POVERTY AND SUBSTANDARD HOUSING LINKED TO POOR HEALTH RANKINGS

For the past six years, the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute have compiled national county health rankings. The 2015 Key Findings Report ranks health outcomes for 3,061 of 3,143 counties (or county equivalents) across the country. Health measurements include longevity, premature death, individual reported health status, the number of times an individual feels healthy each month, and the percentage of babies born with low birth weight in each county. The report aims to help counties and communities identify and implement solutions to become healthier. County comparisons for differences in health are available at the state-level.

According to the report, 4 health factors influence the health of a county: health behaviors, clinical care, social and economic factors, and the physical environment. The report notes that social and economic factors are especially important and contribute more toward health outcomes than any other group of factors. The report does not include genetics and biology as a factor, as they cannot be changed through community action.

Not surprisingly, the report found that the healthiest counties performed better over a variety of social, economic, and environmental factors. Healthiest counties typically have higher college attendance, less unemployment, fewer single-parent households, and less violent crime. Moreover, healthier communities also had fewer housing problems than their less healthy counterparts.

The impact of income and poverty on health plays a key role as well. Income impacts a family or individual’s ability to access quality housing, education, food, child care, and medical care. Beyond this, increased income also provides options for healthier lifestyles. The report notes that as poorer families and individuals often live in inadequate housing in neighborhoods that may not have access to healthy food, employment options, and quality schools, poverty can lead to both physical and mental health damage.
2015 Health Outcomes by State

Source: 2015 County Health Rankings: Key Findings Report, Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

Persistently Poor, 1990-2010

Counties with Poverty Rates of 20% or more in 1990, 2000, and 2010

Source: HAC tabulations of 2010 US Census Decennial and Small Town Area Income and Poverty Estimates
Poverty, Housing, and Health

The report notes that as “income and wealth increase or decrease, so does health status,” and found that counties with high levels of child poverty and income inequality are often less healthy than those with lower levels. Unhealthy counties are two times more likely to have high rates of child poverty than healthier counties. Areas with the highest rates of children living in poverty include the Southwest and Southeast, as well as parts of Appalachia, the Mississippi Delta and the Plains. The report also found these regions, with the exception of the Mississippi Delta, to have some of the highest income inequality ratios in the country. Child poverty was used as a measurement as opposed to overall poverty because children are particularly vulnerable to the adverse effects of a lack of income, and income inequality was determined by comparing household income at the 80th percentile to that at the 20th percentile within each county.

Poverty and poor health are inextricably linked. High needs regions that have faced persistent poverty over the decades, like the Mississippi Delta, Appalachia, and Native American lands, are home to many of the least healthy counties within their states. Individuals in these regions often struggle with daily food security, access to health, and basic shelter. Like persistent poverty, many counties have reported persistently poor health scores since the beginning of the rankings in 2010 – 129 counties have ranked among the bottom 10 percent within their state for all six years. Although, it should be noted, that this six-year time period is significantly shorter than that of the three decade time period used to determine persistent poverty.

The report found that severe housing problems contribute to the overall health of a county and more households have housing problems in the unhealthiest counties than in the healthiest counties. A home in one of the least healthy counties is two times as likely to have severe housing problems as the healthiest. In persistent poverty counties, the incidence of housing units lacking adequate plumbing is more than twice the national rate, and households are more likely to be overcrowded. These issues attribute to the overall health of a families and individuals.

Potential Solutions

Poverty is particularly evasive in regions that are almost exclusively rural. Areas like the Mississippi Delta, Native American lands, and Appalachia have struggled economically for years and often lack safe, secure housing. Although poverty and substandard housing can detrimentally effect a family or individual’s health, the report includes potential solutions to help improve health within these least healthy counties. This includes investments in education, work force development, and increased public and private sector wages to help individuals move out of poverty. The provision of affordable housing is also critical. These proposed solutions point the impact that adequate investment and support can have on lower-income communities.

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1 Severe housing problems refer houses with at least 1 out of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.
FOR MORE INFORMATION ON COUNTY HEALTH RANKINGS

Download The 2015 County Health Rankings: Key Findings Report


Health Data at the County Level

To see how healthy your community is, visit the County Health Rankings & Roadmaps at: http://www.countyhealthrankings.org/

Additional HAC Resources

For more information on the social, economic, and housing characteristics of your community, visit HAC’s Rural Data Portal at: http://www.ruraldataportal.org/