

EDITORIAL

The Economic Crisis and Public Health

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Abstract

The current global economic crisis seriously threatens the health of the public. Challenges include increases in malnutrition; homelessness and inadequate housing; unemployment; substance abuse, depression, and other mental health problems; mortality; child health problems; violence; environmental and occupational health problems; and social injustice and violation of human rights; as well as decreased availability, accessibility, and affordability of quality medical and dental care. Health professionals can respond by promoting surveillance and documentation of human needs, reassessing public health priorities, educating the public and policymakers about health problems worsened by the economic crisis, advocating for sound policies and programs to address these problems, and directly providing necessary programs and services.

Keywords: economic crisis, social medicine, public health, malnutrition, homelessness, mental health, child health, violence, mortality, medical care, dental care.

Introduction

The current global economic crisis, the worst since the Great Depression, seriously threatens the health of the public both in the United States and all over the world. In the United States, home foreclosures have displaced many families to substandard housing and some to homelessness. Millions of workers have lost their jobs – and, with

this loss, their medical-care insurance.^{1,2} As a result, many more people cannot pay for medical and dental care or prescription drugs. Some must choose between buying food or needed medicines. Many retired people living on reduced incomes are facing similar difficult choices. There are anecdotal reports of the ailing economy making people sicker, with patients having increasing blood pressure, adding weight, foregoing screening tests, and experiencing more anxiety and depression.³ Meanwhile, government budgets are being slashed and tax-supported medical care, public health programs, and other social services are being reduced.⁴ Unfortunately, the situation is likely to get worse before it improves.

While everyone will be affected by the economic crisis, people in less-developed countries may be hurt the most. Those living in nations with low economic capacity and with extraordinary gaps between rich and poor are likely to suffer more than those in other nations from malnutrition, homelessness, unemployment, increased mortality of infants and young children, violence, and inadequate medical, social, and public health services.

Health Impact of Previous Economic Crises

While the current economic crisis may not become as severe or prolonged that of the Great Depression of the 1930s, it is instructive to note the serious public health problems that the Depression caused in the United States.

Malnutrition was a major problem. Among people examined at community health centers in 1932, diagnoses of malnutrition were made in more than one-third of children and more than one-fourth of adults.⁵ In New York City, 20 percent of children were undernourished; in a coal-mining area, 99 percent of schoolchildren were underweight.⁶

Many families were forced to crowd into small houses and apartments in order to share costs; many others became homeless.⁶ In Chicago in 1931, several hundred homeless women slept in city parks.⁶ Homeless people across the United States lived in shelters they built from empty boxes and

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Submitted: 4/11/2009; Accepted: 4/24/2009

Conflict of Interest: None declared

*A version of this paper was presented at the 136th Annual Meeting of the American Public Health Association in San Diego, California, on October 27, 2008.

pieces of metal. Mental health problems increased, with children being particularly impacted.⁷ During the same period, most public health departments had their budgets cut severely as health programs and services were curtailed or totally eliminated.⁸⁻¹⁰

Research on the relationship between public health and economic recessions of varying severity in different countries at different periods of development has yielded mixed results. A study in Australia, for example, found that two periods of increased ischemic heart disease mortality coincided with economic recession.¹¹ However, relevant studies performed in Scandinavia give a more nuanced view. Studies conducted between 1950 and 1980 found that economic recession increased mortality for major causes of death and for causes related to mental health disorders.¹² However, another Swedish study found that for people who had been unemployed for a long time there was no difference in somatic and psychological symptoms between periods of economic boom and recession.¹³ Yet another study in Sweden found that the health status and socioeconomic condition of single mothers deteriorated as unemployment and poverty worsened.¹⁴

Studies in Finland during a recession in the early 1990s found that: (a) reduced disposable family income adversely affected children's mental health¹⁵; (b) sleep quality of unemployed blue-collar workers deteriorated¹⁶; (c) suicide rates remained stable¹⁷ (although those attempting suicide were increasingly more likely to be unemployed¹⁸); (d) dental service utilization was stable¹⁹; and, (e) despite cuts in expenditures in the early 1990s, the publicly-funded general hospital system increased services.²⁰ During the economic recession in Japan in the 1990s, unemployed people were twice as likely to report poor health as the highest class of workers, and health status disparity between the top and middle occupational groups in men increased.²¹

