

Southeast Crescent Regional Commission



Southeast Crescent Regional Commission Explores the Relationship between Poverty, Education, Employment Status, and Health Outcome

Exploring the Effects of Investments in Community Health and Economic Development on Local, Regional, and National Results.

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Health E Strategies

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Glossary

Health disparity is a particular health difference closely linked with social or economic disadvantage.

Health equity is the absence of systematic, unfair disparities in health (or determinants of health) among population groups in a social hierarchy or with different levels of social advantage or disadvantage.

Social determinants of health (SDOH) are nonmedical factors influencing health outcomes. They are the conditions in which people are born, grow, work, live, and age.

Poverty: The United States measures how an individual's or family's income compares to a set federal threshold. For example, in the 2021 definition, people are considered impoverished if their income is below \$12,880 or their household income is below \$26,500 for a family of 4.

Food insecurity is when people don't have enough to eat and don't know where their next meal will come from.

Economic Development: Creating the conditions for economic growth and improved quality of life by expanding the capacity of individuals, businesses, and communities to maximize the use of their talents and skills to support innovation, job creation, and private investment.

Community Health Assessment is a comprehensive picture of a community's current health status, factors contributing to higher health risks or poorer health outcomes, and community resources available to improve health.

Federal Poverty Level (FPL) is an annual income measure issued by the Department of Health and Human Services (HHS) that determines eligibility for programs like Medicaid, CHIP, and Marketplace health insurance.

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Executive Summary

The intersection of economics and health outcomes is a critical area of study, as the financial implications of healthcare decisions significantly influence both individual well-being and broader public health trends. Economic factors play a pivotal role in determining access to care, the quality of services received, and, ultimately, the health outcomes of a population. Over the past decade, economic developments have significantly influenced rural communities across the United States, reshaping their economic landscapes and social structures. The shift towards a knowledge-based economy, driven by technological advancements and globalization, has exacerbated economic disparities between rural and urban areas. Historically, rural economies were centered around agriculture, manufacturing, and extractive industries, but these sectors have declined due to automation and global competition. As a result, many rural areas have struggled with job losses and economic stagnation, prompting the need for innovative economic strategies to revitalize these communities [1][2][3]. Health and well-being are influenced by various factors, with individuals generally experiencing better health when they enjoy economic security, reside in high-quality housing, and have access to safe public spaces in well-connected communities. Social and economic opportunities help communities live longer and healthier lives. For example, a living wage shapes opportunities for housing, education, childcare, food, and medical care. Citizens of nations with higher average incomes tend to live longer and experience fewer years of disability. Research indicates that deteriorating economic conditions, such as diminishing job prospects and rising financial uncertainty, lead to adverse health trends among working-age residents in the United States with lower incomes and education levels [4].

This white paper outlines recommendations, best practice activities, and commitments to build sustainable communities and strengthen economic growth across the Southeast Crescent region. The Southeast Crescent Regional Commission (SCRC) will invest in projects that will develop basic public infrastructure, telecommunications, and transportation; assist in obtaining job skills development and training, entrepreneurship, technology, and business development; provide assistance to severely economically distressed and underdeveloped areas to improve primary health care and other public services; promote resource conservation, tourism, recreation, and preservation of open space consistent with economic development goals; and encourage the development and use of renewable and alternative energy sources.

SCRC invites partners, grantees, and other relevant stakeholders to convene to identify the best options, choices, and resources to promote good health in all communities. We urge our partners to take a leadership stance, initiate discussions on the social, economic, and structural factors driving community health and financial challenges, enhance local capabilities through innovative collaborations, and adopt a comprehensive, holistic approach that starts at the community and individual level.

INTRODUCTION

The Southeast Crescent Regional Commission (SCRC) was authorized in the Food, Conservation, and Energy Act of 2008, also known as the 2008 Farm Bill, becoming operational in January 2021 once the Federal Co-Chair, Dr. Jennifer Clyburn Reed, was sworn into office. Regional commissions were created to alleviate the burden of poverty via a federal-state partnership serving as a grantmaking entity for projects promoting sustainable economic development. The SCRC footprint spans **210,508** square miles across seven states – Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, and Virginia. In FY 2023, SCRC had **51.1 million** residents in **428** counties or county-equivalents, where 166, or 39 percent, were identified as economically distressed.

