

Poverty, Race, Ethnicity, Geography: Talking About Disparities in Health and Health Care

Teaching Poverty
June 13, 2018

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SCHOOL OF MEDICINE AND PUBLIC HEALTH

Poverty Fact Sheet: Poor and In Poor Health

Bottom Line: In the United States, discussion about how to improve health often turns to either access to care or health behaviors like smoking or diet. These things matter, but there are also many social and economic factors that compromise health and impair the ability to make healthful choices in the first place that should be considered.

Poverty and Poor Health

Research has shown a link between poverty and poor health. People with more income tend to be healthier and live longer. What explains the connection? Many factors.

For one, lack of care. We know that 18.5% of the U.S. non-elderly population does not have health insurance, with low-income families especially vulnerable to being uninsured.

Nearly 70% of the uninsured population is poor or near-poor. The uninsured tend to forego preventative care and to wait until an illness is severe before seeking medical care.

The proportion of poor children not receiving any health care in a given year is twice that of higher-income children.

Key Points

- Education, occupation, income, and assets—socioeconomic status or SES—are major determinants of health.
- Children are especially vulnerable to the negative health effects of poverty.
- Birth to age 5 is critical for development; just a few years of poverty may negatively affect a child's life course.
- The U.S. has higher rates of child poverty than many other countries. In 2012, 22% of children in the U.S. were poor.
- As family income increases, the number of families reporting poor health decreases.
- Many health insurance consumers face limited options, high costs, and incomplete coverage.

U.S. Health Care

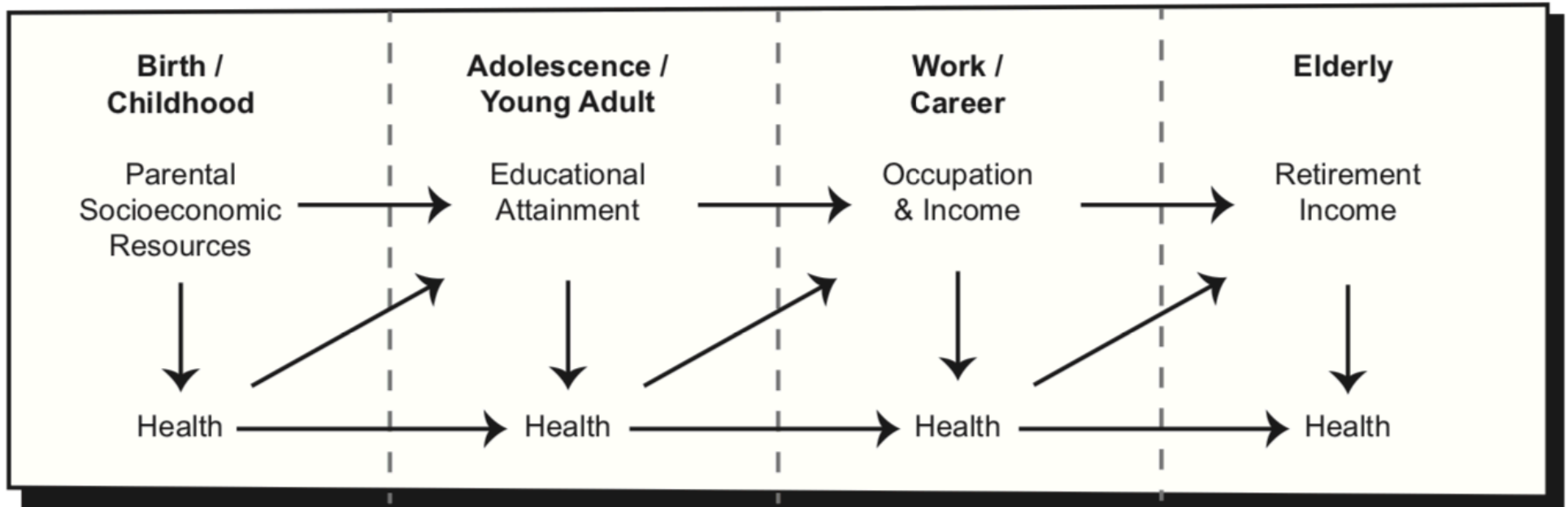
The U.S. health care system includes private, employer-based coverage, and public coverage. In 2011, more than a hundred million low-income, disabled, and elderly beneficiaries were served by Medicaid and/or Medicare.

In addition, another 23 million people were covered by the Veterans Administration, Indian Health Service, and state and local subsidies for hospitals and community health centers.

In the U.S., we spend more money per capita on health care than similar nations, health insurance costs more, and many people are uninsured or underinsured.

