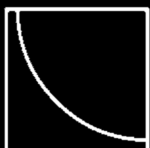
www.unnaturalcauses.org

Discussion Guide

UNNATURAL CAUSES

...is inequality making us sick?



CALIFORNIA NEWSREEL

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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 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) 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) 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.

General Prompts for Any Episode

Before & After Discussion Starters:

These pre- and post-viewing suggestions help people become more aware of their assumptions and beliefs. They should be used in combination with comprehension and discussion questions.

Health Equity Quiz

Before: Administer the Health Equity Quiz (www.unnaturalcauses.org/interactivities.php)

After: Give people time to adjust their responses, and then discuss answers that were surprising or unexpected.

Quick Write

Before: Engage participants in a 5-minute "quick write" using some of the questions below.

After: Allow people a few minutes to reflect silently on what they wrote, and then discuss how answers changed or not given the content of the film.

Sample questions:

- What are health disparities? What are health inequities? What's the difference, if any?
- Which U.S. populations live longer, healthier lives? List three reasons why.
- If you could wave your magic wand, what three things would you change to close socio-economic and racial health gaps?

The Baseline / Ten Things to Know

Before: Establish a "baseline" for your group's understanding: What do you know about [insert episode topic]? What are your sources of information? What makes those sources reliable (or not reliable)?

After: In what ways did the film challenge or affirm your ideas or sources?

Follow up activity: Distribute and review the handout "Ten Things to Know about Health." Select a few points and ask: What did you see that supported this? Are you convinced that this is true? Why or why not? What questions do you still have and how might you find answers to those questions?

Reflection & Comprehension:

Personal reactions:

- How is this film similar to or different from other media you have seen, read, or heard on this issue or community? In what ways did it confirm or challenge ideas you held?
- What stood out as surprising or disturbing for you in the film? Describe a moment or scene that affected you and why.
- What questions / issues surfaced that you would like to know more about?

Key concepts:

- What is the significance of the series title UNNATURAL CAUSES?
- What are social determinants of health?
- What is the difference between individual health and population health?
- How do inequality and social injustice produce health consequences, as illustrated in the film? Why is health more than health care, individual behaviors or genes?
- Why do we typically think of health only in terms of health care and personal behaviors? Where are these messages coming from? Who benefits from them?
- What social and economic conditions described in the film support and encourage healthy choices? What social and economic conditions and structures affect health that have nothing to do with individual choices? How are resources allocated in your community or in society?
- Many Americans, when confronted with evidence of health inequities, respond that the outcomes are unfortunate but not necessarily unjust. Do you agree or disagree? Why? Whose responsibility is it to address inequities in health and in society?
- What social and economic conditions described in the film support and encourage healthy choices? How are resources allocated in your community or in society?
- What policies at the local, state or federal level (e.g., education, transportation, employment, etc.) might reduce social and economic inequities? What would a more equitable society look like? Who can make it happen?

Focusing on Your Community:

1. **What elements depicted in this film reflect your community?** Which issues most affect health in your community, for better and worse: housing, jobs, income, transportation, racism, schools, social exclusion or civic engagement, land use and development…? How?

2. **Who makes the decisions that affect your community?** Who's missing? How can community members gain access to power? How would you change the process? What decisions would you make differently?

3. **What compelling stories do you want to tell about your community?** How would you reshape the media coverage that exists? Which voices are missing? What messages and ideas? Who are your audiences? What images and symbols would you use in communicating with media?

4. **How can you make things better in your community?** What are the greatest challenges? What additional resources are needed? Who are your natural allies and how will you begin creating alliances and partnerships? What are your priorities for action?

5. **What initiatives are already underway that can improve health outcomes** on the local, state or federal level (e.g. living wage campaign; a drive for universal pre-school; mandated paid sick leave)?

TIP: The UNNATURAL CAUSES Toolkit contains useful questions and suggestions for this area.

Readings

The following articles and reports provide a good introduction and overview of social determinants of health. The UNNNATURAL CAUSES Web site (www.unnaturalcauses.org) also includes a health equity database searchable by topic and keyword.

Adler, Nancy et al. *Reaching for a Healthier Life: Facts on Socio-Economic Status in the U.S.* San Francisco: MacArthur Research Network on SES and Health, 2007. www.macses.ucsf.edu/News/Reaching%20for%20a%20Healthier%20Life.pdf

Bell, Judith and Victor Rubin. *Why Place Matters: Building a Movement for Healthy Communities.* Oakland, CA: PolicyLink, 2007. www.policylink.org/documents/WhyPlaceMattersreport_web.pdf

Braveman, Paula and Susan Egerter. *Overcoming Obstacles to Health: Report from the Robert Wood Johnson Foundation to the Commission to Build a Healthy America.* Robert Wood Johnson Foundation, 2008. www.commissiononhealth.org/Report.aspx?Publication=26244

Drexler, Madeline. "How Racism Hurts – Literally," *Boston Globe,* July 15, 2007. www.boston.com/news/education/higher/articles/2007/07/15/how_racism_hurts____literally/

Epstein, Helen. "Enough to Make You Sick?" *New York Times,* Oct. 12, 2003. www.mindfully.org/Health/2003/Urban-Poor-Sick12oct03.htm

Hofrichter, Richard, ed. *Tackling Health Inequities through Public Health Practice: A Handbook for Action.* Washington, DC: National Association of County and City Health Officials, 2006. www.naccho.org/pubs/product1.cfm?Product_ID=11

Marmot, Michael. *The Status Syndrome: How Social Standing Affects Our Health and Longevity.* New York: Henry Holt, 2004.

Resources

Joint Center for Political and Economic Studies Health Policy Institute: www.jointcenter.org/index.php/current_research_and_policy_activities/health_policy_institute

National Association of County and City Health Officials (NACCHO) Health Equity and Social Justice Program: http://www.naccho.org/topics/justice/index.cfm

PolicyLink: www.policylink.org

The Praxis Project: www.thepraxisproject.org

Prevention Institute and the Strategic Alliance for Health: www.preventioninstitute.org

Episode 1: In Sickness & in Wealth

THE MYSTERY: Given our wealth and medical advances, why does the United States rank 29th in the world for life expectancy (as of December 2007)? What are the connections between healthy bodies and healthy bank accounts and race / ethnicity?

THEMES:

1. Class status correlates with health outcomes:
   a. Our economic, social and built environments shape health
   b. People who are middle to lower on the class pyramid are exposed to more health threats (material deprivation to chronic stressors) and have less access to the opportunities and resources needed to control their destinies.
   c. People middle to higher on the class pyramid have access to more power and resources and in general live longer, healthier lives. This is true not only for the bottom and top but at every level.
   d. Chronic activation of the body's stress response wears down our organs over time and increases disease risk.
2. Racism also threatens health, both "upstream" and independent of class. At every income level, African Americans, Pacific Islanders, Native Americans and other people of color often fare worse than their white counterparts.
3. Social and economic policies have reduced health inequities in the past and in other countries.

