


# The Impact of Poverty on Public Health

*Virginia A. Caine, M.D., Director*
Marion County Public Health Department
Member of External Advisory Committee,
Purdue University Department of Public Health
Bicentennial Professor & Associate Professor of Medicine,
Division of Infectious Diseases
Indiana University School of Medicine
Adjunct Faculty, IU Richard M. Fairbanks School of Public Health

200 YEARS

INDIANA UNIVERSITY BICENTENNIAL

# Acknowledgements

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# Learning Objectives

- Identify socio-demographic characteristics associated with poverty.
- Demonstrate an increased understanding of the quality of life and health of people living in poverty.
- Identify one to two strategies that the public health system can use to impact poverty.

# Increasing Poverty Rate

# What is poverty?

Poverty is the state of being extremely poor.

(New Oxford American Dictionary)

# County Poverty Rates DOUBLED Between 2000 and 2012: Now 19%

**100% Federal Poverty Level (FPL) Definition**:
Family of 4 with annual household income less than $23,496 (2012)

County residents meeting 100% FPL includes:

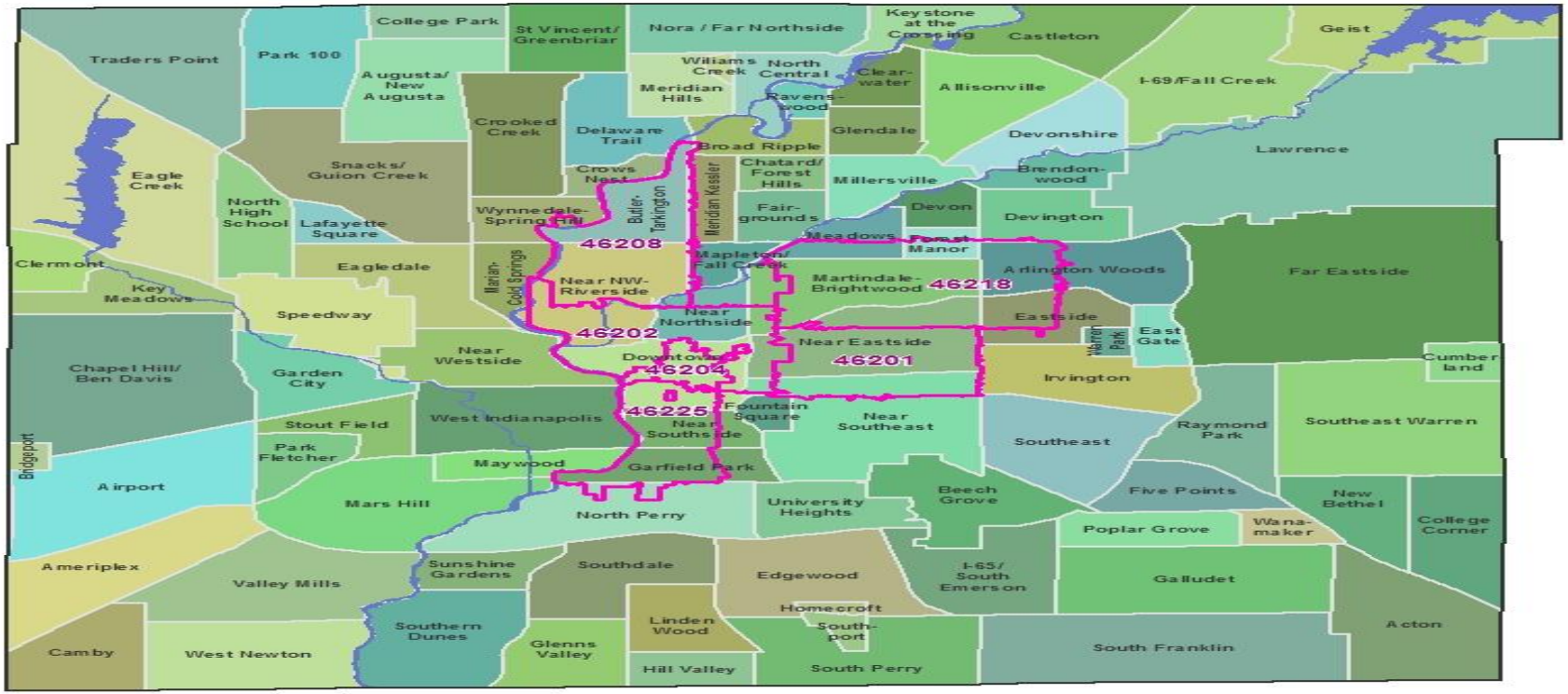
**1 in 5** individuals

**1 in 3** households with children

(up from 1 in 5, 2007)

*Marion County*

# HIGH POVERTY CONCENTRATION ZIP CODES AND MARION COUNTY NEIGHBORHOODS




High Poverty Concentration Zip Code
Neighborhood
Waterbody

N W E S

2 1 0 2
Miles

Created 17MAR2015, Marion County Public Health Department, GIS 96752. Source: Indianapolis/Marion County GIS database, High poverty concentration zip codes data - SAVI Trends in Poverty 2000 to 2012

# High Poverty Concentration in 6 Central Marion County Zip Codes

- **These zip codes have over 25% of their populations living at or below 100% FPL**

- **They exceed County rates of….**
  - **Poverty 7 times**
  - **Unemployment rate 3 times**
  - **Violent Crime rate 5 times**

| Zip Codes | % FPL |
|---|---|
| 46201 | 36.9 |
| 46204 | 33.6 |
| 46218 | 33.4 |
| 46225 | 32.5 |
| 46202 | 29.8 |
| 46208 | 28.8 |

# Built Environment

- Low-income communities have structural challenges that contribute to higher rates of obesity and chronic disease
- Less access to fresh foods
- A higher density of fast-food restaurants
- A built environment that is not conducive to physical activity
- Less open space and fewer parks and sidewalks

# Built Environment

- More environmental pollutants, eg. lead, mold, toxic chemicals
- Higher rates of unemployment and incarceration
- Chronic stressors, including financial hardship, can lead to deleterious genetic and hormonal changes
- Diminished DNA repair mechanisms and higher cortisol and adrenaline levels increase the risk of chronic disease (negative cardiometabolic effects of poverty)

# Behavioral and Environmental Factors

- Low-income Americans are influenced by more challenging home and community environments in which they live
- They have higher behavioral risk factors: smoking, obesity, substance use and low levels of physical activity
- Poorer neighborhoods have a higher density of tobacco retailers and are targeted by the tobacco industry through a variety of marketing strategies
- Many experience higher levels of chronic stress, making it more difficult to stop the smoking habit

- Poor adults are five times as likely as those with incomes above 400 percent of the federal poverty level to report being in poor or fair health

- Americans living with families that earn less than $35,000 a year are four times as likely to report being “nervous” and five times as likely to report being “sad” all or most of the time, compared to Americans in families earning more than $100,000 a year

# Racial and ethnic minorities living in poverty have more adverse health outcomes

- One study found more than half of the children living in poverty had cavities, compared to one third of those living above poverty level
- Almost two-thirds of parents in the above study did not obtain dental care for their children due to cost
- Mexican-American children had the highest prevalence of cavities


# DEPRESSION

# Poverty and Mental Health

- Poverty can endanger children's mental health
- Harmful emotional and behavioral development can occur as a result of poor housing, homelessness, multiple moves for housing (changing schools frequently) with heightened stress and tension in a food-insecure environment
- Individuals experiencing poverty are at high risk for depression, acute anxiety, and even risk for suicide.
- Unintended consequences are that patients may self-medicate, a significant factor in our Opioid Crisis

200 YEARS

INDIANA UNIVERSITY BICENTENNIAL

# HOMELESSNESS

- 553,000 homeless in the U.S. on a given night
- 1.5 million children homeless every year
- 37,878 homeless veterans

- Negative cash flow
- Lack of affordable housing
- Lawful eviction
- Post Traumatic Stress Disorder
- Unemployment/low-wage jobs
- Substance abuse
- Having no family or support of relatives
- Foreclosures or bankruptcies
- Divorce

# Health Disparities in Indiana

- Blacks are more than twice as likely to die from diabetes, as compared to Whites
- Stroke deaths among Blacks are 1.4 times higher as compared to Whites
- Cancer and heart disease deaths among blacks are 1.2 times higher as compared to Whites
- Infant mortality rates for blacks are nearly three times higher as compared to Whites

# More Than 1 in 4 Young Adults (18-34) Met 100% Federal Poverty Guidelines

| CHA 2012 | All | White (n>=334) | Black (n>=207) | Latino (n>=148) |
|---|---|---|---|---|
| Household at or below 100% FPL | **31%** | 21.3% | 35.8% | 51.3% |
| % Unemployed | **19%** | 12.7% | 19.7% | 8.5% |
| % Less than High School Education | **20%** | 16.2% | 11.2% | 39.8% |
| | | | | |
| % Households Food Insecure | **29%** | 26.8% | 30.5% | 33.4% |
| Used food stamps, past year | **33%** | 27.2% | 42.3% | 36.5% |

# MINIMUM WAGE in INDIANA

- **The current minimum wage in Indiana is $7.25 an hour.**
- **This translates to an annual salary of $15,080.**
- **The median household income for Indiana was $54,181 in 2017, which is at least $6,155 below the national median.**
- **The living wage for one adult in Tippecanoe County is $11.45 per hour.**
- **The living wage of an adult and one child in Tippecanoe County is $22.93 per hour.**

# Living Wage in Indiana

- A **living wage** is the pay rate a person must earn to completely support his or her family, according to an MIT study.
- A **living wage** for one adult is $10.70 per hour. The poverty **wage** for one adult is $5.80.
- A single parent with one child must earn $22.66 per hour for a **living wage in Indiana**.

