



# Rapid Public Health Policy Response Project

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## Examining the Health Consequences of the 2008–09 Recession

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### About this Paper

Unemployment jumped to 7.6 percent in January 2009, with the economy shedding 598,000 jobs that month alone. Over the past year, a total of 3.2 million jobs have been lost. Given the established links between employment, higher family income, and better health, the current recession may have grave consequences for Americans' health and health care. Research shows that:

- ▶ Every one percent rise in joblessness pushes about one million more people into the ranks of the uninsured, a population that has “poorer health and shortened lives,” according to the Institute of Medicine.
- ▶ As unemployment rises, budget-strapped states face heightened demands for publicly funded health care and other services, but have diminished resources to pay for them.
- ▶ Food insecurity and a family's inability to pay energy costs, which are both related to unemployment and poverty, are associated with poor health outcomes among children.

This paper explores these and other potential health consequences of the current recession. It also reviews opportunities to provide new safeguards against impoverishment, diminished health, and reduced access to health care that are currently being considered as part of federal efforts to stimulate an economic recovery.

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### About the Rapid Health Policy Response Project

The Rapid Health Policy Response Project of the School of Public Health and Health Services at The George Washington University presents data and other background information on breaking public health stories. The goal is to educate the public, policymakers, legislators, health care providers, the media and others in order to promote informed decisionmaking.

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# Examining the Health Consequences of the 2008–09 Recession

The media have amply documented the impact on the nation’s financial institutions, businesses, and employment picture of what is widely described as the worst economic downturn since the Great Depression. Less attention has been paid to the harmful consequences of the recession on population health and on Americans’ ability to secure the health care they need. These increased risks affect millions of families and individuals facing economic stress while also placing significant new burdens on entire communities.

The health effects of the current recession will depend to some degree on its duration and severity. Not everyone who loses a job, or even a home, is thrust immediately into poverty, and some people are able to maintain their health insurance coverage, at least temporarily. Many will eventually find work again.

But, if the recession deepens or drags on, as many predict, families who lack an economic foothold, or fail to regain one after job loss or other financial setbacks, will pay a substantial price in terms of both health and health care. The federal economic recovery package being planned offers opportunities to counter or reduce these impacts. This paper focuses on the impact of recession on health and concludes with a brief description of policy options that can make a difference.

## **Income and Health: A Well-Established Link**

Higher-income people live longer, with less disease and disability, than lower-income people. The nature and direction of that relationship is not always easy to disentangle, especially among adults, since lower incomes may lead to impaired health and, conversely, poorer health may lead to reduced incomes. Moreover, a few studies counterintuitively suggest that certain health benefits may accrue during a recession, possibly because some individuals have more time to use health care services or pursue healthier habits while avoiding job-related health risks.<sup>1</sup>

But there is clearly a relationship among health, income, and employment. On average, people with more money tend to be healthier.<sup>2</sup> Those at the bottom of the income ladder experience a risk of dying before the age of 65 that is three times higher than those at the top. Likewise, the risk of premature death falls steadily for middle-income Americans as income rises.<sup>3</sup>

A telling set of recent data collected by the Robert Wood Johnson Foundation Commission to Build a Healthier America underscores the link between a child’s health status and family income.<sup>4</sup> Nationwide:

- ▶ One-third of children below age 17 in families with incomes below the federal poverty level were in “less than optimal health,” as reported by their parents.
- ▶ By contrast, 20 percent of children in “near-poor” families (100–199 percent of poverty level) were in less than optimal health, compared to 7 percent of children in families with incomes above 400 percent of the poverty level.

