

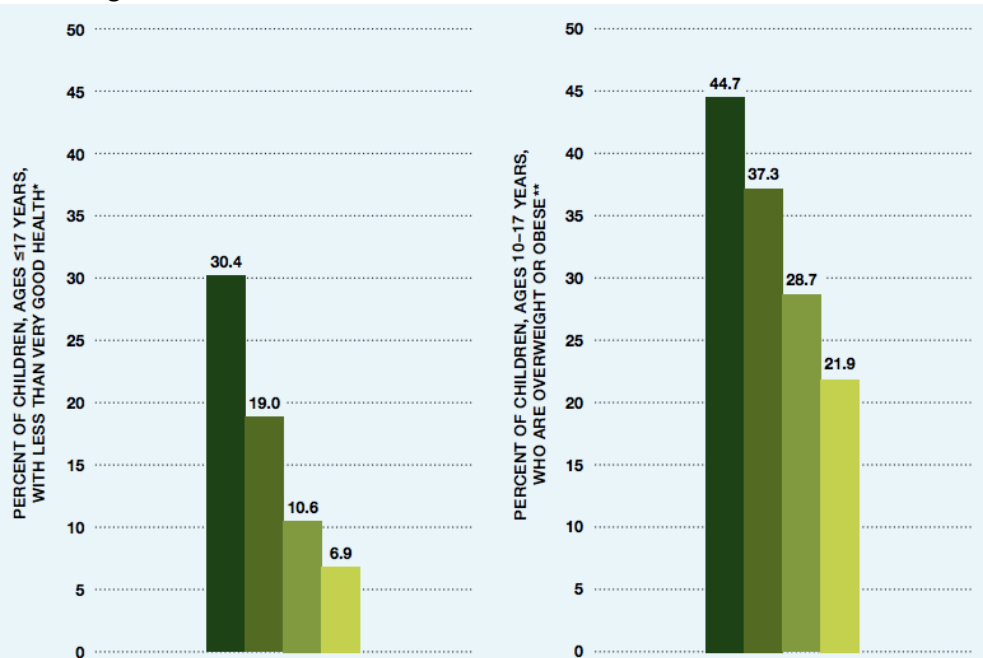
Income & Health Disparities

Obj. 12.7: Identify how wealth and income are correlated with health outcomes.



Parental Income, Child Health Outcomes

Use the graph below to write the trend you notice for each graph. Then form a conclusion for the two data sets together.



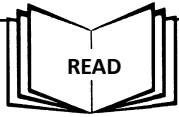
Source: RWJH (National Survey of Children's Health). <http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf406474>

Family Income
(Percent of Federal Poverty Level)

- <100%
- 100-199%
- 200-399%
- ≥400%

Figure 8 Source: National Survey of Children's Health, NSCH 2011/2012. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website, <http://www.childhealthdata.org/browse/survey/results?q=2456&r=1&g=458>. Accessed May 10, 2013.
 *Based on parental assessment and measured as poor, fair, good, very good, or excellent. Health reported as less than very good was considered to be less than optimal.
 Figure 9 Source: National Survey of Children's Health, NSCH 2011/2012. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website, www.childhealthdata.org/browse/survey/results?q=2415&r=1&g=458. Accessed May 10, 2013.
 **Weight status of children ages 10-17 years only, based on Body Mass Index (BMI) for age. Overweight or obese is a BMI in the 85th percentile or above.

Trends in Graph #1:	Trends in Graph #2:
Conclusion:	



Income, Wealth, & Health Disparities

Perhaps the biggest predictor of one's health is one's wealth. It's not just the poor who are suffering; every step down the class pyramid corresponds to worse health. Study after study has shown that those at the top of the class pyramid live on average longer, healthier lives than the rest of us. The middle classes fare worse than those on the top, and the poor get sick more often and die sooner.