The majority of countries that have much smaller uninsured populations

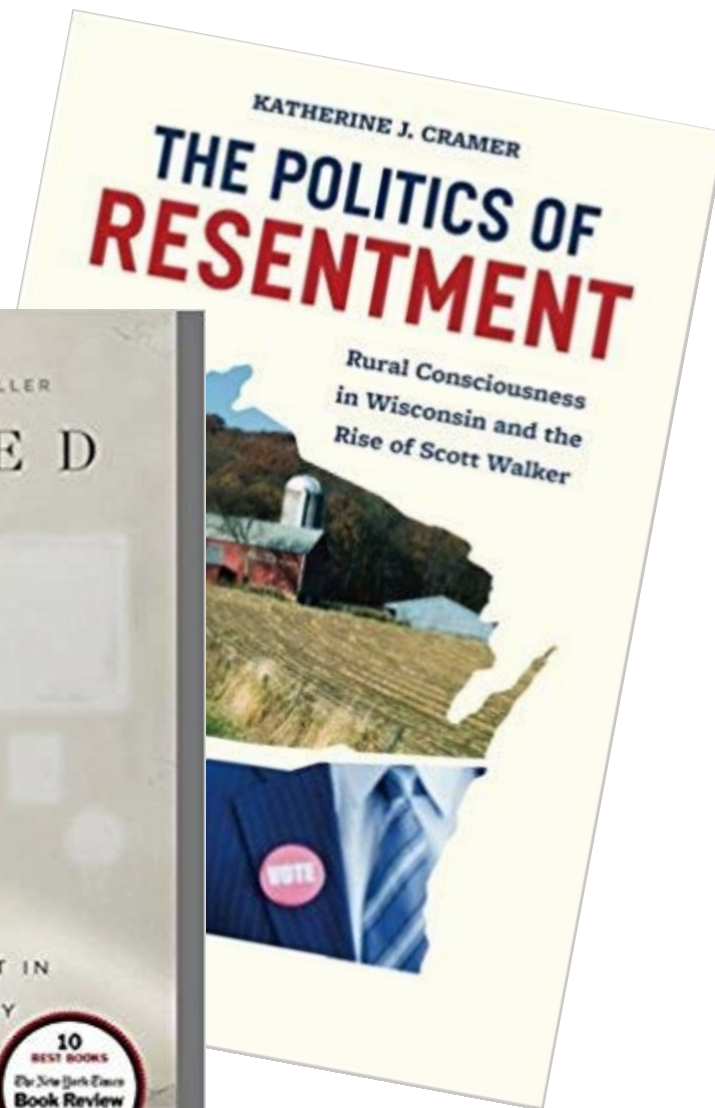
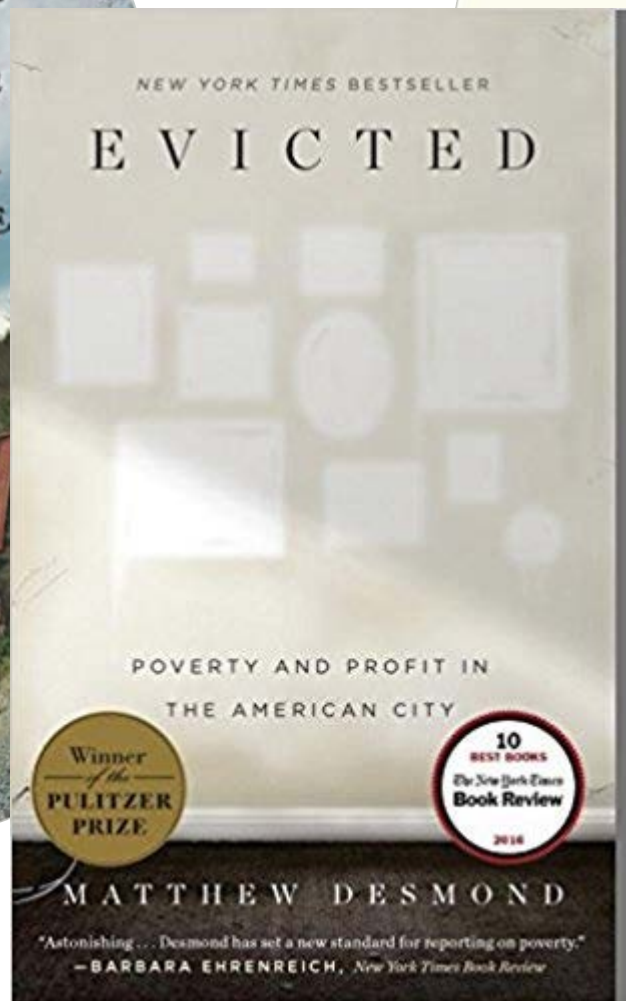
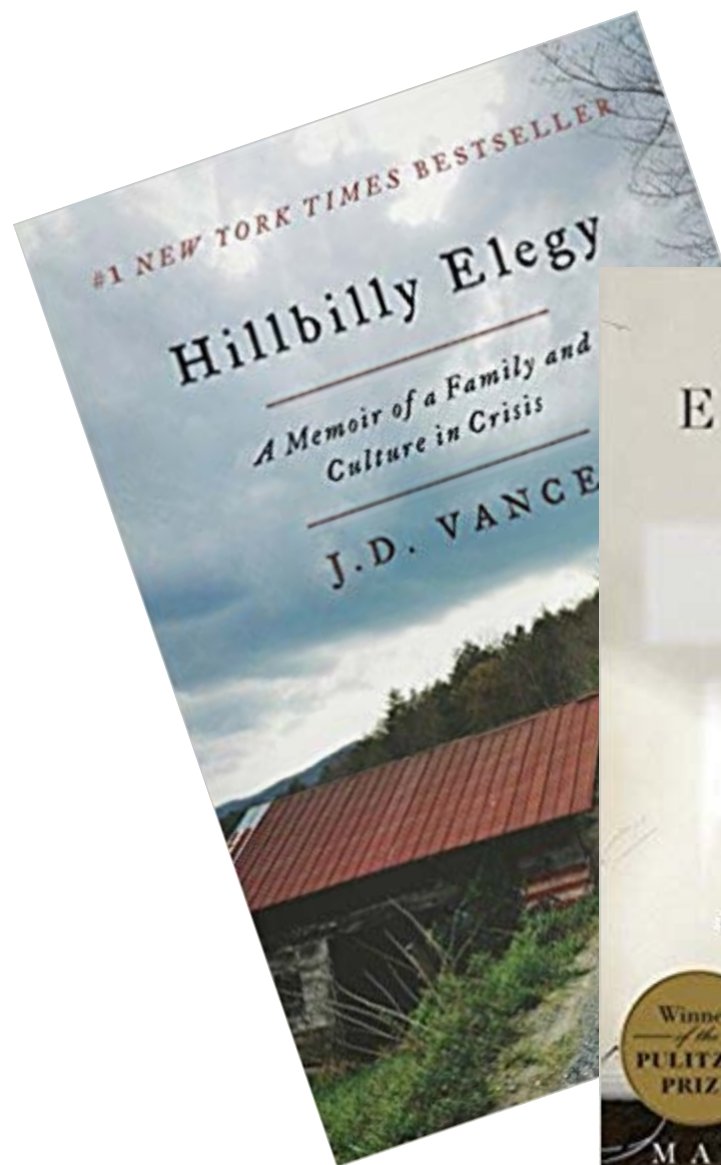
How SES and Health Affect Each Other over Time



Source: Stephanie Robert, 2012, "Social Policy Is Health Policy."

Social Policy as Health Policy

Current Narrative about Geography, Economic Status, and Race



Health Affairs

HEALTH AFFAIRS BLOG

RELATED TOPICS:

MORTALITY | MEDIA | HEALTH DISPARITIES | ACCESS TO CARE | PUBLIC HEALTH | RATING | PATIENT CARE
| PATIENT SAFETY | DRUG USE | EDUCATION

Does The Rural-Urban Frame Help Explain Health Status?

