members to get involved and take action.

**Please note: This toolkit is meant to be read linearly, from beginning to end, before scheduling your event.**

**Additional resources are available at [www.unnaturalcauses.org](http://www.unnaturalcauses.org), including these essential companion materials:**

- UNNATURAL CAUSES Discussion Guide: suggested pre- and post-viewing activities, comprehension and discussion questions for each program, and practical follow-up actions
- UNNATURAL CAUSES Policy Guide: suggestions for eliminating inequities across sectors
- **Advocating for Better Policies** and **Planning for Media Advocacy**: resources developed by The Praxis Project to help organizations plan and implement strategies for policy change and bring media attention to their work.

## 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 expends 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](http://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.

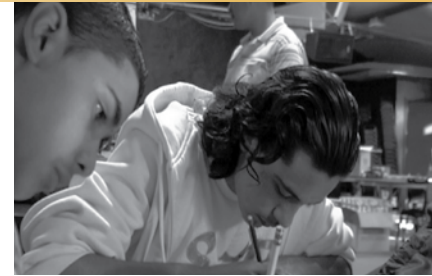
**As a society, we have a choice: reduce poverty, increase incomes and job security, and improve equality today or pay to repair the bodies tomorrow.**

## Before you Begin: Three Steps

UNNATURAL CAUSES and its accompanying materials are simply tools to spark exploration, discussion, and action. Their real power lies in your ability to incorporate them into a larger health equity strategy.

Before planning public events, it's important to take these preliminary steps:

- 1. Take the time to build internal consensus and capacity** and to make sure that your organization as a whole (leadership and staff) is committed to health equity and has the proper knowledge and training to be an effective advocate.
- 2. Develop clear goals and objectives** specific to your organization's vision and existing scope of work that outline how you will use UNNATURAL CAUSES as a tool to educate, organize, or advocate for health equity.
- 3. Define your audience and opportunities for action** so that you can tailor your event to your participants and foster appropriate levels of involvement.



It's also important to keep in mind the following:

### **The documentary covers a lot, but don't expect it to cover everything.**

Your job will be to provide context and information so your audience can relate what's on screen back to the local landscape. For example, how do life expectancy and disease rates in neighboring areas compare to each other? What conditions and policies are driving those differences? What organizations and agencies are working on those issues? What are the major decision bodies and power brokers in your city?

**Communicate the big picture and take the conversation beyond health care.** In the broadest sense, advancing health equity means envisioning a society that works for everyone. For health outcomes to improve, we must broaden our thinking and change the conditions – labor, housing, education, income, transportation, food security – that impact health. While this may feel overwhelming, remember that even small steps matter and we all want what's best for our families.

### **Include ways your audience can get involved and take action.**

Offering concrete, appropriate ways for people to take action is as critical as presenting commanding speakers and powerful facts. This helps people feel empowered and puts the focus and energy on working toward collaborative actions that promote health and well-being.

## Step I: Build Internal Consensus and Capacity

Whether we are direct service providers, elected officials, religious groups, research institutions, or philanthropic entities, we each bring unique perspectives and resources to this work. Since inequities occur across communities, across sectors, and at different levels in society – local, state, national – we need many types of interventions and solutions to change the conditions that structure health. The more we value each other’s strengths and knit our work together, the greater the sum of our efforts.

**Before bringing people together, it’s important to make sure your own “house” is in order.** Use the following questions to assess and increase the level of commitment and expertise within your organization and/or planning committee:

1. How do health equity and social justice fit into the mission of your organization(s)? How do these translate into practice?
2. How knowledgeable, skillful and committed to health equity are leadership, staff, or your constituents? Does everyone know how to move the conversation beyond disparities in care to the ways in which social conditions impact wellbeing? Where are the areas of resistance?
3. How inclusive is your membership or your staff and leadership? How can you reach a wider audience and/or share power, particularly with the groups who are most impacted by your work? Whose voices are being included and heard?
4. How do your existing programs, policies and partnerships advance health equity? What will it take to re-align them?
5. What’s happening outside your organization that is advancing or hindering health equity initiatives? How might you tap into the momentum and resources that other groups bring to this issue?
6. Whose backing would help you champion this conversation across sectors, across impacted communities and to other levels of your organization?
7. Who within your group(s) has the time, resources and capacity to develop a action plan, guide understanding and oversee follow-up activities? Do they have the backing and full support of the leadership and members?

