

Health Status of Poor

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Last month's PATHWAYS focused on important national health trends originally reported by Princeton University professors Anne Case and Angus Deaton. Case and Deaton found a nationwide surge in death rates since 1999 among whites in prime midlife age.

We found a strong parallel in the local community. As described in last month's column, a look at Texas vital statistics revealed the rate of death among non-Hispanic white men and women between the ages of 45 and 54 in San Angelo and Tom Green County climbed by 73 percent between 1994 and 2013. We also examined the trend among Tom Green County Hispanics because the Case and Deaton national study had found no increases of death among minorities that matched the pattern of whites. Again, our results generally agreed.

The significance of Case and Deaton's work is that it reveals a disturbing trend targeting non-Hispanic white Americans in prime ages of life for early death from causes like suicide, drug poisoning, and liver disease accompanied by failing mental health and disability.

Indeed, the findings stunned us so much that we decided to see if any related patterns are evident in data on the health status of the poor in our region of West Texas.

Community Development Initiatives at ASU worked with community-based organizations across the region during 2015 to collect the data by completing detailed face-to-face interviews with a sample of the more than 39,000 residents of 20 counties living in poverty. The 20 counties in the Survey of Health and Behavioral Health Needs of the Poor and Extremely Poor in West Texas included Coke, Concho, Crockett, Edwards, Irion, Kimble, Kinney, Mason, McCulloch, Menard, Mills, Reagan, Runnels, San Saba, Schleicher, Sterling, Sutton, Tom Green, Upton and Val Verde.

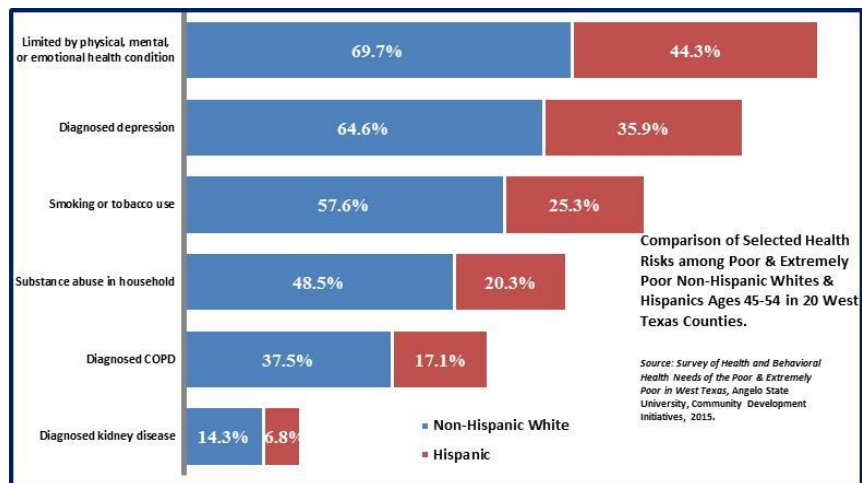
Trained interviewers, many of them members of the local communities in the study, completed 597 interviews with people whose incomes were below the poverty line. The interviews covered more than 170 health-related factors.

Returning to the Case and Deaton study, there is clearly a set of risky behaviors related that form essential components of the root causes they found behind the tragic rise in midlife deaths. Substance abuse, for instance, can lead to liver diseases and drug poisonings. Poor mental health, especially depression, is a key force in suicide. Certain results of the interviews from the survey of the poor in the West Texas fall in line with Case and Deaton.

The survey of the poor included 147 interviews with people in the same midlife age range (ages 45-54) Case and Deaton studied. These respondents include 66 Non-Hispanic whites (45%) and 79 Hispanics (54%). Six particular items from the interviews connect with their findings.

The first relates to mental health. Overall, 41 percent of the 597 total respondents to the survey of the poor in West Texas reported that a professional had diagnosed them as having depression. That number indicates a very high rate compared to an estimated 15 percent for the adult population in general. Nevertheless, the level of depression for the survey respondents in the 45-54 midlife age range was even higher at 49 percent.

