



Module 3: Social Determinants of Health

Part 2: Employment, Material Resources and Health

Carolyn: In this next section, we'll talk about another specific set of examples of how the social determinants of health operate. In particular, we'll look at employment, material resources and health.

This relates back to the Healthy People 2020 domain of economic stability. A major question in social epidemiology over time has been what is the impact of unemployment on health? Is unemployment a threat to health?

Substantial data points to negative health effects of unemployment, which may not be surprising to you, but sometimes the magnitude of the effect is surprising to me. Suicide is 40 times more common in young men who are unemployed for greater than 6 months, 6 times more common in the general population with longer term unemployment, and some have likened the health risks of unemployment to the health risks of smoking 10 packs of cigarettes per day.

In all research, we should take any particular research finding with a grain of salt and look at the preponderance of evidence, but so far, many of these point in a very negative direction.

Others have said the health risks of unemployment may be comparable to the health risks of killer diseases.

Being unemployed may be as dangerous as certain high-risk professions. It's important when thinking about the health risks of unemployment to also consider that employment per se can be a threat to health if, for example, you're engaged in a manufacturing job that has exposure to toxins or working on a fishing boat where you could get cut or hurt or go overboard. The conditions of work can be dangerous, and they can be socially toxic, too, as we talked about in the first section when we talked about how the ability to exert autonomy or control over the conditions of your work may really vary depending on your status of your profession and the culture and nature of your workplace.

Unemployment may exert a negative influence on health also by reducing access to needed material resources. What do I mean by that? Here's one example with which many of you are probably familiar from hearing about this in the news.

The recent wave of mortgage foreclosures offers a real case study on the social determinants of health. The graph you're looking at here with that skyrocketing red component shows how sharply home foreclosures went up in California in the first quarter of 2008. Across the country



this was a dramatic phenomenon, but in certain states, there were particularly high rates of foreclosure.

In the fourth quarter of 2008, the four states with the highest percent of housing units under foreclosure were California, Nevada, Arizona, and Florida. There were these real hot spots or places where you can imagine that large numbers of people were under the stress of impending foreclosure or had been dislocated from their communities.

On the level of individual stress, you can imagine that there may have been tremendous strain for individuals who were experiencing this, but that also this is a phenomenon that affects not just individuals but also communities when there's a concentration of people who are losing their homes, in particular communities including in these four states that were hardest hit by foreclosure.

In the news, sometimes we saw these compelling images of people who were so desperate that they were visibly distressed. With colleagues at the University of Pennsylvania and elsewhere, we decided to study the health impact of foreclosure, and we focused this survey in those four states that I mentioned that were hardest hit by foreclosure.

What we saw was that people who were experiencing default or foreclosure were very much more likely than other people to report that they were in fair or poor self-rated health, which is an indicator that's associated with declines in health and possibly even increases in mortality.

We also saw very high rates of serious psychological distress, especially in people who are in default or foreclosure, perhaps not surprisingly. In that study, mental health impairment was so much higher. It was 13 times higher in the foreclosure group after adjusting for a number of covariants.

Physical symptoms that are often correlates of stress were far common in the foreclosure group, and few respondents said that health costs were the major reason for foreclosure. But many people did say that they had foregone health care. Often, dental care is one of the first things people who are experiencing financial stress will forego, and oral health is an important component of overall health.

We then looked longitudinally in a nationally representative cohort and saw that new onset of depressive symptoms was almost nine times higher in the mortgage delinquent group than in a non-mortgage delinquent group, and also that new onset of food insecurity was almost eight times higher in the mortgage delinquent group as was new onset of cost-related medication nonadherence. This was one of the first longitudinal studies in the United States to look at the possible health impacts of the foreclosure crisis, and several other studies have followed and showed similarly adverse population health effects associated with mortgage default or foreclosure.



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When we think about the health effects of foreclosure, we can think about the person who holds the mortgage, but we also have to think about the fact that mortgage foreclosure is very disruptive to families. Here was a very moving photograph from The New York Times of a young girl whose family had been dislocated and they were living in a hotel. I'm moved by this because of the ways in which families try to retain some sense of normalcy even under extreme conditions. You can see these children's school books and their toys and their blankets from home while they're living in this hotel.

So families are quite affected when their access to needed material resources is disrupted as happened for so many families during the mortgage foreclosure crisis.