The greater the inequality in a society, the steeper the gradient. Currently, the United States has the greatest inequality among rich countries - and the worst health inequities. People in the middle are twice as likely to die prematurely (before age 65) as those on top; people at the bottom are three times as likely.

The life expectancy of American men in the highest income group is 8 years longer than for men in the lowest income group, two and a half years longer than for the second highest income group. Wealthy women live almost 7 years longer than poor women. Children in low-income families are seven times as likely to be in poor or fair health as those in high-income families. Poorer adults are three times as likely to have a chronic disease that limits their activity; twice as likely to have diabetes, and are nearly 50% as likely to die of heart disease.

Wealth doesn't just bring more material comfort, it also provides financial security and access to resources that promote opportunities for better health. Higher income affects health at every age, from the beginning of life to adulthood and old age. For adults, wealth is tied to neighborhood quality, work conditions, food security, access to medical care, and the availability of buffers against stress.

For children, the impact of advantages or disadvantages is even greater, because the effect on health is cumulative. The greater proportion of life one spends at the upper end of the class spectrum, the more benefits accrue. Children from affluent families are more likely to grow up in a house owned by their parents and to live in a neighborhood with healthy food options, safe places to play, good schools, libraries and other quality public services all of which help set them on the path to a successful, healthy life.

Children from less affluent families not only lack these advantages, they are more likely to experience conditions that limit their health and ultimately their life chances: injuries, inadequate or delayed health care, physical inactivity, poor nutrition, insecure or substandard housing, and exposure to toxins, high lead levels and violence. The influence of wealth on health begins even before a child is born, shaping the quality of prenatal care an expectant woman receives, her level of stress during pregnancy and her likelihood of delivering a premature or low birth weight baby.

Wealth is an important determinant of health because it has such a profound effect on other conditions. Yet at every socioeconomic level, African Americans, Native Americans and other people of color fare worse than their white counterparts. Racism as a stress factor independent of class partially explains this, but racism for example, in the form of residential segregation or job discrimination also directly affects wealth.

Today, the wealth gap in America is growing. The average CEO makes more than 250 times the average worker's salary, and the top 1% of American households holds more wealth than the bottom 90% combined. In the last 25 years, the income of top earners has increased 81%, while wages for those on the low end of the pay scale have stagnated or declined.

Our health has followed suit. In 1980, the U.S. ranked 14th in the world for life expectancy. In 2007 we ranked 29th. One out of every five American children lives in poverty. Many of the countries that rank higher than we do have policies that protect workers, support families, and provide a safety net for their citizens. These policies typically address income and wealth inequality in one of two ways: (1) they reduce

the overall gap so that everyone has sufficient resources to prosper and maintain control over their lives or (2) they loosen the connection between health and wealth by making certain resources available to everyone, not dependent on a family's individual assets.

Examples of policies to reduce the gap include a guaranteed living wage, earned income tax credits, family supports, guaranteed paid vacation and sick leave, secure pensions, and severance pay and job training for unemployed workers. Examples of policies to loosen the wealth-health relationship include universal preschool, better land use and zoning policies, school financing reform, universal health insurance, and stronger environmental protections and better enforcement.

Source: Courtesy of *UNNATURAL CAUSES: Is Inequality Making Us Sick?* Produced by California Newsreel with Vital Pictures. Presented by the National Minority Consortia. www.unnaturalcauses.org; www.newsreel.org



Review

1. How is income/wealth inequality related to health?
2. Why is the impact of income/wealth on health greater for children?
3. What are the two ways to correct income & wealth inequality in order to improve health?



A Story of Poverty & Poor Health

Choose a creative way to depict the life and health of a fictitious 30-year old who grew up (and is still living) in poverty. You may write a story, craft a comic strip/storyboard, draw a picture, write a poem, record a song/skit, or use any other method you prefer.

Be sure to include the following in your depiction:

1. At least **one** chronic health problem linked to poverty
2. At least **two** events or circumstances during childhood that negatively affected health
3. At least **three** income/wealth-related barriers that impact(ed) health.