These questions will help you determine if you first need to start with internal screenings and discussions to lay the groundwork for effective partnership building and outside advocacy.

## Step II: Develop Clear Goals and Objectives

**How would you like to use UNNATURAL CAUSES to promote health equity? Whether you want to win buy-in for a specific policy, build alliances across sectors, or begin a community dialogue, consider how a screening will advance your mission and work.**

The key to planning a screening that is focused, relevant and inspiring is setting clear **goals** (what you want to accomplish) and **objectives** (concrete outcomes you can use to measure success and gauge learning among participants). Setting goals and objectives will help you choose an episode to screen, structure your event, select appropriate speakers, and identify actions and next steps you want to generate.

**Use the following suggestions as a starting place to develop your own goals and objectives, specific to your organization and scope of work:**

### 1. Take a leadership role in valuing health equity

- Use your “bully pulpit” to draw organizational, policy maker, and public attention to health inequities, their sources and possible solutions: give talks, write op-eds, conduct seminars, hold conferences.
- Ensure the effective expression of community voices; support the efforts of affected populations to be involved fully in democratic decision-making.
- Discuss and identify ways to improve your organization’s practices and culture to increase socio-economic and racial equity; provide avenues for action.
- Be mindful of sensibilities and attitudes toward social determinants of health in your hiring, training, and retention.
- Build solidarity by speaking out: work with committed groups but don’t preach to the choir; give voice to those fearful of expressing their concerns.

### 2. Reframe the debate

- Rupture the discourse of individual behavior and risk with a new emphasis on social policies and institutional practices that help or harm population health.
- Build a shared knowledge and language with staff, leaders, partners, and power brokers on the differences between disparities and inequities, and on a framework that goes beyond issues of access and treatment in medical care. Infuse this understanding into your program development.
- Pose additional questions that challenge assumptions. For example:

**Conventional Question:** What populations are vulnerable?

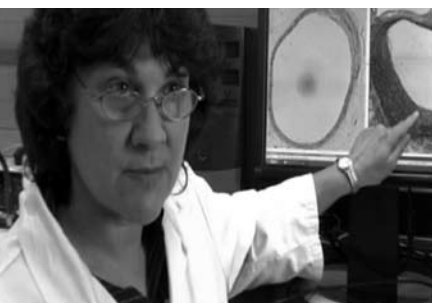
**Health Equity Question:** What causes the unequal distribution of health-promoting and health-harming conditions?

**Conventional:** How can we promote healthy behavior?

**Health Equity:** How can we target dangerous conditions, reorganize land use and create transportation policies to ensure healthy spaces and places?

**Conventional:** How can individuals protect themselves against health threats?

**Health Equity:** How can community organizing and alliance building help bring about policies that protect the public good?



### **3. Research and investigate**

- Monitor your community for conditions that create health inequities; devise a health equity audit tool; involve community members at every stage.
- Evaluate the health consequences of private developments and government policies; conduct a Health Impact Assessment (HIA).
- Examine public and private decision-making processes that shape the social conditions that affect health (land use, labor market policy, fair trade).
- Conduct a “power analysis” in your locale: Who contributes to political campaigns or lobbies government bodies? Who are your potential allies? How can you leverage your influence?

### **4. Build strategic alliances with a broad array of groups**

- Reach out to “non-health” organizations – labor, business, housing, racial justice, child development – and share knowledge about the health consequences of their work.
- Determine what different stakeholders share in common; use public health impacts to connect seemingly disparate policy areas – from educational and income opportunity, to segregation and environmental justice – and build a broader base of support for wide-reaching equity initiatives.