Per 40 U.S.C. § 15702, SCRC annually assigns economic designations to counties and areas within the region; the categories are:

- A. **Distressed Counties** – Those counties that are the most severely and persistently economically distressed and underdeveloped and have high poverty rates, unemployment, or outmigration.
- B. **Transitional Counties** – Those economically distressed and underdeveloped counties recently suffering high poverty rates, unemployment, or outmigration.
- C. **Attainment Counties** – Those counties not designated as distressed or transitional and have benefitted from sustained economic investment.

An index-based economic classification system was used to identify and monitor the economic status of counties. The system involves the creation of a national index of county economic status through a comparison of each county's averages for three economic indicators— three-year average unemployment rate, per capita market income, and poverty rate—with national averages. The resulting values are summed and averaged to create a composite index value for each county. Each county in the nation is then ranked based on its composite index value, with higher values indicating higher levels of distress.

In 2023, SCRC conducted a comprehensive health profile for distressed (**166**), transitional (**177**), and attainment (**85**) counties in Alabama, Georgia, Florida, Mississippi, North Carolina, South Carolina, and Virginia. The County Health Profiles of each state provided an in-depth understanding of the county's current health, including an assessment of the physical health and socioeconomic and behavioral risk factors for the identified regions. Indicators included demographics, chronic disease, and risk factors. The County Health Profile Assessment aimed to collect a set of measures that broadly communicate each population's health profile. The overarching goal was to collect data to facilitate the description of health disparities experienced by particular people in various regions.

In addition, future opportunities exist for SCRC to conduct a community health assessment (CHA) to collect primary data within the Southeast Crescent footprint. A CHA provides a detailed overview of a community's present health condition, factors that increase health risks or lead to poorer health results, and the resources accessible to enhance health. It incorporates data and insights from various origins, detailing the community's demographics, health status, morbidity, mortality, socioeconomic features, quality of life, available community resources, behavioral aspects, environment (including the built environment), and other social and structural factors affecting health status.

Socioeconomic Status and Health Outcomes

The term "socioeconomic" denotes the intricate connection between social elements such as education, social class, and community environment, and economic factors like income and employment [21]. Collectively, these factors play a vital role in shaping an individual's health and overall well-being, underscoring how social and economic circumstances can directly affect access to healthcare, nutrition, housing, and other health determinants. Socioeconomic status is one of the most significant social determinants of health. Individuals with higher income levels generally have better access to healthcare services, healthier living environments, and expansive opportunities to adopt health-promoting behaviors. Conversely, those with lower economic statuses are often exposed to conditions that negatively impact health, such as poor housing, limited access to nutritious food, and insufficient healthcare services [5][6].

A study by the World Health Organization (WHO) found that disparities in income are closely linked to health outcomes, with poorer individuals experiencing higher rates of chronic diseases, shorter life expectancy, and increased vulnerability to health emergencies. Research further supports this association, indicating that socioeconomic factors such as education, employment, and access to resources substantially affect health outcomes across different populations. The convergence of economics and health results is a crucial field of research, as the financial consequences of healthcare options significantly impact personal welfare and, more significantly, public health patterns. Economic elements are critical in dictating healthcare accessibility, service quality, and a community's health results. **Table 1** summarizes how poverty correlates with various factors in the top five distressed counties.

County	State	Poverty	Unemployment	Obesity	Diabetes
Calhoun	GA	34.0	5.1	44.1	18.3
Wheeler	GA	33.2	5.3	42.8	18.5
Stewart	GA	31.4	5.6	40.3	14.9
Hancock	GA	30.5	8.8	46.5	21.5
Macon	GA	30.3	7.6	43.3	19.4
National	US	11.5	5.4	32.0	11.3

Source: <https://www.countyhealthrankings.org/health-data>; [Poverty \(usda.gov\)](#); [PLACES: Local Data for Better Health: Compare Counties](#) | [PLACES](#) | [CDC](#)

Georgia has the highest poverty rate among the top 5 distressed counties (**Table 1**). These counties experience higher proportions of poverty (up to three times the national average of **11.5%**), and many experience unemployment rates at or above the national average of **5.4%**. Similar to poorer economic outcomes, these counties also experience higher rates

