

Why Does Income Affect Health in Our Country?

Reno Gazette-Journal / RGJ.COM

Tuesday, March 25, 2008

*Don't believe them when they tell me
There ain't no cure
The rich stay healthy
The sick stay poor*

– From the U2 song “God Part II”

Americans are obsessed with health.

In pursuit of healthy “lifestyles,” we spend millions on gym and spa memberships, nutritional supplements and energy drinks, diet and workout videos, and a seemingly endless array of exercise gizmos.

We invest billions each year on biomedical and pharmaceutical research in our perpetual search for cures and therapies for everything that ails us.

And, despite nearly one in five Americans being uninsured, we spend more on health care than any country on earth – over \$2.1 trillion last year alone or more than \$7,000 for every American man, woman and child.

What do we get for all those dollars? By any measure, Americans live shorter, less healthy lives than the rest of the industrialized world – life expectancy in the US ranks 30th or tied with Hungary for next to last among industrialized nations.

Further, poor aggregate health statistics mask even deeper inequalities in health status by income, education, and race in the US.

While we have always known that the poor have poor health, a steadily accumulating body of epidemiology research has revealed a social gradient to health – the higher one’s social position, the better the health.

Conversely, at each step down the socio-economic ladder – from the rich to the middle class to the poorest members of our society – people tend to be sicker and die sooner.

Writing in the medical journal *JAMA*, epidemiologist Michael Marmot illustrates the social gradient in health in our nation’s capital. He notes that as one travels the dozen or so miles on the metro train from downtown Washington DC to the suburbs in Maryland, the life expectancy of the local population segment rises about a year and half for each mile traveled.

In particular, “poor black men at one end of the journey have a life expectancy of 57 years and rich white men at the other end have a life expectancy of 76.7 years.” In short, there is a 20-year life expectancy gap between residents living at opposite ends of the same community.

Why does the social gradient in health exist? What, if anything, can be done to reduce persistent health inequalities? Why do we tolerate this state of affairs?

A provocative documentary airing on PBS this week, “Unnatural Causes: Is Inequality Making Us Sick?,” examines these questions, paying close attention to how the social circumstances in which we are born, live, and work affect our risk for disease as much as viruses, unlucky genes, or even health care.

The series raises a number of unsettling questions with far-reaching implications for how we think about health and policies we develop to improve health in our society:

- Why do middle-class Americans live, on average, shorter lives than upper-class Americans, even after taking health-related behaviors, such as smoking and diet, and access to health care into account?
- Why do recent Latino immigrants, who are poorer, enjoy better health than native-born Americans when they arrive, yet suffer a rapid decline the longer they live in the US?
- Why are some African American and Native American populations less likely to reach the age of 65 than people from Bangladesh or Ghana?

The series documents how health is related to the unequal distribution of wealth and power in communities, how inequality is literally bad for one’s health, and, ultimately, how we all pay the price for the poor health of our fellow citizens.

As this year’s election cycle heats up and health care reform finally returns to the public policy agenda, policymakers and the public must honestly reckon with the price tag associated with any proposal to reduce the number of uninsured and improve access to quality medical care in Nevada and the US.

“Unnatural Causes” suggests that a critical, long-term strategy for simultaneously improving health and reducing health care expenditures is to address the underlying social and political determinants of disease – causes which are anything but natural.

John Packham, PhD is Director of the Nevada Rural Hospital Flexibility Program at the University of Nevada School of Medicine. He currently serves as the President of the Nevada Public Health Association. The first segment of the four-part documentary “Unnatural Causes” will be televised this Thursday, March 27 from 10 to 11 p.m. on KNPB Channel 5.