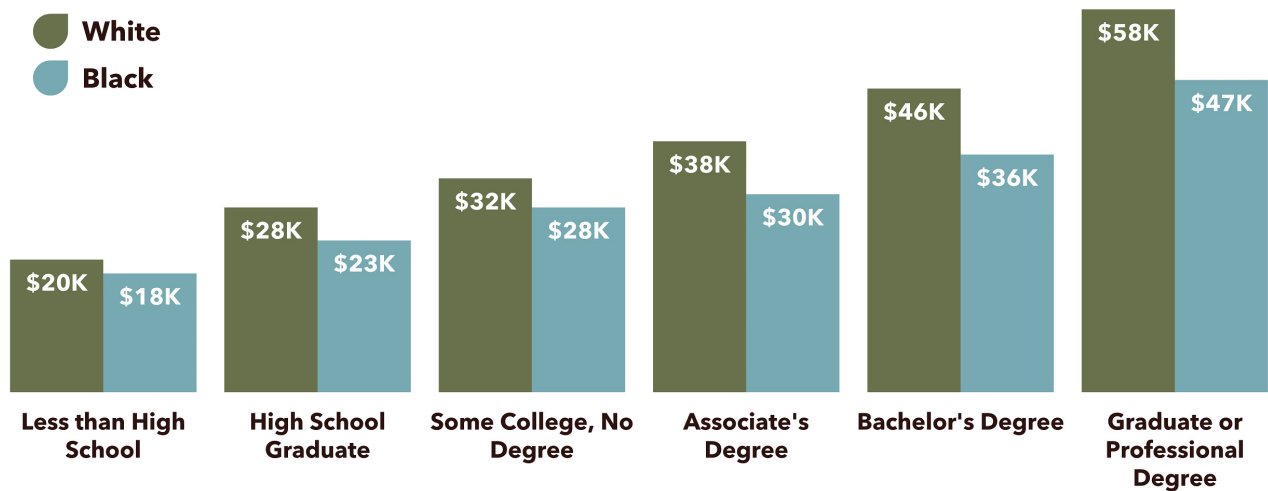


Unfortunately, comprehensive data on wealth are not routinely collected. Income is the more common metric in health research and is typically measured at a single point in time. Many people are unwilling to report information about their personal wealth, and it can be difficult to calculate. These limitations makes it challenging to thoroughly explore the relationship between health and wealth.

Some researchers use a single measurement as a proxy for wealth to explore the relationship between health and wealth (i.e. home value, home ownership, liquid assets). (6) For example, in 2016, there were notable differences in the self-reported mental health status of Tennessee adults who owned their homes and those who did not. (Figure 4) Among homeowners, 10.5% reported having 14+ days of “not good” mental health in the past month – compared with 19.1% of renters and 22.7% of those with “other living arrangements.”

FIGURE 3. MEDIAN INCOME OF WHITE AND BLACK TENNESSEANS BY EDUCATION (2016)



Note: Data represent adults 25 years and older that reported some earnings for 2016

Source: The Sycamore Institute’s analysis of the 2016 American Community Survey Public Use Microdata Samples (10)

FIGURE 4. POOR MENTAL HEALTH STATUS BY HOME OWNERSHIP IN TENNESSEE (2016)

Source: The Sycamore Institute’s analysis of the 2016 Behavioral Risk Factor Surveillance System (3)