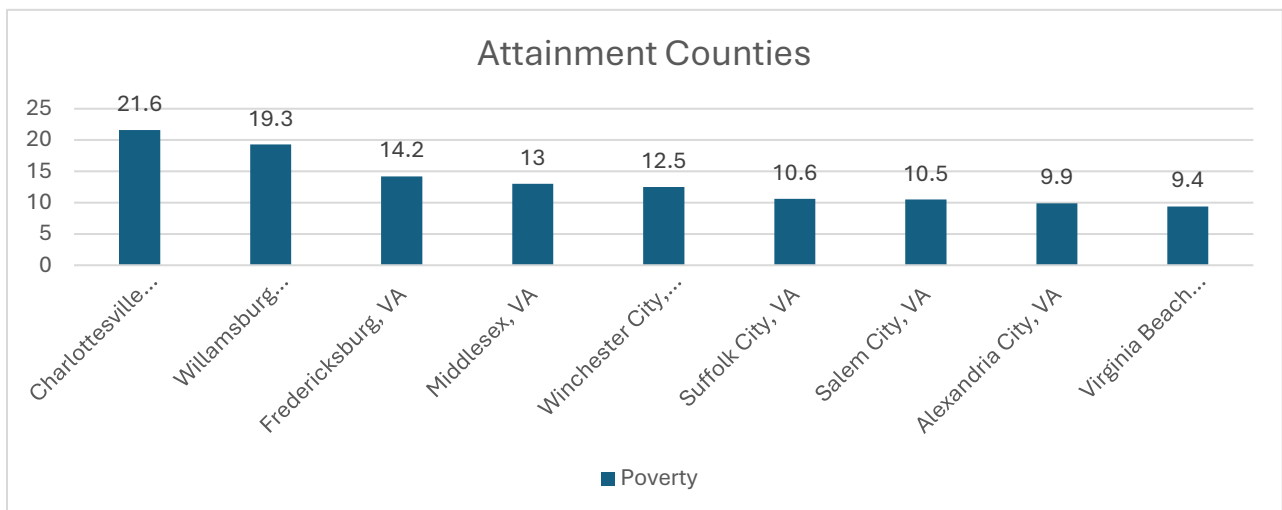
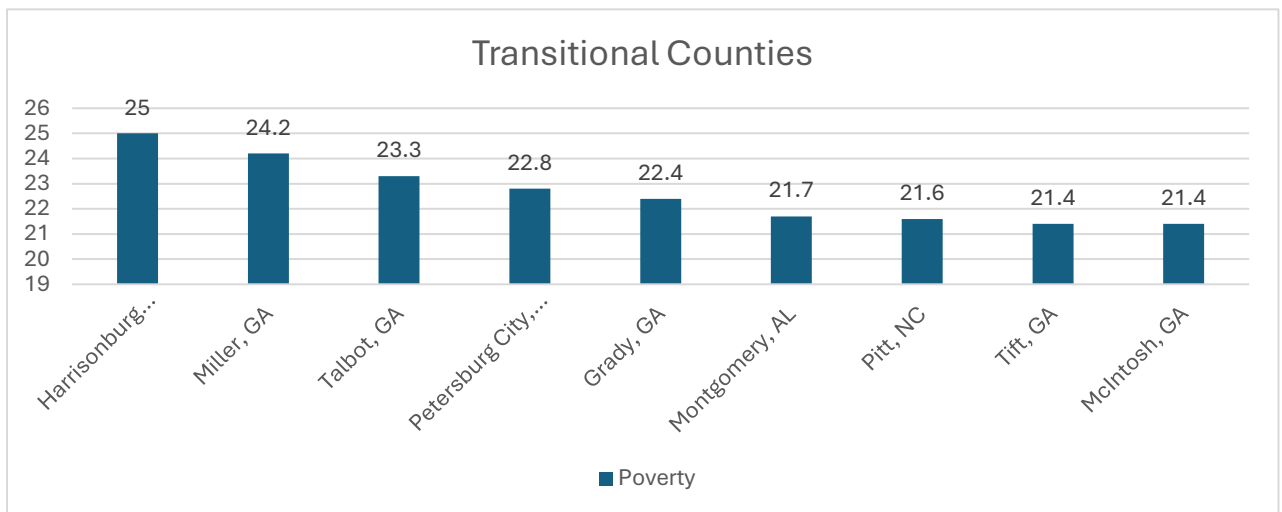
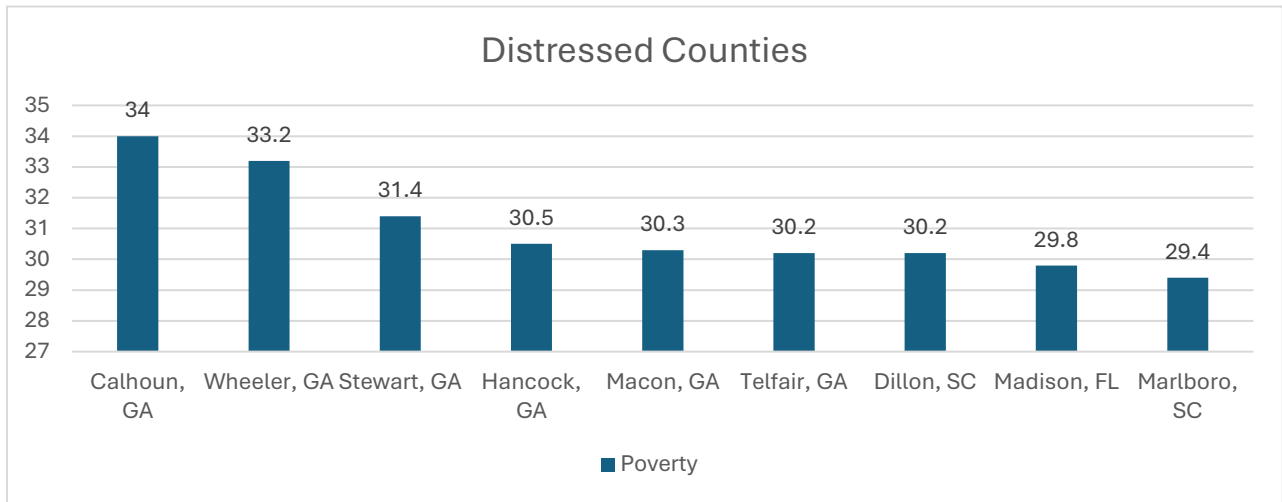
of obesity and diabetes. Among these five counties, **40%** or more adults experience obesity, and almost one-fifth of the adult population has diabetes. Research indicates that states with limited resources in the United States tend to have higher rates of obesity. In states where over **35%** of the population lives in poverty, there has been a **145%** rise in obesity cases compared to wealthier states [23]. Factors may include people being less able to afford nutritious foods and having less time to engage in exercise.

