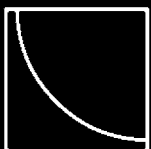


## Discussion Guide



# UNNATURAL CAUSES

...is inequality making us sick?



CALIFORNIA  
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## Letter from the Executive Producer

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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 they now enjoy longer, healthier lives as a result.

We hope that UNNATURAL CAUSES and companion tools like this discussion guide 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*

## About the Documentary

UNNATURAL CAUSES explores how population health is shaped by the social and economic conditions in which we are born, live and work. Through portraits of individuals and families across the United States, the series reveals the root causes and extent of our alarming health inequities and searches for solutions. Along the way it confronts the inadequacy of conventional explanations like genetics, individual behaviors or even access to quality health care.

The four-hour series is made up of seven programs: a one-hour introduction/overview plus six half-hour episodes, each located in a different racial / ethnic community and focused on a different health pathway. Depending on your objectives and time, you may choose to screen the entire series or devote attention to a single episode. Note, the DVD menu not only allows you to access each individual episode but also select and screen specific scenes.

**TIP:** The DVD menu allows you to screen a 5-minute clip that introduces the key idea that wellbeing depends on more than health care, individual behaviors or genes. (The clip is similar but not identical to the beginning of the episode *In Sickness and In Wealth*.) If you only have time to screen one of the half-hour segments, consider showing this clip as well to establish a larger social

## Using This Guide

This guide includes a wide range of questions and activities to engage many types of audiences in dialogue—from community members to elected officials. Discussion Prompts are divided into two types:

1. General questions and starters that can be used for the whole series or any episode, and
2. Themes, ideas and questions tied to a specific episode.

**Rather than cover all the questions, choose the ones that work best for you.**

### GENERAL PROMPTS:

**Before & After Discussion Starters** – These pre- and post-viewing suggestions help people become more aware of the pre-conceptions and beliefs they bring to these issues.

**Reflection and Comprehension** – Use these to spark discussion and deepen understanding of key ideas and concepts from the series.

**Focusing on Your Community** – After viewing, these will help shift the group's attention away from the screen and onto opportunities for action in your community.

## EPISODE PROMPTS:

**The Mystery** – This is a one-sentence summary of a question producers were trying to answer in the episode. It can be used as a pre-viewing or post-viewing prompt.

**Comprehension Questions** – The documentary series presents a lot of information that may be new to viewers. Use these after viewing to make sure everyone understands the core program content or beforehand to establish a focus for viewing.

**Discussion Questions** – These open-ended questions help participants deepen their understanding of the issues, and in some cases, of the social and economic conditions that shape health in their communities.

**Suggested Activities** – Use these after viewing to help participants delve more deeply into key concepts, or as before and after exercises to help people articulate current beliefs and how those are either affirmed or challenged by the program.

**Web Site Tips** – These highlight features on the companion Web site ([www.unnaturalcauses.org](http://www.unnaturalcauses.org)) that help people further explore main themes.

**Key References** – These include key publications/research and a summary of statistics from each episode. Probing reactions to these figures can be another way to spark discussion.

**TIP:** This guide is meant to be used in conjunction with the UNNATURAL CAUSES Action Toolkit and Policy Guide, both available at the Web site:

## Leading Discussion

Regardless of topic, a successful film screening is one that allows participants to watch purposefully and critically, to reflect upon what they've seen, and to consider new information and how it affirms/ conflicts with preconceived ideas, then brings viewers' attention back to their own situation and how they might tackle inequities.

Your job as the facilitator is not to lecture but to encourage participation and keep the discussion focused and flowing. Be prepared to accept reactions to the film without judgment. If people feel that you are fishing for particular opinions, they are less likely to engage. At the same time, participants will look to you to keep the discussion from wandering. If necessary, gently guide discussants to consider how their personal experiences or concerns reflect larger systems, structures and policies.

**TIP:** The UNNATURAL CAUSES Action Toolkit has more advice on leading a productive discussion.

**It's important to acknowledge existing ideas about health in order to examine our assumptions – especially those that make us resistant to new ways of thinking. The following three suggestions may be helpful:**



## **UNDERSTAND COMMON PERCEPTIONS:**

People typically view and interpret health outcomes and social inequities through three dominant message frames that ultimately reinforce the status quo:

- 1. Personal Responsibility.** Poor health stems from individuals making unhealthy choices. We can encourage people to exercise and eat right, but it's up to them.
- 2. Unfortunate but not unjust.** Hierarchies are everywhere. Life isn't fair, and differences in group health, like wealth disparities, will always be with us.
- 3. Nothing can be done.** If health inequities do in fact arise from structural inequities in the rest of society, then what can be done short of a revolution?

These message frames are compelling because they speak to people's deeper, often unconscious investment in certain ideas about society. Overcoming resistance is not simply a matter of presenting new information, but of creating opportunities for people to interrogate their own assumptions. Offering positive examples of how things might be different, linking the issues to other core values and engaging people in creative problem-solving can be very effective.

## **ASK A NEW KIND OF QUESTION:**

Richard Hofrichter, senior policy analyst for the National Association of County and City Health Officials (NACCHO), points out that we can also help rupture these discourses and reframe the health dialogue by changing the questions we pose:

**Conventional Question:** How can we promote healthy behaviors?

**Health Equity:** How can we target dangerous conditions and ensure healthy spaces and places?

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

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

**Conventional:** Which populations have the worst health?

**Health Equity:** What causes the unequal production and distribution of the conditions that promote and harm health?

Questions like these help redirect our attention away from blame and victimization towards larger structural conditions, collective problem solving and policy change. Other useful questions might include: who benefits from particular actions and decisions, who bears the cost, and who has the power to make decisions about how resources are allocated?

**The handout “Ten Things to Know about Health” (included below and at [www.unnaturalcauses.org](http://www.unnaturalcauses.org)) summarizes series themes and may also help prompt examination.**

### ESTABLISH COMMON GROUND FOR ACTION:

Finally, you can help people leave feeling engaged and energized by encouraging them to look at how change happens and asking them to generate suggestions for action. Here are a few useful reminders:

- Note that because our health is shaped by public policies and larger socio-economic conditions, improving population health demands a collective not just an individual response.
- Talk about what people might do together that they would not be able to do working alone. Who are natural allies? What other groups can be engaged—community residents, government agencies or elected officials, churches and other community-based organizations, the media, foundations?
- Be prepared to assist with networking efforts (e.g., collecting and distributing the names and contact information of attendees), identifying local issues and priorities, engaging potential allies, and setting up future meetings and screenings (e.g., reserving a meeting site for the following week or distributing flyers announcing an event for a partner organization).

**TIP:** The UNNATURAL CAUSES Policy Guide includes specific interventions and initiatives that can advance health equity.

## 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).**