# Poverty in Tippecanoe County

- 16% of children live in poverty (2019 County Health Rankings)
- 18% of the total population live in poverty (US Census)

# Lafayette, Indiana Poverty Rate By Race

| Race | Population | Poverty Rate | National Poverty Rate | Population |
|---|---|---|---|---|
| Black | 6,051 | 55.5% | 25.2% | 8.4% |
| Asian | 1,153 | 11.8% | 11.9% | 1.6% |
| Other | 1,694 | 26.6% | 23.8% | 2.3% |
| Two Or More Races | 1,627 | 28.3% | 18.4% | 2.3% |
| White | 53,511 | 13.7% | 10.3% | 74.1% |
| Hispanic | 8,740 | 25.4% | 22.2% | 12.1% |

# Poverty Among College Students

2018 survey of 43,000 college students at 66 schools, from a Temple University study:

- 36% on U.S. college campuses are food insecure.
- 46% of community college students and 40% of four-year college students report an inability to pay for balanced meals.
- 36% of all college students were considered to be housing insecure.

# Agriculture and Poverty Reduction

- "Increased productivity of agriculture raises farm incomes, increases food supply, reduces food prices, and provides greater employment opportunities in both rural and urban areas."
- (University of London, https://www.soas.ac.uk/cedep-demos/000 P534 PPM K3637-Demo/unity1/page 20.htm)
- High land costs can price out younger farmers.
- Urban farms provide fresh food for the urban poor.

# What do we mean by the “social” or “societal” determinants of health?

“Life-enhancing resources, such as food supply, housing, economic and social relationships, transportation, education and health care, *whose distribution across populations* effectively determines length and quality of life.”

Reference: James S. (2002)

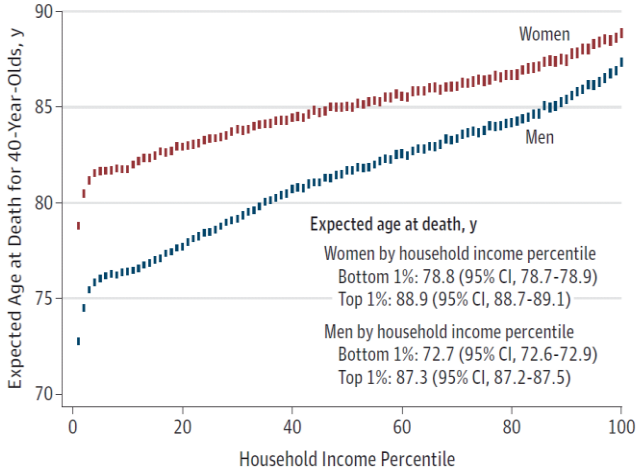
# Social Determinants of Health (SDH)

- Access to health care
- Access to resources
- Education
- Employment
- Environment
- Income/Poverty
- Insurance Coverage
- Housing
- Racism/Discrimination
- Segregation
- Transportation

# Evidence of the Social Determinants of Health

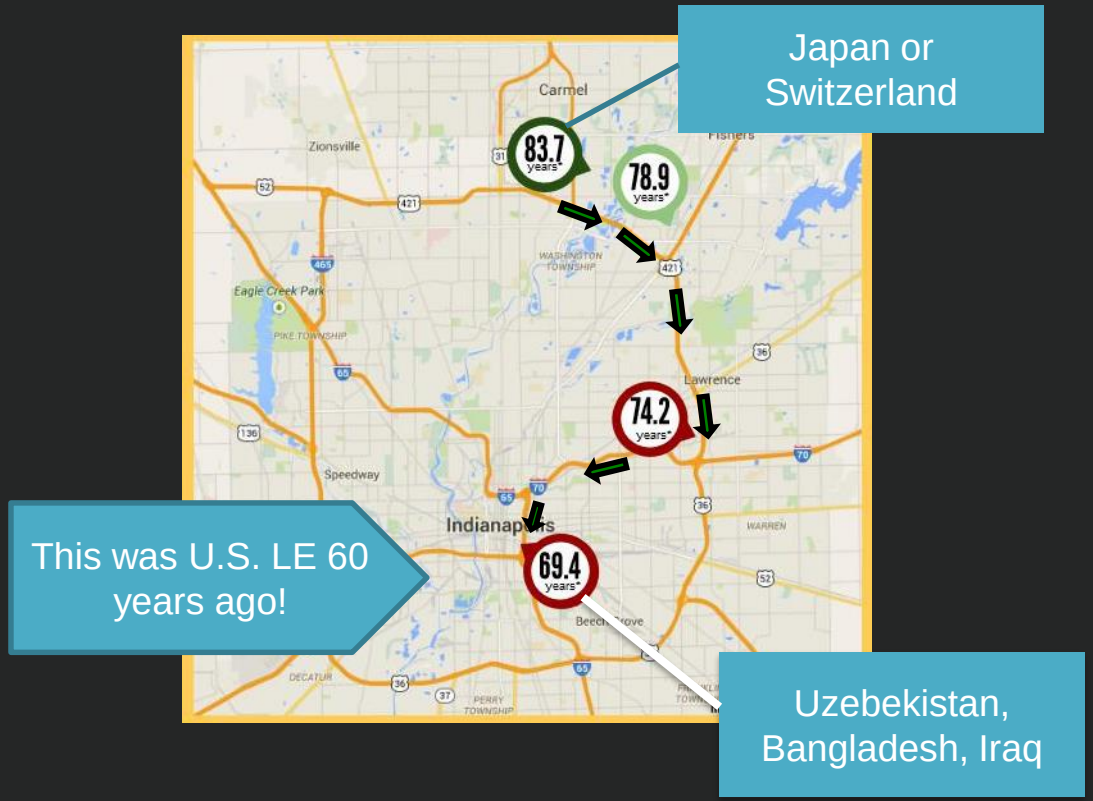
- Men in the bottom 1% of the income distribution at the age of 40 years in the United States have life expectancies similar to the mean life expectancy for 40-year-old men in Sudan and Pakistan.
- The 10-year gap in life expectancy between women in the top 1% and bottom 1% of the US income distribution is equivalent to the decrement in longevity from lifetime smoking.

Race- and Ethnicity-Adjusted Life Expectancy for 40-Year-Olds by Household Income Percentile, 2001-2014