The situation may be far worse in less developed countries. Nutrition in poor countries in Southeast Asia is highly dependent on the economic situation and investment in social services.²² In Asia and the Pacific during the economic downturn of the 1990s,

child labor and school dropout rates increased among girls, the food supply for women and girls decreased, and circumstances that invite domestic violence against women increased.²³ The economic crisis in Zimbabwe during the 1980s led to high levels of childhood undernutrition. Surprisingly, infant and young-child mortality improved during this period, apparently due to an expansion and restructuring of the health sector.²⁴

Current challenges

The current global economic crisis offers some of the greatest challenges to public health in decades. Following are ten of these challenges and how we believe health workers can address them.

Malnutrition

As people in the United States have less money to spend, they may eat less nutritious food and/or have problems with food access. Both situations endanger their health. Of particular concern are children, older people, women who are pregnant or breastfeeding, people with chronic conditions such as diabetes, and those who are already malnourished. Farmers and other agricultural workers have been badly hurt by the economic crisis. Falling farm production in the U.S. results in humanitarian crises in countries with limited food reserves. Food pantries and soup kitchens operated by charitable and nongovernmental organizations are already overextended and there is only so much that they can do.²⁵ Tragically, the response of the U.S. government thus far to both the domestic and international aspects of this problem has been inadequate.

Homelessness and substandard living conditions

The economic crisis in the United States is increasing the number of homeless people and crowding many others into substandard housing.²⁶ Families have been uprooted from their social support networks, thereby increasing their risk of suffering infectious diseases, complications of chronic diseases, mental health problems, or the effects of violence.

Unemployment

There is a strong correlation between unemploy-

ment and many adverse health outcomes, which is accounted for by several factors, including relative poverty, social isolation, loss of self-esteem, and unhealthy behaviors.^{27,28} There is some evidence that unemployment correlates with rates of overall mortality, cardiovascular disease mortality, and suicide.²⁸ However, one review of parasuicide (non-fatal deliberate self-harm) and unemployment found that ecological studies provide somewhat contradictory results. The correlation between unemployment rates and parasuicide across geographical areas is positive but it is markedly decreased when data are adjusted for level of poverty and the rate of psychotropic prescriptions.²⁹

Substance abuse, depression, and other mental health problems

As the economic crisis continues, we are likely to see higher rates of alcoholism and drug abuse, depression and other mental health problems, and suicide, in both industrialized and less-developed countries. During recessions, rates of divorce increase, which may be an additional cause — or an effect — of mental health problems.³⁰

Increased mortality

As a result of malnutrition, substandard housing and homelessness, substance abuse and mental health problems, reduced financial support for public-health and medical programs and services, and other factors, mortality may increase during this economic crisis. Given the evidence that economic growth was the basis for the decline in mortality rates during the 20th century,³¹ one might logically conclude that mortality would increase during an economic recession. However, during at least the early years of the Great Depression there were no reported increases in mortality rates.³² In fact, there is some evidence that mortality may actually increase during economic upturns and decrease during economic recessions.³³ A study examining the relationship between economic conditions and health in the United States for the 1972-1991 period found that the total mortality rate was lower during recessions, and that nine of ten causes of death (all, except suicide) were also lower during recessions.³⁴ We believe, however, that

mortality rates will increase, at least in less-developed countries, because they have fewer resources and will receive less international assistance.

Worsened child health

Child health is likely to worsen substantially in the United States and elsewhere. Poverty worsens children's health, and the number of poor children increased by almost 500,000, to 13.3 million, in the United States during 2008, when the current economic crisis began.³⁵ Several factors will likely contribute to worsening of child health, including sharp decreases in the budgets of public health agencies, reduced access to quality medical and dental care, increased malnutrition, and increased violence.