### **5. Develop coherent policy menus and strategies**

- Work in concert with other organizations, especially those addressing land use, family supports, wages and working conditions, affordable housing, neighborhood and school segregation, tax structure, or child development to press for specific targets such as policies that:
  - can shorten the ladder of inequality
  - buffer those lower on the ladder from health threats
  - address structural racism and promote social inclusion
  - promote civic participation and deepen democracy

## **6. Demand greater participation and democratic accountability**

- Challenge government and corporate policies that adversely affect health, for example, placement of landfills or toxic waste, location of housing developments, outsourcing of jobs, code enforcement, sick leave, and family supports.
- Require transparency in decision processes that affect population health.
- Work for a more open and participatory government budgeting process.
- Support organizing projects and democratic neighborhood councils that empower communities.

## **7. Mobilize constituencies and communities** to advocate for healthy social policies and draw attention to local problems and innovative solutions.

## **8. Engage in dialogue with journalists and bloggers** on coverage of health issues and encourage reporters to focus more broadly on social conditions, historical context, corporate actions, and government policies rather than just how individuals can change behaviors or protect themselves.

## **9. Inject consideration of health impacts into debate over social policies**, for example, by insisting on the use of Health Impact Assessments (HIAs) to evaluate development and land use projects, for budgeting, transportation, labor and other initiatives.

Your organization may choose any combination of these or other strategies. What matters is using a critical lens and creating a plan that reflects your organization's mission and work.

**Please see the Sample Agendas at the end of this toolkit for examples of goals and objectives.**



### Step III: Define Your Audience and Opportunities for Action

Advancing health equity is not just about uncovering causes, it's also about working towards change. Knowing ahead of time who your audience is, what understanding they bring, and the level at which they operate (as well as the level of the discussion you are trying to initiate with them) will help you plan an event that is relevant and engages participants in appropriate actions.

#### First, some key questions:

- Will you be working internally or externally? With agency leadership or staff? Within one organization or with representatives from different groups? With health workers or non-health people? With government officials and the policy community? With the general public, students, journalists, bloggers, community-based organizations, or the faith community?
- Who are your natural audiences: groups you've worked with in the past or communities affected by the issues? How can you expand your audience across sectors to include new organizations or groups you're bringing into the conversation for the first time? Does your planning committee reflect the audience(s) you're trying to reach?
- Who **should** attend? What organizations can you engage to co-sponsor the event and help ensure attendance and the right audience mix? Are they involved because health equity is also "their" issue and they want to mobilize constituents, or is this new to them?
- Will you invite media to cover your event? Who will be your message point person for follow-up questions and quotes?

#### Next, consider how you will tailor the event to your audience and supply additional information for everyone to get the most out of the material:

- How knowledgeable is your audience about health inequities? Do they focus mostly on access to care or do they already address how our social and economic environment shapes health chances? **Identify local resources you can draw upon to deepen or shift their understanding.**
- To what extent do audience members view health inequities as something that affects them personally? Professionally? As an urgent national issue? **Provide examples to make the issues more concrete and more pressing for everyone.**
- Ultimately, what do you want audience members to take away from this experience? **Framing, discussion and engagement activities should all reinforce each other.**

**Finally, based on your goals and objectives, define action opportunities that will inspire participants and resonate with their interest and capacity. For example:**

- 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 use the series to educate, organize, or advocate for health equity.
- Screen and discuss the series 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, and lead paint removal. 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 Health Impact Assessments (HIAs) 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.

Keep in mind that we all want better outcomes, but we may not agree on how to achieve them. For some people, a health equity framework may involve a significant paradigm shift – this can be threatening and destabilizing. Too much information with too little opportunity to process and engage can be counterproductive, triggering defensiveness and resistance. Remember to invite change; don't demand it. Set realistic goals, based on people's understanding, commitment and experience.



## Planning your Event

Now that you've assessed your organizational capacity, set goals and objectives, and defined your audience, it's time to plan your event!

In this section you'll find guidance on how to:

1. Choose the **type of screening(s)** that best fits your audience and objectives and pick the **most appropriate episode** or clip to screen;
2. Use **messaging components** to develop a new story, one in which health and well-being are tied to improving social conditions;
3. **Highlight examples of promising policies and initiatives** to illustrate the connections between health and social justice and show that change is possible.

Please refer to the **Sample Agendas at the end of this toolkit for helpful suggestions and ideas. See the Practical Tools section for detailed practical and logistical information.**



### 1. Types of Screenings

Do you have a particular policy target in mind? Is this a public or private screening? What promising policies and initiatives do you want to highlight? How can people get involved and take action?

