

# UNNATURAL CAUSES

...is inequality making us sick?

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Public Engagement Campaign in Association with the Joint Center for Political and Economic Studies Health Policy Institute.

## Place Matters

TRT 29 min

### DVD Chapter 1: Where You Live

**NARRATOR:** If you lived here, you'd be 30% more likely to live into old age than if you lived here. If you lived in this neighborhood, your child would be six times more likely to be hospitalized for asthma than if you lived in this neighborhood. Why is your street address and the place you live such a good predictor of your health?

**JAMES KRIEGER (Epidemiologist, Seattle Dept. of Public Health):** Place matters. That's where someone works, where they go to school, or where they live, because place determines what someone's exposed to in terms of a whole host of factors that can affect their health. So place matters because it determines what kind of physical or chemical agents you might be exposed to. It matters what kind of social environment you are exposed to. It matters if there's a lot of violence or crime in your neighborhood. It matters if it's easy to go for a walk in your neighborhood or find healthy foods. Who your neighbors are and the way you interact with your neighbors can also affect your health. So place ultimately is a critical determinant of health.

**DAVID WILLIAMS (Sociologist, Harvard School of Public Health):** When we think about health, we usually think about health care and access to care and the quality of care. But what research clearly shows is that health is embedded in the larger conditions in which we live and work. So, the quality of housing and the quality of neighborhood have dramatic effects on health.

**NARRATOR:** How do we make an unhealthy neighborhood healthy? Here are two neighborhoods working to find answers — one in Richmond, in Northern California and another in Seattle, Washington. Two neighborhoods with similar problems. Today in High Point, in West Seattle, there is quality, low-cost housing. Clean parks. Safe streets. Access to good food choices. And sidewalks that allow lots of social interaction. These features promote health in High Point. But they're not found in many low-income neighborhoods.

### DVD Chapter 2: Gwai's Story

**DAVID WEILAND (Cardiologist, East Bay Cardiology Medical Group):** Actually, why don't you lay down...

**NARRATOR:** Meet Gwai Boonkeut, age 49. A refugee from Laos, he moved to Richmond,

**California in 1980. He works as a school janitor.**

**WEILAND:** Will you roll towards me and put this arm up over your head a little bit? Will you roll towards me just a little bit....

The, um...the heart is still weak. I would find it hard to believe that you would be able to go back to work and work a full day right now. So, each time the heart beats, 15-20% of the blood is leaving the heart. Normal is 60%.

**GWAI BOONKEUT:** 60%.

**WEILAND:** Yeah. So it's working about a third of a normal heart.

**NARRATOR:** Two weeks ago, Gwai suffered a major heart attack. This is his first checkup since emergency surgery.

**GWAI BOONKEUT:** How long will I live?

**NARRATOR:** His cardiologist doesn't pull punches.

**WEILAND:** Uh... that's a really good question, I don't know. You...you essentially almost died once. A lot of it depends on how much stronger the heart gets over the next 3 to 6 months. If it doesn't get stronger, unfortunately you're at risk of suddenly dropping dead.

**GWAI BOONKEUT:** You talk about heart stress, you mean, like, that's including like worry and anxiety and all those stuff.

**WEILAND:** All those things can play a role.

**GWAI BOONKEUT:** Oh, ok.

**WEILAND (in office):** The question is, why would a young man like this present with such severe heart disease? Weakened heart and a heart attack at such a young age. Umm... basic causes of this sort of disease that we ask questions about are smoking history. He's not a tobacco user. History of diabetes, he has no history of diabetes. Family history of heart problems at a young age, no family history. And one has to wonder whether environmental factors play a role.

**NARRATOR:** In Gwai's environment, petrochemical companies release tons of pollutants each year. But these toxins may not be the worst environmental health threat here. Tobacco, liquor and fast food are easy to find. Fresh produce isn't. Nor is quality housing. Many public places are unsafe.

