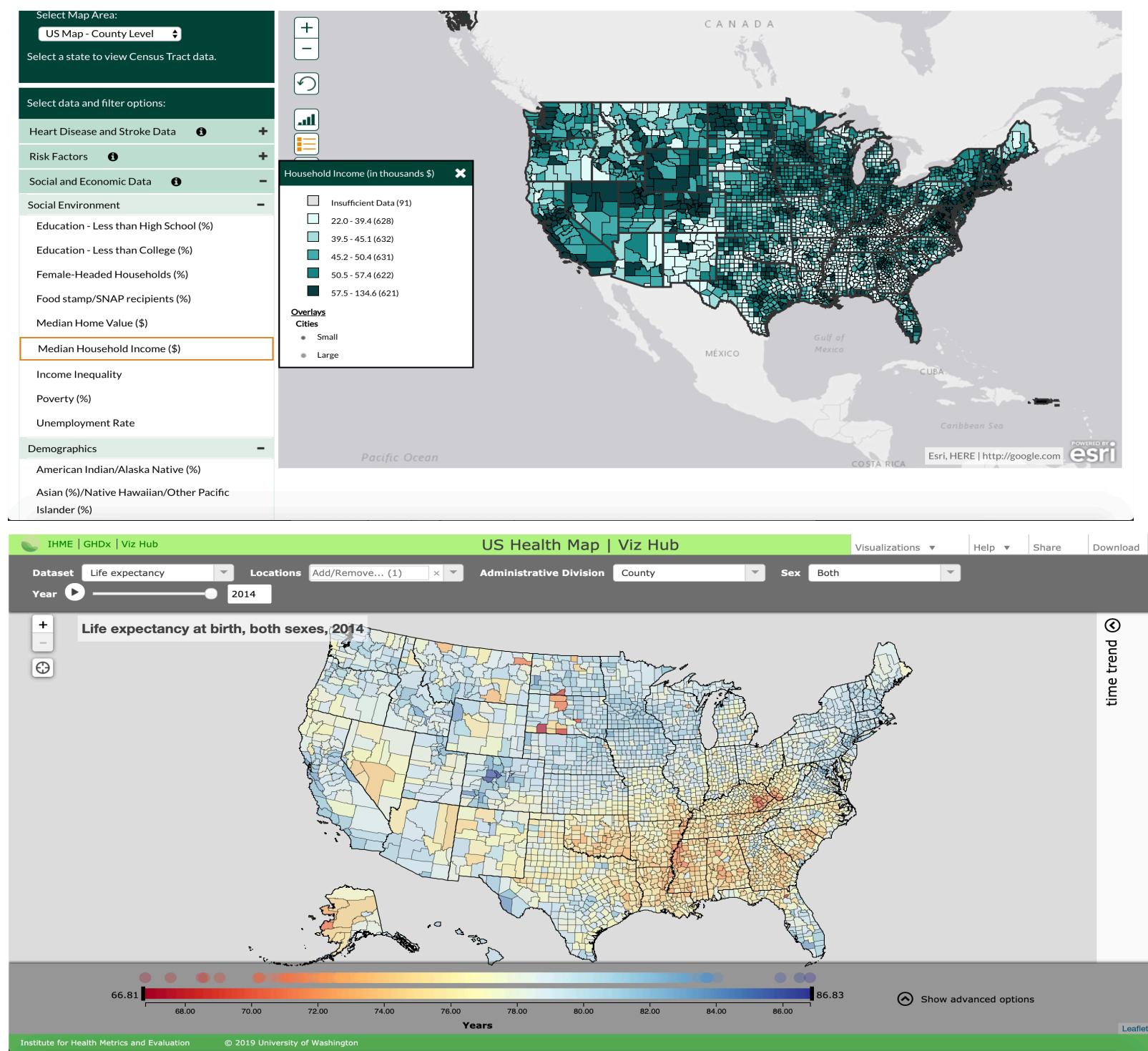


Social Determinants of Health: Income and Life Expectancy

Max Wegner , Central Oregon Community College, Public Health 100

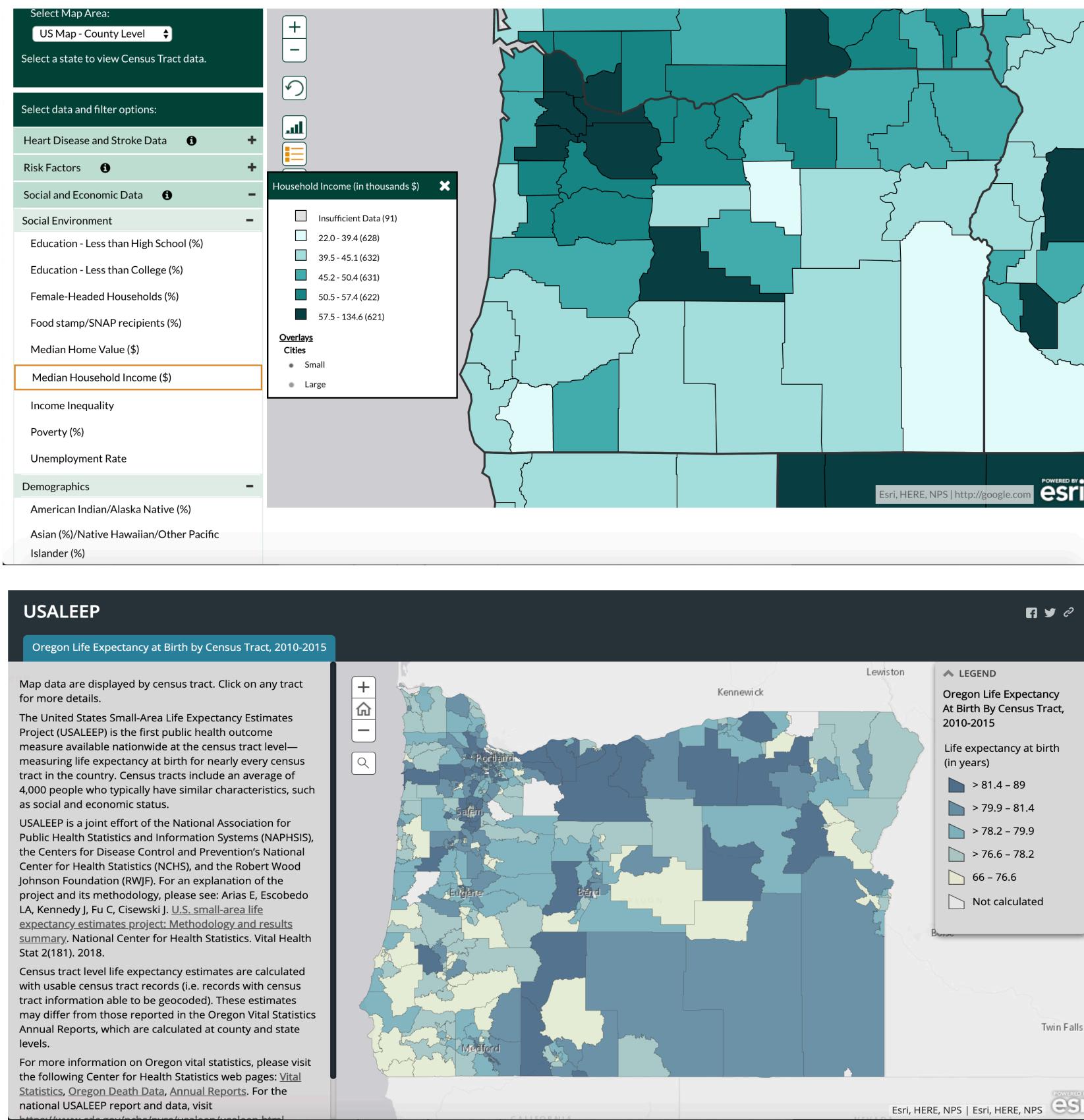
Income Determines Life Expectancy

- There is an alarming life expectancy difference between rich and poor Americans.
- A study that examined more than a billion tax records between 1999 through 2014 showed a 14-year age difference between rich and poor Americans. (The Nation's Health, 2016).
- Life expectancy at birth for black males in 2017 is at roughly 72 years old . In comparison white females in the US have a life expectancy at roughly 80 years old in 2017. (National Vital Statistics Report, 2019).