Donna Friedsam

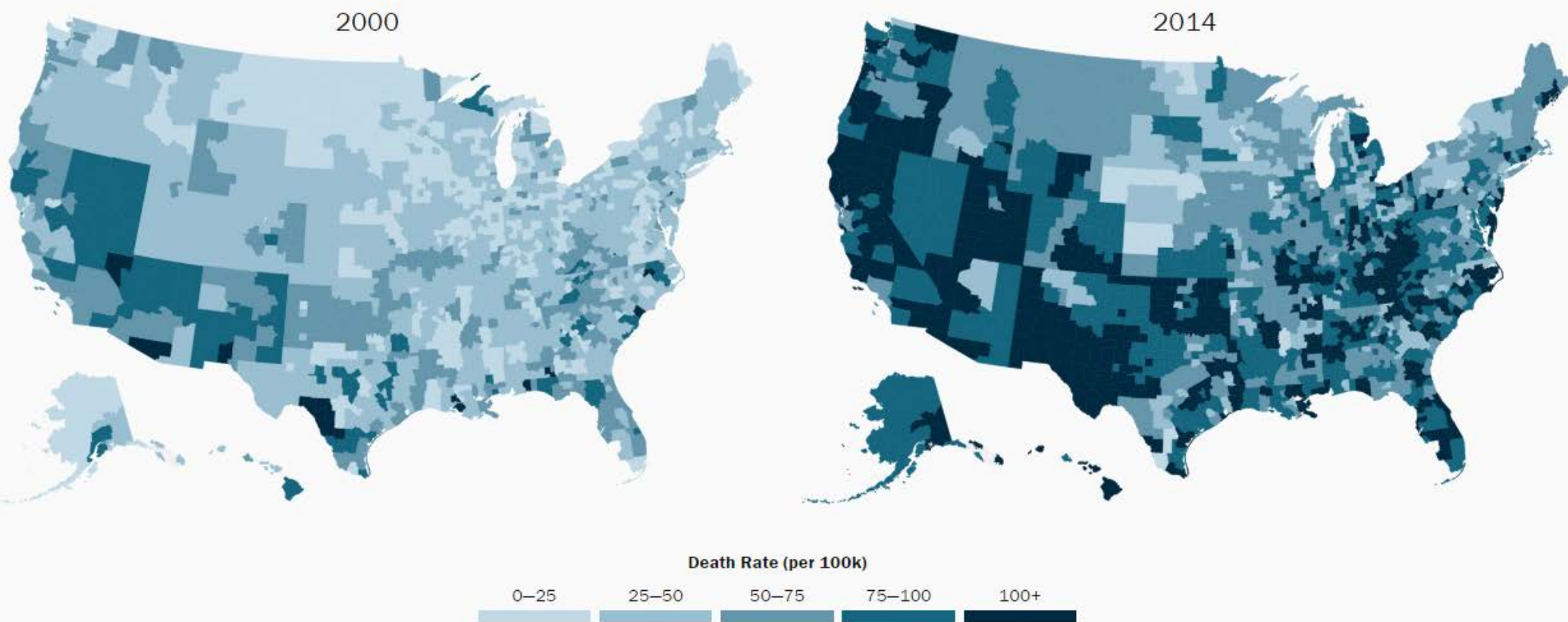
APRIL 30, 2018

10.1377/hblog20180426.201480

Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century

Anne Case¹ and Angus Deaton¹

“Deaths of despair” in midlife for white non-Hispanics, 2000 and 2014
Ages 45-54, by county*



*A blend of counties and PUMAs. See full paper for more explanation.

“Deaths of Despair”: Case and Deaton

- Mortality and morbidity among white non-Hispanic Americans in midlife increasing since 2000.
- Increases in drug overdoses, suicides, and alcohol-related liver mortality, particularly among those with a high school degree or less
- Marked differences in mortality by race and education, with mortality among white non- Hispanics (males and females), rising for those without a college degree, and falling for those with a college degree.
- Progressively worsening labor market opportunities.
- Cumulative Disadvantages

the stress and hopelessness faced by this population as they enter the labor market and are met with bleaker prospects and lower paying job opportunities relative to the prior generation . . . [has led] to compounding family dysfunction, poor social support, and addiction, conditions that are the drivers of despair deaths (p. 1545).

Despair in the American Heartland? A Focus on Rural Health

Paul Campbell Erwin MD, DrPH

See "[The Epidemic of Despair Among White Americans: Trends in the Leading Causes of Premature Death, 1999–2015](#)" in volume 107 on page 1541.

See "[Urban–Rural Differences in Suicide in the State of Maryland: The Role of Firearms](#)" in volume 107 on page 1548.

See "[Diverging Life Expectancies and Voting Patterns in the 2016 US Presidential Election](#)" in volume 107 on page 1560.

See "[Leveraging Interest to Decrease Rural Health Disparities in the United States](#)" in volume 107 on page 1563.

See "[Deaths of Despair: Why? What to Do?](#)" in volume 107 on page 1564.

See "[Despair as a Cause of Death: More Complex Than It First Appears](#)" in volume 107 on page 1566.

REFERENCES

Go to:

1. Case A, Deaton A. Rising morbidity and mortality in midlife among White non-Hispanic Americans in the 21st century. *Proc Natl Acad Sci U S A*. 2015;112(49):15078–15083. [[PMC free article](#)] [[PubMed](#)]
2. Vance JD. *Hillbilly Elegy: A Memoir of a Family and Culture in Crisis*. New York, NY: HarperCollins; 2016.

Case and Deaton [specifically conclude](#):

“increases have been seen at every level of residential urbanization in the United States; it is neither an urban nor a rural epidemic, but rather both.”

[Am J Public Health](#). 2017 October; 107(10): 1566–1567.

Published online 2017 October. doi: [10.2105/AJPH.2017.304041](https://doi.org/10.2105/AJPH.2017.304041)

PMCID: PMC5607706

PMID: [28902552](https://pubmed.ncbi.nlm.nih.gov/28902552/)

Despair as a Cause of Death: More Complex Than It First Appears

[Ana V. Diez Roux](#), MD, PhD, MPH 

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White America's death crisis: The pain is real, but our perception is warped by the "white racial frame"

"Deaths of despair" soar among whites and it's a national crisis yet there's silence when black and brown folks die



CHAUNCEY DEVEGA

MARCH 29, 2017 3:20PM (UTC)

The Washington Post
Democracy Dies in Darkness

Opinions

The media gets the opioid crisis wrong. Here is the truth.