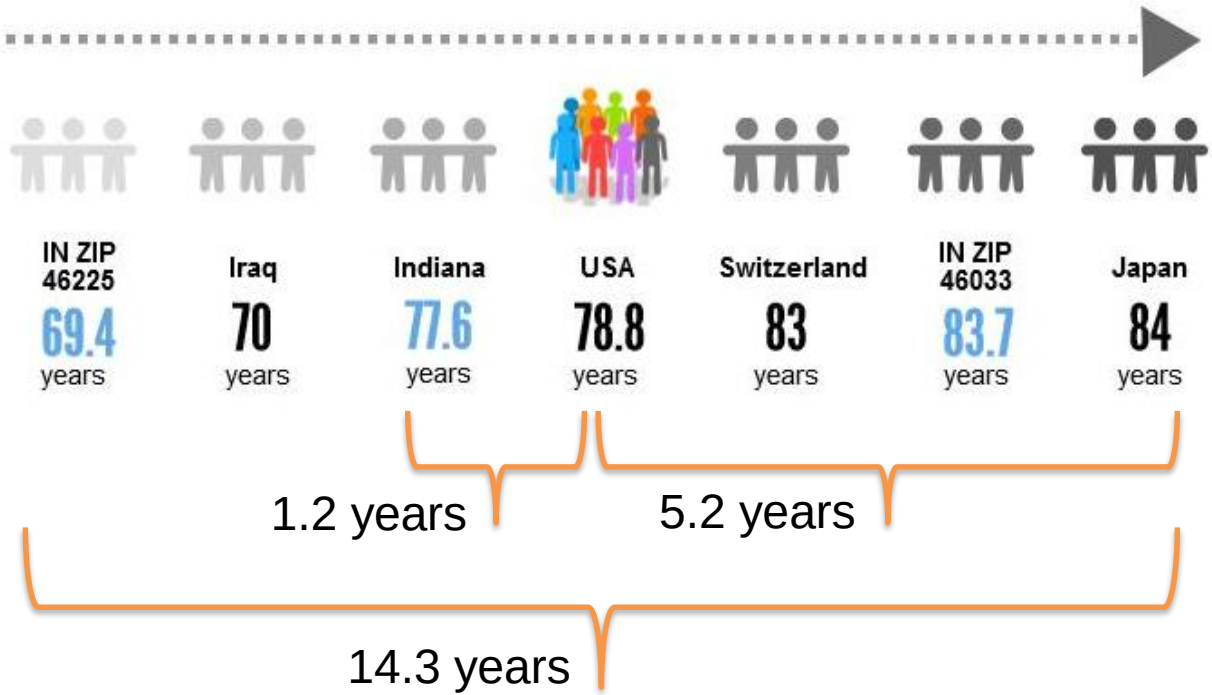


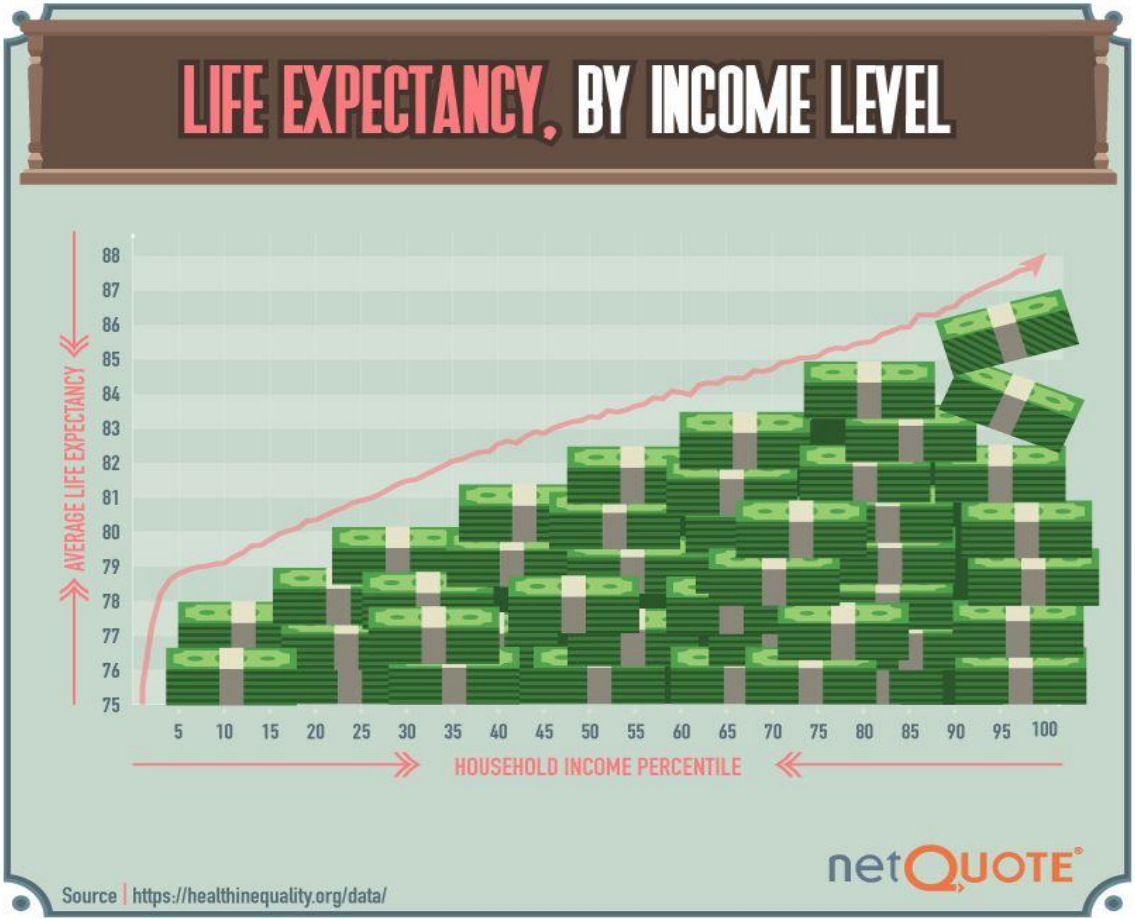

| Mean household income in thousands, $[a] | | | | | |
|---|---|---|---|---|---|
| Women | 24 | 45 | 71 | 112 | 1.9 million |
| Men | 26 | 50 | 77 | 119 | 2.0 million |

# 28 Miles. 14 Years. Worlds Apart.



# Life Expectancies: Indianapolis, Indiana and the World

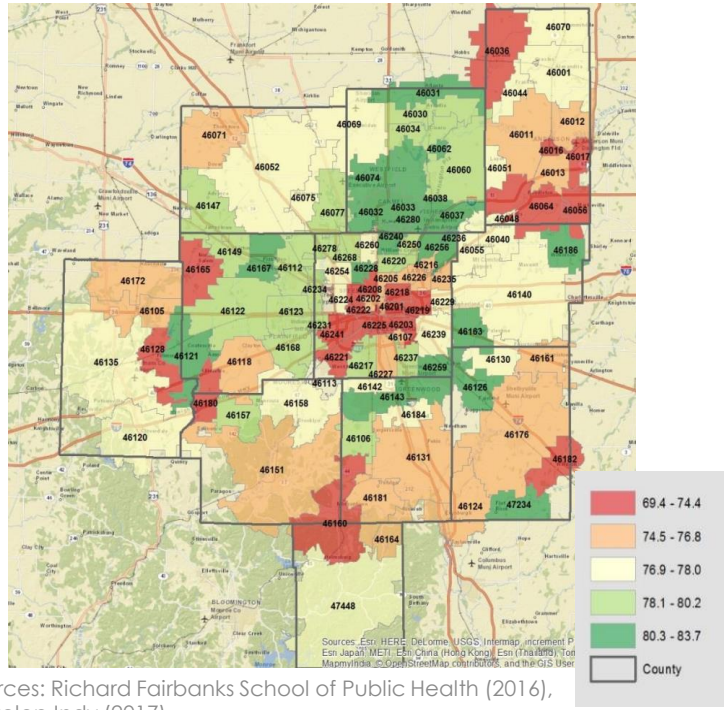



LIFE EXPECTANCY, BY INCOME LEVEL
AVERAGE LIFE EXPECTANCY
88
87
86
85
84
83
82
81
80
79
78
77
76
75
5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100
HOUSEHOLD INCOME PERCENTILE
netQUOTE
Source | https://healthinequality.org/data/