There are many possible ways to use UNNATURAL CAUSES to further your work. In fact, the best approach is a multi-pronged one. The following examples are by no means exhaustive or exclusive, but they illustrate a range of ways to work with different audiences to educate, organize and advocate for health equity.

#### Educate

1. **Internal screening with staff, students, or department heads:** Develop a shared understanding of the distinction between health and health equity as well as the root causes of inequity, and examine the health equity consequences of existing programs and policies.
2. **Staff training or workshop for members/constituents:** Promote discussion of how the issues depicted in the film reflect inequities impacting your organization or community – what information do we have, what do we need? Do we need to develop/renew an organizational commitment to promoting health equity?
3. **Dialogue with partners and allies:** Take a leadership role in educating partners about how the health equity framework applies to your combined efforts and can advance their work; create a shared foundation and common language for discussing health inequities and aligning your priorities.



## Organize

- 1. Mobilize partners.** Work with existing allies and partners to build capacity and secure commitments to address a particular issue or set of issues that affect health equity. Use the series to underscore the importance of this work.
- 2. Build new alliances.** Demonstrate to potential partners in different sectors (labor, economic development, education, etc) how your work is intertwined and how these linkages represent a mutual opportunity; use the series to inform and validate new and unconventional coalitions.
- 3. Town Hall meetings and public dialogues.** Convene public officials, health advocates and workers, community-based organizations, the press and other stakeholders to draw local attention to existing health inequities, to build support for specific social reforms and promising initiatives, and to generate an eagerness for change.

## Advocate

- 1. Policy Briefings.** Use one or two strategic clips in a forum for government officials and policy makers. Bring in “non-health” issues – policies that can shorten the socioeconomic ladder and protect those lower on the ladder from health threats. Discuss the distribution of power: who should be seated at the table and how can you make that happen?
- 2. Support a specific policy target.** Use the series to build public will and support for a policy or initiative at the local, regional, state or federal level that advances health equity (e.g., a living wage law, extended bus routes, or a community benefit agreement). A screening can also help raise the visibility of other news: a promising initiative, report, research agenda or innovative partnership.
- 3. Engage the media.** Encourage the media to use a health equity framework to report on health issues, to cover innovative local solutions, and to expose social and economic policies in the United States that constrain individual choices and limit health.

### Some important ideas to consider as you think about your event:

- **Use the series broadly.** Although some program episodes spotlight particular ethnic/racial communities, they raise issues that are applicable to many groups and situations; for example, how racism affects health, the impact of the built environment, the legacy of past social and economic policies, or the importance of social connections and solidarity. Avoid taking a literal approach in matching the series to your audience. Instead, consider which other programs might offer a fresh perspective and invite a deeper, more productive examination.
- **Create an active viewing experience.** A film screening doesn't have to be a passive experience! Provide opportunities for viewers to be engaged, either through pre- and post-screening discussion or small group work. Careful planning and good facilitation will enable viewers to watch critically, reflect on preconceptions, and examine how the issues relate to their work and community.
- **Recognize and accept your advantages and constraints (and those of others).** Social inequities impact each of us in different ways. Although we may all be working towards the same goal – better health, increased opportunity – we bring different experiences, assumptions and resources to the task. Skin color, wealth, job status, language, race/ethnicity, gender and sexual orientation all affect how we view and are viewed by others. Ask yourself: who is included (or left out) in decision making? What am I taking for granted? How am I moving beyond my comfort zone?
- **Look for opportunities and allies.** Consider the larger political and economic climate: what's happening outside your organization or field that can bolster your agenda or improve your efforts? How can we tap into momentum and success in other sectors, such as a promising initiative or new report? Where can we find allies to help us overcome obstacles and increase our power, or use our visibility to help someone else? If a public event, bring in a broad range of co-sponsors. Be sure to give them credit and provide a table so they can distribute literature.
- **Follow through / Follow up:** Bringing people together is a first step; the “real” work often begins after the screening. How will you engage and continue your commitment over the long term? How will you handle conflict and criticism? Be prepared to “practice what you preach,” and take an honest look at how your organization can improve. Having a larger plan in place before your event will help you maintain momentum and action after the excitement generated by the film and your new partnerships fades.