By Anne Case and Angus Deaton September 12, 2017

An Alternative Narrative: Crossing the Rural-Urban Divide

HealthAffairs

Health Care In The Suburbs: An Analysis Of Suburban Poverty And Health Care Access

PUBLISHED: OCTOBER 2017

Alina S. Schnake-Mahl¹ and Benjamin D. Sommers²

- Rates of access to care similar across all geographies, and are linked to income and other demographic factors.
 - Access for the poor substantially worse than access for the non-poor across all geographies.
 - Large affordability gap based on income, with substantially worse access rates for the poor than the nonpoor across all geographies.
-

An Alternative Narrative: Crossing the Rural-Urban Divide

- Rates of poverty are higher in cities and rural areas.
 - About 17 million Americans in poverty live in the suburbs, more than the number living in poverty in cities or rural areas.
 - Overall, the uninsurance rate is lower in suburban areas than in cities and rural areas. But...
 - Nearly 40% of the uninsured population live in the suburbs.
 - Aggregate data provide vague generalizations
 - Blacks still have significantly higher fatality rates than white Americans, and the disparities remain entrenched.
-

An Alternative Narrative: Crossing the Rural-Urban Divide

- Financial, Geographic, Cultural, and Linguistic Barriers to Care
 - Transportation and Geographic Barriers: Rural and Urban
 - Availability of care
 - Mental health
 - Dental
 - Primary Care
 - Hospitals
 - Consider how differences in income levels within geographies may affect access to care.
 - Disaggregation by geography in data analysis necessary for identifying, monitoring, and attempting to eliminate health disparities among populations
-

Racial/ethnic disparities

African Americans are more likely to die younger from all causes than white Americans.

<https://www.cdc.gov/vitalsigns/pdf/2017-05-vitalsigns.pdf>

Their experience with persistent disadvantage and related stress may produce allostatic load burdens that contribute to health disparities.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3417124/>

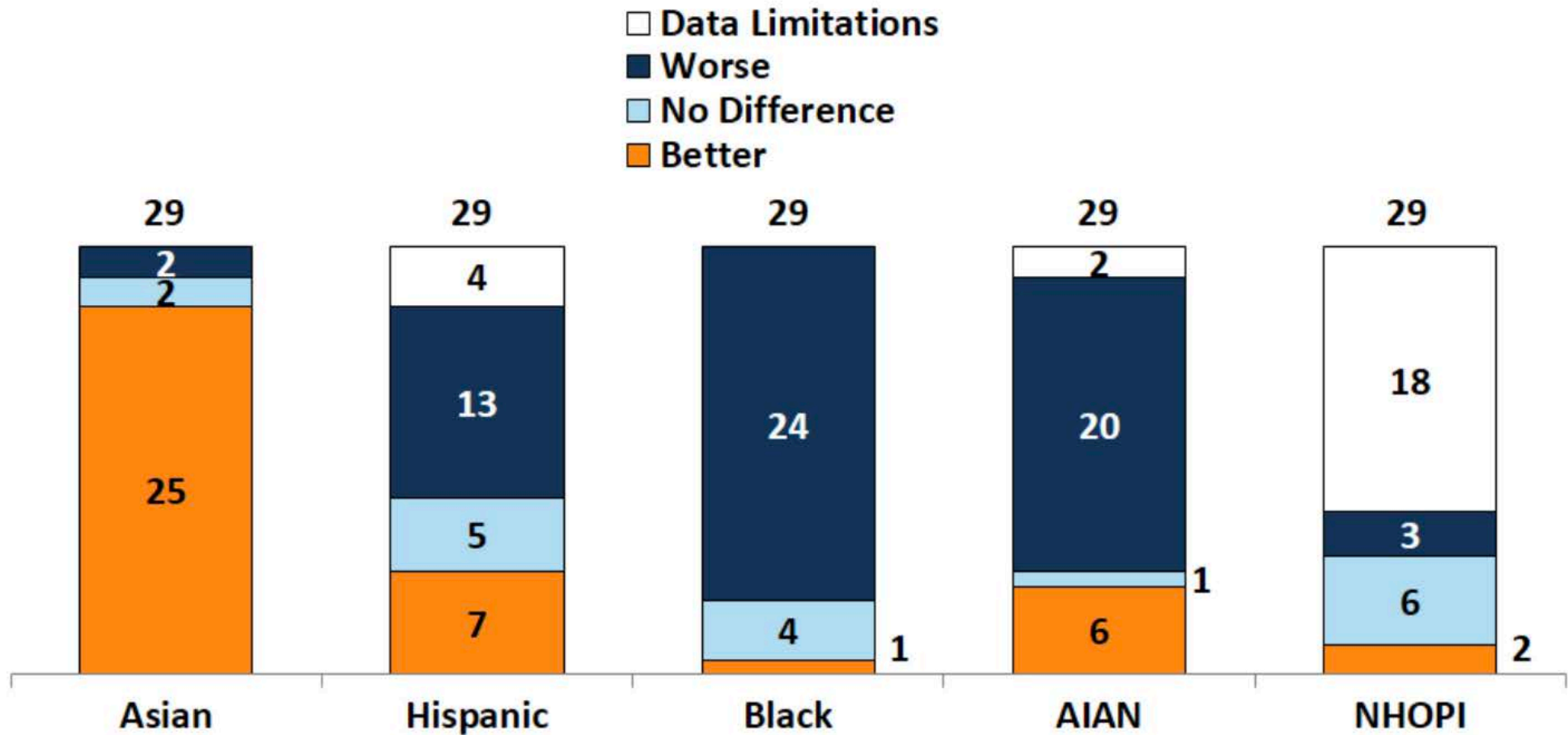
Racial and ethnic minorities have worse access to health care and experience lower-quality care.

<https://www.kff.org/report-section/key-facts-on-health-and-health-care-by-race-and-ethnicity-section-2-health-access-and-utilization/>

<https://www.ahrq.gov/research/findings/nhqrdr/nhqrdr16/quality.html#Disparities>

