

SOCIAL DETERMINANTS OF HEALTH

Economic Stability

January 2025



INTRODUCTION

According to the U.S. Department of Health and Human Services (DHHS), social determinants of health (SDOH) are environmental conditions that impact the health of individuals. These include where a person is born; where they live; their age; and their economic background. SDOH can be broken down into five groups:¹

1. Health Care and Access and Quality;
2. Education Access and Quality;
3. Neighborhood and Built Environment;
4. Social and Community Context; and
5. Economic Stability.

This commentary, the final of a five-part series, will focus on economic stability. Economic stability is when one has access to resources that are essential to lead a healthy life. As an SDOH, economic stability includes people's income, their cost of living, socioeconomic status, and impacts on their health.

The following examinations, while a part of economic stability as a SDOH, are not an exhaustive list in describing inequalities in healthcare due to economic backgrounds.

PEOPLE WITH STEADY EMPLOYMENT ARE MORE LIKELY TO BE HEALTHY LONGER

Multiple studies on how health is affected by employment show that those who are unemployed or underemployed tend to have more health-related issues throughout their life. A survey of more than 200,000 respondents showed that the underemployed population has the highest prevalence of inadequate healthcare while self-employed individuals had the lowest level of any type of health care utilization.² Conversely, those who are employed full time show slower decline in health and physical functioning.³

Unemployed individuals have a higher reporting rate of depression, anxiety, stress-related illnesses such as low blood pressure, and heart diseases, leading to a lower quality of life.⁴ Children with unemployed parents have higher rates of food insecurity than children with employed parents.⁵

BETTER EMPLOYMENT BENEFITS LEAD TO BETTER HEALTHCARE ACCESS

Not surprisingly, unemployed men without health benefits reported poorer health than their counterparts with benefits offered from the workplace. Individuals with access to health benefits, paid sick leave, and parental leave have improved the well-being of themselves and their family members. Maternity leaves have shown a positive effect on mortality rates. An extension of paid maternity leave to 10 weeks has shown a reduction of three percent in infant, child, and neonatal fatality rates.⁶

Overall, people who were employed and insured were less likely to report chronic illness than those who are not employed and do not have insurance.⁷

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5 Mark Nord, "Food Insecurity in Households with Children," September 2009 – USDA Economic Information Bulletin.

6 Adam Burtle and Stephen Bezruchka, "Population Health and Paid Parental Leave: What the United States Can Learn from Two Decades of Research," June 2016 – Healthcare (Basel).

7 Christian Gregory and Alisha Coleman-Jensen, "Food Insecurity, Chronic Disease, and Health Among Working-Age Adults," July 2017 – USDA Economic Research Report.

A HIGHER SOCIOECONOMIC STATUS LEADS TO LOWER MORTALITY RATES

The life expectancy at the age of 25 was higher for employed individuals in a higher economic group than those in a lower economic group.⁸ Unemployment in African-American men is twice the rate for White men in the U.S. African-American men also have a higher risk of mortality and a lower life expectancy than that of any other race, gender or poverty groups.⁹

The life expectancy of the top five percent of the income distribution has increased by 2.5 years but there has been no gain for the bottom five percent. Adults with incomes below the federal poverty level are five times more likely than those above the federal poverty level to report poor health. Low-income individuals are more susceptible to substance abuse: for example, a person earning less than \$35,000 is three times more likely to smoke than a person earning \$100,000.¹⁰

Growing up in poverty can hinder educational development and create long term nutritional deficits in children. Low-income communities also have less access to nutritious food, new infrastructure, and properly structured homes, often times leading to generational poverty.

Lifespan's Link to Health (and Wealth)

- **Life Expectancy Gap:** Higher-income groups live longer; life expectancy for the top 5% rose by 2.5 years, while the bottom 5% saw no gains.
- **Health Risks:** Adults below the poverty line are 5x more likely to report poor health and 3x more likely to smoke.
- **Generational Impact:** Poverty hinders children's education, nutrition, and future opportunities.

8 Paula Braveman, Catherine Cubbin, Susan Egerter, David Williams, and Elsie Pamuk, "Socioeconomic Disparities in Health in the United States: What the Patterns Tell Us," 2010 - American Journal of Public Health.

9 Nicolle Mode, Micheal Evans, and Alan Zonderman, "Race, Neighborhood Economic Status, Income Inequality and Mortality," May 2016 - PLOS ONE.

10 Raj Chetty, Micheal Stepner, and Sarah Abram, "The Association Between Income and Life Expectancy in the United States, 2001-2014," April 2016 - JAMA.

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14 Joseph Sharkey, Cassandra Johnson, and Wesley Dean, "Relationship of Household Food Insecurity to Health-Related Quality of Life (HRQOL) in a Large Sample of Rural and Urban Women," July 2011 - Women Health

15 John Cook, "Impacts of Child Food Insecurity and Hunger on Health and Development in Children; Implications of Measurement Approach," April 2013.

16 Micheal Bruke, Lauren Martini, Cayir Ebru, and Heather Grafton, "Severity of Household Food Insecurity Is Positively Associated with Mental Disorders among Children and Adolescents in the United States," October 2016 - The Journal of Nutrition.