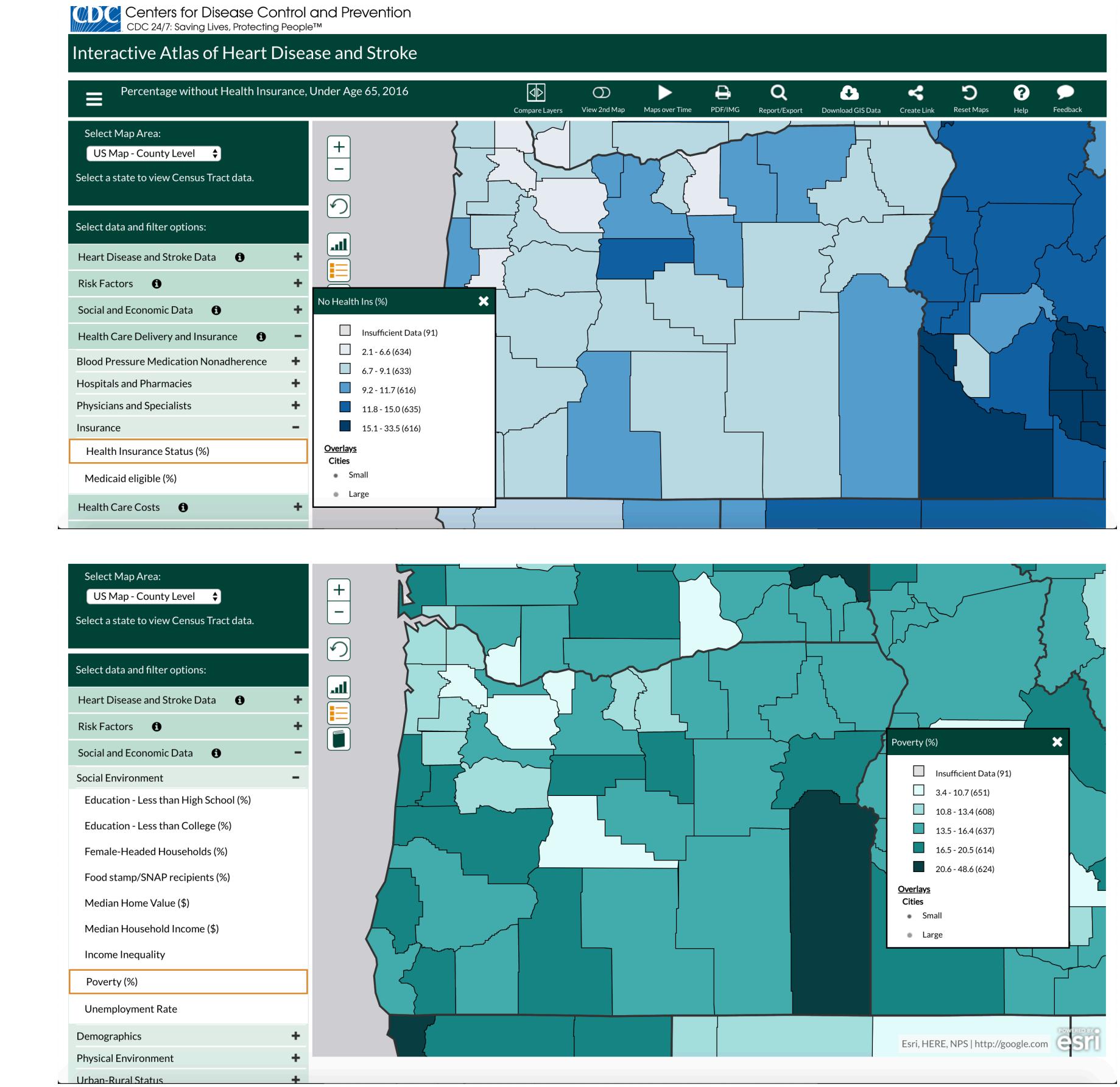
How Oregon is Affected

- Washington County in Oregon has highest life expectancy in the state, Deschutes County ranks 3rd. (Life Expectancy And Income.., 2014)..
- Wheeler and Jefferson Counties in Oregon have life expectancy rates of 75.4 for males, 80.8 years for females for Wheeler. (Life Expectancy and Income.., 2014).
- Jefferson has rates of life expectancy at 74.4 years for males and 80 years for females which is lower than Oregon's average life expectancy. (Life Expectancy And Income.., 2014).