COMPREHENSION QUESTIONS:

- What did the Whitehall study reveal about the connection between health and wealth? What is the wealth-health gradient?
- Dr. David Williams says: "Stress helps motivate us. In our society today everybody experiences stress. The person who has no stress is a person who is dead." Describe the body's stress (fight-or-flight) response. How is chronic stress different? How might chronic stress increase the risk of illness and disease?
- How do the lives of Jim Taylor, Tondra Young, Corey Anderson and Mary Turner exemplify concepts like the wealth-health gradient and the importance of power and control? What does comparing data maps of disease rates in the different Louisville council districts reveal? What might explain observed differences?

- Professor Leonard Syme defines control of destiny as the "ability to influence the events that impinge on your life." Why is this ability an important factor for health?
  - What stories from Corey Anderson's life exemplify a high demand / low control job and stressful home situation?
  - What stories from Jim Taylor's life illustrate how wealth, power and status translate into better health?
- What did the Macaque monkey research teach primatologist Carol Shively about the connections between power, subordination and health? What parallels can we draw to human society?
- Describe examples from the film that illustrate how racism imposes an additional health burden on people of color. Give examples of both "everyday" racism (being treated unfairly) and "structural" racism (access to resources, power, status and wealth) and describe how these might affect health in different ways.
- What social changes were most responsible for the 30-year increase in American life expectancy over the 20th century? What policies does the film point to that might account for our low rank in recent years compared to other countries (29th as of December 2007)? What characterizes the policies and priorities of countries that have better health outcomes than we do?

Discussion Questions:

- Dr. Adewale Troutman says that he promotes individual responsibility, but always within the context of social determinants. Why does he link the two? What is missing if we focus exclusively on individual responsibility? How does this affect possibilities for change?
- Dr. Ichiro Kawachi observes that the ability to avoid smoking and eat a healthy diet depends on access to "income, education, and the social determinants of health." Do conditions in your community promote or hinder healthy choices? What policies shape those conditions?
- Angelique Anderson says: "I always wanted to have a house with a big back yard..." Corey adds: "I want to own a house so that if anything happened to me, she wouldn't be put out on the street."
  - What health benefits might derive from affordable, quality and secure housing?
  - How does home ownership (or its lack) affect conditions in your community?
  - How easy or difficult is it to find quality, affordable housing in your community?

- Some chronic stressors mentioned in the film are: being on guard all the time, having little control at work, living in an unsafe neighborhood, being uncertain about where food will come from, and worrying about one's children.
    - What additional stressors can you think of?
    - How does exposures to stressors—and resources available to manage them—vary with class position?
    - Describe the societal forces that create and reinforce these stressors.
    - What additional set of stressors might racism impose?

- Dr. Troutman says: "There's almost a cultural demarcation in the city where on one side of this particular street, Ninth Street, there's a tremendous amount of new development going on, condos rising up….And right across the street is where the public housing projects begin…. Every city has a Ninth Street."
    - Where is the Ninth Street, the dividing line, in your city or area?
    - How would you characterize either side of the line? List and compare the health promoters and health threats.
    - Who lives there and who doesn't? Why?
    - Were these areas different in the past? What government, land use, development and other investment decisions changed them?
- Dr. Jack Shonkoff, when talking about early childhood, says, "The concept here is the pile-up of risk, the cumulative burden of having things that are increasing your chances of having problems, as opposed to the cumulative protection of having things in your life that increase the likelihood that you can have better outcomes." What are examples of the "pile up" of cumulative advantage—and disadvantage?
    - Sociologist David Williams say, "Economic policy is health policy." How has U.S. influenced health inequities and health outcomes? What kinds of economic policies might reduce health inequities and improve the overall health of most Americans?

- The film notes that sweeping social reforms made during the Progressive Era, the New Deal, and the Civil Rights Movement improved population health.

    - Why would changes that promote greater equity translate into population health improvements?
    - What do you notice about whether those policies or programs emphasized medical advances, greater individual responsibility, new programs and services, or structural and social change?
    - Should knowing about the health effects of social policies change the value that Americans place on these kinds of policies? Why or why not?

- Whitehall study director Sir Michael Marmot says, "If inequalities in health were a fixed property of society, then you'd say, 'We can't do anything about it.' But that's not the case. The magnitude of inequalities in health changes over time. It can get rapidly worse, and if it can get rapidly worse, it ought to be possible to make it rapidly better." Describe how the policies below might promote better health for everyone. What other policies or social changes might you add to this list:

Existing:	Potential:
8-hour work day	Guaranteed paid vacation
Minimum wage	Living wage
Unemployment insurance	Job training and placement
Free K-12 public education	Paid parental leave
Affirmative action (limited)	Housing assistance
Social security	Universal health care

- What kinds of employment, education, housing, or transportation polices do we need today to promote health equity? What obstacles and opportunities exist? How are strategies for social change different than programs for repairing damage? How would power have to shift? What does that mean?

Suggested Activity: Mapping Community Assets

This activity helps participants identify sources of stress and support in their lives and think about ways they might increase their level of power and control.

1. The following chart lists areas that are potentially positive or negative in people's lives, depending on their circumstances. As a group or individually, have participants think about each topic, decide whether it is a health threat and stressor or a resource in their life/community and explain why. Note: there may be multiple, even contradictory, answers per topic. (NOTE: This activity can also be adapted for use in and around workplace and labor policy issues)

RESOURCES		STRESSORS
	Food Access and Availability	
	Quality Education	
	Good Transportation / Planning	
	Affordable Housing	
	Good Jobs & Work Opportunities	
	Business Investment and Development	
	Income and Wealth	
	Social Supports	
	Public Safety	
	Green Spaces	
	Recreational Opportunities	

(We recommend copying this diagram onto a blackboard or creating your own handout based on these or your own categories. See the UNNATURAL CAUSES Policy Guide for other suggestions).

2. As a group, ask participants to share thoughts about the results. What patterns do you observe? How do neighboring communities compare? How do you feel about this snapshot of your life or community? What does it fail to capture?

3. Together, pick a few stressors and health threats to discuss. Brainstorm ideas for how each might be turned into a resource, including how you might use existing resources in other areas to accomplish this. What challenges might surface? What policy arenas need to be engaged? What opportunities exist for mobilizing people into action?

4. Turning your attention to existing resources, pick a few and ask, what makes the existence of these resources possible? What might threaten them? How can they be sustained or further developed? What policies and / or political action might strengthen and protect them?

5. Before ending the activity, solicit suggestions from the group about next steps and further actions that can be taken. Depending on the readiness of your group, these might even take the form of guiding principles or goals, such as the recommendations Dr. Troutman makes in the film:

   - Encourage economic development in low-income neighborhoods
   - Use zoning laws to restrict fast-food outlets and encourage grocery stores in low-income neighborhoods
   - Improve routes and reliability of public transportation
   - Create more equitable school financing formulas
   - Construct quality low-cost housing in integrated, mixed income neighborhoods

Web Site Tips:

Online Activity: Explore **YOYO Health** to see how the U.S. compares with other countries on a number of key indicators.