Exhibit 3.1

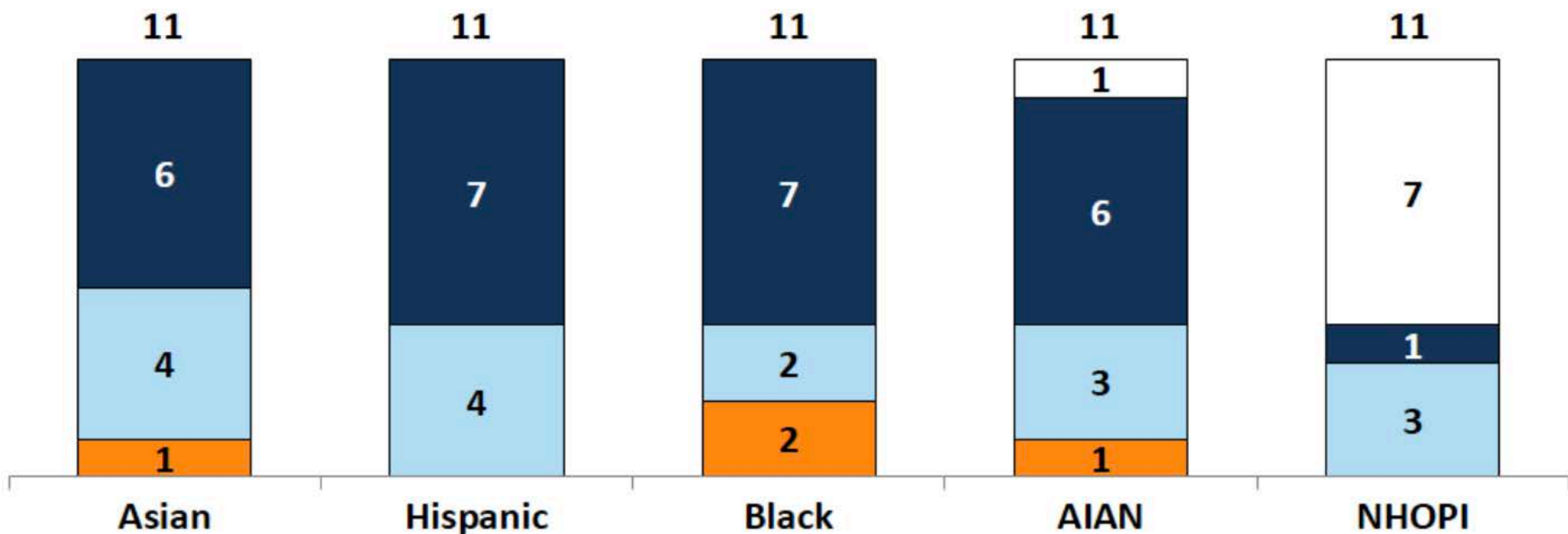
Number of Health Status and Outcome Measures for which Groups fared Better, the Same, or Worse Compared to Whites



Note: Better or Worse indicates a statistically significant difference from White population at the $p < 0.05$ level. No difference indicates there was no statistically significant difference. Data limitations indicates data are not available separately for a racial/ethnic group, insufficient data for a reliable estimate, or comparisons not possible to Whites due to overlapping samples. AIAN refers to American Indians and Alaska Natives. NHOPI refers to Native Hawaiians and Other Pacific Islanders. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.

Number of Access and Utilization Measures for which Groups fared Better, the Same, or Worse Compared to Whites

Data Limitations
 Worse
 No Difference
 Better



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Exhibit 2.1: Number of Access and Utilization Measures for which Groups fared Better, the Same, or Worse Compared to Whites

State Variations in Infant Mortality by Race and Hispanic Origin of Mother, 2013–2015

T.J. Mathews, M.S., Danielle M. Ely, Ph.D., and Anne K. Driscoll, Ph.D.

In 2013–2015, five of the nine highest mortality rates for infants of non-Hispanic black women were in Midwestern states.

- The highest state mortality rate for infants of non-Hispanic black women was 14.28 per 1,000 live births in Wisconsin, 1.7 times as high as the lowest rate of 8.27 in Massachusetts

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Wisconsin IMR, 2013-2015

Non-Hispanic Whites: 4.71 per 1,000

African American: 14.28 per 1,000

Hispanic: 5.16 per 1,000

What about the “Hispanic Health Paradox”?

- Data vary based on longevity of time in the U.S. and exposure to U.S. diets, stresses, social support/networks
 - Increasing morbidity rates, linked to increases in and higher rates of obesity, diabetes, and disability.
 - Advantages in birth outcome erode with later generations in the U.S.
-



**WISCONSIN
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Wisconsin and the World. **npr**

Federal Report Ranks Wisconsin No. 1 In Health Care Quality

Tuesday, August 22, 2017, 1:25pm
By Shamane Mills

WISCONSIN
STATE JOURNAL

Wisconsin has best health care quality in the nation, federal agency says

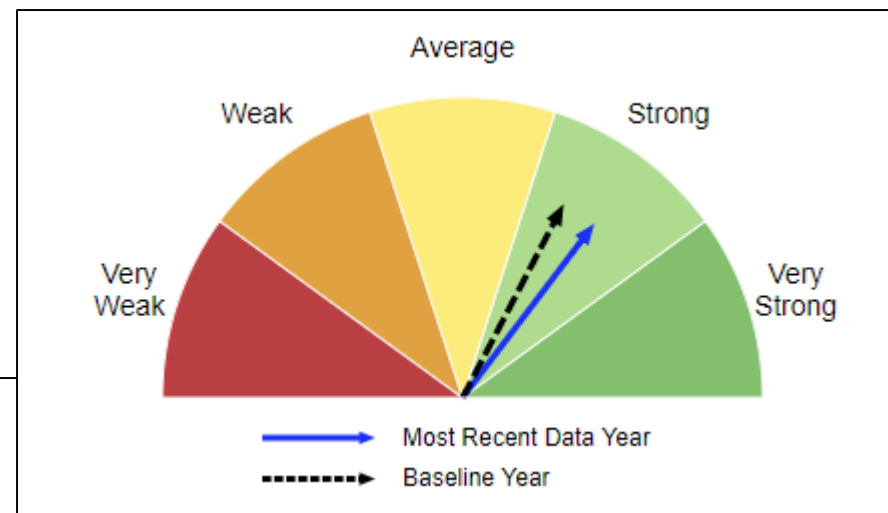
DAVID WAHLBERG dwahlberg@madison.com Aug 23, 2017



National Healthcare Quality and Disparities Reports

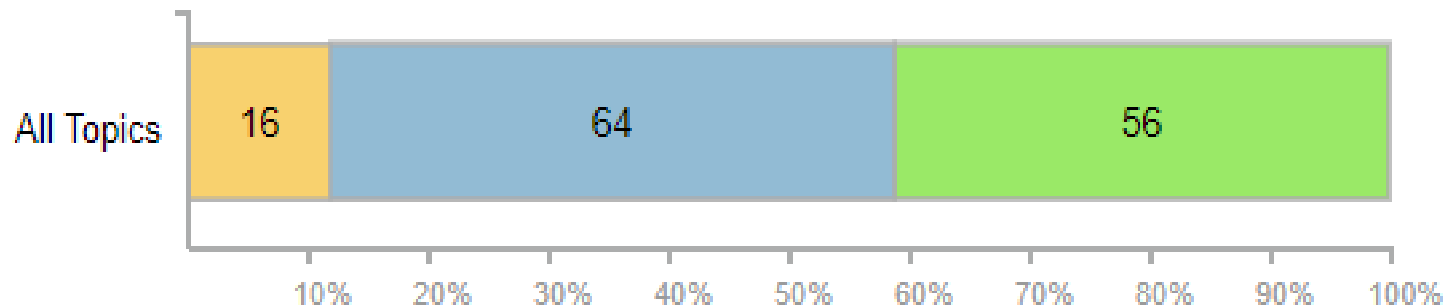
Your source for the Reports, State Snapshots, and QR/DRnet

