Report documents widening US health disparities and inequality

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The federal Centers for Disease Control and Prevention (CDC) has issued a new report on the health disparities in the United States that are the product of social inequalities. The agency's "Health Disparities and Inequalities Report," made available January 14, is the first report of its kind issued by the government.

The report documents the prevalence of a wide range of health problems affecting American society over a period of years, tracing the course of some phenomena—such as cigarette smoking—from as far back as 1965. Much of the analysis is concentrated on health trends in the last decade to 2009, a period which saw soaring health care costs and declining wages and living standards for the vast majority of Americans.

It is well known that a whole host of variables have an effect on the health of an individual. These include everything from maternal health, early childhood care, nutrition, education, and access to adequate medical care, to poor environmental and workplace conditions. These factors have to be taken as a whole to understand the underlying causes for the drastic health inequality occurring in America.

Class status is the bottom line for all of these variables. With low incomes and poverty—both increasingly the norm in the US—comes the inability to obtain proper health care, decent and safe housing, education, or nutrition. These problems contribute stress that further compounds health problems, and can feed into alcohol dependency or other unhealthy habits.

In the introduction to the report, CDC director Dr. Thomas Frieden notes, "Lower-income residents report fewer average healthy days. Residents of states with larger inequalities in reported number of healthy days also report fewer healthy days on average. The correlation between poor health and health inequality at the state level holds at all levels of income."

It not only those at the bottom of the socioeconomic scale whose health is affected. Social inequality for a wide range of incomes is correlated with reports of fewer average healthy days, and ultimately, life expectancy. In December, the CDC reported that average life expectancy in the US fell in 2008.

Infant death and pre-term birth rates were also significantly higher in the US than in other developed countries. Infant mortality declined slightly to 6.75 deaths per 1,000 infants in 2007 from 6.89 deaths in 2000. From 1981 until 2006, however, pre-term infant births have increased from 9.4 percent to 12.8 percent of all live births; this decreased between 2007 and 2008, though not enough to be lower than the rates from 1981-2002.

Infant mortality and pre-term births are linked to the ability of the mother to attain adequate health care before, during and after birth, as well as her general living situation and access to nutritious foods. Low-income women have far less access to health care than those from higher-income layers. Pregnancy outcomes for minorities reflect this fact; CDC vital statistics data on infant mortality among children born to African-American mothers show a rate of 13.24 deaths for every 1,000 live births in 2008.

Another revealing indicator of disparity among income levels is the family housing unit. The CDC defines as inadequate a housing unit that lacks proper plumbing or smoke detectors, or has flaking lead paint (common in houses built before 1978). An unhealthy housing unit is one where toxins are detected and occupants suffer from a significant exposure to environmental hazards, such as rodents and leaks.

Living in inadequate housing was strongly correlated to low income. A household living on poverty wages of $24,999 or less were five times more likely to live in inadequate housing than one earning more than $75,000. In 2009, 5.2 percent of households in America were considered to be inadequate, with a majority of these households occupied by minorities. In 2009 non-Hispanic blacks were 2.3 times more likely to live in one of these housing units compared to non-Hispanic whites.

Out of the approximately 110 million American households, some 5.8 million are considered to be living in

inadequate housing, while 23.4 million are considered unhealthy. In other words, one quarter of all households live in conditions defined as deleterious by the federal government.

The number of people without health insurance rose from 31 million in 1987 to 47 million in 2006. The CDC estimates that the number of uninsured reached 52 million in 2010. Respondents for this survey were considered uninsured if they did not have any private health insurance, Medicare, Medicaid, State Children's Health Insurance Program coverage, state-sponsored or other government-sponsored health plan, or a military health care plan, at the time of the interview. It should be noted that many enrolled in these programs receive the bare minimum amount of health care, and there is an ongoing attack on governmental safety nets such as Medicare and Medicaid.

One indicator of the poor state of public health care is the number of hospitalizations for preventable health problems. In many cases, patients admitted with serious conditions could have avoided hospitalization if preventative tests had been done during a general physician's visit. Yet many people do not have the financial means to consult a physician, and even those with insurance will often not receive needed tests because they are not covered.

Since hospitals don't ask about patient income, the socioeconomic status of each person in the CDC statistics was assigned according to the neighborhood they were residing in at the time, then grouped into income quartiles. From 2004 until 2007 the data showed that the highest number of hospitalizations were found among those with the least amount of money. Hospital admissions decreased as income level increased, with the wealthiest quartile having the lowest number of hospitalizations. Non-Hispanic blacks had the highest number of preventable hospitalizations, Hispanics had the second highest and Asians/Pacific Islanders had the fewest cases, while non-Hispanic whites were third highest.

Hospitals are closing even as the need for them increases. Although the cost of hospitalization is far greater than getting an appointment with a primary physician, many hospital emergency rooms are not making enough money to keep their facilities open, since so many people who come in have no way of paying for the visit. The government does not compensate the emergency rooms as it is supposed to. According to the American College of Emergency Physicians in 2007, 55 percent of US emergency rooms were working uncompensated.

According to the *New England Journal of Medicine*, from 1994 to 2001 there was a steady decrease in the number of hospitals available to the public, from over 5,200 to about 4,900. The same goes for emergency departments, which fell from approximately 4,900 to about 4,600. Yet there is evidence of increasing demand for hospitals and emergency rooms. The number of visits rose from approximately 90 million in 1996 to the highest point of about 115 million in 2003. Between 2003 and 2004 the number of visits dropped to about 110 million.

Another study by the National Association of County and City Health Officials (NACCHO), published May 2010, notes that the budget cuts put into effect by federal and local governments have caused local health departments nationwide to cut their workforce by 15 percent, or 25,500 health care workers.

Worsening mental health and psychological stress are grim indicators of deteriorating living conditions. In 2007, suicide was the 11th leading cause of death in the United States. Of the 34,598 suicides, 83.5 percent were among whites, 7.1 percent among Hispanics, 5.5 percent among blacks, 2.5 percent among Asian/Pacific Islander and 1.1 percent among American Indians/Alaskan Native. Overall it was found that males (18.4 per 100,000 population) were four times more likely to commit suicide than females (4.8 per 100,000 population).

When age is accounted for within the ethnicities, percentages change significantly; American Indians/Alaskan Natives, the majority of whom live in oppressive poverty, have the highest suicide rates among adolescents and young adults. Hispanic and blacks also had higher suicide rates among adolescent and young adults. Among whites, an increase in age brought an increase in the suicide rates. While many social, personal, and economic factors can combine to drive a person to commit suicide, and there is no way of pinpointing just one reason, it would be incorrect to divorce suicide rates from surging unemployment, foreclosures, and personal bankruptcies.

Colleges and universities have reported a spike in deteriorating mental health of students. According to the American College Counseling Association, 44 percent of students in counseling have severe psychological disorders, an increase from 16 percent in 2000. The most common reported in 2010 were depression, anxiety, suicidal thoughts, alcohol abuse, attention disorders, self-injury and eating disorders. One in four are on psychiatric medication, up from 17 percent a decade ago.