Online Activity: Test your knowledge with our **Health Equity Quiz!**

Resource: See how socioeconomic status and health outcomes are distributed across four Louisville Council Districts in **Mapping Health and Inequity across Louisville (PDF)** in our Health Equity database**.**

Key References:

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Hofrichter, Richard, ed. *Health and Social Justice: Politics, Ideology, and Inequity in the Distribution of Disease.* San Francisco: Jossey-Bass, 2003.

House, J.S. and Williams, D.R. "Understanding and Reducing Socioeconomic and Racial/Ethnic Disparities in Health" in *Promoting Health: Intervention Strategies from Social and Behavioral Research* ed. B.D. Smedley & S.L. Syme, 81-124. Washington, DC: National Academy of Sciences, 2000.

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The Web site for Louisville's Center for Health Equity (founded by Dr. Adewale Troutman) includes definitions of key terms related to health equity and an excellent set of links to national and international health organizations: **www.louisvilleky.gov/Health/equity/**

From the film:

- Americans spend $2 trillion annually on medical care, nearly half of all health dollars spent in the world.
- Among industrialized nations, the U.S. ranks 29th in life expectancy.
- 47 million Americans have no health insurance.
- In the U.S., the wealth of the top 1% is greater than the combined wealth of the bottom 90%.
- The majority of poor people in the U.S. are white.
- A 2005 study revealed that each year, more than 83,000 preventable African American deaths are attributable to the Black-white mortality gap.
- People who grew up in a house owned by their parents are less likely to get sick as adults when exposed to a cold virus.

Episode 2: When the Bough Breaks

THE MYSTERY: Why do African American women at every socioeconomic level have higher rates of pre-term birth and infant mortality than white women who haven't finished high school or Black women who immigrated here from other countries?

THEMES:

1. Birth outcomes are affected by the negative impact of racism over one's lifetime, not just during pregnancy.
2. Racism in America is an added source of chronic stress for people of color.
3. Racial justice and civic engagement are instruments for improving health and birth outcomes.

Note: This episode illustrates how a lifetime of exposures to racism can literally get inside the body and affect the health of our newborns. For many viewers, especially African American women, this program can trigger strong emotions. It is essential that you allow participants the time, opportunity and space to process their reactions before proceeding with comprehension and discussion questions. Depending on the group's size and comfort level, you may choose to do a free write, ask people to talk in small clusters, or engage the entire group in dialogue.

COMPREHENSION QUESTIONS:

- How are pregnancy outcomes affected by racism and chronic stress? How are racial differences in birth outcomes not reducible to class alone?
- Dr. Jones says that the chronic stress of racism is like "gunning the engine of a car, never letting up." What does she mean? How does this affect the body over time?
- Birth outcomes, like other health indicators, follow the wealth-health gradient. Explain why wealthier and more educated mothers have better outcomes. According to the film, why do African American women at each income level have worse outcomes than their white counterparts?
- Describe Dr. Lu's "life-course perspective." How does it broaden conventional approaches, which focus primarily on risk factors during pregnancy?
    - What are the mechanisms by which experiences outside the body and before conception can affect birth outcomes?
    - Describe how the life-course perspective supports a link between racism and premature birth or low birth-weight babies.

- Neonatologist Dr. Richard David says: "there's something about growing up as a Black female in the United States that's not good for your childbearing health."
    - What evidence did Dr. Collins and David discover that undercuts genetic explanations for racial disparities in birth outcomes?
    - Why is it significant that the daughters of African immigrants had worse birth outcomes than their mothers?
    - Why do African American mothers – even those with college degrees – have more low birth-weight babies than white American and African immigrant women?

Discussion Questions:

- Although research indicates that racism is still common in the U.S., the film notes that most whites believe that racial discrimination is a problem of the past.
    - How might differences in experience and perception influence debates about racism's impact on the body? What are the consequences?
    - How often do you have the opportunity to talk about racism? With people of your racial/ethnic background? With people from other racial/ethnic backgrounds?
    - Can we address racism without first achieving a common understanding?
- How is your experience with racism similar to or different from those recounted by the women in the group discussion at the end of the episode?
    - How do one's personal experiences influence whether or not certain situations become stressors?
    - How does racism affect other communities of color?
    - What are the opportunities and challenges to working across racial and ethnic lines?
- The film notes that by improving material conditions (including greater access to health care) and giving people hope for a more just and equitable future, the civil rights and anti-poverty movements of the 1960s and 1970s reduced the health gap between African Americans and whites.
    - How is civic engagement good for your health?
    - In your community, what actions or structures sustain or undermine civil rights gains?
    - How can we jumpstart new initiatives that not only improve health but also advance racial equity?

- Kim Anderson says: “People would think I’m living the American Dream: a lawyer with two cars, two and a half kids, the dog, the porch, a good husband, great family.” Kim did everything right and still her daughter was born too early. What conditions in her life might have impacted her birth outcome? What are the implications for other women of color, and what possible solutions can you suggest?
- Dr. Michael Lu asks, “What kind of nation do we want? What kind of nation do we want our children to grow up in?” How would you answer him?

Suggested Activity: Three Kinds of Racism

1. As a group, watch the Web video of Dr. Camara Jones describing three types of racism (http://citymatch.org/UR_tale.php) and/or pass out Dr. Jones’ article on the same topic. Dr. Jones uses a simple gardening allegory to differentiate between structural, interpersonal and internalized racism.
2. Write the three racism types on the blackboard or a large piece of paper. Drawing upon your own and others’ experiences, come up with a definition and several examples for each category. Try to find a wide range of examples that fit different groups or different areas of your life and society.
3. Looking over the examples, list possible health impacts associated with each. These don’t have to be direct impacts; they can simply be related.
4. Working together or in small groups, brainstorm a few policies or actions that would help address each of these impacts. Consider and discuss interventions at different levels (individual, community, societal) and in different arenas (public policy, private action).
5. Finally, as a group, pick one or two policies or actions that you think would make the greatest difference, then come up with the steps that would be required to make them happen.

Web Site Tips:

Online Activity: Try the **Health Inventory** to explore how social advantage or disadvantage is connected to health.

Resource: Explore our **Health Equity Database** for resources on racism, genetics and more.

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From the film:

- U.S. infant mortality rate – one of the worst in industrialized world. White America alone would rank 23rd.
- Pre-term birth is the second leading cause of death for infants in the U.S.
- One month's stay in a neonatal intensive care unit averages $68,000.
- Infant mortality among white American women with a college degree or higher is approximately 4 deaths per 1,000 live births. For similarly educated African American women, the rate is three times as high, 12 per 1,000 live births. Babies of white women who haven't finished high school experience a lower rate of infant mortality than college educated African American women.
- The rate of low birth-weight babies born to African immigrants to the U.S. is comparable to the rate for white Americans. But the daughters of African immigrants experience a higher rate of low birth-weight babies - comparable to the general African American population.

Episode Three: Becoming American

The Mystery: Why do recent Mexican immigrants to the United States, though typically poorer, have better health than the average American? What conditions in America erode their health advantages over time?

