



ABSTRACT

The issues of Poverty are hunger, education, family, racial inequality, social inequality, disability and more. This month we look at the US health Care system and its role in perpetuating poverty.

Poverty's harsh effects on health start before babies are born and pile up throughout their adult lives. With stressed-filled homes, shaky nutrition, toxic environments and health-care gaps of every kind, kids in very low-income families may never catch up when it comes to their health.

Food on the Table?

It seems like a paradox: increased hunger yet more obesity among poor people. "The answer is pretty simple," says Dreyer, who is also the director of the developmental-behavioral pediatrics at the New York University School of Medicine." The cheapest food you can buy is usually empty calories – high-calorie, high-fat food."

Poverty prevents Americans from buying healthy food. This is one of the biggest contributors to poor health in low-income communities. Many of the poor, including those who rely on food stamps, must patronize mini-marts that sell salty snacks and the kinds of processed foods that cause hypertension, obesity, and diabetes in lieu of fresh produce. According to an Economic Research Service (ERS) report for the United States Department of Agriculture, 11.5 million Americans are both poor and live in low-income areas over a mile away from a supermarket that offers healthier food variety. On average, food stamp beneficiaries live about 1.8 miles away from a grocery store. Without a vehicle or public transportation to help these Americans get to the market and carry their groceries back home, many opt for high calorie and unhealthy food instead.

So, it isn't surprising that regions where poor people can't get to supermarkets also have higher recorded rates of obesity and diabetes.

Question: What came first? Stores in low income neighborhoods do not carry fresh fruits and vegetables because they could not sell enough of them fast enough or do they simply don't care to sell those items to those in poverty?

INCOME AND HOUSING

Research has shown a link between poverty and poor health. People with more income tend to be healthier and live longer. A boost in income can boost health. People with higher incomes have health problems too, of course; however, those at the bottom suffer disproportionately poor health. Another reason poverty affects health is it often exposes people to unfavorable living and workplace conditions.

Stress, and pollution that affect health across the life course, starting in utero. Families in poor neighborhoods are at a higher risk for a host of health problems that are perpetuated by their environment.

INSURANCE

We know that 18.5% of the United States 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 forgo preventative care and wait until an illness is severe before seeking medical care. Some 32 million Americans will receive health insurance coverage if the Affordable Care Act is fully implemented as originally designed.

CHILDREN

The proportion of poor children not receiving any health care in a given year is twice that of higher-income children. Children are especially vulnerable to the negative health effects of poverty.

The United States has higher rates of child poverty than many other countries. In 2012, 22% of children in the United States were poor.

Almost half of children who live in poverty have mothers with at least some symptoms of depression, because of the stresses of raising a family in these circumstances, Duffee says.

“Mothers who are depressed interact with their children very differently,” he says. “Those interactions – the lack of stimulation and socio-emotional connections, what we call attachment – also have long-term effects, if not lifelong effects, on children.

Pediatricians are starting to take more interest in early oral-health promotion, Duffee says. Applying fluoride varnish during well-child visits significantly reduces childhood dental cavities, he says.

Inadequate dental coverage helps perpetuate the poverty cycle, says Barbara Wolfe, a professor who specializes in health economics at the University of Wisconsin-Madison. “If an individual hasn’t gotten appropriate oral health care, as a child or an adolescent, and then loses teeth, it makes it really hard to overcome lower earnings. Especially jobs that deal with the public because of appearance issues.

Many times, discussions about the health of a nation begin with how to improve health behaviors (reducing smoking, healthful eating, exercise) or how to increase access to healthcare in order to reduce the percentage of uninsured citizens. However, many other factors contribute significantly to health and they are important to note.

Material factors like unhealthy housing, unemployment, and food insecurity all affect one’s health.

The amount of exposure one has to pollution and other biohazards can also lead to poor health.

Increased stress and social isolation can lead to conditions like heart disease and asthma.

People that are poor or near poor are usually

most susceptible to material factors and psychosocial conditions that lead to poor health.

Read the book “Healthy at 100” by John Robbins to learn more about the social aspects of physical health.

Multiple measures of socioeconomic status (SES) are independently associated with health:

- Education, income, assets, and occupation have independent and compounding effects over the life course; and
- Race and SES affect health in overlapping and independent effects.

Between 10 and nearly 15 years – that’s the difference in life expectancy between the poorest and richest people in the United States, according to findings just published online in the Medical Journal JAMA.

Research on vaping is still ongoing but may show similar results to regular smoking. It also is marketed to those in poverty.

Adults living in poverty, among other stresses, are much more likely to have inflammatory diseases, with an increased risk for heart attack and stroke.

People in poverty are more likely to smoke. Research shows that smokers tend to be lower-income and less educated Americans. But a new study from Duke Medicine suggests that isn’t a coincidence, and that those who grow up in poverty may actually be predisposed to picking up unhealthy habits. That’s a consequence of economic stresses that inhibit Americans ability to self-regulate healthy behaviors. “Poverty during childhood not only appears to affect child development, but can have lasting effects on the types of health choices made during adolescence and early adulthood, especially as it relates to cigarette smoking,” wrote lead author Dr. Bernard Fuemmeler, an associate professor in Community and Family Medicine at Duke University School of Medicine.

Not to mention the issues of 2nd hand smoke!

People in poverty are less likely to receive expensive tests that might help doctors identify any health issues sooner.

All these factors give us just a few more reasons to help folks pull themselves out of poverty.

Reform

Concept 1: The United States is a great country with a medical establishment that is second to none. People from around the world come to us to engage with our experts on a wide array of health issues. Even many of the experts in other nations were trained here. The challenge we are looking to solve here is how to get that amazing health care to those in poverty.

Proposal: Create small sliding scale clinics in poverty filled neighborhoods. In order to staff these clinics create scholarships for men and women to attend schooling. In return for the education each position to include medical billing, office management, nursing and doctors would give a certain amount of time to the clinic. Considering the law of supply and demand this is working on the supply side of the medical establishment by creating more staff.

Additionally, this gives some real world experience for our future hospital workers. Finally, this will allow men and women to reach higher without the crippling debt that often goes with medical training.

Concept 2: What we typically call health insurance is actually sick insurance. You only get to use it if you are ill or injured. What if we focused teaching and training on those in poverty on how to grow their own vegetables (they can even be grown in apartments). They can learn about healthy choices. We would need to find a good system of incentives. (Special lunches, gift cards, etc). This training would save many people the personal agony of illness and injury. Additionally it would save money. Consider what it costs to prevent something like heart attack verses what it costs to treat and help someone who has already had one.

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Lead Author: Mark Bowser

- Rani Paxton & Ina Whitewater
- Charolette Sanders and Kayla Russell
- Phyllis Lewelling
- Jack Murr
- Daniel Blankenship
- Rich Schaus
- Sandy Coe
- Guests and patrons of Gospel Rescue Mission in Muskogee Ok