In recent months, a number of surveys have suggested that many people are altering their health behavior in response to economic stress. While the effects will depend in part on whether these are temporary or lasting changes, these responses are worrisome:

- A rising percentage of Americans are failing to obtain needed medical care because of its cost, according to recent data from the Centers for Disease Control and Prevention’s National Health Interview Survey.<sup>5</sup>
- A national survey of 686 consumers by the National Association of Insurance Commissioners found that 22 percent had reduced their physician visits and 11 percent were either taking fewer of the pharmaceuticals prescribed for them, or cutting the dosage.<sup>6</sup>
- Almost half of the 754 adult women surveyed by the National Women’s Health Resource Center said they had cut back their visits to the doctor, both for themselves and their families, and were skimping on medicine.<sup>7</sup>
- In an AARP survey of 820 people age 45 or older:<sup>8</sup>
  - Twenty-two percent of the surveyed population said they had delayed seeing a doctor. The results are even more telling by income — one-third of those earning less than \$25,000 had delayed medical attention.
  - Fourteen percent of the surveyed population — and 29 percent of those earning below \$25,000/year — had cut back on medical care altogether. Sixteen percent — and 30 percent of those with annual incomes below \$25,000 — had cut back on preventive care.
  - Fourteen percent of the surveyed population — and 20 percent of those earning less than \$25,000 — had decided not to fill a prescription.

### Unemployment and Health

The economy lost 524,000 jobs in December 2008, driving the nation’s unemployment rate to 7.2 percent, 2.2 percentage points higher than it was in April, according to the Bureau of Labor Statistics.<sup>9</sup>

**Rising rates of uninsured:** Forty-six million Americans already live without health insurance. Because employer-based health care coverage remains the primary form of health coverage for Americans, every 1 percent increase in the national unemployment rate results in the loss of insurance to an additional 1.1 million people, according to the Urban Institute.<sup>10</sup>

Moreover, the cost of workplace insurance, including monthly premiums, deductibles, and coinsurance, is rising steeply. Despite the safety net that Medicaid and the State Children’s Health Insurance Program (SCHIP) provide for many low-income families, the ranks of the uninsured continue to rise. As well, the percentage of Americans considered “underinsured” — because their health coverage is not adequate to protect them from high medical expenses — rose 60 percent from 2003 to 2007. As of 2007, 25 million adults were

underinsured.<sup>11</sup> Even before the economic downturn, an inability to pay for medical care appeared to be a factor in about half of all bankruptcies.<sup>12</sup> As the economy weakens, the relationship between the rising cost of health care and overall family economic well-being only intensifies.

Federal legislation (commonly called “COBRA” for the Consolidated Omnibus Budget Reconciliation Act of 1986) allows people to pay their own premiums so that they remain covered for 18 months after job loss. However, the costs — which can approach \$13,000 a year for a family policy — are often prohibitive for people who have just lost their income.<sup>13</sup>

The links between insurance and health status have been well-established.<sup>14</sup> As an Institute of Medicine report states bluntly, “the uninsured have poorer health and shortened lives.”<sup>15</sup>

- ▶ Eighteen thousand unnecessary deaths occur every year among adults because they do not have health insurance.<sup>16</sup>
- ▶ Individuals who are uninsured receive poorer medical care, are less likely to get recommended screenings and other prevention services, and are more likely to delay physician visits, neglect chronic conditions and incur medical debt.<sup>14</sup>
- ▶ Children without insurance are five times more likely to have unmet medical needs than insured children. Almost half of them (48 percent) do not receive an annual well-child check-up (compared to 26 percent of children with insurance) and 26 percent lack a usual source of care (compared to 3 percent of those with insurance).<sup>17</sup>

The costs to society are also stark. For example:<sup>18</sup>

- ▶ High rates of uninsurance put communities at risk of losing medical and public health services as providers become financially strained.
- ▶ Hospital emergency rooms, where care is costlier to provide, become overcrowded as people delay care until they become acutely ill.
- ▶ The lost productivity associated with workers in poor health diminishes the economic vitality of the nation.

