

## Social policies and conditions affect health

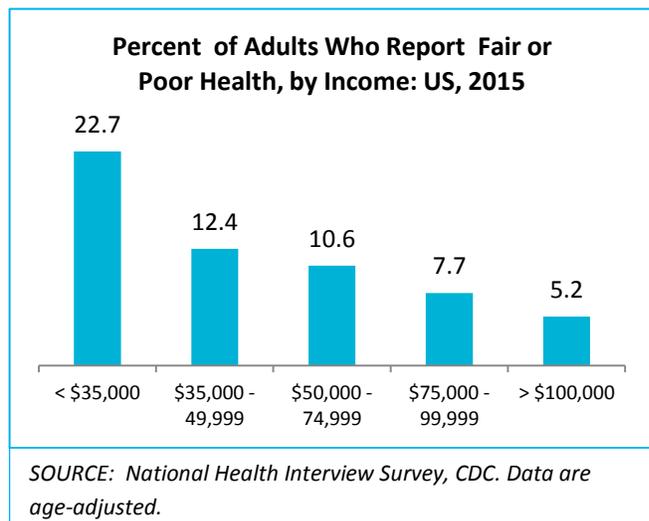
Despite a common belief that an individual’s behavioral choices are the strongest predictor of health status, research has consistently shown that this is not the case. The strongest predictors of health status are the factors that are known as social determinants of health. These factors include educational and employment opportunities, housing, transportation options, neighborhood safety, and access to recreation areas and food options that support a healthy lifestyle. The **Health in All Policies** approach is a strategy to address these and other systemic, complex factors that influence health. These factors are largely responsible for the health inequities experienced by individuals and families with lower socioeconomic status and those marginalized by racial/ethnic bias, segregation and exclusion. The strategy includes recognizing how health is affected by social policy as well as taking these effects into account in setting policy.

### INCOME IS A KEY PREDICTOR OF PHYSICAL AND MENTAL HEALTH

The World Health Organization Commission on the Social Determinants of Health issued a report in 2008, *Closing the Gap in a Generation*, which documents:

“how inequities in health, avoidable health inequities, arise because of the circumstances in which people grow, live, work and age ... The conditions in which people live and die are, in turn, shaped by political, social, and economic forces ... the poorest of the poor have high levels of illness and premature mortality. But poor health is not confined to those worst off. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.”

In the U.S. as elsewhere, income levels for workers are affected by economic policies, such as mandating a minimum wage. Studies conducted in the U.S. consistently show that income is one of the strongest predictors of health status: the lower the income level, the higher the risk for poorer health. For example, adults with annual incomes less than \$35,000 are more than four times as likely to report poor or fair health as those with incomes over \$100,000. Rates of heart disease, certain cancers, diabetes, ulcers, kidney disease, liver disease, and arthritis are all elevated among adults with lower incomes. Hypertension, typically associated primarily with older males, has also been found to be more prevalent among younger workers and women in low-wage jobs.

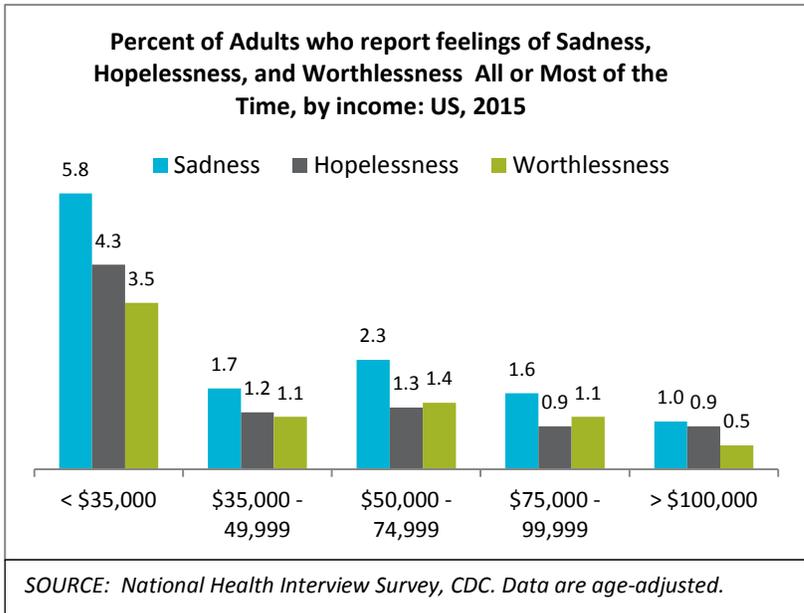


While it is also the case that poor health can affect ability to work and consequently income, evidence is clear that the link between income and health is predominantly in the direction of income driving health status.

