



***Unnatural Causes: Is Inequality Making Us Sick?* - PBS Documentary Series and Public Impact Campaign**

The *Unnatural Causes* Public Impact Campaign is an effort on the part of the National Association of Chronic Disease Directors (NACDD) and the California Newsreel to eradicate racial, ethnic, socioeconomic and other health disparities. The Public Impact Campaign will introduce the importance of equity and social justice into discussions of health, and inject health consequences into debates over social and economic policies. The campaign consists of four main components: collaboration with media, targeted outreach, companion website, and educational dissemination.

The United States currently spends two trillion dollars a year on rising health care costs, while American life expectancy ranks 30th in the world. American businesses experience two hundred sixty-nine billion dollars a year in lost productivity due to illness. On average, top executives have better health than managers, who fare better than supervisory and technical personnel. Supervisors do better than line, service and clerical workers and the unemployed have the worst health. American adults who have not graduated from high school have death rates two to three times that of college graduates. At every social economic level, African Americans' health outcomes are worse than their white counterparts. In many cases, other racial and ethnic groups are also experiencing poorer health outcomes AND disparities are getting worse.¹

Health disparities are not totally **caused** by—and therefore cannot be eliminated by addressing—genetics, unhealthy lifestyle choices, or poor medical care alone. Rather, recent research indicates that our political and social environment –jobs, schools, built environment, transportation, and even the quality of civic life – affect our risk of chronic diseases. Racial, ethnic, socio-economic and other health inequalities in the United States are human made. They are socially and politically constructed, not determined biologically. Therefore, instead of dealing with the **consequences** of racial, ethnic, socio-economic and other health disparities, we need to examine the **causes** of such disparities and inequities, and start planning what we can do to prevent them.

The *Unnatural Causes* Public Impact Campaign will work with the popular media venues to spearhead a public understanding of how social policies are in fact health measures critical to the improved health of our nation. By working together we can begin to think and act in a more comprehensive way to address the causes of unequal health outcomes rather than dealing with the foreseeable consequences of our inaction. *Unnatural Causes* will also mobilize various public health sectors, funders, national organizations like NACDD, and state/local community health

¹ Data references can be found at the *Unnatural Causes* website www.unnaturalcauses.org

The term *health inequity* is now considered more accurate than *health disparity*. Therefore, in the future the Health Disparities Interest Group (HDIG) will be transitioning language in our publications and speech to *health inequity*.

departments to build partnerships. These partnerships will define common goals to focus on eradicating the pervasive health disparities that exist in the U.S.

In 2005, NACDD formed the Health Disparities Interest Group (HDIG). The group has accomplished the following in a short time: 1) developed this briefing paper and contributed a success story to the *Unnatural Causes* website; 2) organized an orientation for members during our May 2007 membership conference call; 3) posted research articles to the HDIG website; submitted abstracts that were accepted for presentations at two national conferences in winter 2008; and 4) reviewed the *Unnatural Causes* toolkit draft to identify resources HDIG can post to enhance the materials already included.

We need your help. Join the Campaign today! For more information about ways to get involved with the NACDD Health Disparities Interest Group contact Jerrica Mathis at jmathis@chronicdisease.org.