A Dialogue about Poverty in America

County Health Rankings & Roadmaps Tools & Resources

- Check out recordings and PDF of slides for all CHR&R webinars. Please share with a colleague!
- To learn more about County Health Rankings & Roadmaps, our data, tools, and resources to help you create change, watch our latest CHR&R 101 webinar.
- **Explore Health Rankings**: The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work, and play. Find and use your county data, read our reports, and learn more about what and why we rank.
- **Take Action to Improve Health**: Find strategies that we know work, guidance for setting a plan in motion, and resources to help you partner with others.
  - **Action Learning Guides**: Dig into specific topics with a blend of guidance, tools, and hands-on activities. Our series on understanding and using data is a great place to start.
  - **Partner Center**: Find guidance and resources to help you identify and engage the right partners.
  - **Action Center**: Explore step-by-step guidance and tools to help you move with data to action.
- **Learn from Others**: Sharing the stories of others ignites possibilities and inspires action. Find out about upcoming webinars, learn more about the RWJF Culture of Health Prize, and check out community highlights.
- **What Works for Health**: Explore our menu of over 400 evidence-informed policies and programs that can help make a difference in your community.
- **What is Health?** Learn about our vision of health.
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**Highlighted Guidance**

**County Health Rankings & Roadmaps**

**Children in Poverty Measure**

**Description**

CHR&R Data spotlight: *Children living in poverty even in healthiest counties.*

**What are Good Sources of Information on Basic Trends in Poverty and Related Issues?** has a list of websites that provide basic information on trends in poverty and related issues, arranged by topic.

The wealth position a child is born into will shape opportunity, outcomes, and health throughout life. Learn more by reading the RWJF Culture of Health Blog, *Why Building Black Wealth is Key to Health Equity*.

Recommended by the Robert Wood Johnson Foundation from the FrameWorks Institute:

- **Why Aren’t Kids a Policy Priority?** The cultural mindsets and attitudes that keep kids off the public agenda
- **Talking About Poverty: Narratives, Counter-Narratives, and Telling Effective Stories**
- **How are Advocates Talking about Children’s Issues?**
Webinar Guest Resources
Christine Muganda, Data & Analytics Team Lead, County Health Rankings & Roadmaps
• Combining Racial Groups in Data Analysis Can Mask Important Differences in Communities is a blog by the Urban Institute. It describes challenges that arise when surveys, datasets, and published research groups racial and ethnic groups together, and also offers tips to help practitioners who collect and use data to better represent variations.

David Riemer, Senior Fellow, Community Advocates Public Policy Institute in Milwaukee
• Books authored by David R. Riemer
  o “Putting Government in Its Place: The Case for a New Deal 3.0”
  o “Putting Government in Its Place”
• The U.S. Bureau of Labor Statistics website enables you to view detailed data about the U.S. job shortage (job seekers vs. job openings). To view data about job openings, use this direct link. To view the data list below, use this link, then enter the relevant “Series ID” from the list below and click “Next”.
  o Officially Unemployed: Persons 16 years and over, unemployed (=no job, currently available for work, actively looked for work in prior 4 weeks), Series ID Number: LNS13000000
  o Persons 16 years and not in labor force, want a job now, searched for work during the prior 12 months, and available to work now, Series ID Number: LNU 05026642
  o Persons 16 years and not in labor force, want a job now, Series ID Number: LNU 05026639
  o Persons 16 year, employed part-time (1-34 hours) for economic reasons, Series ID Number: LNS12032194
• For additional resources, see the addendum at the end of this Resource Guide.

Resources Shared in Post-Webinar Discussion Group Session
• The Alliance for Strong Families and Communities published Socioeconomic Mobility White Papers covering issues such as the impact of COVID-19, intersecting pathways, and the relationship between racial equity and socioeconomic mobility.
• The Lown Institute published a national ranking of hospital social responsibility which includes 54 metrics across the equity, value, and outcomes categories.
• Housing First is a homeless assistance approach guided by the belief that people need basic necessities like food and a place to live before other issues such as getting a job or budgeting properly.

