

Date: February 7, 2014

To: Milwaukee Common Council Members

From: Geoffrey R. Swain, MD, MPH  
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Re: Resolution supporting enactment of comprehensive federal anti-poverty policy package

I was pleased to attend the Committee on Judiciary and Legislation's meeting on February 3<sup>rd</sup>, when the above resolution, introduced by Alderman Hamilton, and co-sponsored by Alderman Wade, Alderwoman Coggs, Alderman Perez, and Alderman Kovac, was discussed.

In his testimony to the Committee, David Riemer mentioned that "intense and persistent poverty damages the health of tens of thousands of Milwaukeeans."

I am writing to elaborate on that statement, and to briefly outline ways in which policy approaches to greatly reducing poverty – such as those outlined in this resolution – would likely result in significantly improved health outcomes in Milwaukee.

Many people are under the impression that there are two important general factors in whether an individual – or a city – is healthier or less healthy: 1) access to quality healthcare, and 2) individual health behaviors (e.g., diet, exercise, etc.). These two broad factors are important, but there is another broad category that is even more important: socioeconomic factors.

In fact, the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)) estimate that socioeconomic factors account for 40% of all modifiable drivers of health. By comparison, health behaviors account for about 30% of health outcomes, and medical care only about 20%. (The remaining 10% is accounted for by physical environmental factors, such as lead, radon, or other environmental hazards).

There are many specific types of socioeconomic factors, ranging from neighborhood social support to violent crime rates and single-parent households. But the two most powerful socioeconomic factors are low educational attainment and poverty.

Poverty drives poor health outcomes through several different mechanisms. Most obviously, being poor makes it harder to access quality healthcare. Although this mechanism may be improving under the Affordable Care Act, it is still a big concern.

Secondly, poverty makes it much more difficult to engage in healthy behaviors. There are many examples of this; I will list just 3 here: i) Healthy food is less accessible and more expensive in poorer parts of the city; ii) It's more difficult to exercise regularly if you live in a more dangerous part of town or if you can't afford a gym membership; and iii) Studies show that manufacturers of unhealthy products (e.g., cigarettes, other forms of tobacco, and alcohol) specifically target poor neighborhoods with their marketing efforts.

Thirdly, and perhaps most importantly, *poverty directly affects people's physiology*. The chronic stress of living in poverty causes chronic elevations in "stress hormones" such as cortisol and adrenaline. Elevated adrenaline levels cause high blood pressure, which in turn increases risk for strokes and heart attacks. Elevated cortisol levels cause impairments in both glucose

metabolism (which increases risk for obesity and diabetes) and immune system functioning (which increases risk for cancer and other chronic diseases).

These physiologic problems can affect anyone living in poverty, but those who are especially vulnerable are children (because they are likely to be exposed to such conditions over many years) and pregnant women. In fact, elevated levels of adrenaline and cortisol in pregnant women can increase risk for preterm birth, which is by far Milwaukee's #1 driver of infant mortality.

The Milwaukee Health Report, which is published every year by the Center for Urban Population Health (in collaboration with the Milwaukee Health Department), documents the negative health consequences of low socioeconomic status (SES, as measured by income and educational attainment) in our city. In that report (see [www.cuph.org/mhr](http://www.cuph.org/mhr)), we compare 3 parts of the city – 10 zip codes with the lowest SES, 10 zip codes in the middle SES group, and 9 zip codes with the highest SES – on nearly 3 dozen measures of health.

On all but 8 of those measures, the lowest SES zip codes have the worst health measures. And on all but 3 of those measures, the lowest SES zip codes are less healthy than the highest SES zip codes.

In short, poor people don't have the same chances to be healthy as those who are not poor. The better your educational level and the better your income, the healthier you are as a group - - and the healthier you are likely to be as an individual. And, since educational level in large part determines future income - - and since poverty is measured in large part by income - - it is no stretch to say that significantly reducing poverty is extremely likely to have a dramatic impact on improving health.

In fact, the specific policy elements in the "policy package" referenced in this resolution have been shown by scientific evidence to be effective in improving health. For example, a 2012 study showed that "For single low education ( $\leq 12$  years) mothers, a policy-induced ... increase of \$1000 in EITC income is associated with 6.7 to 10.8% reduction in the low birth weight rate, with larger impacts for births to African American mothers." Transitional jobs and minimum wage increases have also been associated with improved health outcomes (see, for example, <http://uwphi.pophealth.wisc.edu/programs/match/healthiest-state/what-works-policies-and-programs-to-improve-wi-health.pdf>)

In summary, there is abundant evidence that poverty is one of the strongest modifiable drivers of health outcomes. It is no coincidence that Milwaukee's high poverty rates are correlated with poor health outcomes on almost any measure. A policy package like the one outlined in this resolution is likely to dramatically reduce poverty in Milwaukee, which will in turn have a number of important benefits - - not least of which would be dramatic improvements in health outcomes and reductions in health disparities.

For these reasons, the City of Milwaukee Health Department strongly encourages your support of this resolution.