County	State	Poverty	Unemployment	Obesity	Diabetes
Harrisonburg City	VA	25.0	4.0	38.1	9.4
Miller	GA	24.2	3.0	40.0	16.5
Talbot	GA	23.3	4.5	43.0	20.9
Petersburg City	VA	22.8	10.5	46.7	18.6
Grady	GA	22.4	3.1	40.0	15.8
National	US	11.5	5.4	32	11.3

Source: <https://www.countyhealthrankings.org/health-data>; [Poverty \(usda.gov\)](https://www.usda.gov); [PLACES: Local Data for Better Health: Compare Counties | PLACES | CDC](#)

Comparably, transitional Counties with high poverty rates display higher obesity and diabetes rates compared to the national average (**Table 2**). The unemployment range (**4 – 10.5**) is **1%** below and **5%** higher than the national average. This data underscores that employment is not enough. Although all but one county had unemployment rates comparable to or less than the national average, it appears that wages are not commensurate with the cost of living, causing the poverty rate to exceed the national average. Low-wage earners often face significant financial challenges that can lead to poverty. This can be due to several factors, such as the high cost of living and limited access to affordable housing, healthcare, and education. In cases where low-income workers may lose jobs due to a higher minimum wage, social safety nets for low-income households can help prevent increased poverty. Higher-wage earners typically have more financial stability and access to resources that allow them to avoid poverty. Charlottesville City, VA, is an attainment county and has the highest poverty rate (**21.6%**), two times higher than the national average.