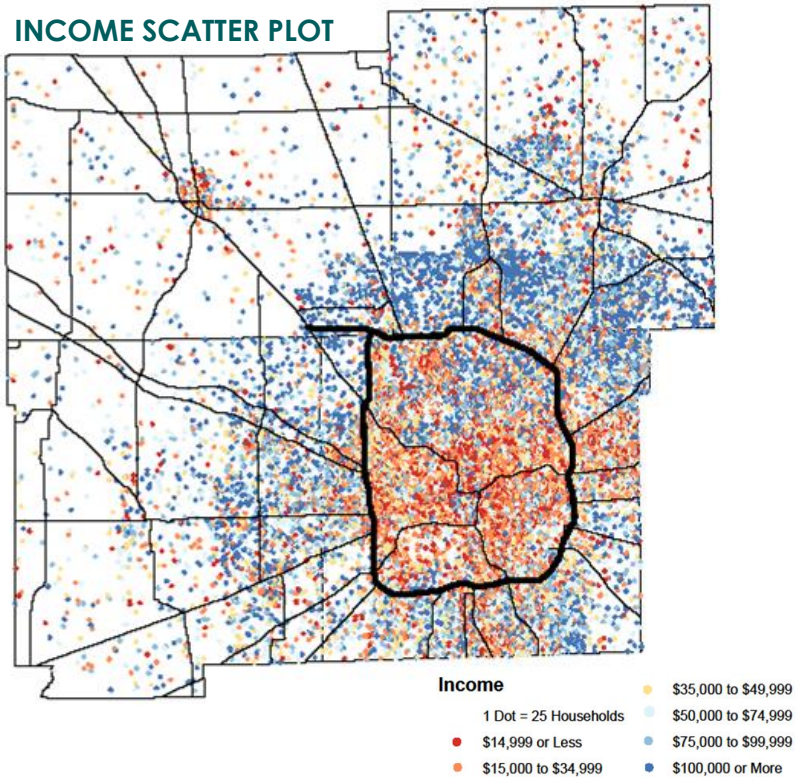
# the **COST** of **POOR HEALTH**

## 14 YEARS IN 14 MILES
PROLIFERATION OF POVERTY

### LIFE EXPECTANCY IN CENTRAL INDIANA

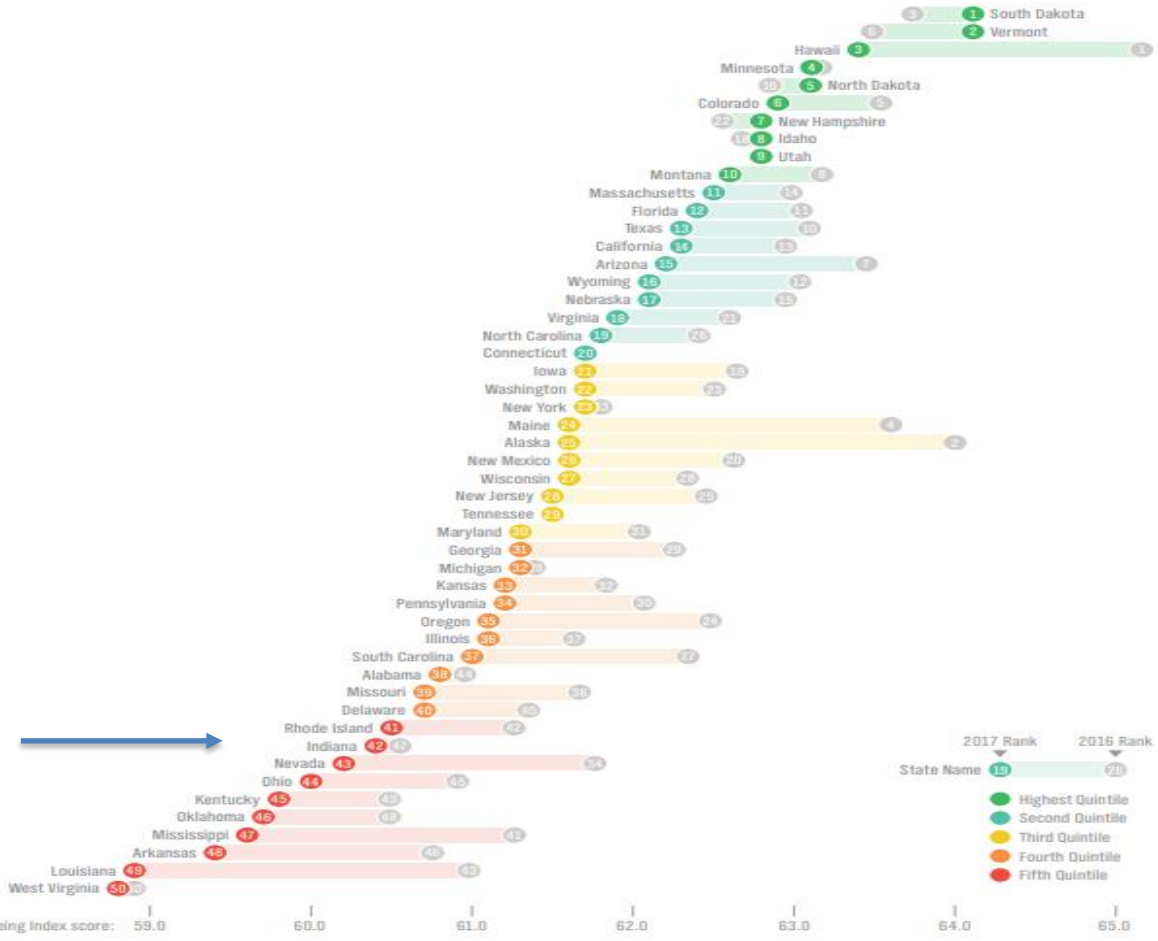



### INCOME SCATTER PLOT

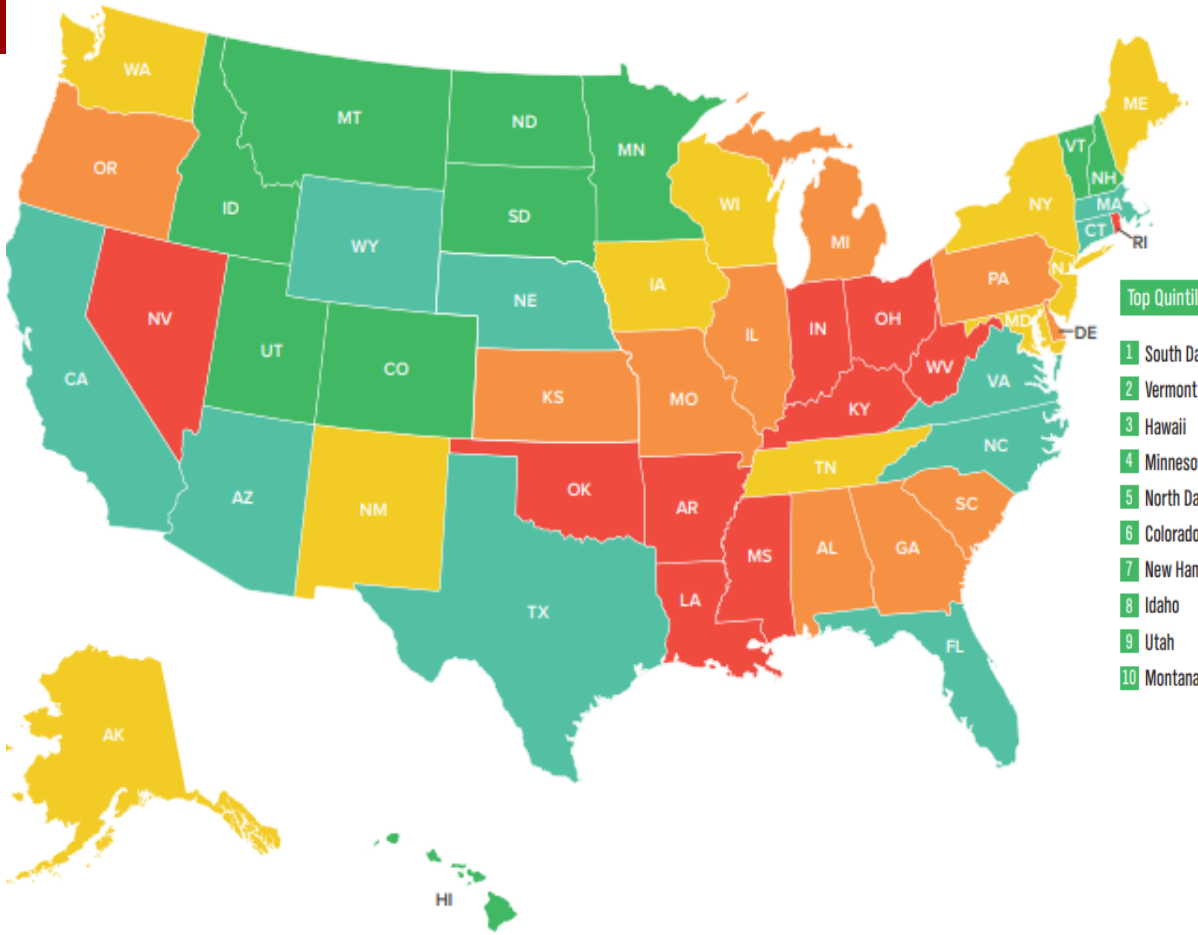



Sources: Richard Fairbanks School of Public Health (2016), Develop Indy (2017)

# Wellbeing Index 2017 – IN #42



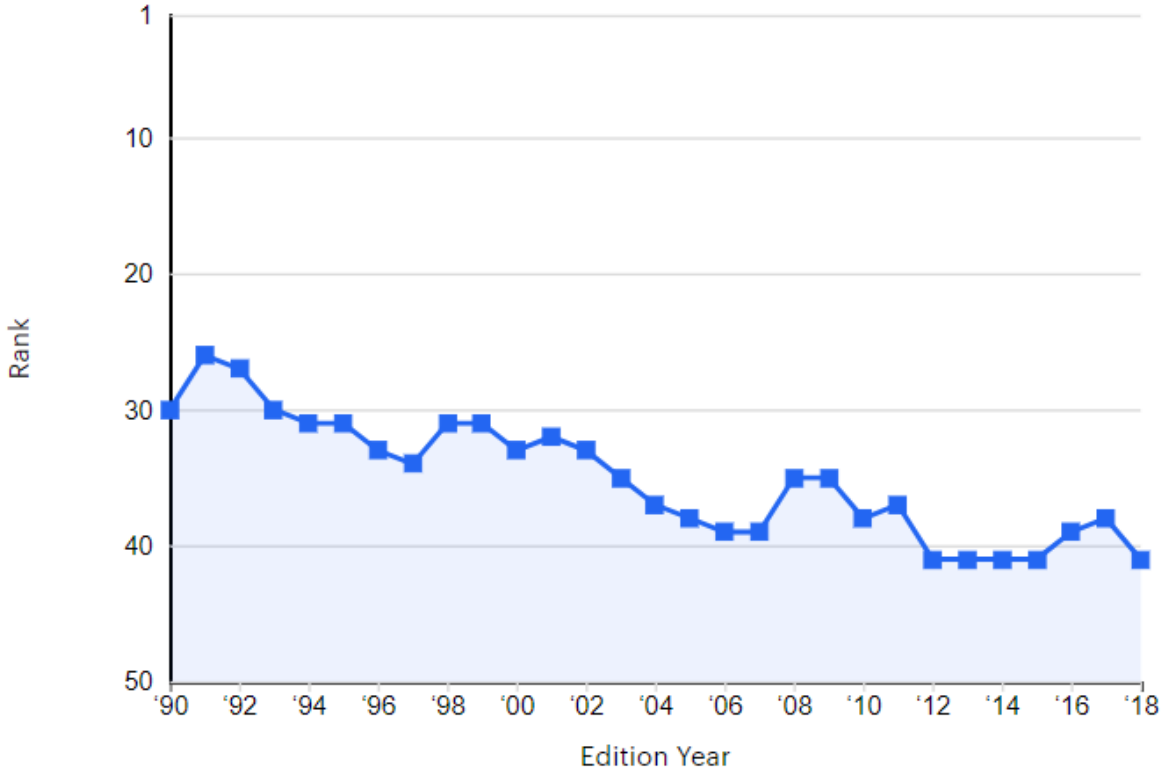
# Wellbeing Index 2017 – IN 5th Quintile