Healthy Places by Design Resources
• Healthy Places by Design facilitated the post-webinar discussion group session. Their Community Action Model was developed with insights from more than a dozen years of supporting successful community health initiatives and a deep understanding of the community change process.
• Follow Healthy Places by Design on Twitter @HPlacesbyDesign

countyhealthrankings.org healthyplacesbydesign.org
Addendum: Additional Resources Recommended by David Riemer

U.S. Low Wage Jobs

- “Widespread economic insecurity partly reflects the nature of the U.S. labor market, where low pay and job instability leave many households near or below the poverty line, particularly when measured over time. In 2019, 19 percent of jobs paid below-poverty wages — that is, their hourly pay was too low to lift a family of four with a full-time, year-round worker above the official poverty line ($26,172 in 2019, equivalent to $12.58 an hour).” From: Arloc Sherman, Claire Zippel, Robert Gordon and Danilo Trisi, Center on Budget and Policy Priorities, “Widespread Economic Insecurity Pre-Pandemic Shows Need for Strong Recovery Package,” July 14, 2021, https://www.cbpp.org/research/poverty-and-inequality/widespread-economic-insecurity-pre-pandemic-shows-need-for-strong

Unemployment and Poverty’s Impact on Stress, Immune System, Health

  - “Poverty, relative deprivation and social exclusion have a major impact on health and premature death, and the chances of living in poverty are loaded heavily against some social groups. ... The unemployed, many ethnic minority groups, guest workers, disabled people, refugees and homeless people are at particular risk. Those living on the streets suffer the highest rates of premature death.”
  - “Relative poverty means being much poorer than most people in society and is often defined as living on less than 60% of the national median income. It denies people access to decent housing, education, transport and other factors vital to full participation in life. Being excluded from the life of society and treated as less than equal leads to worse health and greater risks of premature death. The stresses of living in poverty are particularly harmful during pregnancy, to babies, children and old people. In some countries, as much as one quarter of the total population – and a higher proportion of children – live in relative poverty ....”
  - “The greater the length of time that people live in disadvantaged circumstances, the more likely they are to suffer from a range of health problems, particularly cardiovascular disease. People move in and out of poverty during their lives, so the number of people who experience poverty and social exclusion during their lifetime is far higher than the current number of socially excluded people.”
  - “Poverty and social exclusion increase the risks of divorce and separation, disability, illness, addiction and social isolation and vice versa, forming vicious circles that deepen the predicament people face.”
  - “As well as the direct effects of being poor, health can also be compromised indirectly by living in neighbourhoods blighted by concentrations of deprivation, high unemployment, poor quality housing, limited access to services and a poor quality environment.”
“In general, having a job is better for health than having no job. … Evidence shows that stress at work plays an important role in contributing to the large social status differences in health, sickness absence and premature death. Several European workplace studies show that health suffers when people have little opportunity to use their skills and low decision-making authority.”

- Dysregulation of the neuroendocrine and immune systems, due to chronic stress, is associated with psychological and physiological disorders, including depression, atherosclerosis, asthma, cardiovascular disease, cancers, and the progression of HIV to AIDS (Antoni et al. 2006; Cohen et al. 2007; Dantzer et al. 2008; Irwin 2008).
- Furthermore, chronic inflammation and other forms of immune dysregulation increase risk for premature all-cause mortality and a variety of diseases including cardiovascular disease, cancer, and metabolic syndrome (Ershler and Keller 2000; Hansson 2005; Hotamisligil 2006; Nabipour et al. 2006; Parkin 2006).

Reducing Poverty in the U.S.

- New Hope Project
- Urban Institute “Microsimulations”

Less Poverty = Improved Health

- “Using multi-state, multi-year difference-in-differences analyses, we estimated effects of state EITC generosity on maternal health behaviors, birth weight and gestation weeks. … Results for key infant health outcomes of birth weight and gestation weeks show small improvements in states with EITCs,
with larger effects seen among states with more generous EITCs. Our results provide evidence for important health benefits of state-level EITC policies.”

• “We find that increased EITC income reduces the incidence of low birth weight and increases mean birth weight. For single low education (12 years or less) mothers, a policy-induced treatment on the treated increase of $1000 in after-tax income is associated with a 1.6 to 2.9% reduction in the low birth weight rate. These impacts are evident with difference-in-difference models and event study analyses, and show larger impacts for births to African American mothers.”

• By reducing poverty and increasing income for working families, EITC has been linked to positive health outcomes, particularly for infants and mothers. Studies show greater health improvements happen when larger, more generous EITC benefits are available.”