Figures 1-3. 2023 Highest Poverty Rate within Distressed, Transitional, and Attainment Counties



Poverty and health insurance are closely linked, with nearly **70%** of the uninsured population whose income is below the poverty threshold [9]. In 2022, **80.8%** of uninsured people were in families with incomes below **400%** of the federal poverty level (FPL), and **46.6%** had incomes below **200%** FPL [9][10]. The uninsured are more likely to forgo preventative care and wait until an illness becomes severe before seeking medical care.

Table 3. 2023 Distressed Counties w/ highest uninsured rate (percentage)

County	State	Uninsured	Unemployment	Poverty	Diabetes
Hendry	FL	28.0	6.1	21.7	16.1
Glades	FL	27.0	4.2	19.2	16.6
DeSoto	FL	25.0	3.8	25.5	16.3
Atkinson	GA	23.8	2.9	23.8	16.8
Coffee	GA	23.5	4.1	26.0	14.4
National	US	10.0	5.4	11.5	11.3

Source: <https://www.countyhealthrankings.org/health-data>; [Poverty \(usda.gov\)](#); [PLACES: Local Data for Better Health: Compare Counties | PLACES | CDC](#)

According to the Institute of Medicine, being uninsured is associated with poorer health and shorter lives. Uninsured adults are less likely to receive preventive services for chronic conditions like diabetes, cancer, and cardiovascular disease, less likely to have regular outpatient care, and more likely to be hospitalized for preventable health issues [11]. Distressed Counties (Table 3) with the highest uninsured populations (**23.5%-28.0%**) have poverty rates (**21.7%-26.0%**) that exceed the national average (**11.5%**) along with having diabetes rates (**14.4%-16.1%**) higher than the national average (**11.3%**). Comparably, Transitional Counties (Table 4) mirror trends and correlations to higher uninsured populations (**22.0%-20.0%**) and have poverty rates (**13.4% -21.4%**) above the national average (**11.5%**). Additionally, this population has higher diabetes prevalences (**13.6%-17.4%**) compared to the national average (**11.3%**).

Table 4. 2023 Transitional Counties w/ highest uninsured rate (percentage)

County	State	Uninsured	Unemployment	Poverty	Diabetes
Oglethorpe	GA	22.0	2.9	13.4	13.6
Duplin	NC	21.7	4.4	19.1	16.0
Lincoln	GA	21.0	4.0	16.5	17.4
Saluda	SC	21.0	3.1	16.5	16.6
Tift	GA	20.0	3.4	21.4	14.8
National	US	10.0	5.4	11.5	11.3

Source: <https://www.countyhealthrankings.org/health-data>; [Poverty \(usda.gov\)](#); [PLACES: Local Data for Better Health: Compare Counties | PLACES | CDC](#)

Education & Unemployment Impact

A growing body of research suggests that worsening economic conditions, such as declining employment opportunities and increasing financial insecurity, maybe a primary cause of adverse health trends among low-income and less-educated working-age US residents [4]. Among adults without a 4-year college degree, life expectancy has declined. Life expectancy—the average number of years a person is expected to live—is **78** years in the United States. Adults without a 4-year college degree also suffer higher rates of morbidity than adults with a 4-year college degree [4].

County	State	Unemployment	Some College	Obesity	Life Expectancy
Clay	GA	12.2	59.0	45.0	73.5
Clayton	GA	10.3	54.0	39.0	76.0
Telfair	GA	9.8	24.0	45.0	76.9
Scotland	NC	9.5	49.0	39.0	73.1
Crisp	GA	9.0	46.0	41.0	73.1
National	US	5.4	67.0	32.0	78.5

Source: <https://www.countyhealthrankings.org/health-data>; [Poverty \(usda.gov\)](#); [PLACES: Local Data for Better Health: Compare Counties | PLACES | CDC](#)

Over the past three decades, the life expectancy gap between Americans with or without a 4-year college degree increased from **2.6** to **6.3** years [4]. Since 2010, life expectancy for college-educated persons has grown, while life expectancy for adults without a college education has decreased [4]. Distressed Counties (Table 5) with the highest unemployment rates (**9.0%-12.2%**) are notably higher than the national average (**5.4%**). These counties also have a lower life expectancy (**73.5 %– 73.1%**) than the national average (**78.5**), with lower rates of ‘some college’ (**24.0% - 59.0%**) compared to the national average (**67.0%**). Transitional Counties (Table 6) with the highest unemployment rate have consistent trends of lower life expectancy (**66.2%-74.5%**) and ‘some college’ (**41.5%-64.4%**)