## Episode Descriptions

Unless you're planning a series of screenings, most likely you will only have time to show a single program episode and/or clips from several episodes. Think creatively about selecting content that will help your audience think about health inequities from a fresh perspective. Also, consider which episode best complements the local context, resources and knowledge you will bring to the event.

**NOTE: the DVD contains a 5-minute intro clip that is similar but not identical to the beginning of "In Sickness and In Wealth." If you choose to screen one of the shorter episodes, you may also want to show this clip to establish a frame that focuses attention on "upstream" solutions**



### Episode One: In Sickness and In Wealth – 56 mins

The opening episode lays out the big picture: who gets sick and why? Set in Louisville, Kentucky, it shows how health and longevity are correlated with class status, how racism imposes an additional risk burden, and how solutions lie in making inequality an urgent public policy matter.



### Episode Two: When the Bough Breaks – 29 mins

African American infant mortality rates remain twice as high as for white Americans. African American mothers with graduate degrees deliver more low birth-weight babies than white women who haven't finished high school. How might the chronic stress of racism over the life-course become embedded in our bodies and increase risks?



### Episode Three: Becoming American – 29 mins

Recent Mexican immigrants, though often poorer, tend to be healthier than the average American. But the longer they're here, the worse their relative health becomes. How do social inclusion, community ties and economic mobility play a role in maintaining health?



### **Episode Four: Bad Sugar – 29 mins**

O’odham Indians living on reservations in southern Arizona, have perhaps the highest rates of Type 2 diabetes in the world. Increasingly, researchers are reconceptualizing chronic diseases like diabetes as a bodily response to poverty, oppression and futurelessness. A new approach suggests that regaining control over a collective future is vital to reversing this epidemic.



### **Episode Five: Place Matters – 29 mins**

Why are your zip code and street address such a good predictor of population health? What policies and investment decisions create radically different living environments - some that are harmful and others that are protective of health? What actions can make a difference, particularly in low-income communities?



### **Episode Six: Collateral Damage – 29 mins**

In the Marshall Islands, local populations have been displaced from a traditional way of life by the American military presence. Now that both their social and immune systems have been eroded, they contend with the worst of the “developing” and industrialized worlds: infectious diseases such as tuberculosis due to crowded living conditions and extreme poverty and chronic disease stemming from the stress of dislocation and loss.



### **Episode Seven: Not Just a Paycheck – 30 mins**

How do unemployment and job insecurity affect health? Residents of western Michigan struggle against depression, domestic violence, and heart disease after the largest refrigerator factory in the country shuts down. Ironically, the plant is owned by a company in Sweden, where mass layoffs – far from devastating lives – are relatively benign, because of government policies that protect workers.

**For more complete episode descriptions, program transcripts, and a discussion guide with pre- and post-viewing activities and questions for each episode, please visit [www.unnaturalcauses.org](http://www.unnaturalcauses.org).**

## Messaging: A New Story

The messages you communicate at your event, in your publicity, and in your follow-up will help promote a new health “story,” one that upends the conventional bio-medical approach and instead ties our collective desire for better health to social justice.

Be prepared to encounter resistance, confusion and misconceptions from the media, the public, and policy makers, who are used to explaining health outcomes in terms of medicines, behaviors and genes. Note how the conventional understandings reinforce a sense of inevitability:

- 1. People have poor health because they’ve made unhealthy choices. It’s a question of individual responsibility.**
- 2. Health disparities (to the extent they are acknowledged) may be unfortunate but not necessarily unfair.**
- 3. There’s little that can be done.**

To shift to a new conception, one in which wellbeing is tied to improving social conditions, consider these suggestions for developing your core message framework:

- Appeal to a broad audience; promote “all of us,” not “us vs. them.” Communicate what we all have to gain from addressing health inequities.
- Convey a sense of urgency (but not daunting crisis).
- Demonstrate how conditions outside the body are as vital to health and survival as those inside the body.
- Show how health-promoting and health-damaging conditions don’t have to be distributed unequally; yet, as unnecessary and preventable, they are unjust.
- Demonstrate that we all have a part to play: the policies that impact health are too large for individuals to tackle on their own. We need to work together and hold government accountable for making sure everyone has the fundamental resources and opportunities to prosper.
- Inspire (don’t compel) community response and action.
- Be hopeful; communicate solutions and possibilities, not just health threats.