| Top Quintile | 2nd Quintile | 3rd Quintile | 4th Quintile | 5th Quintile |
|---|---|---|---|---|
| 1 South Dakota | 11 Massachusetts | 21 Iowa | 31 Georgia | 41 Rhode Island |
| 2 Vermont | 12 Florida | 22 Washington | 32 Michigan | 42 Indiana |
| 3 Hawaii | 13 Texas | 23 New York | 33 Kansas | 43 Nevada |
| 4 Minnesota | 14 California | 24 Maine | 34 Pennsylvania | 44 Ohio |
| 5 North Dakota | 15 Arizona | 25 Alaska | 35 Oregon | 45 Kentucky |
| 6 Colorado | 16 Wyoming | 26 New Mexico | 36 Illinois | 46 Oklahoma |
| 7 New Hampshire | 17 Nebraska | 27 Wisconsin | 37 South Carolina | 47 Mississippi |
| 8 Idaho | 18 Virginia | 28 New Jersey | 38 Alabama | 48 Arkansas |
| 9 Utah | 19 North Carolina | 29 Tennessee | 39 Missouri | 49 Louisiana |
| 10 Montana | 20 Connecticut | 30 Maryland | 40 Delaware | 50 West Virginia |

# Indiana is #41

**Rank has trended downward from a high of 26 in 1991.**




AMERICA'S HEALTH RANKINGS
UNITED HEALTH FOUNDATION

# Changes in Health Rankings

| Community & Environment | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 2017 value | 2018 value | Change in value | 2017 rank | 2018 rank | Change in rank | No. 1 State |
| **Children in Poverty (% of children)** | 13.9 | 18.4 | **↑4.5** | 13 | 29 | **↓16** | 10.3 |
| **Infectious Disease (mean z score of chlamydia, pertussis and salmonella)** | -0.473 | -0.443 | **↓0.030** | 6 | 11 | **↓5** | -1.017 |
| **Pertussis (cases per 100,000 pop.)** | 3.4 | 2.7 | **↓0.7** | 16 | 13 | **↑3** | 0.2 |
| **Salmonella (cases per 100,000 pop.)** | 10.1 | 12.0 | **↑1.9** | 4 | 14 | **↓10** | 6.8 |
| **Community & Environment Total** | | | | 27 | 29 | **↓2** | |

# Changes in Health Rankings

| Outcomes | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 2017 value | 2018 value | Change in value | 2017 rank | 2018 rank | Change in rank | No. 1 State |
| Cancer Deaths (deaths per 100,000 pop.) | 210.5 | 210.5 | - | 42 | 42 | - | 150.4 |
| Cardiovascular deaths (deaths per 100,000 pop.) | 277.5 | 278.5 | ↑1.0 | 37 | - | - | 190.3 |
| Diabetes (% of adults) | 11.5 | 11.8 | ↑0.3 | 37 | 40 | ↓3 | 7.1 |
| Disparity in Health Status (% difference by high school education) | 25.5 | 26.1 | ↑0.6 | 16 | 17 | ↓1 | 13.1 |
| Frequent Mental Distress (% of adults) | 13.2 | 14.7 | ↑1.5 | 38 | 42 | ↓4 | 9.2 |
| Frequent Physical Distress (% of adults) | 12.6 | 13.4 | ↑0.8 | 32 | 35 | ↓3 | 9.2 |
| Infant Mortality (deaths per 1,000 live births) | 7.2 | 7.4 | ↑0.2 | 42 | 43 | ↓1 | 3.9 |
| Premature Death (years lost per 100,000 pop.) | 8,471 | 8,774 | ↑263 | 38 | 39 | ↓1 | 5,653 |
| Outcomes Total | | | | 41 | 41 | - | |

# Changes in Health Rankings

| Behaviors | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 2017 value | 2018 value | Change in value | 2017 rank | 2018 rank | Change in rank | No. 1 State |
| Drug Deaths (deaths per 100,000 pop.) | 17.9 | 20.2 | ↑2.3 | 34 | 33 | ↑1 | 6.8 |
| Excess Drinking (% of adults) | 18.6 | 17.6 | ↓1.0 | 28 | 21 | ↑7 | 12.2 |
| Obesity (% of adults) | 32.5 | 33.6 | ↑1.1 | 40 | 39 | ↑1 | 22.6 |
| Physical Inactivity (% of adults) | 26.8 | 29.8 | ↑3.0 | 38 | 39 | ↓1 | 19.2 |
| Smoking (% of adults) | 21.1 | 21.8 | ↑0.7 | 41 | 44 | ↓3 | 8.9 |
| Behavior Total | | | | 40 | 41 | ↓1 | |

# Changes in Health Rankings

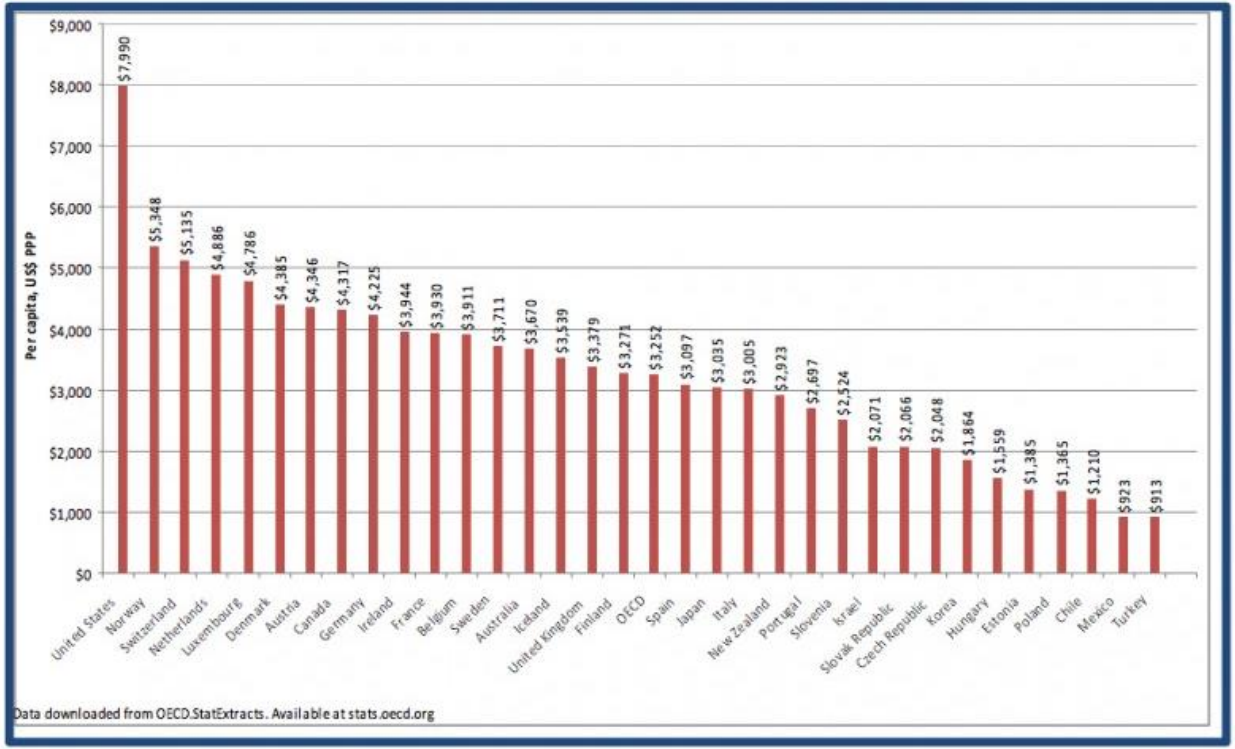
| Policy | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 2017 value | 2018 value | Change in value | 2017 rank | 2018 rank | Change in rank | No. 1 State |
| **Immunizations- Adolescents (mean z score of HPV, meningococcal and Tdap)** | -.03 | 0.58 | **↑.61** | 22 | 13 | **↑9** | 1.52 |
| **HPV Females (% of females aged 13 to 17)** | 43.5 | 48.4 | **↑4.9** | 37 | 35 | **↑2** | 76.8 |
| **HPV Males (% of males aged 13 to 17)** | 24.7 | 33.5 | **↑8.8** | 46 | 43 | **↑3** | 78.4 |
| **Meningococcal (% of adolescents aged 13 to 17)** | 88.0 | 93.1 | **↑5.1** | 13 | 8 | **↑5** | 95.3 |
| **Tdap (% of adolescents aged 13 to 17)** | 89.5 | 95.1 | **↑5.6** | 22 | 2 | **↑20** | 96.2 |
| **Immunizations- Children (% of children aged 19 to 35 months)** | 68.8 | 66.3 | **↓2.5** | 34 | 46 | **↓12** | 82.1 |
| **Public Health Funding ($ per person)** | 49 | 51 | **↑2** | 49 | 48 | **↑1** | 281 |