- Far away from benchmark** - a State's value for a measure has not achieved 50% of the benchmark.
- Close to benchmark** - a State's value for a measure is between 50% and 90% of a benchmark (i.e., worse than the benchmark but has achieved at least half of the benchmark but not as much as 90% of a benchmark).
- Achieved benchmark or better** - a State's value for a measure is no worse than 90% of the benchmark value, the measure has achieved the benchmark. This category also includes the case in which the measure's value is equal to or better than the benchmark.



All Measures

Select any summary bar to review the list of measures and supporting data.



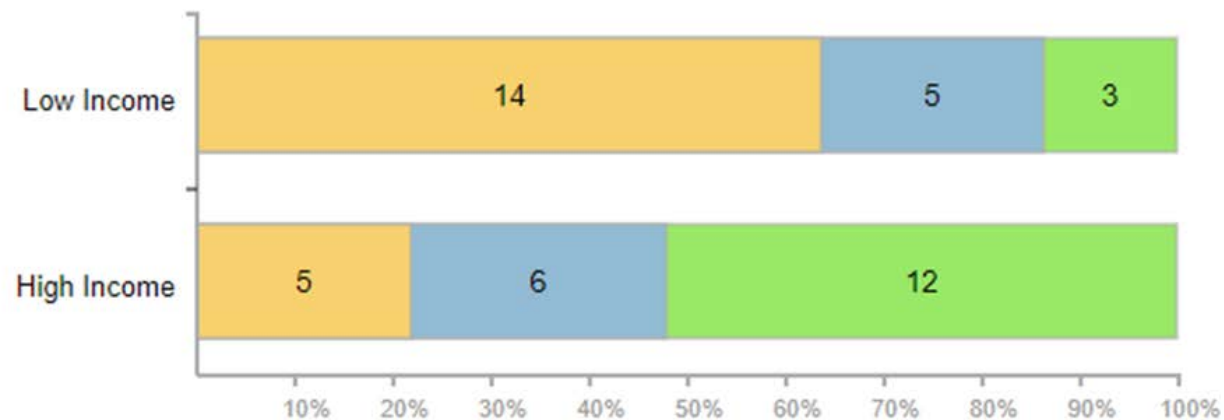
Measures by Race and Ethnicity

Select any summary bar to review the list of measures and supporting data.



Measures by Community Income

Select any summary bar to review the list of measures and supporting data.



Does Health Insurance/Medicaid Matter?



The Effect of the Patient Protection and Affordable Care Act Medicaid Expansions on Financial Wellbeing

Luojia Hu, Robert Kaestner, Bhashkar Mazumder, Sarah Miller, Ashley Wong

NBER Working Paper No. 22170
Issued in April 2016, Revised in February 2018
NBER Program(s):Health Economics

Medicaid and Financial Health

Kenneth Brevoort, Daniel Grodzicki, Martin B. Hackmann

NBER Working Paper No. 24002
Issued in November 2017
NBER Program(s):Health Care, Health Economics, Public Economics



The NEW ENGLAND
JOURNAL of MEDICINE

Health Insurance Coverage and Health — What the Recent Evidence Tells Us

Benjamin D. Sommers, M.D., Ph.D., Atul A. Gawande, M.D., M.P.H., and Katherine Baicker, Ph.D.