As global health expert Bill Foege points out, health equity advocates need a vision for “the last mile” as well as practical steps for the first. In other words, communicating a meaningful message about where we’re going is as important as outlining immediate policies that will make a difference.

## Highlighting Promising Policies and Initiatives

**Be sure to spotlight success stories that not only provide concrete ideas but promote greater involvement and demonstrate that change really is possible.**

Your examples can be drawn from any arena or level: health, housing, labor, an ethnic community, national, or local. What's important is finding the stories that are most relevant to your community and illustrate a connection between social justice, democracy and health.

When choosing a policy arena, be sure also to consider whether there is already movement and activity around any of these issues in your community.

- **Improve income and reduce wealth inequalities:** Raise the minimum wage to a livable level; improve protections against layoffs; strengthen on-the-job learning opportunities; improve income supports, training for the unemployed, and other social assistance benefits; support collective bargaining rights; restore a progressive income tax and inheritance taxes.
- **Improve social inclusion:** Decrease social inequality; struggle against discrimination and segregation; encourage democratic decision-making; strengthen participation in community organizations and local governance.
- **Promote racial justice:** Strengthen existing anti-discrimination laws and their enforcement; desegregate schools and equalize funding; build diverse neighborhoods; provide resources for jobs and educational access and retention.
- **Promote better working conditions:** Decrease job strain; increase job autonomy and worker participation; provide flexible work hours and job security; give incentives to businesses that hire locally; strengthen and enforce occupational safety laws; demand paid sick leave and vacations.
- **Improve conditions for children:** Increase social supports for families such as child support payments, paid family leave, low-cost or free universal pre-school and day-care, earned income credit, quality schools, and safe places to play.
- **Improve the physical environment:** Create more quality low-cost housing; reduce pollution; create more parks and green spaces; promote farmers' markets and fresh produce in local stores; ensure safe sidewalks and streets; provide reliable and low-cost public transit; encourage "green" development and pedestrian-oriented planning.
- **Improve schools:** Require smaller class sizes; equalize school spending; increase teacher pay, training, and prep time; reform educational policies based on high stakes testing; create partnerships with families; keep facilities open in the evenings for community use.

**Ultimately, improving the public's health means transforming the major social and economic structures and institutions that produce inequality.**

A health equity framework must work towards what Richard Hofrichter calls "the equitable distribution of advantages across society" so that everyone has the opportunity to fulfill his or her capabilities. This might seem like a daunting task, but we can readily see examples of how society has shifted in ways that once seemed impossible: the end of slavery, the eight-hour workday, women's suffrage and civil rights. These accomplishments resulted from many small acts by ordinary citizens who took our democratic ideals seriously and legitimized a new and different way of thinking.



## Practical Tools

### Tips for Ensuring a Productive Discussion

UNNATURAL CAUSES paints a very different picture of health than what we are used to seeing. Because the film challenges long and deeply held assumptions, viewers may react quite differently: some may be disturbed and overwhelmed, while others may feel validated and inspired by what they see. **It's important to acknowledge people's reactions and allow time for processing before moving on to concrete actions.**

Various audience members may have a different stake in the issues, especially if it's a diverse group, and believe that their struggle or perspective is the most important. As a result, discussions about the film can become fraught with emotion.

Here are guidelines to help you avoid problems and create a successful experience:

#### **Be diligent about finding the right facilitator(s).**

- An effective facilitator is one who will be attentive, set clear directions, engage people, maintain an environment of calm and safety, and is knowledgeable about group dynamics as well as health equity and social determinants.
- Use someone your audience can trust. For diverse groups, consider two people from different backgrounds. For internal meetings, try an outside facilitator.

#### **Be prepared.**

- Review the three steps in the section “Before You Begin.”
- Watch the film ahead of time so you're not processing your own reaction at the same time that you're trying to facilitate a discussion. Know your own “triggers” and let them serve as a reminder when you work with the group.
- Read background materials to develop your own understanding of health inequities and how they are impacting your community. Come ready to share additional information to “ground” discussion and move people towards action.
- If you are bringing disparate groups together for the first time, know what their issues are and where their areas of resistance might be. Take the time to make people feel comfortable and allow them to be heard. Also, be specific in framing health equity issues as opportunities for mutual advantage.

