



BlackEconomics.org®

“Producing Our Own Health Wealth”

Considerable interest and importance have long been assigned to nonfinancial and financial wealth. However, there is the adage and realization that “Our health is our wealth.” Now we drill down on the latter truth to assist Black Americans in realizing the higher health wellbeing. The primary takeaway from this analysis brief is that, like nonfinancial and financial wealth, Black Americans can engage in producing health wealth. We have considerable latitude, self-reliance, self-determination, and liberty to produce health wealth. Therefore, we confront again the well-known dictum: “Do for self.” Given that ill-health is a prevalent aspect of today’s Black American condition, we should ask “Why”? Using the multiplicity of partial answers to the question, we should commit to resolving current health concerns, and then to adopting the paradigm for good health that is suggested in the *Long-Term Strategic Plan for Black America (LTSPFBA)*: “Prevent, Fortify, and Flourish.”ⁱ

The following are the top 10 causes of death for Black Americans for 2021 (the latest available statistics).

Table 1.—Ten Leading Causes of Death for Black Americans, 2021

Line No.	Causes of Death	Number Of Deaths	Percentage of Total Deaths	Contributing Risk Factors ⁱⁱ
1	Diseases of heart	90,507	20.1%	Age, Environment, Occupation, Genetics, and Lifestyle Habits to Include Suboptimal Diet and Exercise
2	Malignant neoplasms (Cancer)	70,036	15.6%	Age, Environment, Occupation, Genetics, and Lifestyle Habits to Include Suboptimal Diet, Exercise, Smoking, and use of Alcohol
3	Covid-19	55,994	12.4%	A Virus and Co-Morbidities
4	Accidents	33,830	7.5%	Random Events
5	Cerebrovascular diseases (Strokes)	22,837	5.1%	Age, Environment, Occupation, Genetics, and Lifestyle Habits to Include Suboptimal Diet, Exercise, and Smoking
6	Diabetes mellitus (Type 2)	18,968	4.2%	Genetic and Lifestyle Habits to Include Suboptimal Diet and Exercise
7	Assault (Homicide)	14,313	3.2%	A Violent Act
8	Chronic respiratory disease	11,218	2.5%	Age, Environment, Occupation, Lifestyle Habits to Include Suboptimal Exercise, Smoking, and use of Alcohol and Drugs

Line No.	Causes of Death	Number Of Deaths	Percentage of Total Deaths	Contributing Risk Factors ⁱⁱ
9	Nephritis, nephrotic syndrome and nephrosis (Kidney disease)	10,434	2.3%	Genetics, Other Diseases such as Diabetes, Lifestyle Habits to Include Suboptimal Diet and Exercise, and Certain Medicines
10	Alzheimer disease	9,638	2.1%	Age, Genetics, Other Diseases such as Heart Disease, Stroke, Hypertension, and Diabetes, and Lifestyle Habits to Include Suboptimal Diet and Exercise
11	Essential hypertension (High blood pressure)	7,868	1.7%	Age, Genetics, and Lifestyle Habits to Include Suboptimal Diet and Exercise
12	Total*	449,764	100.0%	

Sources: National Vital Statistics System, the National Institutes of Health, and BlackEconomics.org visualization.
 *--Note that the number and percentage totals presented on line 12 of Table 1 are inconsistent with the details in lines 1-11. The causes appearing on lines 1-11 represent a subset of all causes. The 11 causes of death shown account for about 77% of all deaths.

Note that 11 (not 10) leading causes of death appear in Table 1 because the Covid-19 cause is pandemic related, which was present during 2021, but would not typically appear as a leading cause death for non-pandemic years.

In reviewing what are considered important contributing risk factors for each of the causes, it is clear that, with the exception of Covid-19, Accidents, and Assault, the remaining eight leading causes of death for Black Americans are linked to “lifestyle habits” to include suboptimal diet (i.e., the inefficacious consumption of food and beverages) and consumption of tobacco, alcohol, and certain drugs. Also, suboptimal exercise is a contributing risk factor for most of the eight leading causes of death. In other words, Black Americans have considerable opportunities to control risk factors that combine to help cause the top ten killers. Proper attention to managing our lifestyle habits; our diet; our tobacco, alcohol, and drug use; and engaging in sufficient exercise can help reduce the likelihood that these eight diseases rise to become leading causes of death.