**Physical and mental health consequences:** Some of the most significant reviews of the health effects of unemployment date back to the mid-1990s and support the expected — job loss has negative effects on physical health, mental health, and well-being.<sup>19, 20, 21</sup>

The mechanisms of these effects are complex, in part because of the time lags involved — firms typically delay layoffs until a recession is well underway and families may deplete their savings before suffering the health consequences of reduced medical care. Moreover, it is difficult to predict the impact on any given individual, especially since socioeconomic status prior to job loss and employment options in the community are likely mediating factors.<sup>22</sup>

Nonetheless, the weight of the evidence seems persuasive, with particularly strong research documenting the association between job loss and higher levels of anxiety, stress, and depression, and greater risk of death from suicide and cardiovascular disease.<sup>20</sup>

More recent research, though sparser, tends to confirm the trends. For example, a series of studies published over the past few years found that older workers who lost their jobs had more than double the risk of a subsequent heart attack or stroke,<sup>23</sup> and higher levels of overall physical and mental health problems,<sup>24</sup> compared to working people.

**New fiscal pressures on the states:** Many families who lack employer-based coverage and are unable to afford alternatives turn to public sector-alternatives. With every 1 percent increase in the national unemployment rate, about one million more people enroll in Medicaid and SCHIP. That costs the states an additional \$1.4 billion (on top of a \$2 billion federal expense).<sup>10</sup>

The increased demand comes at a time of worsening state budgets that reflect precipitous declines in income, property, and sales taxes. According to the Center on Budget and Policy Priorities, at least 44 states project budget shortfalls for the remainder of the 2009 fiscal year (which ends June 30) and for 2010. Absent federal recovery legislation that funnels significant funds to the states, budget gaps through June 30, 2011 are estimated to exceed \$350 billion.<sup>25</sup> Lacking the ability to run a deficit, states must make up the shortfall by raising taxes, cutting programs, or drawing on reserve funds (which are not adequate to fill the gaps).

States have options for cutting their Medicaid budgets, and many have already done so, primarily by lowering payments to providers. Others have already tightened eligibility requirements, reduced benefits that go beyond minimum federal requirements, or restricted long-term care. More states are poised to enact deeper cuts this spring.<sup>26</sup> These cutbacks mean a loss of federal matching funds to the states, and further job reductions, which will intensify the economic downturn.

Moreover, Medicaid has proven to be an economical, efficient, and resilient form of health insurance coverage, costing low-income individuals, and society as a whole, less than private health insurance. The growth in Medicaid coverage has been a crucial and effective safety net for millions of people as private health insurance erodes.<sup>27</sup>

### Competing Demands for the Family Budget

The loss of income, jobs, and assets associated with the recession force families in distress to make choices about how they will use limited resources. For many, that means deciding among competing demands for food, home energy, and health care.

**Food insecurity:** In 2007, when economic times were still good, 36.2 million families faced food insecurity, defined by the U.S. Department of Agriculture as limited or uncertain access to adequate nutritious food. More than 12.4 million children were among them.<sup>28</sup> The numbers are likely to be higher now, and the health consequences are grim:

- ▶ A body of research links household food insecurity to cognitive developmental deficits, behavioral and psychosocial problems, and poor health in both children and adults.<sup>29</sup>

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- ▶ In a study of more than 11,500 children three years of age or younger, researchers found that food-insecure children were twice as likely to be in “fair or poor” health than food-secure children. They were also 33 percent more likely to have been hospitalized at some point since birth.<sup>30</sup>
- ▶ Drawing a distinction between food insecurity at the level of the child and the household, researchers found that living in a food-insecure household puts children at risk even if they are given adequate nutritious food.<sup>31</sup>
- ▶ Less nutritious, obesity-promoting refined grains, fats, and sweets are cheaper to purchase than healthier foods. Where resources are inadequate, families are more likely to consume such foods, which may contribute to the observed link between low income and obesity.<sup>32</sup>

**Energy insecurity:** Although energy costs have fallen dramatically in the past few months, they still consume a high percentage of the household budget of low-income families. Increasing numbers of families are “energy insecure,” lacking access to the energy necessary for health, comfort, and safety. State energy officials report a “staggering” jump in applications for assistance through the Low Income Home Energy Assistance Program (LIHEAP), the federal initiative that provides grants to the states to help eligible families pay home heating and other energy costs.<sup>33</sup>

Children under the age of three who are energy insecure are more likely to be food insecure, to have been hospitalized at some point since birth, to be in fair or poor health, and to face the risk of developmental problems.<sup>34</sup> Fire and carbon monoxide poisoning are added dangers in homes where alternate heating sources, such as stoves and candles, are used inappropriately.