200 YEARS

INDIANA UNIVERSITY BICENTENNIAL

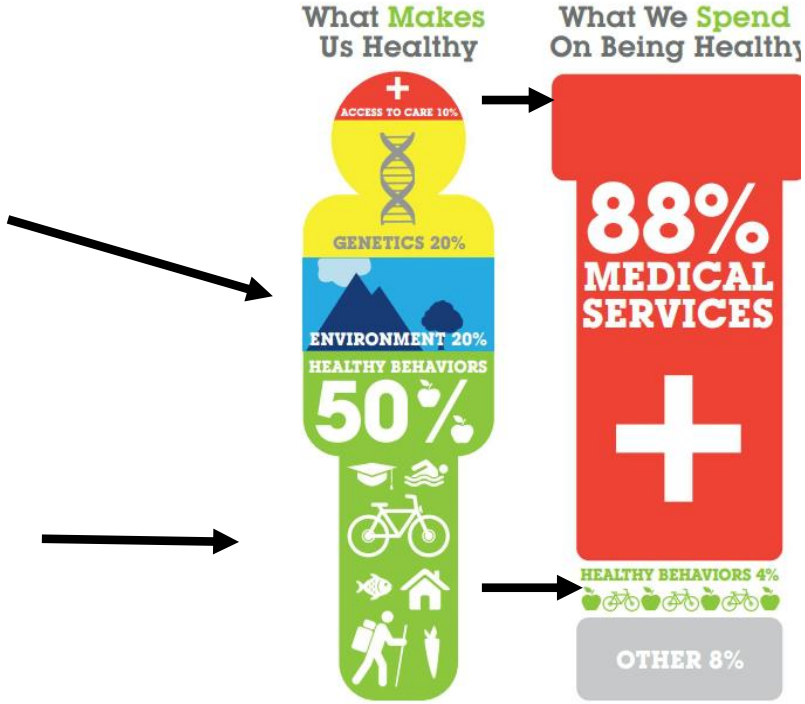
# the COST of POOR HEALTH

# Health Care Spending



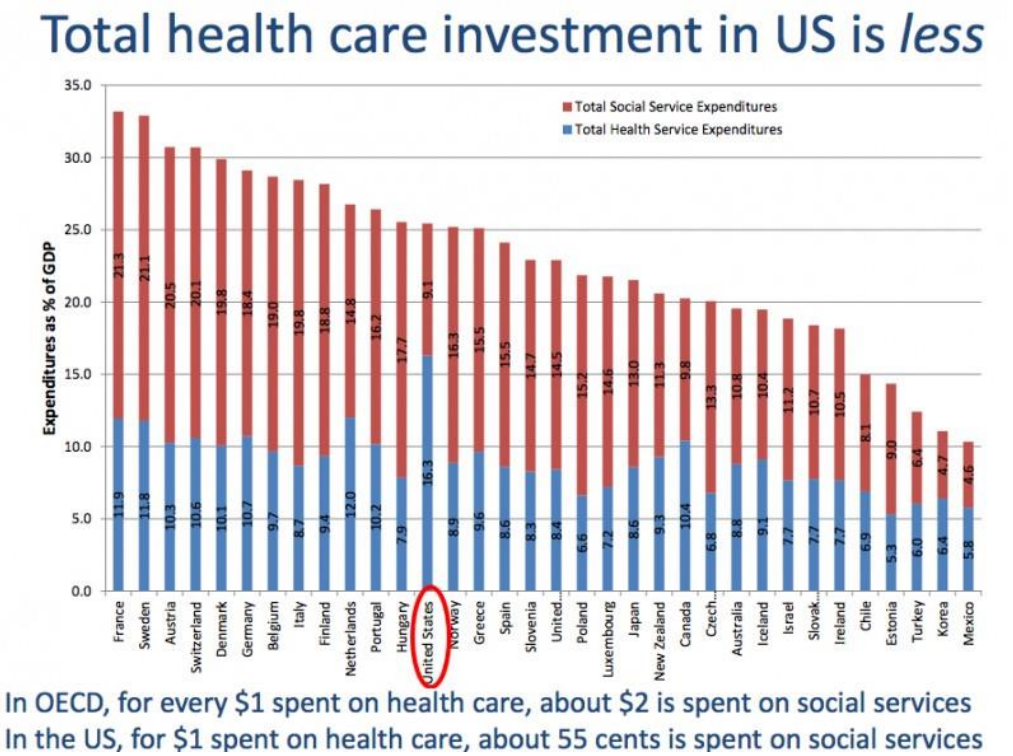
# Misalignment between what drives health outcomes and health expenditures

- The most consistent predictor of the likelihood of death in any given year is level of education…
- Poverty…has been estimated to account for 6 percent of U.S. mortality
- Behavior patterns represent the single most prominent domain of influence over health prospects in the United States….
- …taken together, behavioral issues represent the greatest single domain of influence on the health of the U.S. population.




http://content.healthaffairs.org/content/21/2/78.full

# Health Care Investment in the U.S.




In OECD, for every $1 spent on health care, about $2 is spent on social services
In the US, for $1 spent on health care, about 55 cents is spent on social services

# Preventable Disease Burden and National Health Spending

- **>75%** of national health spending is attributable to chronic diseases that are largely preventable
  - 80% of cardiovascular disease
  - 80% of diabetes
  - 60% of lung diseases
  - 40% of cancers
- **<3%** of national health spending is allocated to public health and prevention

# What are we doing about it?

# Healthy People Objectives 2020-2030

The Healthy People 2020 approach to Social Determinants of Health includes:

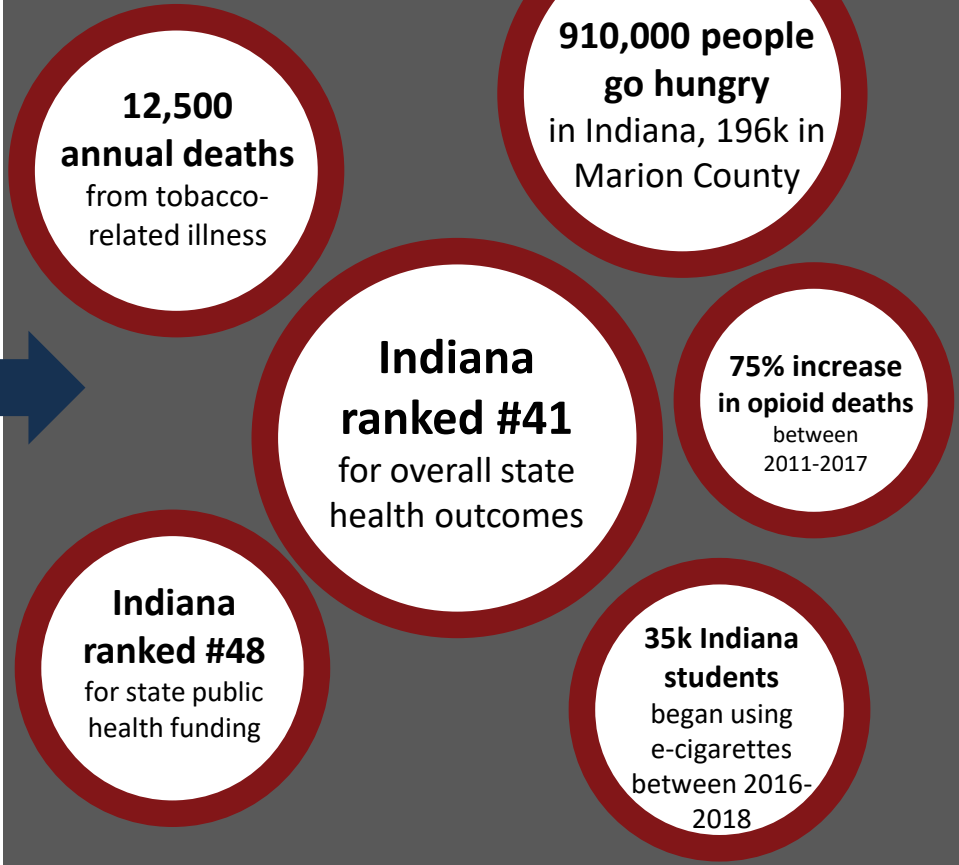
- Economic Stability
- Education
- Social and Community Context
- Health and Health Care
- Neighborhood/Built Environment