Given the prominent role of our lifestyles and consumption behavior in raising these diseases to the level of “leading” causes of death, there are at least four noteworthy points. **First**, it is well known (and significant efforts have been expended in certain locales to acknowledge and address the problem) that Black Americans confront restricted opportunities to obtain access to high quality diet sources. “**Food deserts**,” as they are known, invite an influx of unhealthy sources of food for consumption into our areas of influence (communities), which exacerbate the role of diet as a contributing risk factor in producing disease.

Second, local governments’ proclivity to license the sale of alcohol, tobacco, and now cannabis in or near our areas of influence is another crucial factor that contributes to the elevation of consumption-related risk factors that causes certain diseases to become leading cause of Black American deaths.

Third, there is an integrated and supporting connection between the two foregoing points and the role of health in local and national economies. We note often that health services-related output constitutes nearly 20% of the nation’s total output (gross domestica product, GDP). Therefore, if

this large economic sector fails to grow, then growth for the entire economy is jeopardized. With the latter point in mind, little effort is made to stifle the foregoing realities from contributing to the process by which they increase death. We note that this is tantamount to saying explicitly that, like one other service industry that is **bad news** for Black Americans (criminal justice services), the health services industry exploits wantonly Black American minds, bodies, and souls as material factor inputs in the nation’s economic production.ⁱⁱⁱ

Fourth, the “virtuous circle” and integrated nature of the economy includes a pattern of unannounced, but supportive processes that contribute mightily to Black America’s ill health. Specifically, the nation’s governments contribute significantly to the following types of production using taxpayer resources in ways that are not beneficial to certain taxpayers—especially Black American taxpayers: (1) Agricultural and manufacturing production of unhealthy foods and beverages; (2) pharmaceutical products that serve as treatment for ill-health that is caused by the consumption of unhealthy foods; (3) wholesale and retail sales of the production just referenced in items 1 and 2; (4) the creation and expansion of health related programs that require and enable production by many other industries (construction, manufacturing, and numerous service industries) in a quest to create an ever expanding healthcare sector with more and more employees that build on the production highlighted in items 1, 2, and 3; and (5) media enterprises that play a major role using the power of suggestion to cause consumers to: (i) Over consume goods and services that are not in their best interest; and (ii) generate real or psychosomatic illnesses that necessitate the need for health services and consumption of more harmful pharmaceutical products than would otherwise be consumed.

Consequently, this analysis brief clarifies that Black Americans confront a choice. We can continue to accept the *status quo*, or we can research, identify, and adopt alternative methods for producing our health wealth using the newly suggested **LTSPFBA** paradigm: “Prevent, fortify, and flourish.” If we choose the latter, then it serves as another step toward greater independence, self-reliance, self-determination, and liberty. We can discontinue supporting economically and enriching those who seek to use and destroy us. Most importantly, our production of health wealth can be accompanied by nonfinancial and financial wealth secured by saving on healthcare, and we can enjoy longer lives with considerably improved wellbeing.

©B Robinson
110124

--

ⁱ The **Long-Term Strategic Plan for Black America** (https://www.ltspfba.org/LTSP/fin_ltspfba_071223.pdf, 1.5 MB) includes a “Health and Wellness” Sector (Chapter) that calls for a paradigm shift in methods used to address ill-health: From “diagnose and treat” to “prevent, fortify, and flourish.”

ⁱⁱ Information on “contributing risk factors” was extracted from the National Institutes of Health (NIH) by performing searches on NIH’s home page using the diseases listed in Table 1 as search terms.

ⁱⁱⁱ The role of humans in economic production, not in their two traditional roles as workers (labor) and consumers, but in a third role (as materials factor inputs) is discussed in Brooks Robinson (2024), “Addressing the Negative Multifactor Productivity Conundrum: Elevating Black Americans’ Contributions to US Productivity,” BlackEconomics.org; <https://www.blackeconomics.org/BELit/bewpanmfp100224.pdf> (Ret. 103124).