Lower incomes are also associated with poorer mental health status. Feelings of sadness, hopelessness, and worthlessness — all associated with depression — are roughly five times more common among individuals with incomes lower than \$35,000 than those with incomes over \$100,000. Reports of stress and anxiety exhibit a similar pattern.

### PEOPLE WITH LOWER INCOMES LEAD SHORTER LIVES

Americans in the highest income group can expect to live more than six years longer than their poor counterparts. Retirees at age 65 are living longer than ever before, but not equally: those with the earnings in the top half of the income distribution have seen their life expectancy increase by more than six years since the 1970s, while those in the bottom half have only seen a 1.3 year increase during the same time.



### POVERTY RATES ARE MUCH HIGHER AMONG RACIAL MINORITY GROUPS THAN AMONG WHITES

Household income is an important aspect of the disparate experiences affecting certain social groups in the U.S. The federal poverty level (FPL) updated annually by the Census Bureau defined the 2016 poverty level at \$11,880 for an individual. For each

Poverty rates by population group and area			
Population group	Minneapolis	Hennepin County	Minnesota
<b>Total</b>	22.6%	12.9%	11.5%
American Indian	43.7%	34.3%	36.0%
Asian	29.4%	13.5%	16.6%
Black or African American	48.1%	36.8%	36.5%
White, non-Hispanic	13.0%	7.3%	8.3%
Some other race alone	27.7%	25.7%	25.4%
Two or more races	24.0%	20.3%	22.0%
Hispanic/Latino	28.2%	23.6%	24.4%

*Source: U.S. Census, American Community Survey, 2014 ACS 5-year estimates. Race is alone, not in combination with other race groups unless noted. Hispanic/Latino can be any race, although this group is also separated in this table. Hennepin County and Minnesota numbers both include Minneapolis; these numbers reflect the geography as a whole.*

additional household member \$4,140 is added so the FPL is \$16,020 for a family of two and \$24,300 for a family of four. The City of Minneapolis has a higher proportion of residents living in poverty than Hennepin County or the State of Minnesota. However, the racial/ethnic disparities are pronounced in all these areas, with Blacks and American Indians having the highest rates. The rate for whites is substantially lower than that for any minority group.

Poverty is also related to educational attainment, with individuals with higher levels of post-secondary education earning more than individuals with less formal education. Many workers, however, do not have the chance to pursue higher education because of low incomes or working two jobs to support a family, which can trap families in a cycle of poverty.

### MEDIAN HOUSEHOLD INCOME ALSO REVEALS RACIAL/ETHNIC DISPARITIES

Median household income by population group and area			
Population group	Minneapolis	Hennepin County	Minnesota
<b>Total</b>	\$50,767	\$65,033	\$60,828
American Indian	\$21,847	\$32,500	\$36,863
Asian	\$43,194	\$81,483	\$72,344
Black or African American	\$19,500	\$27,542	\$30,306
White, non-Hispanic	\$62,230	\$77,328	\$66,979
Some other race alone	\$33,977	\$45,394	\$39,242
Two or more races	\$35,510	\$55,553	\$51,863
Hispanic/Latino	\$36,022	\$41,869	\$41,674

Source: U.S. Census, American Community Survey, 2014 ACS 5-year estimates. Race is alone, not in combination with other race groups unless noted. Hispanic/Latino can be any race, although this group is also separated in this table. Hennepin County and Minnesota numbers both include Minneapolis; these numbers reflect the geography as a whole.