# Healthy People 2030 Overarching Goals

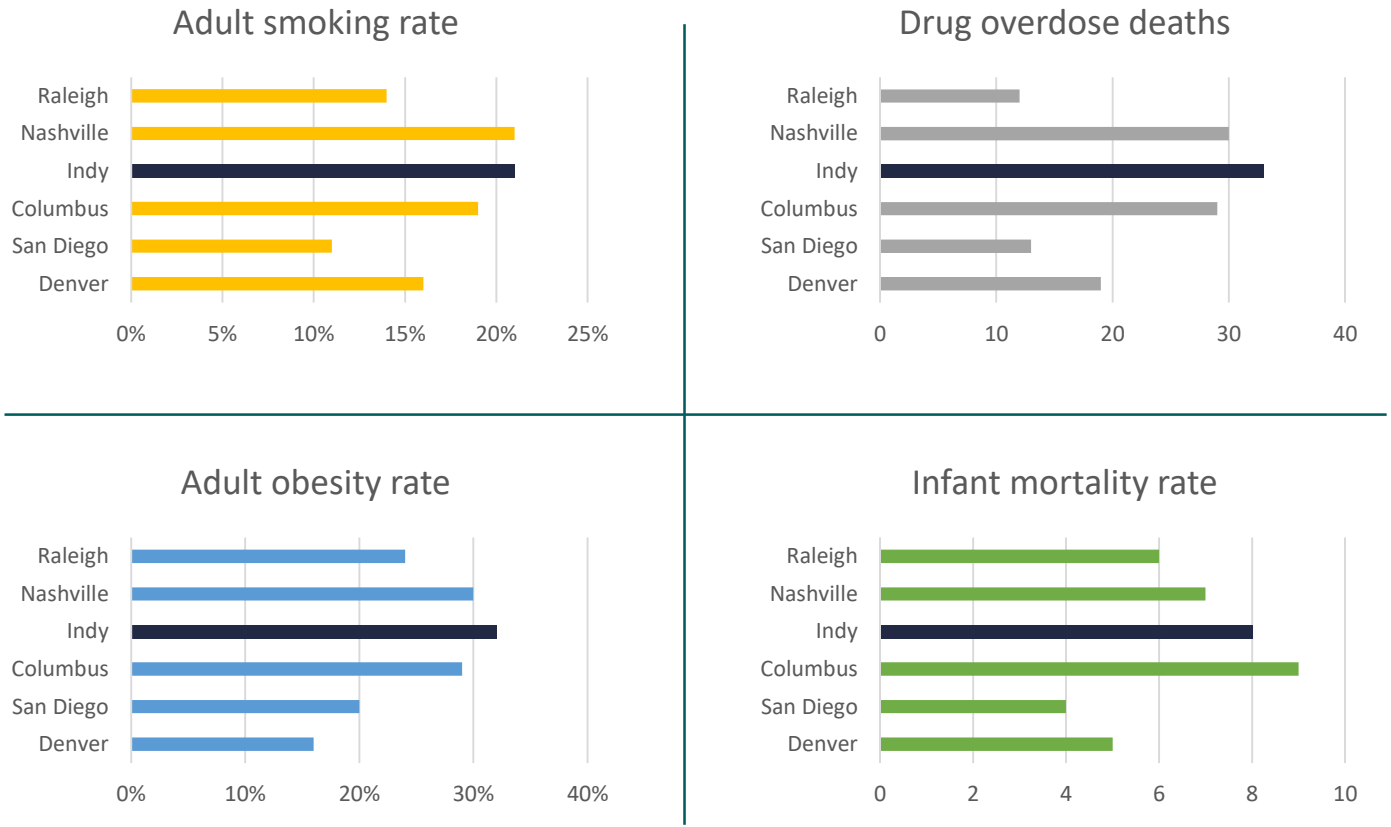
**Three of the five goals are**:

- ✓ Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- ✓ Create social, physical, and economic environments that promote attaining full potential for health and well-being for all.
- ✓ Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being for all.

# TWO-SIDED ECONOMY

# HEALTH IN PEER CITIES




Source: CDC, County Health Rankings, 2018

| Tippecanoe County Health Factors | Indiana |
| --- | --- |
| ➢Adult smoking rate 17% | 21% |
| ➢Adult obesity rate 30% | 33% |
| ➢Infant mortality rate: 7 | 7 |
| ➢Drug overdose deaths: 16 | 23 |

# Tobacco Use:
# Indiana's Largest Health Challenge

**Lives Lost:**

- Adults who die each year from smoking: 11,100
- Kids alive today who will die prematurely from smoking: 151,000

**Financial Costs:**

- For every pack of cigarettes sold in the state, Indiana state spends $15.90 in health care costs related to smoking and lost productivity.
- Annual health care costs due to smoking: $2.93 billion
- Medicaid costs: $589.8 million
- State/federal annual tax burden: $982 per household
- Smoking-caused productivity losses: $2.6 billion
- Est. tobacco company marketing expenditures (IN): $294.9 million

Campaign for Tobacco Free Kids, http://www.tobaccofreekids.org/facts_issues/toll_us/indiana
ISDH, Tobacco Prevention and Control, http://www.in.gov/isdh/tpc/files/Indianas_Tobacco_Burden_12_29_2014.pdf

# **TOBACCO** – INDIANA

## INDIANA

| State Rank | Smoking Rate |
|---|---|
| 2016 – 39th | 2016 – 20.6% |
| 2017 – 41st | 2017 – 21.1% |
| 2018 – 44th | 2018 – 21.8% |

## E-CIG / VAPE

- Usage increased **387%** by high school students, **358%** by middle school students
- CDC linked vaping to **24** respiratory illness cases in Indiana, including at least one death

## COST

### HEALTHCARE COST

- **$3.3 billion** Direct healthcare costs from tobacco use - Indiana Medicaid program bears $540 million of overall healthcare cost
- **$2.2 billion** Secondhand smoke healthcare costs
- **$1,125** per Hoosier household - Combined annual federal and state tax burden due to healthcare costs due to tobacco use

### BUSINESS COST

- **$2.8 billion annually** - Productivity loss due to tobacco use ($2.1 billion from unsanctioned smoke breaks, $700 million due to higher absenteeism and lower performance while on the job)
- Additional costs to businesses include **higher insurance premiums**, **liability risks**, and drag on economic development efforts

Sources: Richard M. Fairbanks Foundation

# INDY CHAMBER POSITION

## RAISE IT FOR HEALTH

- Increase cigarette tax by $2, impose tax parity for vaping products
- Invest this revenue in public health services, especially increased mental health supports

## T-21

- Raise the statewide legal age to purchase tobacco and vaping products from 18-21
- At minimum, the state should allow local governments to raise the age

## BAN FLAVORS

- Enact a statewide ban on flavored vaping and e-cigarette products which have been shown to encourage youth vaping

## SMOKER'S BILL OF RIGHTS

- Repeal preferential treatment for smokers in the workplace

Sources: Richard M. Fairbanks Foundation, County Health Rankings, US Office of Disease Prevention and Health Promotion

# SUBSTANCE ABUSE - MENTAL HEALTH INDIANA


**ADULT PREVALENCE OF ANY MENTAL ILLNESS**

RATE – 20.25%

RANK – 4th


**NUMBER OF MENTAL HEALTH PROVIDERS PER CAPITA**

RATE – 700:1
(top US performers 330:1)

RANK – 42nd

**75%** increase in overdose deaths between 2011-2017 across Indiana

**$43** billion in damages from opioid crisis in the past 15 years

**$4.3** billion in damages from opioid crisis in 2017:

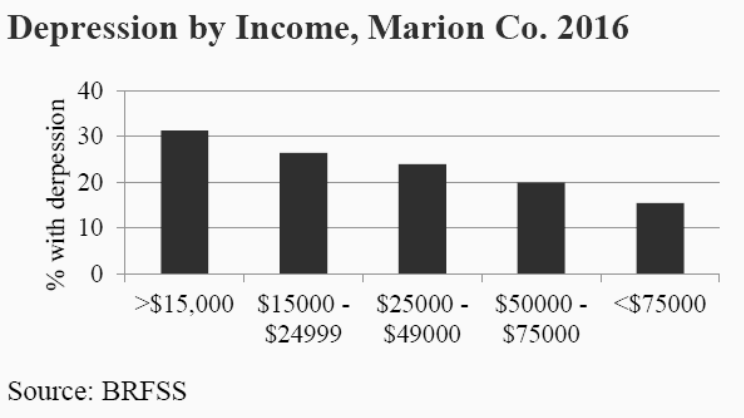
- **$1.2 billion** in lost economic contributions from victims of overdose
- **$1 billion** for medical, social (especially Foster care system), and criminal justice services
- **$2.1 billion** in damages to the labor market, including cost of unemployment and worker shortages

**58%** of individuals with substance use disorder currently employed

**80%** of Hoosier employers report being effected by substance misuse in the workplace

Sources: Bitter Pill, Richard M. Fairbanks Foundation, Indiana Workforce Recovery, Marion County Public Health

# SUBSTANCE ABUSE - MENTAL HEALTH INDY




## RANKS / RATES

In the past 15 years:

