1. **The IOM report aimed to answer the United States health paradox: *How is it that a country of relatively great wealth and high spending on health care, has relatively poorer health status and lower life expectancy when compared with other industrialized nations?* If you are asked to answer the same question, what would be the three most important factors that you'd identify to explain this paradox and why?**

The charge master system. This design of monetary compensation for care is at its core meant to *combat* inequities but often serves to contribute to them. It was created to balance out payment so hospitals were able to maintain operating costs while services like the Emergency Medical Treatment and Labor Act could continue without being affected by lack of payment. The "set" price for services is inflated, under the expectation some patients won't pay; one person paying in full might cover the costs of three procedures.

At its base, this is a good idea for *supporting* equity: wealthy people will fill the payment holes that the poor leave behind. In practice, the wealthy have insurance and the poor don't. Insurance companies don't pay the set price; their rates are closer to the actual cost of the service, and their covered patients pay lower still, leaving the large cost gap to be covered by the working poor and those with high insurance deductibles. Therefore, spending is high by default, and those who cannot pay the uninsured rates do not seek care. Other nations of similar economic status do not have privatized insurance, thus avoiding this disparity. Unaffordability and inflation of costs combined make for a substantial contributing factor to this paradox.

Lack of economic mobility. The United States has a lower prevalence of economic mobility across generations than other developed countries, which contributes to lowered life expectancy via multiple factors including low income status being linked to worse health, the apparent direct association between life expectancy and education (the higher someone's level of education, the longer their life expectancy) and the fact that what neighborhood you live in and how "good" that neighborhood is can have an influence on health. Some of these are factors that can be definitively influenced by social interventions. Public health workers may not be able to create economic mobility per se, but can create programs to improve access to trade schools and universities without debt burden – which would both influence education status *and* help with upward mobility – as well as continuing to address obesity, another side effect of low SES. This

is one of the more important factors to address both because the US may be wealthier but also has a substantially higher poor population than many other nations due to its large wealth gap, and because it is influenced more easily.

Obesity. While I address obesity in my second question, and have also addressed obesity as a factor of the above, the fact that the US has the highest obesity rate of high income countries is also contributing substantially to its health costs. Obese people have many more health issues than those of a healthy weight; more than just type 2 diabetes, obesity also contributes to osteoarthritis, high blood pressure (which can then lead to stroke), certain cancers, depression, gout, obstructive sleep apnea, cholecystitis and many other conditions that cost money to manage and maintain. Surgery, which is a palliative or curative intervention for many of these disorders including obesity *itself* is very expensive for both the patient and the health system. Sometimes, obesity is a result of other health disorders or genetic abnormalities and cannot be considered a preventable risk factor, but for the majority obesity can be prevented or reversed.

2. **The report states that: "For decades, the United States has had the highest obesity rate among high-income countries." From social justice and health equity perspectives, what do you think explains the differences between the US and other high-income countries?**

Obesity in many countries is inversely correlated with income: the poorer you are on average, the more you are going to weigh. This is definitely true in the United States, which has a much more substantial wage gap than many other industrialized nations. That, along with the systemic racism of the US social and political structures, contribute greatly to our leading the pack in obesity. It is a race issue, an economic issue, an equity issue and considered by many US communities to be their priority health issue. In comparison to other countries, I'm under the impression that the US work week is longer at this point than countries with similar economic status; US residents are under more work stress and in far more of a perpetual hurry. Eating has stopped being the community and cultural pinnacle it once was, and has turned into something to do on the run through one thing or another, or at one's desk. People in the US are busy and eating blindly and mindlessly. There's less sitting down to dinner with your friends or family,

less food as socialization and enjoyment and more pure food as fuel. There is more sedentary work, and less physical work.

Obesity rates in the United Kingdom can be correlated to income, but obesity rates in the United States can be correlated to race more prominently than income. Black people, Native Americans and Latinos are more likely to be obese than white or Asian counterparts. Racial minorities and lower-income families are often in less safe and resource-filled environments, without safe places for children to engage in outdoor play or access to medical care or healthy things to eat, especially fresh foods.

Rural communities in the US are more likely to have obese populations than cities are, and while cities have lots of people, more of the country overall is rural. Simply by nature of it being a physically larger country with a more spread out population, the US has a larger number of food deserts than countries of similar income status, including Canada: despite its larger physical area, its population is far more clustered. 7% of the United States population, which is more than twenty million people, live in food deserts.

Without priority given to nutrition and activity, and without access to healthy food options, the US population will likely remain the most obese of high-income nations.