Themes:

1. There is an "immigrant paradox" when it comes to health:
   a. Recent new immigrants have, on average, better health than native-born Americans, even when though they are poorer.
   b. After living in the U.S. five years or more, their health outcomes become markedly worse, especially those of the next generation.
2. Economic mobility and health are intertwined.
3. Strong social networks and hopefulness may promote better health, not only in immigrant communities but for all of us.

Comprehension Questions:

- What is the difference between social support and social inclusion? How are they both important to health?
- What is the "Latino paradox?" Why are recent Latino immigrants healthier than the average American, even though they are less well off and come from poorer countries? How does this notion challenge claims that Latino immigrants are a drain on the U.S. medical system?
- According to the film, Latino immigrants who have lived here five years or more are one and half times more likely to have high blood pressure than when they first arrived. What are other examples from the film of how heath outcomes get worse, not better, over time?
- Public health official Dr. Tony Iton says of immigrant health, "They're doing something right." What conditions in the Bernals' lives protect or promote their health? What do these conditions protect them from? What might cause their health to decline over time?
- Describe the role that each of the following might play in eroding the family and social supports that help keep immigrants healthy:
  - Poverty
  - Discrimination
  - Low-paying jobs
  - Ineffective schools
  - Substandard housing

- Epidemiologist Lisa Berkman says: “Overall, people who are really isolated are at increased risk not only for cardiovascular disease, but for infectious diseases, for diabetes, for strokes, for cancer. They were at increased risk from almost every cause of death.”
    - What are the causes of social isolation and exclusion in America?
    - Why are Americans on average more socially isolated today than 20 years ago?
    - How does a strong community network support social inclusion?

Discussion Questions:

- Dr. Iton says, “When you’re a new immigrant, the relationship between wealth and health is relatively loose. As you become more American, that relationship becomes tighter and tighter and tighter.” What does he mean?
    - What forces in society cause the tightening of that relationship?
    - What interventions might prevent this from happening?
    - What can we learn from immigrants that can help improve health for all Americans?
- Amador Bernal says: “I water the mushrooms with a hose and watering can by myself… I earn $9.03 an hour. I work 8 hours a day, 7 days a week.”
    - How does economic need influence the Bernals’ ability to parent their children?
    - How do economic circumstances influence the children’s ability to succeed at school?
    - What steps can a community take to support parent-child bonds and increase the chances for all children to succeed in school?
- The film notes that workers at the mushroom farm get no paid sick days and that the U.S. is alone among wealthy nations in not legislating paid sick leave. In your view, what are the consequences for working families in America of not having paid sick days? How would families benefit if these were guaranteed by law for everyone?
- According to the film, three out of four Americans who were at the bottom of the income ladder in the late 1980s were still there a decade later. What conditions limit economic mobility? How do current U.S. economic and labor policies “stack the deck” for or against working families?
- In describing neglected neighborhoods, Dr. Iton says that if your “environment is giving you cues that you’re not valuable, that you have little prospects for a good future, that starts to build up and you internalize that devaluation.” What specific things about a neighborhood can make one feel valued or devalued? How might resources be allocated so that people from every neighborhood in your city or town can feel valued?
- The film reports that social isolation is on the rise in the U.S. What are the causes of social isolation? What efforts or opportunities exist in your community to decrease social isolation and provide members with a sense of belonging and connection? What might be done to strengthen, sustain, or expand those efforts?

- Dr. Iton says: "In America, wealth pretty much equals health." Consider how the following might reduce economic inequality or make health less dependent on a family's personal wealth:
  - Living wage laws
  - Single payer health care
  - Development of affordable housing
  - Equal funding for schools across communities
  - Paid sick leave
  - Intra-neighborhood gatherings organized by civic or church groups
  - Universal pre-school
  - Paid vacation, parental and family leave

Suggested Activity: Support Network Diagram

1. Social support is about having people we can turn to in a time of need and social inclusion refers to the degree and extent to which we are allowed to participate fully in society. In this activity, participants will chart who and where they might turn to for different needs.
2. Photocopy and distribute the following grid to participants. (We recommend that you create and copy your own document using these categories or your own.)

	Family & friends	Co-workers, teachers & employers	Community or religious groups	Civic or professional organizations	Government agencies & services
Financial					
Medical					
Children / Family Issues					
Schools / Education					
Current events / politics					
Fun / Entertainment					
Jobs / Labor					
Food / Meals					
Transportation					
Emergency Shelter					

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3. Ask participants to come up with examples of different types of needs they might have that fit the categories on the left. Then ask how they might turn to one or more groups at the top of the column to fulfill that need. Try to fill all the boxes by coming up with a need for each category that corresponds to each group.

   For example, under the Financial category, you might turn to family or friends to borrow a little cash if you are short one month or get laid off from your job, or talk to your co-workers or employers to push for a raise. Government agencies might help you with workers compensation or social security, a bank might give you a car loan, and a professional or community organization might get you discounted insurance rates.

4. Encourage people to define needs broadly and creatively – the idea is not to focus on emergencies but to identify different types of need and map relationships between different groups that you can trust or draw support from.

5. After about 20 minutes or when most people have finished filling out their charts, come together as a group to discuss the activity:

   - What did you notice about where you might turn for different kinds of needs? Did any patterns emerge?
   - Which boxes were hardest to fill? Why?
   - Where is support most lacking? Are these different for everyone? If so, why?
   - How does insufficient support in different areas create stress?
   - How can you improve or sustain support in different areas?
   - Which areas require collective action or different policies to change or improve?

6. At the conclusion of the activity, brainstorm some next steps to take as a group or as individuals to increase levels of support. What are some organizations working to strengthen community capacity? Will government decision-making processes need to be made more accessible and open?

Web Site Tips:

Online Activity: Play the **Game of Life Expectancy** to see how social and economic factors affect how long you'll live.

Action Center: Read **Inspiring Stories** about promising initiatives that are helping to transform health and social conditions around the country.

Action Center: Use our **ConnectUp!** directory to find organizations working to advance health equity in your geographic or subject area.

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From the film:

- The average American spends 50 minutes a day commuting to and from work. For ten million Americans, the commute is now two hours or more.
- One in four Americans say there is no one with whom they discuss important matters. That number nearly tripled in the last 20 years.
- After five or more years in the U.S., Latino immigrants are 1½ times more likely to have high blood pressure than when they first arrived.
- The depression rate among immigrants who have been in the U.S. less than 13 years is 8%. For the general U.S. population, the depression rate is 20%.
- Three out of four Americans who started out at the bottom of the income ladder in the late 1980s were still there a decade later.

Episode Four: Bad Sugar

THE MYSTERY: Why do the Tohono O'odham and Achimel O'odham (Pima) tribes in Arizona have some of the highest rates of Type 2 diabetes in the world?

THEMES:

1. Poverty, oppression, disempowerment and 'futurelessness' are health threats
2. Diabetes rates are disproportionately high among Native American tribes who have been deprived of their traditional livelihoods and way of life.
3. Community self-determination can be an important health promoter.