Violence

There will likely be more domestic and community violence due to a combination of factors including unemployment and underemployment, frustration and desperation of individuals and groups, and the continuing widespread availability of guns. In addition, new sources of armed conflict could arise from this global economic crisis. Serious economic recessions and depressions are seedbeds for international conflict and for civil war. Furthermore, armed conflict contributes to the economic crisis by draining human and financial resources from other urgent needs.³⁶

Environmental and occupational health problems

Focus on the economic crisis may lead governments and industries to place less emphasis on environmental health and environmental protection. If oil prices remain low, this will likely decrease incentives for energy efficiency and the development of alternative forms of energy. Workers and employers, fearing the effects of the economic crisis, will likely place less emphasis on reducing hazardous workplace exposures and unsafe working conditions.³⁷

Social injustice and violation of human rights

Social injustice can be defined as “policies or actions that adversely affect the societal conditions

in which people can be healthy.”³⁸ The current economic crisis is a manifestation of this type of social injustice. It can also be defined as “the denial or violation of economic, sociocultural, political, civil, or human rights of specific populations or groups in the society based on the perception of their inferiority by those with more power or influence.”³⁸ There is likely to be much more social injustice of this type, especially directed against people of color, immigrants, and other minorities.

Availability, accessibility, and affordability of quality medical and dental care

A number of factors will likely decrease availability, accessibility, and affordability of quality medical and dental care.³⁹ These factors include: (a) increased unemployment, which often leads to loss of affordable medical-care insurance; (b) decreased financial support of Medicaid and other government programs; (c) reduced budgets of medical-care providers in both the public and private sectors; and (d) reduced financial resources of retirees for medical and dental care. In less-developed countries, where medical and dental facilities and personnel are already inadequate to meet urgent needs, the problems are likely to be even greater.

Opportunities

While there are great dangers for public health in the current economic crisis, there are also great opportunities to defend and strengthen public health. In the United States the economic crisis provides an opportunity to establish a national health program with universal access to high-quality, cost-effective medical care. It may also spur action to improve the infrastructure of public health, by increasing financial support of federal, state, and local government public-health agencies and academic institutions in public health. In addition, the economic crisis may lead to emergency aid from industrialized to less-developed countries and some forms of relief, such as restructuring or eliminating international debt.

In light of these opportunities, health professionals need to:

1. Promote surveillance, documentation, and research concerning human needs during this crisis, and reassess public health priorities in relation to these needs;
2. Educate the public and policymakers about health problems worsened by the economic crisis and advocate for sound policies and programs to address these problems;
3. Provide necessary programs and services, and evaluate their effectiveness; and
4. Critique the economic and health policies of the past several decades that have promoted massive global-health and economic inequities and led to the current economic meltdown.

All this will require creative thinking to develop new ways to address new problems, engaging active input and participation by people and organizations in the communities that we serve, and working in partnership across disciplines and societal sectors to promote and support public health.

Organizations that focus on public health, social justice, and human rights play vital roles in addressing the human consequences of the crisis. They can address these issues by sponsoring conferences and Internet forums to facilitate communication among health workers, systematically analyzing the health consequences of the economic crisis, and making policy recommendations. A recent World Health Organization report on the financial crisis and global health outlined what needs to be done to mitigate the impact of the financial crisis, including protecting health spending; saving lives and protecting incomes; making health spending more effective and efficient; promoting collaboration between and within countries; informing policy through better monitoring, analysis, and research; and improving the quantity and quality of aid for developing countries.⁴⁰ The recent meeting of the G-20 group of nations held out some hope that the wealthy nations of the world will offer reduction in protectionism and some increased economic aid to those nations most affected by the crisis.⁴¹

In 1932, then outgoing president of the American Public Health Association, Louis I. Dublin, Ph.D., said in his presidential address:

Do we, the health workers of America, need a better creed or a greater inspiration to carry on? Ours is the great opportunity. When all the world is sick, when business falters and counsels waver, we at least know what to do. Let us be equal to the occasion! Let us maintain our high purpose to keep the people well against all odds.^{32(p1135)}

We believe that now, more than ever, we all need to work together to achieve the goal of public health: to ensure the conditions in which people can be healthy.

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