**Health care:** For many families already scrimping on health care and making tradeoffs among basic necessities, health insurance is simply unaffordable. Seventy percent of low-income, uninsured adults find it difficult to afford insurance, either because they have health conditions that make it too costly, or because they are also facing food and housing hardships, according to the Urban Institute.<sup>35</sup>

### Targeting an Economic Stimulus to Vulnerable Families

Many economists believe, as a Brookings Institution report states, that the most effective economic recovery package will “ensure that money ends up in the pockets of families that are most vulnerable in a weakening economy.”<sup>36</sup>

Many policymakers have called for temporarily **increasing federal contributions to state Medicaid programs to assure** that states maintain their eligibility levels. The goal is to protect low-income patients while sustaining funding for doctors, nurses, hospitals, and other health care providers so that they can also continue to serve the uninsured. Increasing the matching rate for Medicaid has the additional benefit of providing fiscal relief to the states and the nation’s governors and state legislators have strongly supported this initiative.<sup>37</sup>

There are also substantial opportunities for **expanding the SCHIP program**, either as part of the economic recovery bill, or in separate legislation. SCHIP is set to expire by March 31, 2009, and must be reauthorized.

Other ideas that have been put forth for policymakers to consider include:

- **Increase benefits through the Supplemental Nutritional Assistance Program** (formerly called the Food Stamp Program). By lessening food insecurity, Food Stamps help sever the link with diminished health.<sup>38</sup> They are also an important engine of economic growth — a \$5 billion federal expenditure for the program boosts total economic activity by \$9.2 billion and adds more than 82,000 jobs.<sup>39</sup>
- **Expand home energy assistance.** Nationwide, the Low Income Home Energy Assistance Program reaches only about 16 percent of eligible families, with some states closing the program in early winter because they run out of money. Yet children in families receiving LIHEAP show less evidence of undernutrition and are less likely to be hospitalized following a visit to a hospital emergency department.<sup>40</sup> State energy officials have urged the incoming president to support funding increases for LIHEAP, weatherization initiatives, and other programs targeted at low-income households in the coming year.<sup>33</sup>
- **Extend unemployment insurance.** Unemployment benefits have been temporarily extended by an additional 20 weeks for those who exhaust their regular 26 weeks of benefits by March 31, 2009. As with food stamps and energy assistance, further extensions will put money into the hands of those most likely to spend it quickly. Former Congressional Budget Office Director Peter Orszag (who is slated to become Director of the Office of Management and Budget under President Obama) has testified before Congress that “research has shown that the unemployment insurance system is among the most effective dollar-for-dollar economic stabilizers that we have in terms of counterbalancing periods of economic weakness.”<sup>41</sup>
- **Provide health insurance temporarily for recently laid-off workers and their families,** who typically are not poor enough to qualify for Medicaid but still cannot afford health coverage on their own. Two options are:
  - **Underwrite COBRA.** This strategy, which reaches the economically vulnerable group that has lost both jobs and employer-subsidized health insurance at the same time, was considered, but never adopted, during the last economic downturn in late 2001. It is likely to make only a modest dent in the ranks of the uninsured, but could be an appropriate component of a fuller palette.<sup>42</sup>
  - **Provide Medicaid to laid-off workers and their families.** Many low-wage and part-time workers never had employer-based health insurance and when businesses fail, others are left with no option for COBRA coverage. After the Sept. 11, 2001 attacks, New York City provided short-term coverage through Medicaid to protect dislocated workers, and this model could be replicated.<sup>43</sup>

A consensus is emerging that aggressive federal intervention is needed to promote economic recovery. By directly targeting individuals suffering from the consequences of the downturn, and providing resources that help to stabilize and revitalize their communities, policymakers may begin to reverse the health consequences of the recession.

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