PROGRESS REVIEW

People with Low Income

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The Acting Assistant Secretary for Health chaired the first cross-cutting review of progress on Healthy People 2000 objectives for people with low income. Preparations for the review had been made by a working group led by representatives of the Office of the Assistant Secretary for Planning and Evaluation, the Administration for Children and Families, and the National Center for Health Statistics of the Centers for Disease Control and Prevention. The Director of the National Center began the presentations with data on the health status of people with low income:

Prenatal care Among mothers 20 years of age and over, use of prenatal care in the first trimester of pregnancy showed a clear educational gradient. In 1995, women with the most education (13 years or more) were 1.4 times as likely to receive early prenatal care as those with the least (less than 12 years.) White women with at least 13 years of education were the only group to have achieved the year 2000 goal of 90 percent use of first trimester prenatal care services (objective **14.11**.)

Birthweight There is a pronounced correlation between lower educational attainment and low-birthweight. Data for 1995 are shown in the first graph. Black mothers have the highest incidence of low-birthweight at all levels of educational attainment—11.4 percent (13 years or more), 13.3 percent (12 years), and 16 percent (less than 12 years). The year 2000 targets (Healthy People 2000 objective **14.5**) are 5 percent for the total population, 9 percent for blacks, and 6 percent for Puerto Ricans.

Food security Low-income children under age 18 are much more likely than other children to live in households that sometimes or often do not have enough to eat. In 1994, 8 percent of children in households with incomes at or below 130 percent of poverty sometimes or often did not have enough food, compared to less than 5 percent of all children and less than 1 percent of children in households with incomes above 130 percent of poverty. The prevalence of food insecurity among the poor appears to be increasing.

Doctor visits As shown in the second graph, the proportion of poor young people under 17 years of age who had not visited a physician during the 2 previous years declined markedly between 1964 (>30 percent) and 1995 (c.8 percent). The proportion of non-poor without a visit also declined in those years, but to a lesser degree.

HIGHLIGHTS

- The $24 billion Child Health Initiative provides great opportunity for targeting services to uninsured children, especially children from families with incomes just above the poverty level. As a group, they have somewhat lower insurance coverage than poor children.
- Successes in closing the gap between the poor and the total population in rates of child immunization and mammography should provide models for other interventions on behalf of people with low income.
- Rates of iron deficiency anemia in children have declined significantly in recent years, most sharply in poor children. This trend coincides with an expansion in the USDA Women, Infants, and Children (WIC) program.
- Low-income women who receive care from Community Health Centers have rates of Pap testing and mammography higher than comparable rates for the total female population.
- In a cooperative effort, the Immigration and Naturalization Service, the National Science Foundation, and the National Institutes of Health are pilot testing a new survey of immigrants that employs 11 languages. New questions in the Current Population Survey provide data on food security and hunger. The Early Childhood Longitudinal Study offers information on cognitive and emotional development. Each data source promises new insights into the links between poverty and health.

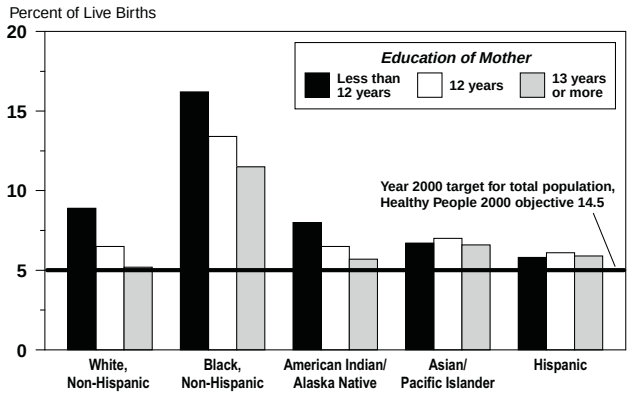
Immunizations In 1996, 77 percent of all children aged 19-35 months had received the recommended series of vaccines. While no racial/ethnic group has yet achieved the year 2000 target of 90 percent (objective **20.11**), children from families with incomes below the poverty level received the combined series at a rate of only 69 percent, as compared with those from families with incomes at or above the poverty level, whose rate was 80 percent.

Health insurance During the period 1989-1995, the proportion of the population with private health insurance coverage declined, while Medicaid coverage increased. Yet in 1995, children under age 18 from families with incomes of 100-149 percent of the poverty level were more than 4 times as likely to be uninsured, and poor children 3.5 times as likely to be uninsured, as those from families with incomes above twice the poverty level.