Insurance and Financial Well-Being

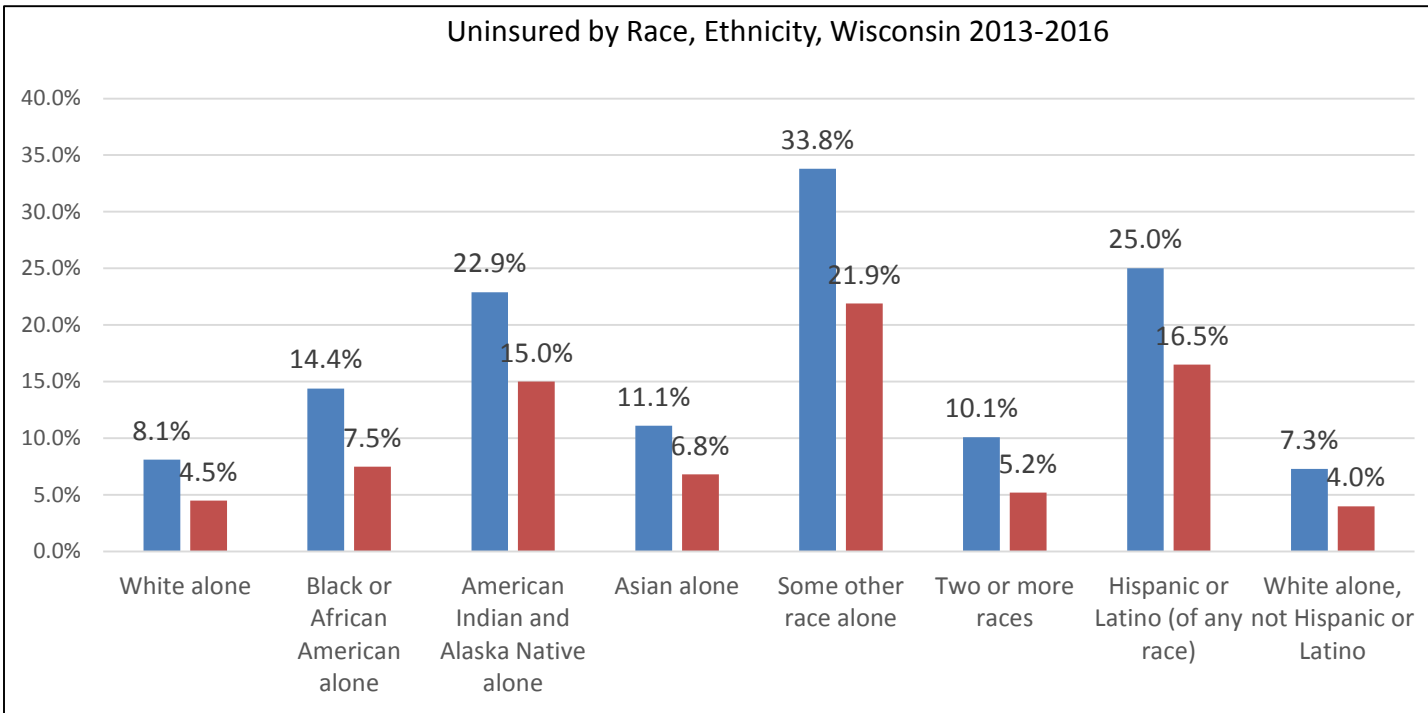
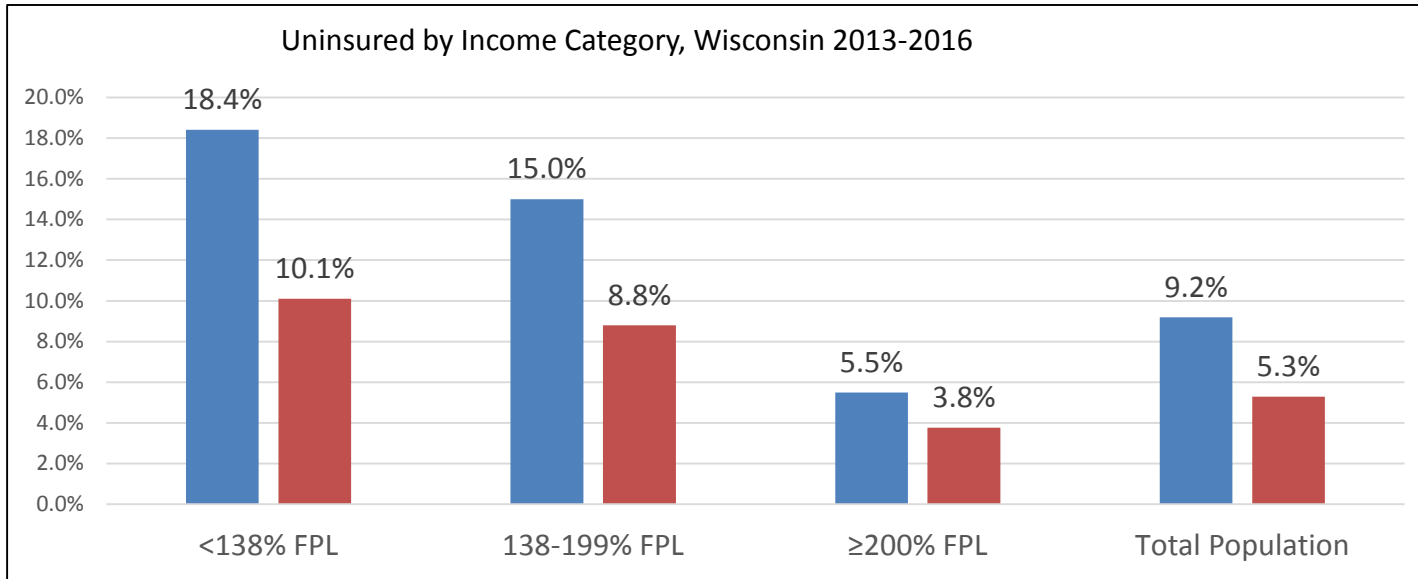
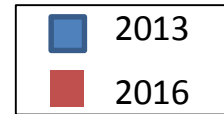
- Health insurance improves financial security.
- Reduces out-of-pocket expenses, risk of large unpredictable medical costs.
- Reduced bill collections and bankruptcies
 - Reduces the incidence of unpaid medical bills, provides substantial indirect financial benefits to households. (Brevoort D, Brodzicki D, Hackmann MB, NBER, November 2017)
-and reduces stress.

Does Health Insurance/Medicaid Matter?

- Medicaid significantly increased the probability of having a usual source of primary care, the use of recommended preventive care, and the use of outpatient care, prescription drugs, and hospital care; improve self-reported mental health. (OHIE)
- Body of evidence indicates that coverage expansions significantly increase patients' access to care and use of preventive care, primary care, chronic illness treatment, medications, and surgery.

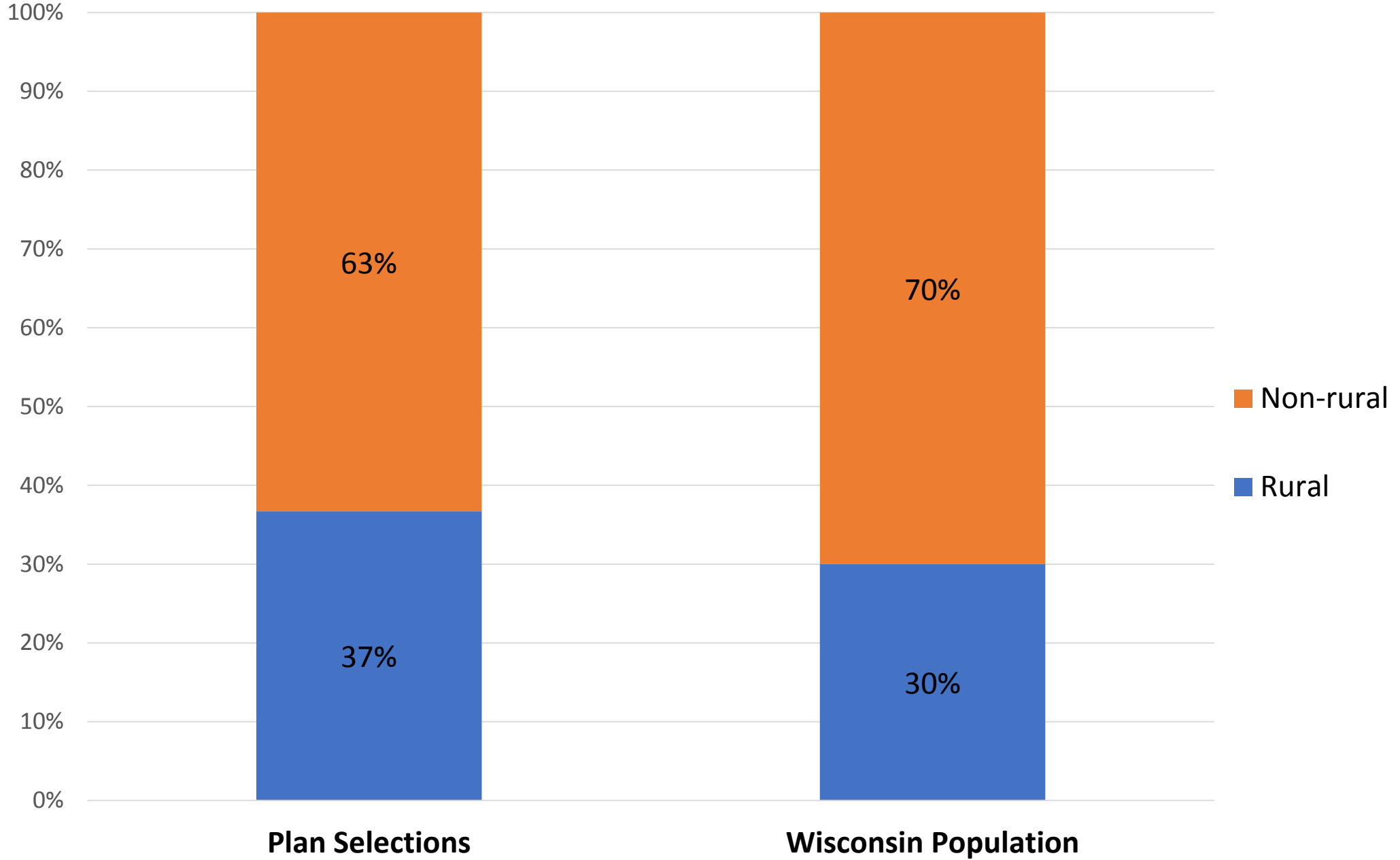
<https://www.nejm.org/doi/full/10.1056/NEJMsb1706645>