#### **Be realistic and accommodating.**

- Make sure that your goals and expectations are appropriate for the audience present in the room, not the one you wanted to have. Be flexible about outcomes.
- Consider your audience's interests and vulnerabilities. Tailor your language and your framing of the issues to their knowledge and experiences. Let their needs determine the topics and style of discussion.



## Establish ground rules and a common agenda.

- Create group agreements so that everyone knows they will be heard and no one can dominate the discussion or silence others. Ask the group to explore ideas together rather than debate positions.
- Encourage active listening without judgment. Manage, but don't avoid disagreements, remembering that conflict can be constructive.
- Invite people to participate, allowing for different styles of engagement. Ensure that the conversation is "balanced" among different stakeholders.
- Take advantage of "teachable" moments. Ask someone speaking to say more, go deeper, rephrase, or consider an alternative or opposing view. Guide the group towards opportunities and solutions.
- Remind everyone at key points of our common goal: to improve health and build a better society for everyone.

### Logistics Checklist

- Organize a planning committee; select a lead person from each organization
- Secure diverse hosts and sponsors
- Find two experienced facilitators who reflect your audience; enlist speakers
- Set the event date and time
- Secure a meeting space
- Invite a range of participants within and across sectors
- Define your goals and objectives; identify actions to highlight and next steps for your audience
- Create your program agenda
- Gather handouts, discussion questions, and supplies
- Arrange for appropriate audio-visual equipment; remember, the sound system is even more important than the video
- Make arrangements for registration, hospitality and catering as needed
- Print flyers and/or promotional materials, and publicize your event widely
- Seek media coverage (see The Praxis Project media advocacy guide)
- Follow up with your planning committee and co-hosts to evaluate your event and coordinate any remaining work
- Thank your hosts, co-sponsors, speakers, event manager and other key participants
- Take action on items that were agreed upon during the event and on promising opportunities sparked by the event

## Sample Agendas

### Example 1: Internal Organizational Screening (2 hours)

#### Goals and Objectives

The goal of this event is to educate and build a shared understanding and language within our organization around the root causes of health inequities.

At the end of this screening event, participants will be able to:

- Define terms such as population health, social determinants of health, wealth-health gradient, health equity and social justice.
- Explain the difference between concepts such as race and racism, health disparities and health inequities, stress and chronic stress.
- Describe at least three ways they would like to see the organization work to address the root causes of health inequities.

#### Agenda

|                             |   |
|-----------------------------|---|
| <b>Welcome (5 min)</b>      | Why address health inequities?<br>Goal for the day<br>Overview of the agenda  |
| <b>Quick write (5 min)</b>  | How do you define health inequities?<br>What does it mean to address health inequities?   |
| <b>Screening (55 min)</b>   | Screen <i>Episode One: In Sickness and In Wealth</i>  |
| <b>Reactions (5 min)</b>    | In small groups, discuss what stood out for you and why?  |
| <b>Definitions (15 min)</b> | As a large group, define population health, the social determinants of health and the health gradient. Explain the difference between the terms race and racism; health disparities and health inequities; stress and chronic stress.<br><br>Note: One facilitator will moderate discussion; the other will record comments on paper. Facilitators are responsible for guiding the group toward shared definitions. |
| <b>Discussion (20 min)</b>  | How does your organization's existing work lend itself to a health equity framework? What programs and policies could be improved? What gaps exist? Use examples from the field.  |
| <b>Next Steps (10 min)</b>  | How can the organization move forward? What is needed to build capacity? Note: These key questions form the basis for continued audience engagement and action  |
| <b>Close (5 min)</b>        | Summarize key points<br>Thank participants  |

## Example 2: Building Alliances Across Sectors (90 Minutes)

### Goals & Objectives

The goal of this meeting is to organize and build a strategic partnership across sectors to influence the political process as it relates to advancing health equity.