**$7.4 billion** in damages to Marion County from opioid crisis **$7,759** per resident

**Women** (18% prevalence) in Marion County are **nearly twice as likely** as **men** (10% prevalence) to be depressed

**Lower income** and self-reported **depression were directly correlated** in Marion County

Sources: Richard M. Fairbanks Foundation, US Office of Disease Prevention and Health Promotion

# INDY CHAMBER POSITION

## WORKFORCE PIPELINE

- Support incentives to increase pipeline of mental health professionals to provide much-needed services

## HOMELESSNESS SERVICES

- Support comprehensive service approach and establishment of a low-barrier shelter with wraparound services
- Allow funds from Medicaid 1115 waiver to be used for homelessness intervention and prevention

## SCHOOL SAFETY & MENTAL HEALTH

- Allow public school funding for resource officers and from school safety referendums to be used to hire mental health program staff

## IN WORKFORCE RECOVERY

- Engage employers from around the state to raise awareness of challenges & tools for combatting substance abuse in the workplace

Sources: Richard M. Fairbanks Foundation, County Health Rankings, US Office of Disease Prevention and Health Promotion

# INDY CHAMBER POSITION

## WORKER ACCOMODATIONS

- Update employer guidance on reasonable accommodations for employees with medical conditions relating to pregnancy to provide needed clarity to employers, allow for expedient resolution of grievances, and improve maternal health and female workforce participation

## SOCIAL DETERMINANTS

- Increase strategic investments in public health, prevention, and social determinants to support talent-based economic development. Continue data collection efforts by the state on social determinants of health and unmet needs of government benefit recipients

Sources: Richard M. Fairbanks Foundation, County Health Rankings, US Office of Disease Prevention and Health Promotion

# OBESITY / NUTRITIONAL HEALTH INDIANA

## RANKS / RATES

Obesity rates have risen from **20% to 34%** over past 20 years:

- 1 in 3 Hoosier adults is obese
- 2 in 3 are overweight or obese

**12%** of Indiana adults are diabetic

Physical Inactivity:
**27%** of Indiana adults 20 and over reporting no leisure time physical activity

## COSTS

Obesity costs the Indiana economy **$8.5 billion** in 2017

- $3.9 billion in labor market costs, absenteeism, lower productivity
- $2.9 billion in healthcare costs
- $1.7 billion in lost economic output from premature mortality

Employers face **40-48%** increase in annual healthcare costs for obese employees

## SDOH

The built environment has a critical impact on behaviors that influence health. For example, in many communities, there is nowhere to buy fresh fruit and vegetables, and no safe or appealing place to play or be active.

Sources: Richard M. Fairbanks Foundation, Alliance for a Healthier Indiana, Indy Hunger Network

# OBESITY / NUTRITIONAL HEALTH INDIANAPOLIS

## MARION COUNTY

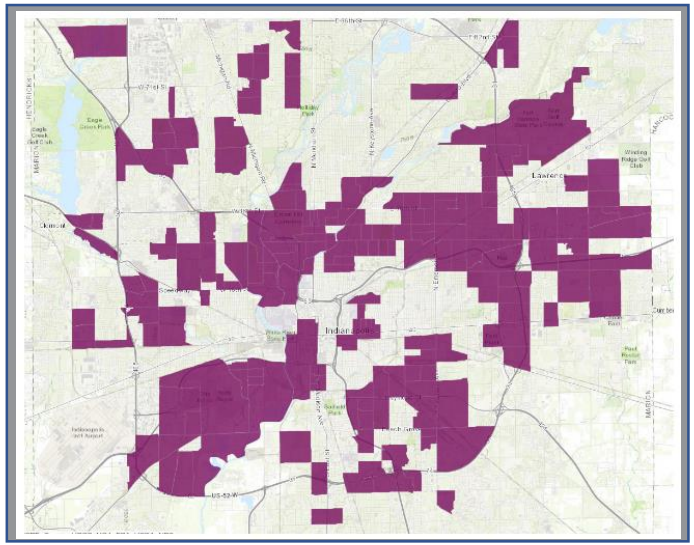
**69%** of adults are overweight or obese

**4 in 10** (221k) Central Indiana kids are an unhealthy weight

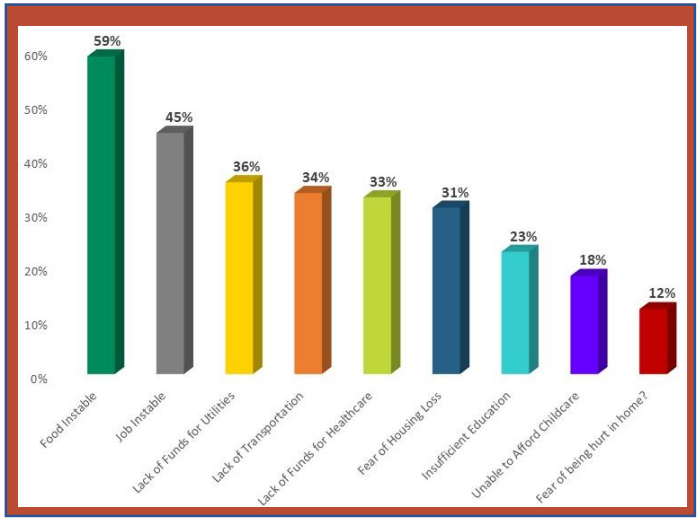
**196,000** people need food assistance in Marion County

**10%** of Marion County adults have diabetes

FOOD DESERT AREAS



SOCIAL CONTEXT SCREENING – Marion Co.




Sources: Richard M. Fairbanks Foundation, US Office of Disease Prevention and Health Promotion, Jump IN for Healthy Kids, SAVI

# INDY CHAMBER POSITION

## FOOD ACCESS & INSECURITY

- Educate lawmakers on the connections between food access and insecurity, public health outcomes, and economic impacts
- Empower and enable innovative and proven food distribution models, alternative payment processes, and data collection on food access and insecurity

## COMPLETE STREETS

- Plan, design, operate and maintain the state's road and street infrastructure in a way that facilitates multimodal public use, physical activity, and support public health

Sources: Richard M. Fairbanks Foundation, County Health Rankings, US Office of Disease Prevention and Health Promotion

# Additional Cost Factors

- Costs of healthcare are rising, creating burdens for patients, employers, insurers and providers

- Increasing costs result from a complex mix of factors, including cost of care, insurance premiums, pharmaceutical prices, intermediaries, and public utilization

# Hospital Costs

- Long-term strategy for reducing health spending focused on reducing utilization – meanwhile, prices have significantly increased
- Indiana hospital prices are high relative to Medicare rates (311%) and high relative to the relative rates in nearby states:  Michigan (156%), Kentucky (186%), Illinois (225%) and Ohio (241%)

# Poor Health is Bad for Business

## POOR HEALTH IS BAD FOR BUSINESS

Chronic disease drives health care expenditures, which cuts into company profits and productivity.

**67%**
of our workforce is overweight or obese

**1 IN 4**
Americans has heart disease

**1 IN 3**
Americans has high blood pressure

**$73 B**
annual cost of obesity among full-time employees

**50%**
of company profits go towards health care costs

**$153 B**
loss to employers annually due to absenteeism from workers who are overweight or obese and have other chronic health conditions

**450 M**
additional work days missed every year by full-time

## PREVENTION PAYS AT WORK

Even small investments in health within the workplace can create big returns:

### WORKPLACE WELLNESS

For every $1 spent on workplace wellness programs, employers can save up to $6

### ADDRESS HEALTH RISKS

1% reduction in health risks would save as much as = $83-103 annually in medical costs, per person.

### SAVE MONEY

Workplace wellness programs can reduce sick leave, medical costs and worker's comp claims by as much as:

25%

## HEALTHY COMMUNITIES = HEALTHY BUSINESSES

Building a healthier community saves lives and money.

### SMOKE-FREE SPACES SAVE LIVES

Are your shared community spaces and workplace smoke-free? Smoke-free strategies and education prevented 800 thousand deaths related to lung cancer between 1975-2000.

### HEALTHY OPTIONS. HEALTHY CHOICES.

Are healthy foods affordable and accessible at work meetings, in vending machines and in your community? Research shows that making the healthier option the default can lead to healthier choices.

### BIKING SAVES MILLIONS

Do you have bike racks? Are there bike lanes on your streets? Bicycle commuters saved Iowa $13.2 million a year in health care costs and $73.9 million for those who cycle recreationally.

### WALKABLE SPACES + ECONOMIC GROWTH

Do your workplace and community make physical activity easier? In one California city, $10 million spent on more walkable public outdoor spaces spurred a $125 million economic investment in the local downtown area, which led to the creation of 40 new businesses and 800 new jobs.

# the **COST** of **POOR HEALTH**

## **GOOD HEALTH** IS MORE THAN MEDICINE

**Which one of these things makes more impact on poverty?**

**Policy development or programs?**

# The Answer is Policy Development

## *Why?*

It’s because policy development touches the population as a whole (most of the time) and, even though programmatic activities can be very helpful for the individuals they affect, they are affecting a much smaller group of people.


BREASTFEEDING
It Rocks!