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## **WHY ARE AMERICANS SICKER THAN EUROPEANS? AND WHAT YOU CAN DO ABOUT IT**

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Edited by Kath Bartlett, MS, LAc

Here's an interesting Op-Ed piece from the NY Times on a study published in JAMA (Journal of the American Medical Association) comparing the health of Americans and the English. Paul Krugman reports that although the English aren't known for either healthy eating or lifestyle, and spend only about 40% per person, compared to Americans on healthcare, and its healthcare system is considered inferior to those of neighboring countries, the study concludes that "Americans are much sicker than the English". We have a higher prevalence of diseases such as diabetes and hypertension. In fact, middle-age Americans are twice as likely to suffer from diabetes as their English counterparts. And, being American seems to damage your health regardless of your race and social class. Americans are so much sicker that the richest third of Americans is in worse health than the poorest third of the English. We spend much more per person on healthcare than any other nation, yet we have lower life expectancy and higher infant mortality than Canada, Japan and most of Europe.

Having insurance doesn't insure good healthcare. A 2005 NY Times report on diabetes in America pointed out that insurance companies are generally unwilling to pay for care that might head off the disease, even though they are willing to pay for the extreme measures, like amputations, that become necessary when prevention fails.

Why are Americans sicker? Krugman posits (and I wholeheartedly agree) that "Americans work too hard and experience too much stress . . . Maybe overwork, together with the stress of living in an economy with a minimal social safety net, damages our health as well as our families. . . there's something about that way of life that is seriously bad for our health."

So what can you do to beat these dismal odds playing against your health? In addition to implementing stress reduction activities<sup>1</sup> keep up acupuncture maintenance treatments. Chinese medicine is preventative care oriented. Acupuncturists recognize subtle signs of disease processes in their early stages, even before related symptoms appear. Maintenance treatments, often preformed at monthly or quarterly intervals, gives patients an opportunity to have their overall state of health assessed by a healthcare professional. If subtle signs of disease processes are present, your Acupuncturist can address it in the early stage, before it becomes a complicated and difficult to treat condition. Those who already suffer from chronic disease will find that in addition to treating the condition, regular acupuncture treatments will help slow the progression of the disease, in part by strengthening the immune systems ability to fight and keep the body strong.

A well-known benefit of acupuncture is its ability to provide stress relief. At monthly visits, patients can regularly benefit from acupuncture's stress relieving abilities, so to combat the ill-effects of the American lifestyle.

<sup>1</sup> For stress reduction strategies, read my article "Acupuncture, The Stress Buster", reprinted in many local and web magazines, available on the Resources page of my website, [www.AcupunctureAsheville.com](http://www.AcupunctureAsheville.com)

**The New York Times**  
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**OP-ED COLUMNIST**

**OUR SICK SOCIETY**

By [PAUL KRUGMAN](#)

Is being an American bad for your health? That's the apparent implication of a study just published in The Journal of the American Medical Association.

It's not news that something is very wrong with the state of America's health. *International comparisons show that the United States has achieved a sort of inverse miracle: we spend much more per person on health care than any other nation, yet we have lower life expectancy and higher infant mortality than Canada, Japan and most of Europe. But it isn't clear exactly what causes this stunningly poor performance.* How much of America's poor health is the result of our failure, unique among wealthy nations, to guarantee health insurance to all? How much is the result of racial and class divisions? How much is the result of other aspects of the American way of life?

*The new study, "Disease and Disadvantage in the United States and in England," doesn't resolve all of these questions. Yet it offers strong evidence that there's something about American society that makes us sicker than we should be.*

*The authors of the study compared the prevalence of such diseases as diabetes and hypertension in Americans 55 to 64 years old with the prevalence of the same diseases in a comparable group in England. Comparing us with the English isn't a choice designed to highlight American problems: Britain spends only about 40 percent as much per person on health care as the United States, and its health care system is generally considered inferior to those of neighboring countries, especially France. Moreover, England isn't noted either for healthy eating or for a healthy lifestyle. Nonetheless, the study concludes that "Americans are much sicker than the English." For example, middle-age Americans are twice as likely to suffer from diabetes as their English counterparts. That's a striking finding in itself.*

*What's even more striking is that being American seems to damage your health regardless of your race and social class. That's not to say that class is irrelevant. (The researchers excluded racial effects by restricting the study to non-Hispanic whites.) In fact, there's a strong correlation within each country between wealth and health. But Americans are so much sicker that the richest third of Americans is in worse health than the poorest third of the English.*

So what's going on? Lack of health insurance is surely a factor in the poor health of lower-income Americans, who are often uninsured, while everyone in England receives health care from the government. But almost all upper-income Americans have insurance.

*What about bad habits, which the study calls "behavioral risk factors"? The stereotypes are true: the English are much more likely to be heavy drinkers, and Americans much more likely to be obese. But a statistical analysis suggests that bad habits are only a fraction of the story. In the end, the study's authors seem baffled by the poor health of even relatively well-off Americans. But let me suggest a couple of possible explanations.*

*One is that having health insurance doesn't ensure good health care. For example, a New York Times report on diabetes pointed out that insurance companies are generally unwilling to pay for care that might head off the disease, even though they are willing to pay for the extreme measures, like amputations, that become necessary when prevention fails. It's possible that Britain's National Health Service, in spite of its limited budget, actually provides better all-around medical care than our system because it takes a broader, longer-term view than private insurance companies.*

The other possibility is that **Americans work too hard and experience too much stress.** Full-time American workers work, on average, about 46 weeks per year; full-time British, French and German workers work only 41 weeks a year. I've pointed out in the past that our workaholic economy is actually more destructive of the "family values" we claim to honor than the European economies in which regulations and union power have led to shorter working hours.