At the end of this meeting, participants will be able to:

- Share the vision for this strategic partnership with other staff and stakeholders.
- Demonstrate how each partner will benefit from this alliance.
- Reach out to additional key players and decision makers.

### Agenda

|                               |   |
|-------------------------------|---|
| <b>Welcome (5 min)</b>        | Why a strategic partnership to advance health equity?<br>Goal for the day<br>Overview of the agenda   |
| <b>Introductions (15 min)</b> | Each potential partner speaks to why their organization is interested in exploring this partnership opportunity   |
| <b>Screening (15 min)</b>     | Screen the first five minutes of <i>In Sickness and In Wealth</i> to establish a health equity framework; show the last 10 minutes of the episode to indicate community solutions   |
| <b>Visioning (20 min)</b>     | Define the vision for this partnership: what are we striving to accomplish? Share examples of what others are doing.  |
| <b>Benefits (15 min)</b>      | What are the benefits for each partner? Discuss.  |
| <b>Key Players (10 min)</b>   | Who are other potential allies we need to engage?   |
| <b>Next Steps (5 min)</b>     | Summarize conversation and next steps that emerged.<br><i>Note: Participants should commit to a shared vision of this strategic partnership, define how they will share it with staff and other stakeholders, and identify who else they will invite to the discussion.</i> |
| <b>Close (5 min)</b>          | Summarize key points<br>Thank participants  |

### Example 3: Town Hall Meeting (2 Hours, 30 Minutes)

#### Goals and Objectives

The goal of this town hall meeting is to build support for initiatives that will improve neighborhood conditions through targeted advocacy work with key city agencies.

At the end of this town hall meeting, participants will be able to:

- Monitor at least two neighborhood conditions that impact population health.
- Support and partner with three organizations working to build existing neighborhood assets.
- Advocate for two city-level initiatives that will improve neighborhood conditions.

#### Agenda

|                            |   |
|----------------------------|---|
| <b>Welcome (5 min)</b>     | The neighborhood we live in impacts our health!<br>Goal for the day<br>Overview of the agenda   |
| <b>Speaker #1 (15 min)</b> | Overview of the social determinants of health with a focus on neighborhoods—what makes them healthy or not and how they get to be this way  |
| <b>Speaker #2 (15 min)</b> | What does that mean for us? Comparison of neighborhood assets and health status in three local neighborhoods  |
| <b>Screening (35 min)</b>  | Screen the 5-minute intro clip from the DVD to establish a social determinants context. Screen <i>Episode Five: Place Matters</i> to show forces structuring neighborhood conditions and what can be accomplished   |
| <b>Break (15 min)</b>      | Refreshments & light snack provided   |
| <b>Speaker #3 (10 min)</b> | Taking action: Examples from the field  |
| <b>Speaker #4 (15 min)</b> | Taking action: Three things you can do to support and advocate for policies at the city level that improve neighborhood conditions  |
| <b>Q &amp; A (30 min)</b>  |   |
| <b>Next Steps (10 min)</b> | Summarize conversation, next steps that emerged and how to follow up with the forum. <i>Note: Participants can commit to monitoring neighborhood conditions, will be able to partner with another organization to build on existing neighborhood assets, and will have the tools to advocate for city-level initiatives that promote health equity.</i> |
| <b>Close (5 min)</b>       | Summarize key points<br>Thank participants  |

## Resources and Acknowledgments

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### For other resources on tackling health inequities, please visit:

- The Praxis Project ([www.thepraxisproject.org](http://www.thepraxisproject.org))
- The National Association of County and City Health Officials ([www.naccho.org](http://www.naccho.org))
- Health Policy Institute of the Joint Center for Political and Economic Studies ([www.jointcenter.org](http://www.jointcenter.org))
- PolicyLink ([www.policylink.org](http://www.policylink.org))
- Prevention Institute ([www.preventioninstitute.org](http://www.preventioninstitute.org))

**For more information on the documentary series and additional outreach tools, including links to other organizations and resources, please visit our Web site at [www.unnaturalcauses.org](http://www.unnaturalcauses.org).**

To purchase a copy of **UNNATURAL CAUSES**, please call 1-800-811-7495 or go to [www.newsreel.org](http://www.newsreel.org).



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