Mammography Between 1987 and 1994, mammography screening increased substantially for all women and the rate of increase was greater for the poor than for women with higher income, thereby narrowing the gap between the two groups. Nonetheless, only women at or above the poverty level achieved the year 2000 target of 60 percent utilization in 1994 (objective **16.11**.) Poor women achieved a utilization rate of only 43 percent in 1994.

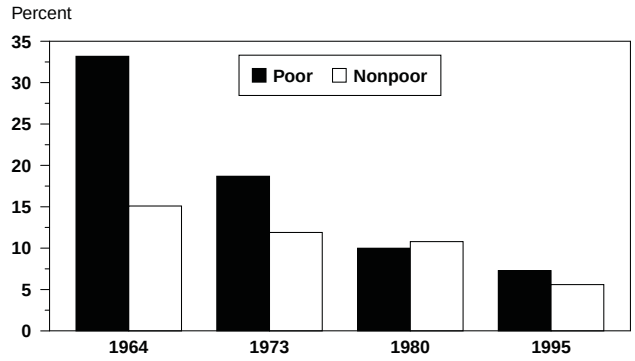
Perceived health status In 1995, people below the poverty level were 3 times as likely as those above twice the poverty level to report fair or poor health status. This finding continues to perpetuate the debate about which comes first—poor health leading to low income, or low income leading to poor health.

Low-Birthweight Live Births Among Mothers 20 Years of Age and Over, 1995



Source: CDC/NCHS, National Vital Statistics System

People Under 17 Years of Age Who Have Not Seen a Doctor in Past Two Years



Note: Poor persons are defined as those with family income in the lowest quintile of the income distribution in each year.
Sources: Wilson and White. Medical Care 15:636-647, 1977; CDC/NCHS, National Health Interview Survey.

Activity limitation In 1995, people below the poverty level were about 2½ times as likely to be limited in their activities due to a chronic health condition. Objective **17.2a** sets a year 2000 target to reduce to 15 percent the proportion of people with incomes of less than $10,000 per year who have limitations in a major activity due to chronic conditions. The proportion so limited in 1995 was 17 percent. This represents a slight worsening trend.

Mortality Death rates show a strong inverse relationship with educational attainment. In 1995, age-adjusted death rates among people aged 25-64 with less than a high school education were more than twice those for people with more than a high school education. The rates for males ranged from half-again to over twice as much as the rates for females in each education group. For males with less than 12 years of education, the rate was 747.4 per 100,000; for females, 373.3. For males with 12 years of education, the rate was 607.9; for females, 292.5. For males with 13 or more years of education, the rate was 313.3; for females, 178.5.

PARTICIPANTS

Administration on Aging
Administration for Children and Families
Agency for Health Care Policy and Research
Bureau of the Census
Centers for Disease Control and Prevention
Georgetown University
Health Resources and Services Administration
Kaiser Foundation
Health Care Financing Administration
National Academy of Sciences
National Institutes of Health
Mississippi State Department of Health
Office of the Assistant Secretary for Planning and Evaluation
Office of Disease Prevention and Health Promotion
Office of Minority Health
Pan American Health Organization
U.S. Department of Agriculture
U.S. Department of Education

FOLLOW-UP

- Enhance our knowledge of causal relations between poverty and poor health so as to improve the targeting of interventions.
- Define measures to track the impact of welfare reform, immigration reform, and Medicaid managed care.
- Work with the U.S. Department of Agriculture to ensure coordinated and timely measurement and reporting of the nutritional status and food security of individuals and population groups.
- Study the effect of changes in the Medicare program on the health of older people.
- Work with the Department of Education to explore the interrelationship between low academic performance and poor health in children.
- With the Environment Protection Agency, expand research on the effects of environmental conditions on the health of people with low income, particularly children.
- Expand research on the correlation of cultural practices, rates of assimilation, income levels, educational attainment, and health status in immigrant populations.
- Target more research to link desirable outcomes to interventions likely to be successful in ameliorating the effects of low income on health.
- Seek to expand current data systems and create new ones as necessary in the interest of a more accurate representation of the state of poverty and health in the U.S.
- Examine the quality of child care to assess its effect on child development.

PostScript Picture

John M. Eisenberg, M.D.
Acting Assistant Secretary for Health