**WENDELL BRUNNER (Director of Public Health, Contra Costa Health Services):** It's a community that has enormous number of problems so we see much higher rates of asthma hospitalization. We see much higher rates of diabetes, lower life expectancy.

**ANA DIEZ ROUX (Epidemiologist, University of Michigan):** When most people think of the causes of chronic disease, for example cardiovascular disease, they think of individual level risk factors which we know about. Diet, physical activity, smoking. However, it's also true that they are socially patterned. And one of the dimensions across which it's patterned is by neighborhoods.

If we look at a map of almost any geographic area, but I'll just use the example of Richmond, California, and you map up rates of obesity, for example, or of hypertension, or of low-birth weight, we'll see that these things overlap almost exactly. And if we overlay a map of environmental hazards, it fits in as well. And, it's very common to see all these dimensions cluster.

**NARRATOR: And they cluster in Richmond. The city has higher rates of death from heart disease and cancer than most surrounding communities. Children are hospitalized for asthma at twice the rate of other county neighborhoods. And the risk of dying of diabetes is also almost twice as high.**

**DAVID WILLIAMS:** Sometimes, we naively think of improving health by simply changing behaviors. But the choices of individuals are often limited by the environments in which they live.

**DICK JACKSON (Professor of Environmental Health, UC Berkeley):** A friend of mine who worked in Richmond said that she'd seen 10 or 12 teenage girls now who have had their gall bladders removed. If you eat a lot of fat in your diet, you can get gall bladder disease and it turned out that they're eating breakfast, lunch and dinner in fast food outlets. And there were no farmers markets, there were no green grocers; there was no Safeway or supermarket that was reachable by these kids. And fast food is a bargain.

You can get 1500 calories for a couple of bucks. It's not a long-term bargain, but it's a short-term bargain. And people make that trade.

**NARRATOR: Even short-term bargains can be few and far between.**

### **DVD Chapter 3: Poverty Tax**

**TORM NOMPRASEURT (Lead Organizer, Laotian Organizing Project):** So there are a lot of Laotians who live around here, those apartments around here. Over fifty percent of people pay more than thirty percent of their income toward their housing cost. So if you pay more than thirty percent of your income, you're not in a good situation.

**NARRATOR: And it's not just housing. According to a Brookings Institution report, buying a car in a low-income neighborhood costs as much as \$500 more than in an affluent community. Cashing a check? Add up to 10% more. Furniture, appliances, and even groceries are more expensive. Researchers call this "the poverty tax."**

**GWAI BOONKEUT:** Until last year, I worked two jobs.

**KANORN BOONKEUT (speaking in a Laotian language):** And I worked two jobs too, before.

**GWAI BOONKEUT:** My daughter used to say like, ‘mom, stop.’ She says she doesn’t want to see her mom or dad work like that. Now I take this...

**WEILAND:** We have patients like Gwai who come in very sick. We patch them up we save their lives and send them back out in the same environment.

**GWAI BOONKEUT:** Calcium. Potassium. I have to take it at four o’clock.

**DIEZ ROUX:** I think we sometimes forget that people who live in more well-off communities have a lot of advantages because they do have a lot of the environmental support. Well, why are these neighborhoods so different? And of course, these differences are not a natural thing. They arise as a result of policies or the absence of policies that create these enormous spatial inequalities in resources and in the environments that people live.

#### **DVD Chapter 4: Boomtown**

**NARRATOR: 60 years ago, Richmond was a boomtown.**

**ARCHIVAL VOICE OVER:** Here was assembled one of the nation’s largest industrial armies. People came by the thousands and tens of thousands.

**NARRATOR: During World War II, the Kaiser shipyards in Richmond ran twenty-four hours a day. The war effort drew workers of all ethnicities to Richmond. When the war ended, new governmental policies brought sweeping changes to communities like Richmond.**

**As the shipyards closed, thousands of jobs left. So did anyone who could. But only white families could get the new government backed mortgages to buy homes in the new suburbs. Richmond’s population fell by a third.**

**ANGELA GLOVER BLACKWELL (CEO, PolicyLink):** We had vast public investments in building the suburbs of America. Federally supported loans, FHA loans, went to people who were moving to the suburbs and for many years, up until the sixties, those loans were available on a racially restricted basis. African-Americans and other people of color didn’t have access to them.