COMPREHENSION QUESTIONS:

- What is Type 2 diabetes? How do people get it? What are the health consequences, and why is it so difficult to manage?
- Worldwide, which populations tend to have the highest rates of Type 2 diabetes? What do these groups share in common with the O'odham tribes or with each other?
- What happened to the Pima tribe's water? What impact did the loss of water have on their prosperity, culture and way of life? Who benefited from their loss?
- Shortly after the dams were built, the U.S. military began distributing free commodity foods. What types of foods were distributed? When were fresh fruits and vegetables introduced? What has been the impact on health? How did fry bread become Native American "tradition"?
- How did the Pima regain their water rights? What has this accomplishment meant to the Pima? Why does Dr. Don Warne think that it might help the Pima become healthier?
- Researchers have spent decades and several millions of dollars studying diabetes among the Pima and Tohono O'odham tribes. Why hasn't their research yielded a genetic explanation for the high rates of the disease? Why, despite three decades of medical research, have diabetes rates among the Pima and Tohono O'odham continued to climb?
- Terrol Dew Johnson says: "A lot of people in my family and around me have diabetes. Somehow, I always thought well, ok, that's just part of growing up."
    - What is the relationship between disempowerment, the uprooting of Native Americans cultural traditions and health?
    - How do poverty, oppression and chronic stress affect diabetes susceptibility?

Discussion Questions:

- Why do you think so much money and attention goes towards genetic research rather than towards improving social conditions?
- Prior to viewing this film, what media coverage have you read, seen or heard about diabetes or about groups with high rates of a particular disease? Do most media stories frame the issue in terms of social determinants or do they rely on genetic and behavioral explanations? Why? How do you think media stories influence policy decisions and what should be done?
- Dr. Warne says that as part of his treatment for diabetes he "might like to prescribe affluence." Why? How can affluence improve health opportunities for someone with limited means who is diabetic?
- Dr. Warne suggests that chronic stress can increase the risk of diabetes. List some stressors that might be affecting the health of your community. What is their history?
  - What kinds of policies might community groups or government advocate for to help alleviate or eliminate those stressors?
  - How can community members who want to include health equity as a policy goal participate in the decision-making process?
- As in Arizona, communities everywhere make choices about land use and resources – often benefiting some and disadvantaging others in relation to wealth and health.
  - In your community, what key land-use decisions have had an impact on health?
  - Who has benefited or been disadvantaged by these decisions?
  - Who makes these kinds of decisions and how?

Suggested Activity: Taking Control

Dr. Warne says that control over one's life "has an impact on self-identity and one's sense of hope for the future." What do we need in order to feel hopeful about our futures?

1. As individuals or in small groups, have participants make a list of things that cause worry, concern and anxiety about your future or that of your children. Encourage them to think of examples that are both personal/immediate and that reflect their broader economic, social and physical environments.
2. Have them cluster items into themes or areas, then select 3-5 themes to work with.

3. Photocopy and distribute the chart below. (We recommend creating your own document using the categories below or your own.)
4. Have participants list their selected themes in the left column, then ask them to consider what changes on the individual, community, state and federal level might make a positive difference for each theme/area of concern and write their answer(s) in the box that corresponds to the category and level.
5. At the end of the activity, have each group present its work and talk about how the activity made them feel (more or less hopeful). As a large group, discuss the ideas that made people feel most hopeful or that might give people the most control over their lives. Brainstorm suggestions for next steps.

List Themes Below:	Community	Social Policy	Individual

Web Site Tips:

Online Activity: See a **slideshow** of Terrol's photographs.

Web-Exclusive Video: Watch video clips about **community efforts to improve health,** including **Tohono O'odham Community Action** (co-founded by Terrol Dew Johnson). Hear Dr. Warne talk about the impact of cultural loss on health, the history of **federal Indian policies,** and more.

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Syme, Leonard. "Rethinking Disease: Where Do We Go From Here?" *Annals of Epidemiology, 6* (1996):463-468.

Tohono O'odham Community Action: www.tocaonline.org

USDA's Legislative History of Food Distribution Programs is available at http://www.fns.usda.gov/fdd/aboutfd/fd_history.pdf. The report includes links to each federal food program.

From the film:

- The Tohono O'odham and Pima Indians of southern Arizona have the highest rate of Type 2 diabetes in the world.
- In upscale Scottsdale, Arizona, the diabetes rate is approximately 5%. In working class Bullhead City, the rate is approximately 11%. On several Arizona Native American reservations the rate is 50% - 7 times the national average.
- In 1902, a survey found only one case of diabetes among the Pima. Within 30 years of building the Coolidge Dam, there were over 500 cases.
- Over half of Pima and Tohono O'odham Indians live below the poverty line.
- Prior to 1999, the U.S. Commodity Supplemental Food Program – which supplies many Native American reservations – included no fresh produce.

Episode Five: Place Matters

THE MYSTERY: Why are zip code and street address good predictors of population health?

THEMES:

1. Built space and the social environment have a direct impact on residents' health.
2. Neighborhood conditions can have an indirect impact on health by making healthy choices easy, difficult, or impossible.
3. Public policy choices and private investment decisions shape neighborhood conditions.

COMPREHENSION QUESTIONS:

- What is the "poverty tax" and what circumstances perpetuate it?
- According to epidemiologist Ana Diez-Roux, what conditions do affluent neighborhoods take for granted that promote better health? When county maps showing poverty, education, asthma and diabetes rates in Richmond are laid on top of one another, what patterns emerge?
- Although Gwai Boonkeut's neighborhood is home to a number of refineries and chemical plants that are potentially hazardous to residents' health, the film suggests that other neighborhood conditions pose an even greater threat to his health. What are those conditions and how do they get "under the skin?"
- Cardiologist David Weiland wonders why Gwai, a relatively young patient with no history of smoking, family heart disease, or other typical behavioral or genetic risk factors ended up having a heart attack. How does the film answer his question?
- Seattle public health official James Krieger outlines neighborhood features that influence health. Explain how each of the following affects health outcomes:
    - Proximity to environmental hazards (potential for toxic exposure)
    - Quality of schools
    - Quality of affordable housing
    - Frequency of violence and crime
    - Opportunities for social interaction with neighbors
    - Access to affordable, healthy food choices
    - Places to walk or do other kinds of physical activities

5 Episode

- After World War II, many white residents left Richmond. What conditions prevented African Americans from leaving as well? Describe the "cycle of disinvestment" that followed, and provide examples from the film of how community-based organizations in Richmond are working today to promote health equity.

- Tom Phillips, Seattle Housing Authority, says: "Even though this was a rough, dangerous neighborhood, there was still a community here and people living in communities actually know what they want." How was High Point able to rebuild? What was the involvement of residents, community groups, housing and health officials, government agencies and private investors? What happened to the residents of Old High Point?

Discussion Questions:

- What health threats does Gwai face that are beyond his individual control? How do neighborhood conditions, his job and income situation and being an immigrant affect his ability to keep his children out of harm's way? How might all of this affect Gwai's stress level? What options would make things better for Gwai's family and others?

- What health advantages do residents of wealthier neighborhoods have that are often lacking in neighborhoods like where Gwai lives? Why do these differences exist?