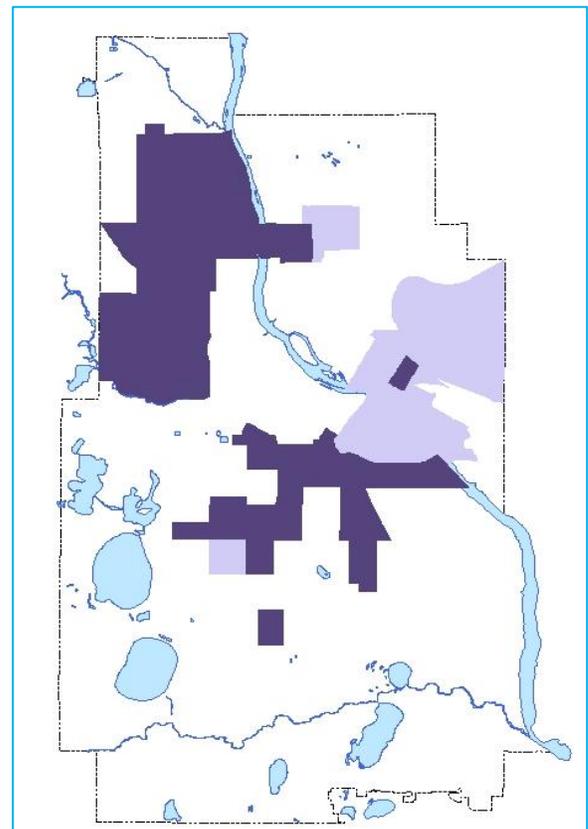
Median income is the level of income that divides the population into two equal groups: half of the households earn less than the median income and half of the households earn that amount or more. This amount is based on the incomes of all members of a household. In Minneapolis, the median income for whites is approximately triple that of blacks and American Indians and roughly 1½ times

that of Hispanics and Asians. The median income for Minneapolis households is lower than that for Hennepin County and for the State of Minnesota, with the most pronounced differences seen for the lower relative incomes in the city for American Indians and Blacks.

### POVERTY IS CONCENTRATED IN SPECIFIC AREAS OF MINNEAPOLIS

Poverty in Minneapolis is not equally distributed across neighborhoods in Minneapolis. The areas on the map on the north side and in the central part of the city that are shaded in dark or light purple represent the areas where poverty is concentrated. The areas in dark purple are the areas that also include the highest concentrations of residents of color.

In addition to lower household income levels and racial segregation, these neighborhoods are also more affected than others by premature death, infant mortality, and violence. The highest rates for many health problems are also concentrated in these areas.



SOURCE: US Census, American Community Survey, 2009-2013

# Socioeconomic status influences health through several mechanisms

## THE IMPACT OF CHRONIC STRESS

Stress associated with financial adversity is known to have harmful biological effects on the body — the “wear and tear” that results from long-term or repetitious attempts by the body to adapt and achieve stability in the face of chronic stress. A heightened stress reaction to financial and accompanying stress factors becomes the body’s normal state with resulting health implications, including accelerated disease processes and increased vulnerabilities to new disease encounters.

## PLACE-BASED BENEFITS

Place-based benefits are the conditions and assets that derive from living in an environment that can positively influence health. The local economy determines access to jobs, commerce, schools, and other resources. These benefits tend to be experienced by people with higher incomes who have more choices about where to live. Low-income neighborhoods and areas of concentrated poverty tend to expose residents to higher rates of unemployment, crime, youth delinquency, social and physical disorder, and greater overall in- and out-flow of residents. These exposures can have a profound impact on health despite an individual’s health habits and choices.

## AFFORDING HEALTHY LIFESTYLES

People with higher incomes can more easily afford the necessary supports to a healthy lifestyle. Regular and nutritious meals tend to be more expensive and less convenient than less-nutritious options and fast food. More time off with family and friends and times and places to enjoy outdoor activities may be out of reach for some individuals living in poverty.

## HEALTH OVER THE LIFE COURSE

Increasingly, the medical community is citing childhood poverty and early childhood adversity as urgent public health priorities due to their profound impact on health over the life course.

Socioeconomic conditions experienced by children continue to affect their health status throughout adulthood. Children who are raised in poverty and poor neighborhoods are less likely than their peers to achieve their academic potential. As a result, they may have more limited job opportunities and fewer choices about where to live as an adult. The cycle of poverty and disadvantage may be repeated when they have their own children. Thus, the effects of low income and this cycle of poverty can span generations.

## Conclusion

Significant numbers of people live in poverty in Minneapolis. Poverty is concentrated among people of color, children, people with lower educational attainment, and female-headed households. Policies that affect household income — especially among the lowest earners — could have a substantial benefit for city residents. Higher wages for some families may mean parents can work fewer jobs or hours. The benefits to children would accrue through more parenting time, including time for involvement in children’s education and family recreation. Better economic conditions for Minneapolis families mean longer and healthier lives, and ultimately more stable communities.

## Alternative formats

For reasonable accommodations or alternative formats please contact the Minneapolis Health Department at 612-673-2301 or email [health@minneapolismn.gov](mailto:health@minneapolismn.gov).

People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.

TTY users can call 612-673-2157 or 612-673-2626.

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