**NARRATOR: Until 1962, out of \$120 billion dollars in government-backed home loans, less than 2% went to non-white households. In Northern California, between the war and 1960, of 350,000 federally guaranteed new home loans, less than 100 went to black families. In cities like Richmond, African Americans were left behind in increasingly neglected**

**neighborhoods. In the 1980s, poor Latino and Southeast Asian immigrants began joining them in these same neighborhoods.**

**LAURA KUBZANSKY (Health Psychologist, Harvard School of Public Health):** Once a community starts to go downhill, nobody wants to actually invest in the community, so the banks don't want to come in and the shops don't want to come in, then you don't have a commercial base. You don't have the community taxes that can then feed back into the schools. Now, you don't have good schools so families don't want to move into the community if they don't have to because you don't have good schools and you get a sort of vicious cycle of everybody who can will leave the community.

**BLACKWELL:** This isn't something that happens overnight, and it isn't the fault of the people who live there. The people who live in low-income disinvested communities did not do this to themselves.

### **DVD Chapter 5: Chronic Stress**

**NARRATOR:** Twenty years before his heart attack, Gwai tried to move his family out of Richmond, but 11 months later they had to move back.

**GWAI BOONKEUT:** I can't find my job up there and she can't find her job up there, and move back. My older son, you know, hang around with the wrong group, and then uses some kind of drug. I just don't know what to do. I tried to help him, I tried to straighten him out. Spend a lot of money, owe people a lot of money. That's what's in my mind all the time... Such worry, just worry, worry, when I'm going to pay up all of this. And how I'm gonna do it.

**KANORN BOONKEUT (speaking in a Laotian language):** We don't have enough money to pay our bills and if he's on social security it will be worse.

**KUBZANSKY:** If you think about when you're worried, you know you're always a little bit more activated, there's a little more vigilance, you're sort of checking things out a little bit more carefully. And if you can imagine that happening day after day, all day, every day, it's exhausting and it wears on the body's system.

**NARRATOR:** **When stress is chronic – when we're endlessly worried about our bills, our job, our children's safety – the body pumps out cortisol and adrenaline. But too much of these stress hormones over time can increase arterial plaque, raise blood pressure, and weaken our immune system, increasing our risk for almost every chronic disease – including heart disease, the leading killer in America.**

**DIEZ ROUX:** We've done studies that have shown that living in disadvantaged neighborhoods is related to an increased risk – it's about fifty to eighty percent increase in risk of developing heart disease. And this has been replicated in other studies.

**DAVID WILLIAMS:** In our society today, everybody experiences stress. However, in many

disadvantaged communities what we have is the accumulation of multiple, negative stressors and it's so many of them it's as if someone is being hit from every single side. And it's not only that they're dealing with a lot of stress, they have few resources to cope.

## **DVD Chapter 6: Living with Violence**

**TORM NOMPRASEURT:** You know, our strategy is to work together...where we live is...like you as leaders...

**NARRATOR:** **The health challenges of low-income Laotians, Vietnamese and Cambodians are often masked when they're lumped together as "Asian Americans."**

**TORM NOMPRASEURT:** We are talking about justice, right.

**NARRATOR:** **Gwai's cousin Torm Nompraseurt organizes his community to address local health and environmental problems, joining forces with other activists in Richmond.**

**BRUNNER:** Richmond is a very diverse community. And there is a very rich and historical network of community agencies and community organizations. That's been enhanced by the new waves of immigrants who brought and developed their own community agencies to address health problems.

**NARRATOR:** **One of the greatest health challenges to the community and its children is exposure to violence. In 2005, Richmond had one of the highest murder rates in the United States.**

**GWAI BOONKEUT:** Somebody just came and knocked at the door. She came out, she said, "Who's that dad?" I said, "I don't know, just don't open the door." And then I heard, it sound like a knock again, and I ran back and it wasn't a knock. They already shoot her.