- Dr. David Williams argues that health campaigns focused solely on changing individual behavior are naïve because "the choices of individuals are often limited by the environments in which they live." How does your neighborhood limit or expand healthy choices? What would you like to see improved in your neighborhood? What will it take to make that happen?

- Epidemiologist Ana Diez-Roux observes that neighborhood differences are not "natural."
    - What draws businesses and investment to some places and not others?
    - What kinds of state or national policies can help revitalize neighborhoods?
    - What lessons from the example of High Point can be applied to the neighborhood where you live? How can you replicate the partnerships, creative financing and health innovations that made High Point work?

- The film states that the health problems of Southeast Asian refugee communities are often masked by including them under the aggregated label "Asian American." Would a color-blind approach to health problems make these problems easier or harder to solve? What demographic categories should we use for gathering health data?
- The documentary touches upon the health effects of violence in Richmond. In what ways does violence affect the health of children? If violence is presented as a public health threat rather than a crime issue, how might that affect the way policy changes are perceived?
- The documentary asks, "How do you make an unhealthy neighborhood healthy?"
  - What makes a neighborhood unhealthy to begin with?
  - What are the challenges involved in trying to improve neighborhood conditions?
  - How can a disinvested community be revitalized without triggering the increases in rent and home prices that displace poorer residents and lead to gentrification?
- Dr. Tim Takaro says, "Market driven forces are not going to build healthy homes for low-income communities." Why not? What forces have shaped your community in the past? How were decisions made? Who was left out? If the market doesn't support the creation of healthy, affordable homes for people who need them, how can we change the market or create non-market solutions?
- At the end of the film, David Williams says. "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." How can we better ensure that all of us, not just the wealthy, have the conditions for good health? How will decision making have to change?

Suggested Activity: Neighborhood Assessment

1. Consider your own neighborhood (or a neighborhood selected by the group). Answer the questions below:
   - What does this neighborhood look like?
   - What are the strengths of this neighborhood?
   - What actions could be taken to sustain those strengths?
   - Who can help us take those actions?

- What things in this neighborhood need to be improved to reduce chronic stress, give residents better access to healthy choices, and/or give people a greater control over their lives? Be as specific as possible.
- What actions could be taken to make those improvements?
- Who can help us take those actions?

2. Pick at least one item from the list and define a few concrete action steps toward change.

Web Site Tips:

Online Activity: Explore what differentiates a healthy neighborhood from an unhealthy one in **A Perfect Neighborhood.**

Online Activity: **A Tale of Two Smokers** follows two people trying to live a healthier life - see how outside factors affect their ability to succeed.

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From the film:

- Of 350,000 federally guaranteed new home loans made between 1946 and 1960 in Northern California, less than 100 went to black families. Of $120 billion in government-backed home loans nationally between 1934 and 1962, less that two percent went to non-white households.
- In Seattle, the typical cost of emergency room visits for a child with asthma living in a disadvantaged neighborhood is $3,000-$5,000/year.
- According to University of Michigan epidemiologist Ana Diez-Roux, living in an economically disadvantaged community can increase the risk of heart disease by as much as 80%.
- In Boston, children living in economically disadvantaged neighborhoods are six times more likely to be hospitalized for asthma than children in neighborhoods at the high end of the economic spectrum.

Episode Six: Collateral Damage

THE MYSTERY: Why has the rate of both chronic and infectious diseases in the Marshall Islands significantly increased since establishing a close relationship with the United States?

THEMES:

1. Globalization, uneven development, and military policies have an impact on poverty, hope, and health.
2. U.S. policy in the Pacific has affected the health of Marshall Islanders directly and indirectly.
3. Social changes that improve living standards can strengthen immune systems and increase resilience against disease.

COMPREHENSION QUESTIONS:

- Two billion people, one third of the world's population, have been exposed to tuberculosis, but only a small fraction, nine million people a year, become infected. Why? What is the drug regimen for treating the disease? What can happen if an individual doesn't complete his or her drug course?
- In the early part of the 20th century, tuberculosis was a leading killer in American cities. What caused the TB rate to drop 76% between 1900-1940, even before drugs to combat the disease had been invented? What factors contribute to outbreaks in poor communities today?
- Between 1946 and 1958, 67 nuclear devices were detonated on and around the northernmost Marshall Islands. How did the radiation from these test blasts affect residents of nearby islands? How does it continue to affect their health today?
- Dr. Neal Palafox says that for Marshall Islanders, displacement and cultural loss have been more damaging to health than the actual effects of nuclear testing. What does he mean? How does being relocated 50 years ago affect livelihood, living conditions, diet and people's sense of hope and opportunity, even today?

- How has the presence of the U.S. Ronald Reagan Ballistic Missile Base on Kwajalein affected the health of Marshall Islanders on the neighboring island of Ebeye? Why is it so crowded?
    - Contrast living conditions on Kwajalein and Ebeye. What kinds of daily stressors do poor Marshallese on Ebeye encounter that American residents of the U.S. military base on the Marshall Islands do not?
    - Why are conditions so different? Who has the power to make changes?
- In the film, Dr. Palafox also says that the Marshallese suffer the health effects of both the developing and industrialized world. In what ways? What social conditions contribute to high rates of both communicable and chronic illnesses in the Marshall Islands?
- Why do so many Marshall Islanders end up in Springdale, Arkansas? According to the public health nurse in the film, what conditions make the adjustment difficult for them and what social factors contribute to tuberculosis outbreaks there?

Discussion Questions:

- What role did the imbalance of power between a nation like the U.S. and the Marshall Islands play in the decision to conduct nuclear tests there? How might that decision differed if the islands were closer to U.S. territory or home to people of European heritage or descent?
- What responsibility do you think the U.S. has to improve living conditions on Ebeye? What do you think should be done? Consider the potential impact of different kinds of interventions (better services, economic aid, political pressure, removal of the U.S. base).
- What has pushed many Marshallese off outer islands and what pulls them to Ebeye, even though it is so poor and overcrowded? How is this pattern repeated in other places where U.S. military bases or other large employers are located in poor countries? What can be done to create better health conditions?
- How have globalization and the U.S. military presence disrupted the economy, culture and diet of the Marshallese? Is it desirable (or even possible) for them to return to traditional ways? What about other forms of empowerment?
- More than 1,100 Marshallese work on Kwajalein but they are not allowed to live there and must commute by ferry to the neighboring island of Ebeye. How would you feel if a foreign power, say, France or China, occupied a slice of land in the United States and employed Americans but didn't allow Americans to live there?
- Former health minister Tony De Brum says: "Providing more doctors or nurses on Ebeye is not going to solve [the health] problem. There has to be a political decision made." What is he referring to? Do you agree? Contrast a medical approach to tuberculosis to one that addresses the social determinants of health.