HEALTH AND SOCIOECONOMIC STATUS: A COMPLEX RELATIONSHIP

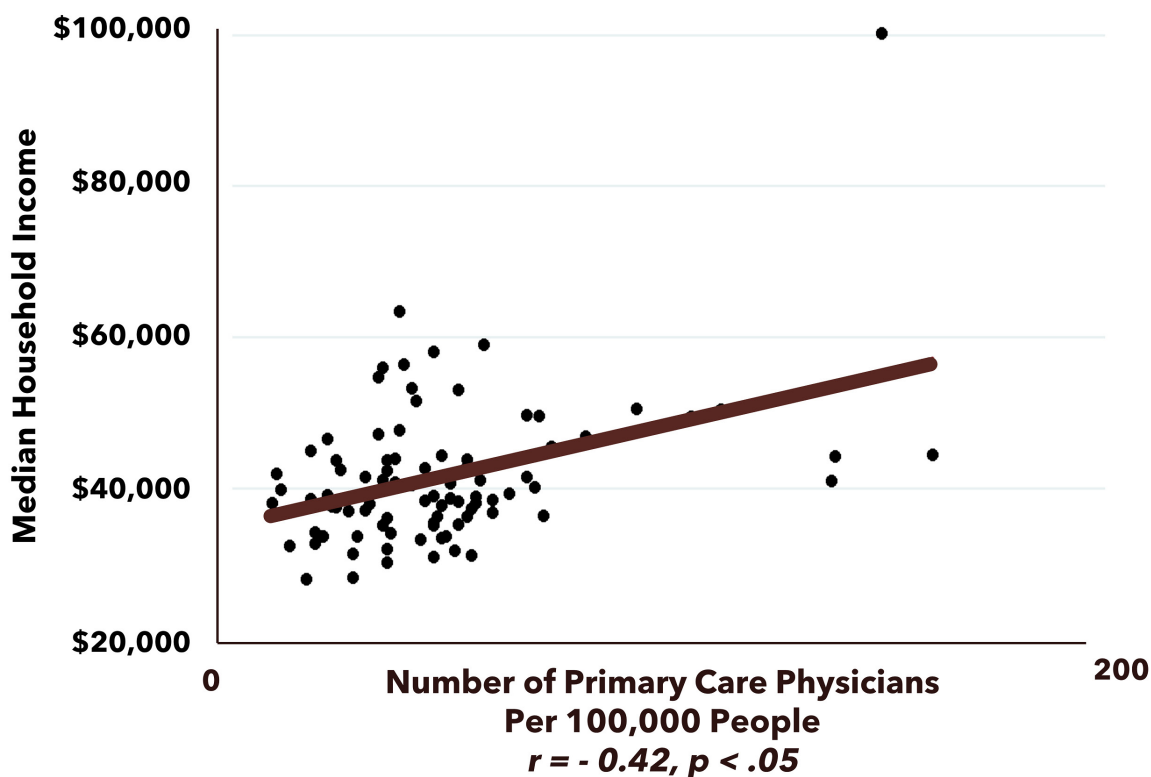
The relationship between health and interconnected socioeconomic factors is complex and mutually influential. (11)

OPPORTUNITIES FOR BETTER HEALTH

Socioeconomic status can affect opportunities for individuals to improve their health. Greater income and wealth generally provide better access to medical care, nutritious food, safe neighborhoods and communities, opportunities for physical activity, and high quality education. (8) As an example, Tennessee counties with higher median incomes tend to have more practicing primary care physicians per resident. (Figure 5)

These types of opportunities and resources can also influence individual behaviors like diet, exercise, smoking, and use of preventive care. For instance, the lower a Tennessean’s household income, the more likely they are to smoke. (Figure 6)

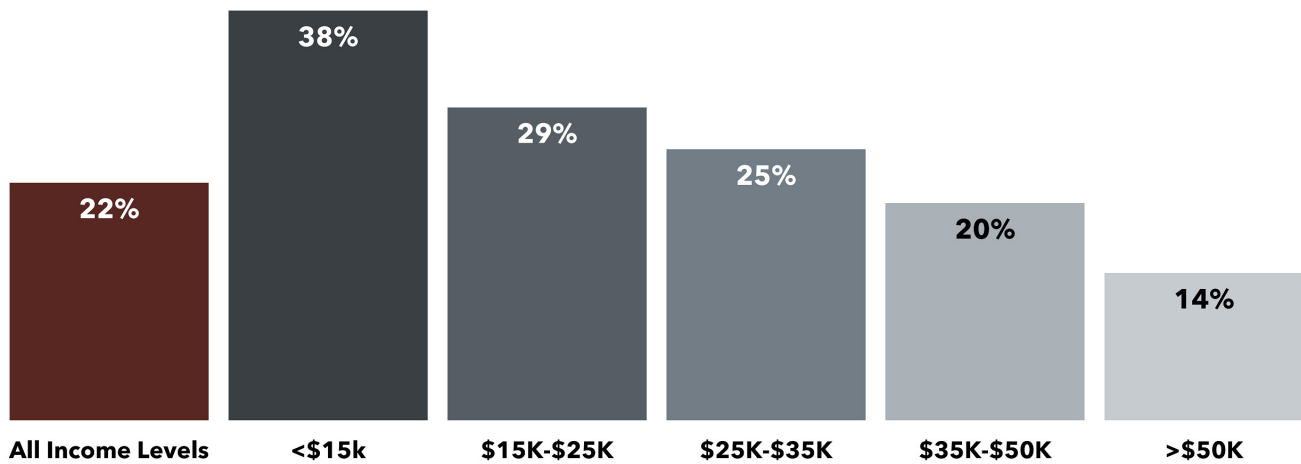
FIGURE 5. TENNESSEE COUNTIES BY MEDIAN HOUSEHOLD INCOME AND PRACTICING PRIMARY CARE PHYSICIANS (2016)