***Maybe overwork, together with the stress of living in an economy with a minimal social safety net, damages our health*** as well as our families. These are just suggestions. What we know for sure is that although the American way of life may be, as Ari Fleischer famously proclaimed back in 2001, "a blessed one," ***there's something about that way of life that is seriously bad for our health.***

By Jeff Miner, MedPage Today Staff Writer

Reviewed by Zalman S. Agus, MD; Emeritus Professor at the University of Pennsylvania School of Medicine.

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Source News Article: BBC, MSNBC, New York Times, Washington Post

#### MedPage Today Action Points

- Explain to patients who ask that the apparent health disparities between the English and Americans can not be explained completely by lifestyle factors or differences in government-funded health care between the two countries.

#### Review

LONDON, May 2 — Americans are "much sicker" than the English, or so it would seem from a comparison of national health surveys.

Even the healthiest Americans — those at the highest income and education level — had rates of diabetes and heart disease similar to the least healthy in England, said Michael Marmot, M.D., of University College London here in the May 3 issue of the *Journal of the American Medical Association*.

But the reasons behind the seeming English-American health disparity remain a mystery. The differences were not explained by lifestyle factors, such as the American tendency to obesity or the English tendency to drink more heavily. The apparent health gap also wasn't explained by cultural differences affecting self-reporting of disease, Dr. Marmot and colleagues said.

Differences in government health care programs may be a factor, but they do not completely explain the disparity, the investigators said. And gaps in per-capita health care spending don't account for the phenomenon, as Americans spend about twice as much annually as the English (\$5,274 versus \$2,164, both in U.S. dollars).

The investigators analyzed representative samples of people ages 55 to 64 using data from two surveys designed to have directly comparable measures of health, income, and education. Data on more than 4,300 Americans came from the 2002 U.S. Health and Retirement Survey, and data on more than 3,600 English were obtained from the 2002 English Longitudinal Study of Aging.

Overall, rates of self-reported disease were consistently and significantly higher among Americans than the English ( $P < .01$  for all):

- Diabetes: Americans: 12.5%, English: 6.1%
- Hypertension: Americans: 42.4%, English: 33.8%
- All heart disease: Americans: 15.1%, English: 9.6%
- Myocardial infarction: Americans: 5.5%, English: 4%
- Stroke: Americans: 3.8%, English: 2.3%
- Lung disease: Americans: 8.1%, English: 6.3%
- Cancer: Americans: 9.5%, English: 5.5%

For both Americans and the English, disease rates tended to be higher in the lower socioeconomic groups. However, in many cases, disease rates for Americans in the

highest socioeconomic group were comparable to rates in the lowest English group. For example, the rate of heart disease was 12% in the highest American group, compared with 11.6% in the lowest English group.

To see whether these differences might be caused by cultural differences in self-reporting disease, the investigators also examined data from an English and American survey that included clinical measurements of risk for heart disease and stroke, such as C-reactive protein, fibrinogen, and HDL cholesterol levels.

Data from more than 2,000 middle-age Americans from the U.S. National Health and Nutrition Examination Survey (NHANES) and 5,500 English from the Health Survey for England confirmed the disparity indicated by the self-reported data. For example, 40% of Americans had levels of C-reactive protein in the high-risk range, compared with 30% of the English ( $P < .01$ ).

A significant health disparity remained after adjusting for differences in the current rates of obesity, smoking, and alcohol consumption between the two countries.

The study included only white men and women to avoid confounding with the special health problems of minority populations in the United States, the investigators explained.

The fact that the English government provides health care to all its citizens while the United States does not may contribute to the disparity, the authors said. "But it is equally important to recognize that health insurance can not be the central reason for the better health outcomes in England because the top socioeconomic tier of the U.S. population have close to universal access but their health outcomes are often worse than those of their English counterparts," the authors said.

"Two simple but powerful conclusions follow from our comparisons," the authors said. "First, Americans are much sicker than the English. Self-reports of disease are not deceiving us about the reality of the situation on one side of the Atlantic versus the other."

"Second, the socioeconomic status health gradient is also not a reporting mirage," they concluded. "Instead, the socioeconomic status health gradient appears with equal force in either self-reports or biological measures of health."

The study also indicated that there may be some important determinant of health that science doesn't understand yet, said James P. Smith, Ph.D., of the Rand Corporation in Santa Monica, Calif., and the lone American author on the study.

Future research may find one or more of the following factors to underlie the English-American health gap, Dr. Smith said:

**Childhood disease.** A growing body of research shows that health conditions in childhood, and even prenatally, are an important cause of disease that may not appear for many decades. So far, there are not much data on differences in childhood health conditions in England versus America, but that is one avenue of research Dr. Smith and colleagues are exploring.

**Obesity.** Although the study adjusted for current levels of obesity in both countries, Americans entered the obesity epidemic far ahead of the English. In fact, the

prevalence of obesity in England is just now reaching the U.S. rates of 15 years ago. The fact that more Americans have been obese for a longer amount of time may explain their poorer health. "But the English are narrowing the gap, and they may catch up," Dr. Smith said.

Stress. The American lifestyle is more stressful than the English, both at home and work. Although Americans benefit from their high-stress, "winner take all" approach to life in terms of better standard of living, "the stress may be taking a toll on adult health," Dr. Smith suggested.

Because Americans are in poorer health across a variety of disease categories, "there is probably no smoking gun," Dr. Smith said. "It will likely turn out to be a combination of different factors."

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James Banks et al. "[Disease and disadvantage in the United States and in England.](#)" *Journal of the American Medical Association* 2006; 295:2037-2045