**KANORN BOONKEUT (speaking in a Laotian language):** I picked her up. She was shot in the back of the head. She lay face down. I tried to turn her over. I called her, "Chan, Chan!" but she never responded.

**NARRATOR:** **Gwai and Kanorn's daughter Chan was a successful student who became the mistaken target of a Southeast Asian drug gang.**

**ROBERT PRENTICE (Director, Health Inequities Initiative):** The specter of community violence has completely transformed the way that people live in certain neighborhoods. So it's a public health issue not only for the prevention of premature death through homicide, but for the ripple effects it has on the other things that contribute to people's poor health: the ability of people to go out, to go shopping, to live a normal life.

**NARRATOR:** **In fact research now suggests that some adult health problems may be traced to living with violence as a child.**

**JACK SHONKOFF (Pediatrician, Harvard Center on the Developing Child):** The impact of that stress, the impact of that exposure to violence triggers physiological responses in a child and can actually be disruptive to the developing brain, the developing immune system such that you are primed then to be more vulnerable to physical and mental health problems all through your life.

**YES KID #1:** When I'm outside I hear gunshots and they're by the school.

**YES KID #2:** I also hear some gunshot, too.

**S. LEONARD SYME:** We've worked with the kids in Richmond. Many of those kids didn't think they would live beyond the age of twenty. So we proposed to do a study on hope. Trying to show kids they can work their life around, so that they do have a future.

**NANCE WILSON:** And pick a photo to write about...

**NARRATOR:** The program that resulted-- Youth Empowerment Strategies or YES!— helps youth develop a sense of hope, by showing them at an early age how, by their actions, they can work together to create positive change in their community.

**YES Kid #1:** We're the YES program B5 and we came up with a project.

**NANCE WILSON (Program Director, Youth Empowerment Strategies):** Hope impacts health because then you don't internalize a lot of the behaviors about feeling hopelessness and feeling alienated from society-- what it is that you do is you feel proactive and you realize that you have a say in how things can be. And so you engage in making things be that way.

**NARRATOR:** Control over our environment gives us reason to be hopeful and hope is an often overlooked factor for good health. But how might a neighborhood's residents gain that control?

### **DVD Chapter 7: High Point, Seattle**

**NARRATOR:** Eight hundred miles north in Seattle, Washington, at High Point, public health and housing agencies and developers took a radical approach, to give one neighborhood some of the health advantages found in wealthier communities. Sixty years ago, High Point was a lot like Richmond. It began in the 40s as housing for temporary defense workers. By the 1990s, High Point housing had deteriorated.

**TOM PHILLIPS (High Point Redevelopment Manager, Seattle Housing Authority):** These were built for temporary housing, we told the neighborhood they'll only be here a few years and they're still here 60 years later.

**BONITA KAY BLAKE (President, High Point Community Council):** I lived in the

apartment here on the end on Graham here; it was right there behind that little tree. I felt anxious, you know, because bullets were flying and you know, you did not know when that was going to happen, or what the consequences would be.

**NARRATOR: If it was unsafe outside, it was unhealthy inside. Asthma was endemic.**

**TIM TAKARO (Faculty of Health Sciences, Simon Fraser University):** This is one of the old units. It's a pretty nasty looking one. The family has just moved out of here, though, into one of the new units. There's the leaking off the windows that over the years lets the plasterboard soak, and mold will form all along there. As you can see here, they didn't just have a mold problem, but with the moisture, you get more dust mites that are a common asthma trigger. A lot of mold growth under there and nice places for the roaches to live and thrive. Not a healthy home.

**JIM KRIEGER:** In the old High Point, one out of 9, one out of 10 households were affected by asthma. Pretty much everybody knew somebody who had asthma in the community. So almost like it was normal. Asthma was so commonplace it was normal.