Uninsured Trends Wisconsin, 2013-2016



- Substantial declines in uninsured occurred across the population.
- Largest declines in rates of uninsured occurred among persons in the lowest income groups and among racial and ethnic minorities.

Plan Selections, 2017, Rural and Non-Rural, Compared to Overall Wisconsin Population



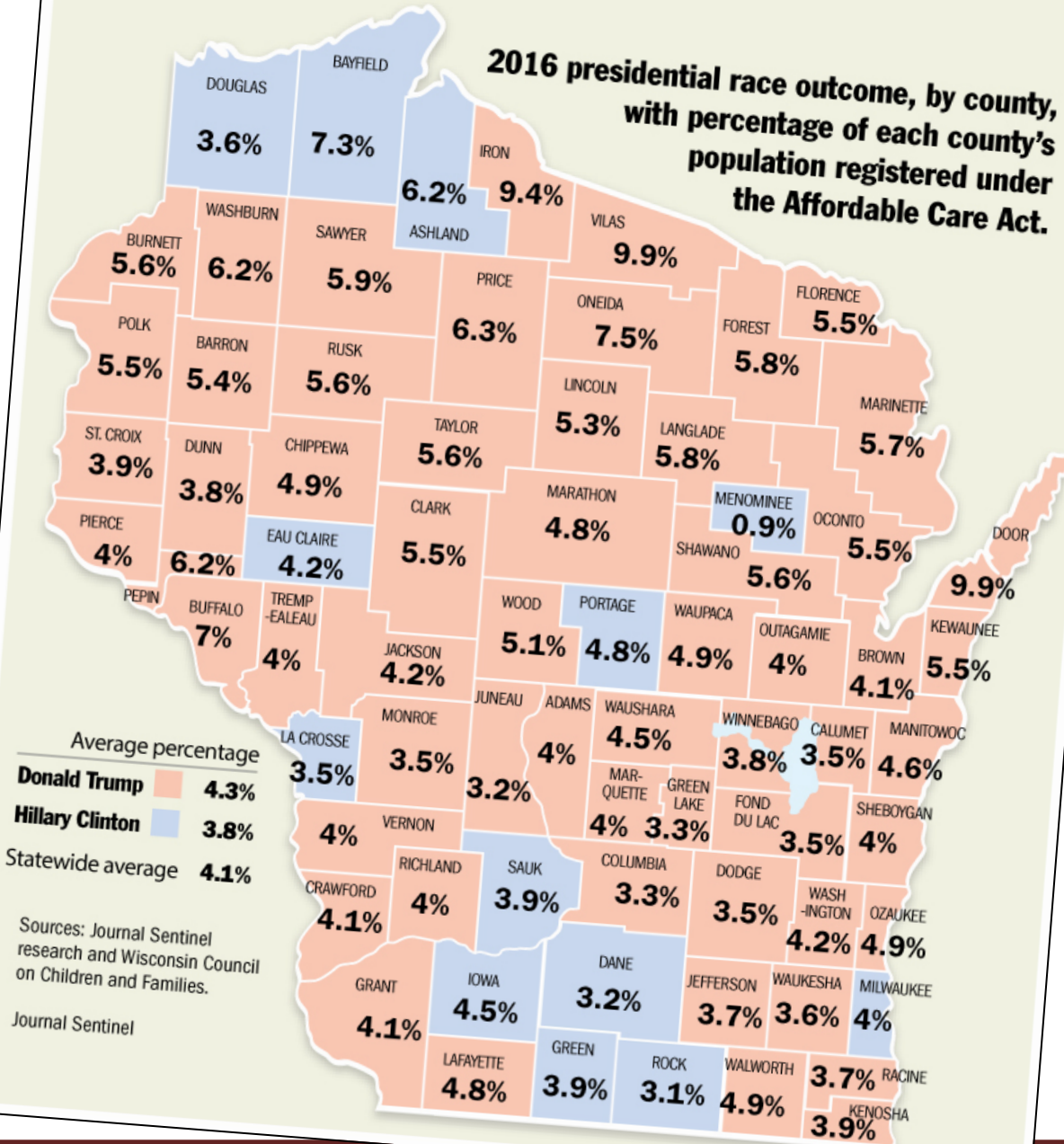
Medicaid expansion specifically increased Medicaid coverage more in rural versus urban populations.

Soni A. J Rural Health. April 2017

Obamacare use higher in Trump counties

People in counties carried by Donald Trump are more likely to have signed up for private coverage through the Obamacare insurance exchange.

2016 presidential race outcome, by county, with percentage of each county's population registered under the Affordable Care Act.



Average percentage
Donald Trump 4.3%
Hillary Clinton 3.8%
 Statewide average 4.1%

Sources: Journal Sentinel research and Wisconsin Council on Children and Families.
 Journal Sentinel



Health Policy Programs
Donna Friedsam, Director
uwphi.pophealth.wisc.edu
[@UWHealthPolicy](https://twitter.com/UWHealthPolicy)