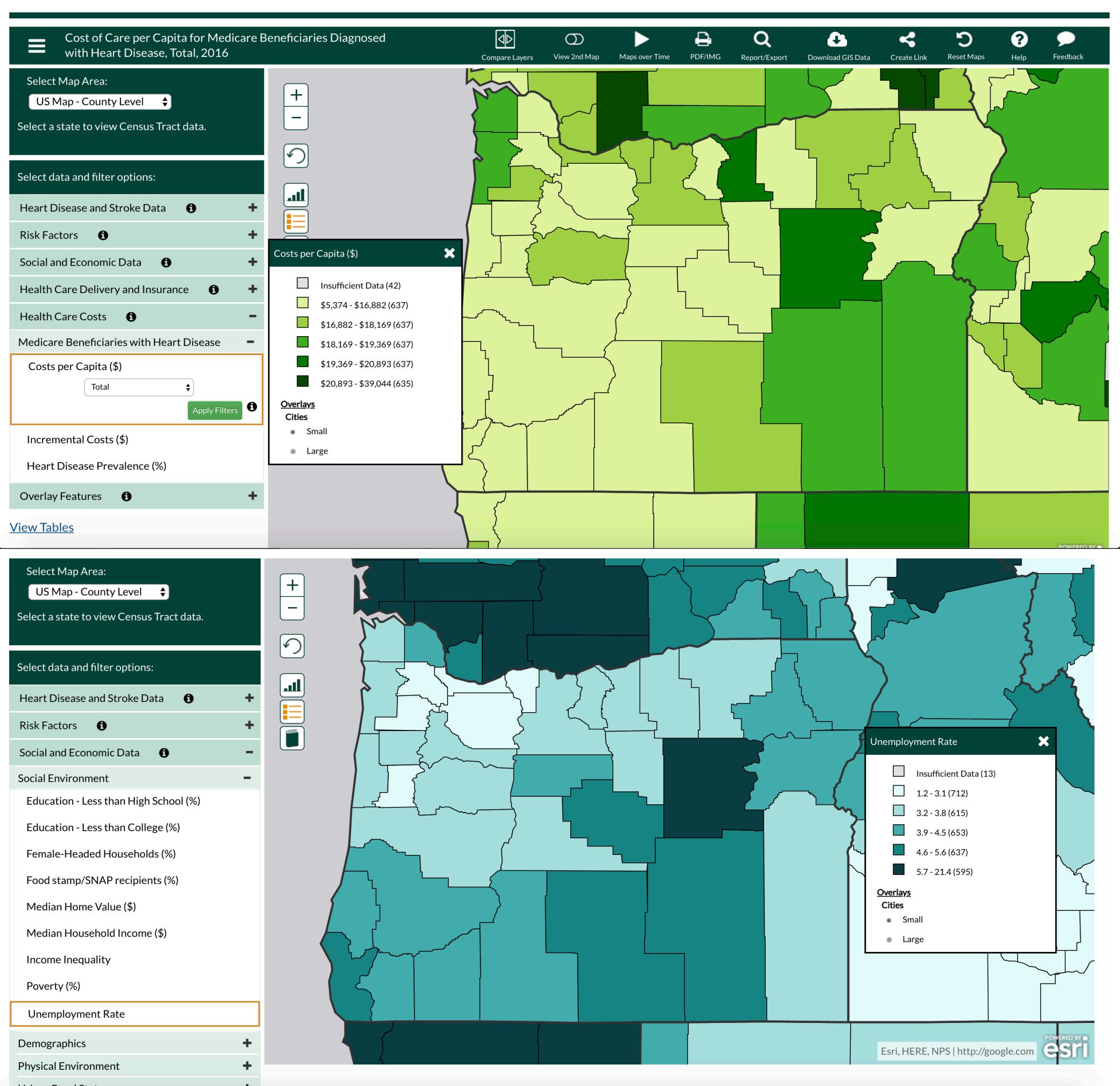


Causes: Central Oregon

- Wheeler and Jefferson Counties have some of the highest rates of uninsured, Jefferson- 11.9% and Wheeler at 9.5% (Interactive Map Atlas, 2019).



- Jefferson County had 20.86% of its population below poverty, of 21, 859 people between 2013-2017 4,559 lived in poverty while Wheeler County was close behind with 20.57%. (CARES, 2019).
- Income Inequality is negatively correlated with self rated health and psychological well being. (European Sociological Review, 2013).
- Cost of Healthcare was also highest for those diagnosed with heart disease in Malheur County with a cost per capita of \$18,174. (Interactive Map Atlas CDC, 2019).



RECOMMENDATIONS

- High cost of health-care and high poverty rates contributes to a lower life expectancy in Oregon and throughout the US. Lower income individuals die younger than people in a higher social and earning class.
- My recommendation would be to expand Medicare to cover all vulnerable individuals, while allowing people to keep their same plans offered by their employers or through private insurance.
- This would declare healthcare a basic human right and eliminate most insurance companies, leading to cost control because the government could negotiate prices.

Summary Figures: Impact of Transition to Medicare for All on Families

	Health care spending as share of income	3. Change in health care spending as share of income (= column 2 - column 1)
1. Existing system	2. Medicare for All	
Low-income families		
\$13,000 in income with Medicaid	3.5%	-0.1%
\$35,000 in income, uninsured	2.5%	1.7%
Middle-income families: \$60,000 in income		
Underinsured	8.0%	1.6%
Individually insured	15.5%	1.6%
Insured by employer	4.2%	1.6%
High-income families		
Top 20 percent: \$221,000 in income	-0.1%	3.7%
Top 5 percent: \$401,000 in income	-0.9%	4.7%

Source: Table 25. Differences in column 3 figures relative to columns (2-1) are due to rounding.