**NARRATOR: By 1997 it was clear to the city and residents that it was time to make a change.**

**PHILLIPS:** There was a community here. Even though this was a rough, dangerous neighborhood, there was still a community here and people living in communities actually know what they want. They wanted the kind of healthy living conditions that wealthier neighborhoods usually take for granted.

**NARRATOR: Working with Seattle Housing Authority and the public health department, the community won federal grants to rebuild High Point.**

**DENISE SHARIFY (Community Health Program Manager, Neighborhood House):** Seattle Housing Authority worked really hard to invite communities to the table and share in the design and access to power. Low-income people, they're used to not having power, so they don't know they even can have power.

**NARRATOR: What emerged from the design process was a new, mixed-income community with health as its focus.**

**PHILLIPS:** Fantastic! Incredible!

**CONSTRUCTION WORKER:** We sold nine of them on Saturday.

**PHILLIPS:** Oh did ya?

**KRIEGER:** Our hope is that the High Point Community now will be integrated with the rest of the surrounding neighborhood and make it easier for people to walk to stores or parks in the neighborhood as a whole. There is a new clinic that's been built here, a new public library that's been built here, so those services will be available right on site to residents as well. And then

there'll be a community center and that will have all sorts of other services such as employment services, and childcare, and the like.

**NARRATOR: The new High Point has community gardens, where gardeners can sell their organic produce to neighbors.**

**KRIEGER:** Another factor that we know promotes health is for people to be socially connected, and having a lot of spaces that promote social interaction was a conscious design element here.

**NARRATOR: One health problem community developers were determined to take on was asthma. Nationwide the cost of asthma in health care and lost school and workdays is staggering – \$20 billion dollars every year. Low-income neighborhoods are the most affected. Four-year-old Stephen Truong has asthma.**

**LANH TRUONG:** At nighttime, he sleep and then throwing up. Then, too hard for him to breathe. I just bring him to go to children hospital in the middle of the night. That time I cannot go to work, too. Yeah, I need to stay home to take care of him.

**TAKARO:** Over a year's time we found our children were spending up to three thousand to five thousand dollars on repeated emergency room visits.

**NARRATOR: That's emergency room treatment each year for just one child. Bonita Blake, a High Point activist, came up with the idea to build some of the new homes with a range of special features for people with asthma.**

**TAKARO:** The ventilation system is meant to bring in fresh air from the outside. Even small particles that might be bad for your health such as diesel particulate, any pollens in the case of an asthmatic, will be filtered out so the air in the home is actually healthier than the air outside.

**NARRATOR: Stephen's family moved into a Breathe Easy unit five months ago.**

**LANH TRUONG (speaking in Vietnamese):** My son is happy and healthy and I'm happy, too. He can breathe much better in this house and since he's sick less, I sleep better.

**NARRATOR: Breathe Easy homes cost about \$6000 extra to build. That's less than two years of emergency room services for a child like Stephen. But these kinds of health innovations rarely come from private developers working alone. And the Federal Hope VI program that provided financing to build the new High Point is being phased out.**

**TAKARO:** Market driven forces are not going to build healthy homes for low-income communities. That's only going to come from policy makers who recognize the societal benefits to having healthy communities like this one.

**NARRATOR: But not everyone benefited. Some residents who were supposed to be temporarily displaced to build this mixed-income community, never came back. And rebuilding a neighborhood from the bottom up isn't possible or desirable everywhere. The**

**real issue is who gets to make these decisions.**

### **DVD Chapter 8: Complicated Solutions**

**WENDELL BRUNNER:** The major health problems in a community like Richmond are extremely complicated and they're extremely deep, and it requires a whole spectrum of strategies, everything from educating individuals, to mobilizing communities and neighborhoods, to building coalitions, or to changing public policy.

**ANGELA GLOVER BLACKWELL:** The first thing we need to do is acknowledge that where you live impacts your health. That the environment in the community, the social environment, the physical environment and the economic environment together determine whether or not we're going to have a healthy existence.

**DAVID WILLIAMS:** What that means is the 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.

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