Note: The dots show each county’s median household income and number of practicing primary care physicians per 100,000 residents. The line predicts income and primary care physician supply based on the pattern of actual data.

Source: The Sycamore Institute’s analysis of data from the 2017 County Health Rankings (12) and the 2012-2016 American Community Survey 5-year estimates (13)

FIGURE 6. SMOKING RATE IN TENNESSEE BY HOUSEHOLD INCOME (2016)



Source: The Sycamore Institute's analysis of the 2016 Behavioral Risk Factor Surveillance System (3)

THE ROLE OF WORK

Work also has a complex relationship with health and socioeconomic status. As an example, healthier individuals are more productive workers and miss fewer days of work for health reasons. (14) Research has also found that inconsistent work and the fear of job loss is associated with poorer physical and mental health. (15) (16)

Work can create opportunities for better health, but the nature of the work matters. (8) Work status influences many different drivers of health, including income, environmental exposures, and access to health insurance. For instance, people with lower status jobs report higher levels of stress, less control over working conditions, increased exposure to hazardous chemicals at work, fewer financial and personal support resources, and are more likely to have to work when they are sick. Meanwhile, higher status workers are more likely to have higher incomes, benefits (e.g. paid sick leave, health insurance), and more control over their work (e.g. flexible work schedules, telecommuting options). (17) (18)

THE IMPACT OF CHRONIC STRESS

Chronic, severe stress (aka toxic stress) from early trauma and adversity can disrupt childhood brain development. Decades of science shows that [adverse childhood experiences \(ACEs\)](#), such as exposure at a young age to household dysfunction or psychological, physical, or sexual abuse, can cause stress that is toxic to the developing brain. Based on additional research, other childhood adversities like community violence, poverty, and neighborhood distress are also believed to trigger the same toxic stress. (19) (20)

Research has found a clear link between childhood toxic stress and long-term negative outcomes for health and socioeconomic status. Health effects include higher risks of disease, negative health behaviors (e.g. smoking and substance abuse), and premature death. (11). The socioeconomic effects, which can influence a person's health, are also varied. For example, people who faced ACEs during childhood and adolescence are [less likely to do well in school or attain higher levels of education](#). (21) They are more likely to live in poverty as adults and report serious job-related and financial problems and frequent absences from work. (21) (22)

Exposure to chronic stressors in adulthood is also associated with poorer health outcomes – and is more likely for adults with lower socioeconomic status. Adults with limited economic resources are more likely to face (and have fewer resources to cope with) housing problems, food insecurity, crime and violence, and financial hardship. According to the Robert Wood Johnson Foundation, these circumstances can trigger chronic, sustained stress that creates “wear and tear on bodily systems” that are damaging to health. (23) The health outcomes of these challenges during adulthood mirror those of ACEs – negative health behaviors, increased risk of disease, and premature death. (11) (23)

CYCLICAL AND INTERGENERATIONAL EFFECTS

Differences in socioeconomic factors can have compounding and cyclical effects that accumulate over generations. The opportunities for economic mobility and better health that an individual has today also influences those they will have later in life. For example, residents of lower-income neighborhoods tend to have fewer opportunities for good health and quality education. Lack of a quality education can in turn reduce a person’s access to opportunities and resources to improve their health and education, as well as that of their children. (8)

THE SYCAMORE INSTITUTE

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