

## **“Poverty and Healthcare: Fatefully Linked”**

**by Former Senate Majority Leader William H. Frist  
ETSU College of Public Health Dean Randy Wykoff**

**Sunday, June 21, 2009**

### ***Johnson City Press***

The article addresses the challenges facing the nation as we strive to improve the health of all Americans. Text of the article, reproduced with permission from the [Johnson City Press](#), follows:

It is clear that the national discussion about how to improve the quality and impact of the health system in the United States has extended to all parts of the country.

In that discussion come many challenges; yet perhaps the most important obstacle is one that many people are not yet discussing: How do we assure that people living in poverty no longer suffer the substantial disparities in health that currently impact their lives?

Some of the health challenges that exist for people living in poverty in central Appalachia in specific, and rural America, in general, were brought to light to members of the Commission to Build a Healthier America, a Robert Wood Johnson sponsored initiative, who recently participated in a fact-finding — and possibly eye-opening — visit to East Tennessee and Southwest Virginia. One of us (Frist) is a member of the commission, while the other (Wykoff) served as host for the visit.

Improving health is an immensely complex issue that will require the best efforts of elected officials from both parties, business leaders from across the nation, consumer advocates, and, in fact, all Americans.

There are many problems that must be solved by this debate: How do we assure affordable access to health care for all Americans, including those living in inner cities and isolated rural areas? How do we assure that highly effective preventive health and health promotion programs are supported? How do we rein in costs while at the same time expanding coverage?

There is no doubt that impoverished people in the United States — a group that includes, among others, the unemployed, the transiently employed, urban blacks, rural whites and the working poor — suffer much worse health statistics than wealthier Americans.

Americans are increasingly aware that there is an almost linear relationship between poverty and poor health around the world. The chance of a child dying before the 5th birthday in Sierra Leone, one of the world's poorest countries, is almost 100 times greater than a child dying in Sweden, one of the world's wealthiest countries.

Many in the U.S. remain unaware, however, that the same relationship exists between poverty and health exists in our country.

For every small increase in income, we see a remarkable increase in health outcomes as diverse as life expectancy and infant mortality. A 50 percent increase in income can result in two to three

years increase in life expectancy. Think about that for a minute. A relatively small increase in income translates into years of added life.

Problems associated with poverty are of significant concern to Tennesseans because our state encompasses two parts of the United States long associated with significant poverty — Appalachia in the east and the Mississippi valley in the west.

In Tennessee, 15.6 percent of the population lives below the poverty rate, compared to a national rate of 13.3 percent. We all recognize that, in difficult economic times, such as those we are all currently living in, people who are already living near the edge will suffer disproportionately.

While there have been some improvements in poverty rates in Appalachia over the past 30 years, the central portions of Appalachia have shown the least improvement. In 2003, the poverty rate in central Appalachia was 20 percent, compared to a 14.3 rate throughout Appalachia as a whole.

Not surprisingly, the health statistics for Tennessee are among the worst in the nation. According to the United Health Foundation's America's Health Ranking, Tennessee ranks 47 among all states for a cross-section of 20 critical health parameters.

Clearly, if we as a state or a nation want to achieve our health potential, we must address the health disparities associated with poverty.

This is a more complicated issue than it may first appear. Certainly, it is vitally important that all Americans have access to affordable health care.

Lack of access to affordable health care, however, doesn't completely explain the health disparities suffered by poor Americans. Even in countries with universal access to health care, significant health disparities related to poverty are seen.

The health disparity also isn't related just to personal behaviors. It is true that poor Americans are more likely to smoke and to live sedentary lifestyles than wealthier Americans. But studies have suggested that these factors may account for no more than a third of the health disparities seen in our poor population.

There are clearly other factors at play, and while these may be debated, it is obvious that we need a significant national effort to better understand the impact of poverty and health, to determine why poor people suffer disproportionately from poor health and to develop new interventions that can address the unique health challenges faced by our poor population.

All Americans will benefit from better health, and we will all benefit when no American — white or black, rich or poor, urban or rural — suffers worse health statistics than our nation's healthiest citizens.