- In 1984 those entering Medicare at age 65 could expect to live an additional 16.8 years, compared with 14.6 additional years for their counterparts in 1965. The ESRD enrolled population increased from 16,000 persons in 1974 to nearly 82,000 persons in 1983. (Gornick, Warren, 1996).
- Medicare can also take some credit for improvements in life expectancy beyond the age of 65. In 1965, life expectancy at birth in the U.S. was 70.2 years. Currently, life expectancy has reached a record high of 78.8 years. (Medicare and Medicaid, 2015).
- Medicare for All could reduce total health care spending in the U.S. by nearly 10 percent, to \$2.93 trillion, while creating stable access to good care for all U.S. residents. (Pollin, Heintz, et al. 2018).
- We find that, over the decade 2017 – 2026, the cumulative savings through operating under Medicare for All would be \$5.1 trillion, equal to 2.1 percent of cumulative GDP. (Pollin, Heintz, et al. 2018).
- Under Medicare for All, net health care spending for middle-income families falls sharply, to an average of 1.6 percent of these families' income level. This represents a reduction in health care spending for middle income families of between 2.6 and 14.0 percent of income. (Pollin, Heintz, et al. 2018).
- "The initiation of the SSI program was associated with decreased mortality for the elderly and larger declines in mortality over time as benefit levels increased." (Thronton, et al., 2016).

Revenues Generated through Four Proposed Funding Sources

Revenue sources	Revenue generated	Percentage of total revenue generated
1. Revenues from businesses (= rows 2 + 3)	\$623 billion	57.6%
2. Premiums at 8% cut relative to current premiums	\$615 billion	56.9%
3. Coverage for previously uncovered employees - \$500 per uncovered worker - Exemptions for small businesses	\$8 billion	0.7%
4. Revenues from individuals/families (= rows 5 - 6 + 7)	\$458 billion	42.4%
5. Sales tax at 3.75% on non-prescription only - Exemptions for current Medicaid-eligible families	\$196 billion	18.1%
6. Net worth tax at 0.38% - Exemptions for first \$1 million of net worth	\$193 billion	17.9%
7. Taxing long-term capital gains as ordinary income	\$69 billion	6.4 %
TOTAL REVENUE	\$1.08 TRILLION	100%

Source: See Appendix 4.

REFERENCES

- Cares Engagement Network Interactive Map. (n.d.). Retrieved from https://engagementnetwork.org/map-room/?action=tool_map&tool=footprint. Accessed 6 Nov. 2019.
- Gornick, M. E., Warren, J. L., Eggers, P. W., Lubitz, J. D., De Lew, N., Davis, M. H., & Cooper, B. S. (1996). Thirty years of Medicare: impact on the covered population. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4193632/>.
- Interactive Atlas of Heart Disease and Stroke. (2019). Retrieved from <https://nccd.cdc.gov/DHDSPAtlas/>. Accessed 10 Nov. 2019.
- Life Expectancy and Income in Oregon Counties . (2014). Retrieved November 2019, from <https://www.oregon.gov/dhs/business-services/ofra/Documents/Life-Expectancy-and-Income.pdf>. Accessed 16 Nov. 2019.
- Medicare and Medicaid: A Look Back on 50 Years. (2015, August 29). Retrieved from <https://www.agg.org/latest-in-cardiology/articles/2015/08/18/29/medicare-and-medicaid-a-look-back-on-50-years>. Accessed 9 Nov. 2019.
- National Vital Statistics Report . (2019). Retrieved November 2019, from https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_07-508.pdf. Accessed 11 Nov. 2019.
- Thornton, R. L. J., Glover, C. M., Cené, C. W., Gilk, D. C., Henderson, J. A., & Williams, D. R. (2016, August 1). Evaluating Strategies For Reducing Health Disparities By Addressing The Social Determinants Of Health. Retrieved November 2019, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5241939/>. Accessed 19 Nov. 2019.
- Pollin, R., Heintz, J., Arno, P., & Wicks-Lim, J. (n.d.). Economic Analysis of Medicare For All. Retrieved from <https://www.peri.umass.edu/component/k2/item/1127-economic-analysis-of-medicare-for-all>. Accessed 15 Nov. 2019.