- Dr. Jim Yong Kim says, "We have more than enough resources to provide treatment, prevention, and to transform the economic and social conditions that give rise to the diseases of poverty like tuberculosis that are so prevalent today." Why haven't we done so? What factors make it difficult for the Marshallese government to make changes on its own?
- Physician Neil Palafox says, "Poverty creates a dynamic in individuals where they feel they don't control their lives or anything that occurs in their lives." What kinds of policy changes might give the Marshallese a greater sense of control over their lives and/or increase the choices available to them in terms of work, residence, and health? Is there a similar dynamic at work in poor communities in the United States?
- What are the prospects for the Marshallese now living in Arkansas? What does the narrator mean when he says that the Marshallese who have immigrated to Arkansas "can leave the impoverished conditions of their homeland behind, but they can't leave behind the effects of having lived in poverty?"

Suggested Activity: Public Health Task Force

Imagine that you are a Marshallese public health official and the U.S. military has just offered you a $20 million dollar grant to eradicate tuberculosis. What would you do?

1. Divide everyone into small groups. The instructions below apply to each group.
2. Make a list of who should be involved in deciding how the funds should be spent.
3. Weigh the pros and cons of each of the following approaches:
    - MEDICAL – distribute drugs, provide more nurses, doctors, hospitals and better testing.
    - PHYSICAL CONDITIONS – replace deteriorating buildings with new facilities, remove waste, improve infrastructure and sanitation.
    - PROGRAMS AND SERVICES – provide job training, income assistance, improve schools, provide family supports.
    - ECONOMIC DEVELOPMENT – (1) invest in small, sustainable enterprises that provide jobs by producing goods and services to Marshallese; (2) invest in larger enterprises that provide jobs and foreign exchange by producing goods for export.
    - CULTURAL CONDITIONS – sponsor programs to connect people to traditional diet, navigational skills and other cultural traditions, strengthen community ties and involvement and cultivate cultural pride.
    - COMMUNITY ORGANIZING AND EMPOWERMENT – support community and labor organizations that give a voice to Marshallese people and engage them fully in the political and economic development process.
    - OTHER?

4. Develop a set of recommendations for how the money should be spent based on what you've learned. Be prepared to prioritize (what you would do first if you don't have enough money to do everything) and to justify your recommendations. As a bonus, you can make suggestions on how to leverage the funds and/or obtain more.

5. When each team is finished, bring everyone together to compare recommendations and share ideas. For advanced groups, you might have people debate which recommendations are best and/or have a group play mediator and make the final decision based upon the presentations.

6. Afterwards (perhaps in a follow-up session), debrief with the group. You might ask:

   a. how people felt about the exercise, particularly how they felt about having to make hard policy choices

   b. what lessons they will take away from it, perhaps in terms of ensuring proper engagement of those most affected by the decision-making process or the limitations of using a single line of approach to tackle a complex issue

NOTE: Depending on the size and sophistication of your group, you may also want to try one of the following variations on this activity, or make up your own:

(1) Follow the instructions but assign each team to one of the categories above and have them base their recommendations solely on that approach. Have the entire group then come together and debate the merits of the different approaches and come up with a consensus or have an additional team judge the effectiveness of one approach versus another.

(2) Address these issues through role-playing. Assign everyone in the room a particular role and through discussion, let the group develop recommendations on how to spend the funds. Task force members might include: a representative from the executive branch of the Marshallese government, a U.S. policy maker from Washington, DC, a U.S. military representative from the base on Kwajalein, a senator representing Ebeye, public health workers, economic advisors, "experts" who have successfully confronted tuberculosis elsewhere in the world, neighborhood leaders, a leader of Marshallese employees at Kwajalein, representatives of aid and human rights organizations working with Pacific Islander groups, family members who have lost someone to TB, local landowners and business leaders, etc. Advanced groups who have the opportunity might do research ahead of time to prepare.

Web Site Tips:

Resources: Find articles, research, transcripts and more in **the Health Equity database.**

Web-Exclusive Video: Learn more about the **effects of atomic testing** in the Marshall Islands.

Case Study: Read about the Marshall Islands' **push/pull relationship with the U.S.**

Key References:

Accounts of U.S. payments for damage done by nuclear testing in the Marshall Islands are available at: www.nuclearclaimstribunal.com/

"Addressing Poverty in TB Control" (World Health Organization) and "Economic Benefits of Tuberculosis Control" (World Bank) are available for download at: www.who.int/tb/challenges/poverty/en/

Goodall, Jane and Rick Asselta. "Remembering the Marshall Islands," *San Francisco Chronicle*, June 30, 2006. Reprinted online at http://www.wagingpeace.org/articles/2006/06/28_goodall_remembering-marshall.htm.

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The Web site of the Embassy of the Republic of the Marshall Islands includes health statistics, information on history and culture, and a section on nuclear issues: www.rmiembassyus.org/index.htm

Pacific Islands News Association – www.pinanius.com

Pacific Magazine, a news outlet for Oceania, frequently reports on health-related issues in the Marshall Islands: http://www.pacificmagazine.net/

Williams, Deann Perez and Ann Hampton. "Barriers to Health Services Perceived by Marshallese Immigrants," *Journal of Immigrant Health 7* (October 2005): 4.

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From the film:

- The U.S. took control of the Marshall Islands from the Japanese in 1944 and kept control until an independent republic was formed in the late 1970s.
- More than 1,100 Marshallese work on the U.S. military installation on Kwajalein Island but they are not allowed to live there.
- TB rates among the Marshallese are 23 times higher than in the U.S. Life expectancy is 15 years less.
- Infant mortality in the U.S. is 7 deaths per 1,000 live births. For the Marshall Islands, it is 52 per 1,000.
- Americans living on Kwajalein have health outcomes similar to the U.S.
- In the Marshall Islands, about 30% of the population has diabetes. In the U.S., approximately 7% of the population has diabetes.

Episode Seven: Not Just a Paycheck

The Mystery: When a Swedish-owned company closed manufacturing plants in Greenville, Michigan, and Vastervik, Sweden, why did the health of Greenville residents quickly deteriorate while health outcomes in Vastervik remained steady?

Themes:

1. Layoffs, unemployment, and job insecurity have a negative effect on health.
2. Public policies that provide a social safety net can buffer unemployed workers and their families from economic disruptions and uncertainties that affect health.
3. Societies that take a "we're all in this together" approach to policy have better health outcomes than those that leave individuals and communities to fend for themselves.

Comprehension Questions:

- Why did Electrolux close its Greenville and Vastervik plants? What was the impact on workers in each community? How did they cope?
- Why is unemployment in the U.S. associated with higher rates of stroke, heart and kidney disease, alcohol abuse, suicide, and homicide? How did the caseload at the local hospital change in the year after the Greenville plant closed? How many "excess deaths" does Professor Harvey Brenner predict Greenville will see in the next 10 years due to the Electrolux shutdown and increase in unemployment?
- Psychologist Rick Price says: "Involuntary job loss isn't just something that affects a particular individual who suddenly has to find a new job, because it ripples through whole families and communities." Give examples from the film of the ripple effect Price describes, for different health outcomes and who is affected.
- Former Swedish Minister of Industry Thomas Östros says, "Unemployment is very bad for individuals. You lose your connection to society, you lose your democratic empowerment." What does he mean? Provide examples from the film that illustrate this.
    - What protections does Sweden provide for its workers that soften the impact of job loss on individuals and communities? What about the U.S.?
    - What are some of the other resources and opportunities the Swedish government makes available to everyone – rich or poor – that we don't have here in the U.S.?
    - How do Swedes pay for these programs?