County	State	Unemployment	Some College	Obesity	Life Expectancy
Petersburg City	VA	10.5	56.1	46.7	66.2
Hopewell City	VA	7.5	50.7	41.0	70.2
Franklin City	VA	6.9	52.5	41.5	69.9
Portsmouth City	VA	6.7	64.4	43.1	73.4
Sussex	VA	6.5	41.5	45.6	74.5
National	US	5.4	67.0	32.0	78.5

Source: <https://www.countyhealthrankings.org/health-data>; [Poverty \(usda.gov\)](#); [PLACES: Local Data for Better Health: Compare Counties | PLACES | CDC](#)

compared to national averages. The persistent unemployment challenges in rural areas have had far-reaching implications for health outcomes. Research has consistently shown a strong correlation between unemployment and poor health, with unemployed individuals more likely to report fair or poor health, higher rates of chronic conditions, and increased mental health issues [16].

Recommendations

A robust health system makes economic sense and forms the foundation of sustainable development. While this concept is widely recognized in theory, policymakers need concrete evidence at the country level to show how investing in healthcare sectors and systems contributes to achieving national economic goals. Collaboratively, policymakers, healthcare strategists, public health leaders, and corporate leaders should explore sustained economic measures to produce health benefits within local communities, especially for vulnerable populations in less affluent regions [4].

Research indicates that governments can implement diverse policies and programs to lessen health disparities and improve financial security [18]. Typically, this includes strategies to address geographical, social, and psychological obstacles to healthcare access and decrease treatment costs. State policymakers should analyze the economic impact on various racial, ethnic, and educational demographics and compare it to their state's financial capacity. Political systems that maintain poverty and favor the wealthy contribute to increasing disparities in income and health. Therefore, policies that promote economic equity may have broad health effects, not only for people living in poverty but also for those in the middle class.

- Develop a strategy to prevent illness-related poverty by enhancing financial protection for those experiencing major acute or chronic illnesses that impact employment.
- Decrease the upfront cost of healthcare services by eliminating user fees for the underprivileged or extending health insurance to those with limited incomes, encompassing coverage, depth, and breadth.
- Enhance care efficiency to lower overall care consumption by addressing inappropriate therapeutic prescribing, reinforcing the referral system, and enhancing the quality of providers, particularly at lower levels.
- Address health status and healthcare utilization disparities by reducing the distance to services for impoverished individuals, subsidizing travel expenses, directing health promotion efforts, and offering conditional cash transfers.
- Advocate for policies focusing on educational advancement, especially early childhood education.
- Advocate for regulatory frameworks and economic incentives to safeguard public and population health, which is crucial for individual healthcare initiatives.

- Advocate for regulatory frameworks and economic incentives to ensure public and population health are critical to individual healthcare efforts.
- Partner with other health care and social service organizations to connect directly to resources that mitigate poverty's health effects.

Strong evidence linking income and health suggests that economic equity policies may have broad health effects. Introducing policy initiatives that enhance income, education opportunities, housing options, and social mobility, especially during childhood, can decrease poverty levels. These actions can also have positive health implications for individuals in low-income brackets and those from the middle class.

Conclusion

The United States exhibits some of the most significant income-related health disparities globally. Adults whose income is below the poverty threshold are five times more likely than those with incomes exceeding **400** percent of the federal poverty level to self-report being in poor or fair health [17]. Income influences health and longevity through various clinical, behavioral, social, and environmental mechanisms. Isolating the unique contribution of income to health can be difficult because this relationship intersects with many other social determinants. Given the close connection between health and income and how public policy significantly shapes income, economic policy should be seen as a crucial aspect of health policy. Decisions regarding policies that impact education opportunities, housing options, and social mobility are key in influencing health outcomes. Recent findings indicate the presence of health disparities among individuals at different income levels, establishing a consistent link between income and health. Consequently, initiatives that support economic equality could have extensive health implications, benefiting not just individuals in poverty but also those in the middle class.

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