

# 2020 National Public Health Week: Public Health Economics



## Economics and Public Health

Social Determinants of Health (SDOH) are the conditions in which people live, learn, work, and play that affect a wide range of health risks and outcomes. Poverty, low-income, and food insecurity are SDOHs. **Poverty and food insecurity are associated with some of the most serious and costly health problems in the nation.**<sup>i</sup>

Promisingly, investing in public health and prevention have demonstrated a strong Return on Investment.



## The Impact of Economics on Health

### Poverty in Maine

- In 2019, Maine's underemployment rate was 7.7%. Underemployment is associated with poorer physical and mental health, lower general well-being and self-esteem, and strained relationships, which may lead to a less positive household atmosphere.<sup>ii</sup>
- In 2017, 12.9% of Maine children and 11.1% of adults were living in poverty.<sup>iii</sup> Low-income families have higher rates of heart disease, diabetes, stroke, and other chronic conditions compared to families earning high income.<sup>iv</sup> Children living in poverty are at risk for experiences that harm their educational status, emotional development, and physical health.<sup>v</sup>
- In 2016, 10.8% of Mainers encountered a cost barrier to health care,<sup>iv</sup> such as high cost of care, and inadequate or no insurance coverage. These barriers can lead to unmet health needs; delays in receiving appropriate care; inability to get preventive services; financial burdens; and preventable hospitalizations. Access to care often varies based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location.<sup>vi</sup>
- In 2016, 13.8% of people in Maine experienced food insecurity. Food security status is more strongly predictive of chronic illness in some cases than income. Income is significantly associated with hepatitis, arthritis, and chronic obstructive pulmonary disease (COPD). However, food insecurity is significantly associated with hypertension, coronary heart disease, hepatitis, stroke, cancer, asthma, diabetes, arthritis, COPD, and kidney disease.<sup>vii</sup>

### Investing in Public Health

- The Supplemental Nutrition Assistance Program (SNAP) and the Women, Infants and Children (WIC) program significantly reduce both the rate and depth of poverty for the poorest families.<sup>viii</sup>
- Each \$1 spent on chronic disease prevention saves \$5.60 in health spending and gains \$7.50 in economic output.<sup>ix</sup>

## Policy Actions to Take

- Advocate for paid sick leave and a living wage. [Urge your members of Congress to prioritize public health infrastructure and paid sick, family and medical leave](#) in future legislation, particularly to address the COVID-19 pandemic.
- Support policies that lift families out of poverty. The Earned Income Tax Credit has been associated with lowered infant mortality rates and better health for mothers by providing direct financial assistance to low-income individuals.<sup>viii</sup> Increase access to SNAP and WIC.<sup>viii</sup>
- Ensure all workers have access to affordable, quality health insurance. Support policies that provide paid family and sick leave and flexible scheduling. Increase or supplement income through living wage laws, unemployment insurance and childcare subsidies.<sup>x</sup>

## Maine Resources

- [211 Maine](#) – A free, confidential information and referral service that connects people of all ages across Maine to local services.
- [Maine Department of Health and Human Services](#) – List of Available Programs and Services

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<sup>i</sup> Food Research & Action Center. The impact of poverty, food insecurity, and poor nutrition on health & well-being. December 2017.

<https://frac.org/wp-content/uploads/hunger-health-impact-poverty-food-insecurity-health-well-being.pdf>.

<sup>ii</sup> American's Health Rankings. 2020. Annual Report: Underemployment.

[www.americashealthrankings.org/explore/annual/measure/Underemployed/state/ME](http://www.americashealthrankings.org/explore/annual/measure/Underemployed/state/ME).

<sup>iii</sup> Maine Department of Health and Human Services. 2020. Maine Shared Community Health Needs Assessment: Maine Interactive Health Data.

[www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/maine-interactive-health-data.shtml](http://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/maine-interactive-health-data.shtml).

<sup>iv</sup> Blackwell DL, Lucas JW, Clarke TC. Summary health statistics for U.S. adults: National Health Interview Survey, 2012. National Center for Health Statistics. Vital Health Stat 10(260). 2014.

<sup>v</sup> Council on Community Pediatrics. Poverty and Child Health in the United States. *Pediatrics*. Mar 2016.

<sup>vi</sup> Access and Disparities in Access to Health Care [Internet]. Rockville (MD): Agency for Healthcare Research and Quality; May 2016. Available from: <http://www.ahrq.gov/research/findings/nhqrdr/nhqrdr15/access.html>

<sup>vii</sup> Gregory, C. A., & Coleman-Jensen, A. (2017). Food insecurity, chronic disease, and health among working-age adults. Economic Research Report, 235. Washington, DC: U.S. Department of Agriculture, Economic Research Service.

<sup>viii</sup> Khullar, D & Chokshi DA. Health, Income, & Poverty: Where We Are & What Could Help. *Health Affairs Health Policy Brief*, October 4, 2018. <https://www.healthaffairs.org/doi/10.1377/hpb20180817.901935/full>.

<sup>ix</sup> Trust for America's Health. 2016. Investing in America's Health: A State by State Look at Public Health Funding and Key Health Facts.

<sup>x</sup> University of Wisconsin Population Health Institute. What Works? Social and Economic Opportunities to Improve Health for All. September 2018.