Comparison of Selected Health Risks



This result, in itself, is consistent with Case and Deaton’s contention that the surge in mortality correlates with failing mental health in the midlife ages. However, the real revelation from the survey of the poor revealed the difference in diagnosed depression between midlife Hispanics and non-Hispanic whites.

Of the 79 Hispanics in the 45-54 age range interviewed in the survey of the poor, 35.9 percent said doctors diagnosed them with depression. Again, high as that level is, it pales in comparison to the astronomical 64.6 percent of white non-Hispanics who told interviewers they received diagnosis of depression. The same high level of failing mental health that Case and Deaton found among prime-aged whites at risk of early death across the nation appears to hold true for midlife white non-Hispanics living in poverty in West Texas communities.

Other elements of risky behavior that Case and Deaton associated with the surge of death for middle-aged white Americans also show up in the interviews completed with West Texans in poverty. In each instance, the basic story is that risks resulting from behaviors posing immense issues for health occur at very high frequency among the poor. Alarming as the high levels are, however, whites in the midlife age range display even higher rates.

Thus, nearly 37 percent of all subjects interviewed in the survey said they smoke or use tobacco products. That high number jumped to 43 percent among 45-54 year-olds. It leaped to 57.6 percent for midlife aged white non-Hispanics, while a lower 25.3 percent of Hispanics aged 45-54 reported smoking or using tobacco.

Again, the same links unfolded when interviewers asked subjects about disabilities or having limitations because of their physical, mental, or emotional health. An alarmingly high 48 percent of all respondents reported feeling limited, but an astonishing 69.7 percent of whites compared to 44.3 percent of Hispanics said they feel disabled.

The pattern repeated again, when we looked at other answers from West Texans living on the lowest of incomes. The reported frequency of substance abuse among household members was high, but it was even higher among subjects in the 45-54 age range, and higher still among whites in that age group.

Moreover, these behavior elements connect to serious, chronic, and deadly medical conditions. Non-Hispanic whites aged 45-54 in the survey reported a degree of diagnosed Chronic Obstructive Pulmonary Diseases (COPD) that was more than double the rate of the same age Hispanics in the survey. The pattern for kidney diseases was similar.

Case and Deaton made a curious comment ending the report on their project in last December's proceedings of the National Academy of Sciences. Noticing concerns about the possibility of midlife Americans aging into the Medicare system with worse health than current seniors, they close by saying, "those currently in midlife may be a 'lost generation' whose future is less bright than those who preceded them."

Some readers may see this as a grandiose overstated effort to give importance to their work. After all, the 45-54 year old age group is part of Generation X, the generation stereotyped as apathetic and disengaged young adults in the 1991 film *Slackers*. People in those days worried that Xers may be the first American generation not to do as well as their parents. Ironically, by 1997, the *Harvard Business Review* was praising tech-savvy Xers as the most important entrepreneurial generation in American history. Still, Case and Deaton actually understate the significance of their findings, and ours, when it comes to the immense challenge of preventative health care in the nation.

Too many Americans and West Texans believe preventing major diseases from swamping the health system is beyond reach because of the lack of personal responsibility and care in the ranks of poor and minority populations. Our findings, and those of Case and Deaton, show that whites and minorities, rich and poor, and people of all ages are actually in the same lifeboat.

This is more evidence sounding a loud siren alerting every segment of every West Texas community to come together to fashion new, innovative, and more effective pathways to prevention.

Note: Methodist Healthcare Ministries of South Texas and the San Angelo Health Foundation supported The Survey of Health and Behavioral Health Needs of the Poor & Extremely Poor in West Texas. However, the viewpoints and observations expressed in this article are strictly those of the authors and do not necessarily reflect those of Methodist Healthcare Ministries or the San Angelo Health Foundation.