Take a quick list of significant events in public health over the last 30 years. OK, now let’s compare yours with those of some public health leaders. Let’s see…does yours include a TV show?

Didn’t think so.

But Larry Wallack, DrPH, Dean of the College of Urban and Public Affairs at Portland State University in Oregon, calls the TV series *Unnatural Causes* one of the most significant things in public health in 30 years. The series aired this spring on most PBS stations.

“It articulates a relationship that has been embedded in the history and research of public health that has not had voice before,” Dr. Wallack said. And what is that relationship? “That the major determinants of one’s health are outside of the individual and outside the health care system.”

From the first Whitehall Study in the 1970s through the recent report that life expectancy is declining in some counties across the US even as it rises in many others, decades of research highlight the health effects of place, status, and other social and economic factors. Yet the media chatter is almost entirely about medicine, along with a repetitive murmur of exercise and diet tips.

*Unnatural Causes* broke from the usual flow of news-you-can-use and medical-miracles stories. Instead of harping on individual will power or heroic medical rescues, the series offered a plain-spoken tour of how our health is shaped by jobs, family, neighborhood, money, education, status, and so many other stresses and joys.

I’m somewhat amazed the series got the green light. It’s hard to imagine a TV executive, even at a public station, drooling over the producers’ pitch, “Ooh, yes! Let’s do a show about the social determinants of health!”

Social determinants aren’t part of the typical health news rundown for several reasons. First, there’s the “what’s in it for me” attitude and the focus on individual action. There’s a reason every magazine

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The plant closing in Greenville made national news. It certainly got headline coverage in central Michigan. Business news. Social services news. But how often are layoffs covered as health news? And yet through both research and personal observation we see the toll that losing a job often takes on health—and that the impact goes far beyond the direct effects of health care insurance or other money woes.

The effective storytelling of Unnatural Causes demonstrates how journalists on the health beat can reach beyond the typical boundaries and break away from the assumption that we’re allowed to interview only people in white coats.

Of course, following the example of this series means coming up against another reason that most health reporting sticks to a narrow focus on health care: discussion of the social determinants of health quickly becomes political. "Almost any time that you get into the solutions, you start treading on political and ideological grounds. And we did. And at the checkout counter has the same screaming headline about “FIVE WAYS TO (lose weight/better sex/more money)” — These covers sell more copies. Then there’s the natural tendency to be more interested in fixing a problem than in preventing it—which is coupled with the storytelling challenge writers face when they don’t have an easy heartwarming anecdote of someone who was sick and is now better, or a suspense-filled tale of someone facing a life-threatening illness.

Unnatural Causes not only broke out of the medical breakthrough rut, but the producers also managed an equally remarkable feat: cutting through academic jargon to portray the research results about social determinants of health in terms of everyday people and our everyday lives: "This is the first time that it’s really been communicated into stories that people can actually access, because, as you know, most professionals are not trained or they are not paid to communicate the research they do to the ordinary public. And that’s where we came in: to make their work accessible."

That’s what Llewelyn M. Smith, co-executive producer and narrator of the series, told journalists in a session at this spring’s conference of the Association of Health Care Journalists (AHCJ). Frankly, most of the people paid to communicate the results of health-related research work for companies or institutions that provide health care—another reason most “health” news is actually health care product and service news.

I moderated the AHCJ conference session. I wanted to introduce fellow journalists to some of the research connecting social determinants to health and longevity—and let them hear from storytellers who had put the science into concrete, real-world context.

For one of the episodes, the producers traveled to Greenville, Michigan, where a plant closing cost 3,000 workers their jobs. In one scene, a former plant worker with kidney problems is in a hospital bed. He is talking with the hospital’s clinical social worker.

Social Worker: “I’ve been doing some thinking about some of the things that you were saying with regard to, I guess the best way I can say it is, depression. A little bit of ambivalence. Taking your medicines here or there.”

Laid-off Plant Worker: “I don’t miss it too often…” “Not too often.” “It’s just that some days, I just forget. It’s not that I do it intentionally.”

Along with patients displaying malaise and financial stress that interfere with treatment compliance, the hospital reported that cases of depression, attempted suicide, and domestic abuse tripled in the year following the plant closing.
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