- Reverend Jerry Jones says, "There's a growing chasm between the haves and the have-nots." How does wealth inequality in the U.S. compare with that of other countries? What are the social and economic forces that have contributed to the widening wealth gap in America? What is the effect on health?
- What role did unions in Sweden play in negotiating reparations for Electrolux workers there? What about in the U.S.? What income supports were available to laid-off workers in Greenville? What kinds of losses do they stand to face?

Discussion Questions:

- What responsibility do we have to help people who have suffered a job loss? What policies might prevent health from deteriorating in these situations? What can and should government do to improve job security and protect workers and communities from the sudden shifts of capital?
- Gary White (32 years at the plant) says: "You can't even find a job at a third of what I was making before." What options exist for people like Gary, whose entire work lives have been spent with one company? What obligation does a company owe to its long-term employees? What role can the government or unions play in ensuring this is met?
- What would you do if, like Sandy Beck, your income suddenly dropped by two-thirds and you lost all your benefits? What sacrifices would you have to make?
    - How different would it be if we had social protections like universal health care, secure pensions, job training and placement assistance, 80% unemployment pay, income supports for families, paid parental leave, and universal childcare?
    - Would you be willing to pay 20% more of your income, like the Swedes do, to have all those benefits guaranteed to you?
- The wealth of most middle-class Americans is tied to the value of their homes. What happens to wealth in towns like Greenville when companies close plants?
    - Who benefits when property values decline?
    - As property values drop, how will the community be impacted?
    - How does our wealth affect our children's opportunities for the future?
    - How might income and wealth affect what resources one can tap to help cope with a highly stressful event like losing a job?
- When Electrolux closed its factory in Vastervik, it had to compensate the community as well as workers. Greenville received nothing. Should companies that move factories be required to pay individuals and communities? If so, what

would it take to make that happen? What kind of changes in law and power might hold corporations more accountable to stakeholders like communities and employees? How might such changes impact business practices?

- What factors go into a company's decision to shut down a plant and move somewhere else, especially overseas? Do you know of situations where a corporation threatened to leave or shut down if employees or the local or state government didn't provide concessions? What effect might such job insecurity have on the health of workers?

- In Sweden and many other European countries most workers belong to unions which provide workers more power and a bigger say not just on the job but in government decision making. Why has union membership declined in the U.S.? What factors in the U.S. affect the power and effectiveness of unions? How can U.S. workers gain more control over the terms and conditions of their jobs? What about communities?

- Electrolux moved its Greenville facility to Mexico so that it could cut labor costs and increase its profit. U.S. workers paid the price. How do we protect communities from health threats posed by the chaos and uncertainty of free markets? Should corporations be "free" to shift capital anywhere in the world in search of the highest profit? We've imposed many restrictions on corporate freedom over the years ranging from minimum wage laws to environmental standards. Should the movement of capital also be regulated? How?

- Researcher Richard Price says, "We live in an individualistic society. And we believe that people are individually and personally responsible for their own fate. We enact our laws that way. We create our social policy that way."
    - Do individuals determine their own fate? Should they? Why?
    - How does this frame of the "self-determining individual" shape the way we view the roles of government or corporations?
    - How does it impact our ability to work collectively to improve conditions for health?
    - What other core American values might we draw upon to push for different policies?

- Economic writer Jared Bernstein distinguishes between YOYO ("You're on Your Own") and WITT ("We're in this together") societies. What differentiates these two types? Why has the U.S. gone down the YOYO society path, unlike Sweden? Who gains and who loses in changing from a YOYO to a WITT society? How would strategies for social change be different than trying to repair the damage? How would power have to shift? What does that mean?

Suggested Activity: Household Budget Adjustments

Part 1

In the program, laid-off workers found that unemployment payments or wages from available jobs cut their income by at least 50%. Assume that the earners in your household were laid off and your total household income was reduced by half.

1. Consider how these changes would affect:
    - Where you live
    - How you get where you need to go
    - What you typically eat
    - Your mental health
    - Your relationship with your partner or children
    - Your ability to pay off your mortgage and / or other debt
    - How this would affect "essentials" like Internet connection, cell phone usage
    - What you might do for entertainment or vacation
    - Prospects for your children's future
    - Your ability to plan for retirement and old age
    - Your sense of hope for the future
2. After you have completed the activity, assess your stress level. Are you feeling more or less stressed (or anxious) than when you started?

Part 2

Psychologist Rick Price also reminds us, "Involuntary job loss isn't just something that affects a particular individual...it ripples through whole families and communities."

3. Next, consider how these same changes would affect your community as a whole:
    - property values and home sales
    - the tax base
    - upkeep and maintenance of physical spaces
    - public services, libraries, community programs
    - schools and senior centers
    - crime and personal behaviors
    - business development and investment
    - sense of optimism and hope
4. Draw up a list of recommended social and economic policies that might protect you and your community from the chaos and uncertainty. Debate the pros and cons of each.

Web Site Tips:

Interactivity: What do healthy countries have in common? Explore **YOYO Health** to see how the U.S. compares internationally on key health indicators.

Web-Exclusive Video: See how **job loss and unemployment affect kids.**

Key References:

Brenner, M Harvey. *Estimating the Effects of Economic Change on National Health and Social Well-Being: A Study.* A report of the United States Congress Joint Economic Committee, Subcommittee on Economic Goals and Intergovernmental Policy, 1984.

An excellent source of information on wealth distribution and the income gap is available at www.inequality.org.

Marmot, Michael, G Davey Smith, S Stansfeld, et al. "Health Inequalities among British Civil Servants: The Whitehall II Study," *Lancet,* 1991.

Marmot, Michael. *The Status Syndrome: How Social Standing Affects Our Health and Longevity.* NY: Henry Holt, 2004.

Mishel, Lawrence (ed), Jared Bernstein and Sylvia Allegretto. *The State of Working America 2006/2007.* Ithaca, NY: Cornell University Press: 2006.

Dr. Richard Price, who is featured in the program, directs The University of Michigan Prevention Research Center. A variety of research papers related to the health consequences of unemployment are available for download from the Center's Web site: www.isr.umich.edu/src/seh/mprc/public.html

The United for a Fair Economy Web site (www.faireconomy.org) includes a variety of resources on economic democracy and justice.

From the film:

- In 2006, Electrolux workers in Michigan earned $15 an hour plus benefits. Electrolux's Mexican workers earn $1.57 an hour plus bus fare and lunch.
- In 2004, the Greenville hospital treated 80 cases of depression, attempted suicide, and domestic abuse. The year after the plant closing, that number nearly tripled.
- Economist Harvey Brenner predicts that the Electrolux closing will result in 135 "excess deaths" in the Greenville area over 10 years.
- In 1965, one-third of the jobs in the U.S. were manufacturing jobs. Today, under 13% of U.S. jobs are manufacturing jobs.
- The top 1% of Americans hold more wealth than the bottom 90% combined.
- CEOs earn more than 250 times the average worker's pay.