IMPROPER FOOD ACCESS LEADS TO HIGHER RISK OF CHRONIC ILLNESSES

Food insecurity is when a person is unable to afford nutritiously adequate and safe foods. The United States Department of Agriculture (USDA) labels low food security as intaking reduced quality of diet, whereas very low food security is multiple indications of disrupted eating pattern and food intake.¹¹

Research shows that while income is significantly associated with three of the chronic diseases studied, food insecurity is associated with ten. As food insecurity worsens, the likeliness of having a chronic illness increases.¹²

Adults from food-insecure households have a 21 percent higher risk of clinical hypertension than adults from food-secure households. The risk of clinical diabetes is 50 percent higher among adults living in food-insecure households.¹³ Specifically, women of households with higher food insecurity reported poor physical health and more frequent mental distress.¹⁴

FOOD INSECURE CHILDREN HAVE AN INCREASED RISK OF NEGATIVE HEALTH OUTCOMES

More than 100 studies from the past two decades show that children in households suffering from food insecurity are more likely to have poorer health, impaired mental proficiencies, behavioral problems, and more chronic illnesses.

Children ages 12 years or less categorized as hungry or at risk of hunger were twice as likely as non-hungry children to be reported as having impaired functioning. Teachers reported statistically significantly higher levels of hyperactivity, absenteeism, and tardiness among hungry/at-risk children.¹⁵ Compared with children in food-secure households, children in households with marginal, low, or very low food security had 1.26, 1.56, and 1.59 times the odds of a mental disorder impairment, respectively.¹⁶

PEOPLE EXPERIENCING HOUSING INSTABILITY DO NOT RECEIVE PROPER HEALTHCARE

Housing instability includes a number of challenges, such as trouble paying rent, overcrowding, moving frequently, or spending the bulk of household income on housing. As of 2019, 37 million households were cost burdened, meaning they had very little left over to spend on other necessities like food and healthcare.¹⁷

Low-income families are often forced to rent substandard housing, exposing them to health risks like mold, water leaks and inadequate heating and cooling systems. A study found that there was a significant relationship between housing instability and not receiving needed medical care, an increased use of the emergency room, and postponing medications.¹⁸

Losing housing can also be fatal to mental and physical health. The U.S. housing crisis led to a two-time increase in eviction and foreclosure related suicides from 2005 to 2010.¹⁹ Another study found that newly homeless population had higher rates of physical and mental illness reporting than those who found housing. The population who found housing saw a significant decrease in visual, dental and podiatric complaints.²⁰

CHILDREN OF FAMILIES FACING HOUSING INSECURITY ARE AT A HIGHER HEALTH RISK

Housing insecurity in children mostly considers more number of moves and overcrowding. In the young population, multiple moves are statistically responsible for poor child health and food insecurity. Children face developmental risk and have lower weight-for-age than children with no housing instability.²¹

The absence of overcrowding can lead to a 60 percent decrease in incidences of asthma in children. Children living in a house with improper sewage drains are more likely to experience lower respiratory diseases.²² When compared to children who did not make moves, children who moved were more likely to report poorer overall physical health.²³ The possibility of having uninsured periods in children who move often is also higher and can lead to inability to access proper health care.

Housing Instability Harms Health

- **Cost Burdened Households:** As of 2019, 37 million households spent the majority of their income on housing, leaving little for essentials like food and healthcare.
- **Substandard Living Conditions:** Low-income families often face health risks from mold, water leaks, and inadequate heating or cooling in substandard rentals.
- **Healthcare Delays:** Housing instability increases ER visits, missed medications, and skipped medical care.
- **Fatal Consequences:** The U.S. housing crisis (2005–2010) doubled eviction- and foreclosure-related suicides.
- **Health Improvements with Stability:** Newly housed individuals report fewer dental, visual, and podiatric complaints compared to the newly homeless.

17 Margot Kushel, Reena Gupta, Lauren Gee, and Jennifer Haas, “Housing Instability and Food Insecurity as Barriers to Health Care Among Low-Income Americans,” January 2006 – Journal of General Internal Medicine.
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CONCLUSION

This commentary shows the effects economic stability has on access to proper healthcare. Employment, income, socioeconomic status, food security, and housing stability play an important role in accessing quality health care. They are also some of the main reasons for inequalities in health care access. Those with a better socioeconomic background, full time employment, access to nutritious food, and proper housing have self-reported better health and the same has been proven through many statistical analyses.

As an SDOH, the components of economic stability—income, cost of living, and socioeconomic status—rely heavily on quality education and job skills. People with better paying jobs generally have better access to health insurance and are more likely to utilize healthcare services. It is important to note that, although employer-based coverage generally provides the best coverage, there are other coverage options available through the marketplace.

Easier access to health care means a healthier and longer life. Policies that provide quality education to all populations can lead to greater access to healthcare in the long term. A society of better educated and employed people is a healthy population.

Along with employment programs, policies promoting career counseling, affordable housing, high-quality food, and health insurance with employment, all can reduce poverty and improve the well-being and health of a larger population.

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