

Poor have higher rate of illness

In rural Kentucky, problem pervasive

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Poverty is the single biggest reason Kentucky is one of America's sickest states.

Not only is Kentucky one of the nation's poorest states; it also is plagued by a type of poverty that makes things worse - rural poverty that has eroded health for generations.

In Harlan County, for instance, men can expect to live only to 66, Harvard University statistics from 2001 say. That's a shorter life span than for men in the developing countries of Turkey, Ecuador and Colombia.

Charles Brock, who lives in an old trailer in Harlan County, turned 66 this year. Because of his income, he's forgoing blood pressure and ulcer medication and even recently used insulin injections a relative gave him after her diabetic mother died.

In rural counties, people are less likely to have jobs or health insurance and more likely to live with severe doctor shortages and transportation problems.

They also die at higher rates.

Of the 20 counties with the highest overall death rates in Kentucky, 17 are rural and designated as persistently poor, meaning that at least 20 percent of their people have lived in poverty for 30 years.

Even in cities with a sophisticated medical infrastructure, the poor often live unhealthy lives and have trouble getting needed care.

Louisville's Deborah Maple, 37, a widow and mother with no health insurance, has passed out during asthma attacks because she couldn't afford an inhaler.

"As a society, we're allowing the weakest link to rot," said Jay Wolfson, a professor of public health and medicine at the University of South Florida. "But the weakest link is part of the chain."

When poor people get sick, experts said, everyone pays through higher taxes and their own rising medical costs.

University of Kentucky bioethicist M. Sara Rosenthal said it's simply not right one of the world's wealthiest nations lets poor people get sick and die at such high rates. "If you're wealthy, you can have the greatest health care in the world," she said. "People with no money in this country cannot afford to get sick - and I take issue with that."

The bottom rungs

The less money people earn, the less access they have to the ingredients of a healthy life.

Public health researchers point to a well-known truism that says each rung on the socioeconomic ladder has better health outcomes than the one below. Kentucky has more people on the bottom rungs than most other states and the nation as a whole.

About one in six Kentuckians lives below the federal poverty level, compared with one in eight nationally. The state's median household income is about 20 percent below the national average. More Kentucky households fall into lower income categories, with 38 percent earning less than \$25,000 a year, compared with 29 percent nationally; and more than half earning less than \$35,000, compared with 41 percent nationally.

Research shows that those with lower incomes are more likely to smoke, have poor diets and not get enough exercise.

Those three unhealthy behaviors are pervasive across the state and contribute to chronic illness.

Poor people tend to have lower levels of education, which experts agree affects everything from how much people know about health and nutrition to how well they understand risk factors or doctors' instructions. Kentucky has one of the nation's lowest percentages of adults 25 and older with high school diplomas - 74.1 percent.

Also, many poor Kentuckians come from families and live among others with unhealthy habits, influences that behavioral researchers say make unhealthy behavior more likely.

Poorer people also have fewer options when it comes to exercise. They have less expendable income for such amenities as exercise equipment and are more likely to live in places where exercising outside may be dangerous.

They also have trouble maintaining a healthy diet.

Diana Cassidy, an assistant professor at the University of California-Davis who studies the connection between food and poverty, said poor Americans generally eat out as much as anyone else, but at fast-food restaurants.

They also live in areas less likely to have adequate supermarkets.

Sometimes poor people can't afford even the basics.

Troy Hensley and his former wife, Christine, get help from an area charity, High Top Ministries in Breathitt County. But they've had times when they've had to rummage through people's trash for food.

Such privations lead to higher levels of disease. The poor may not have the means to pay for doctors' visits or medications. Many are uninsured, underinsured or lack prescription drug coverage. They may have trouble taking time off from work or lack reliable transportation to a doctor.

This means illnesses are often caught late, and worsened conditions bring greater dangers of disability and death.

Troy Hensley recalled being awakened by chest pains one night about five years ago and walking miles to a hospital because he didn't have a car. He learned he was having a heart attack.

Rural drawbacks

Kentucky's poverty problems are compounded in rural areas, which have fewer well-paying jobs with health insurance, less public transportation and fewer good roads than urban areas. These areas also are more likely to have fewer doctors and smaller hospitals that don't offer as many services.

One of every five rural Kentuckians is poor, compared with one of eight urban residents.

Eastern Kentucky's Appalachian region, which came to symbolize American poverty when then-Sen. Robert F. Kennedy visited the state in 1968, continues to rank among the nation's poorest.

Although some conditions have improved in deepest Appalachia, serious problems remain. The dilapidated shacks of the past have largely been replaced by mobile homes, but some of those are in disrepair, including Rosa Fields' \$1,000 mobile home in Harlan County, where bugs crawl into the kitchen and rain comes in through the door.

Good-paying jobs are scarce in many of these areas. Kentucky's Appalachian region has the lowest percentages of men and women in the labor force of any state's Appalachian region, says a 2003 report by the nonprofit Population Reference Bureau, based in Washington, D.C.

The region also has the lowest percentages of high school and college graduates and highest percentage of poverty, the report says.

The poorest county in Kentucky, Owsley, also has the state's highest death rate of 1,535.4 per 100,000 - a rate 80 percent above the national average.

Located off a narrow ribbon of road in the forests of Appalachia, it reflects Kentucky's overall problems in abundance.

Half of its residents haven't finished high school, more than half of the working-age residents don't work and a quarter are uninsured. The county has no hospitals and only four licensed doctors. It has the second-highest cancer death rate in the state and a lung cancer rate 45 percent higher than the Kentucky average, which is the nation's highest.

At Dooley's Diner in the county seat of Booneville, locals gathered for dinner in a room thick with cigarette smoke, against a background of clinking plates.

Jim Neeley, 59, a disabled Vietnam veteran and former bus driver, had a heart attack a decade ago and lives with diabetes and arthritis. Yet he still smokes and "sneaks" sweets. In a place so full of sickness and death, he expressed fatalism about his life.

"If cigarettes don't kill me, something else will anyway," said Neeley, a cigarette between his fingers. "When the good Lord's ready, when it's your turn, you're gonna go."

Cities suffer too

Although cities fare better overall than poor rural areas, poverty takes its toll there too. Minority residents bear the brunt of it.

In Jefferson County and throughout the state, a far greater percentage of black residents than white residents live in poverty - almost 30 percent. The figures for whites are 15 percent in the state and 8 percent in Jefferson County.

Throughout the country, "African-Americans suffer from a greater burden of disease, from cardiovascular disease to cancer to diabetes to infant mortality," said Stephen Thomas, director of the Center for Minority Health at the University of Pittsburgh.

Maple, the Louisville widow who lives with her son, Devin, 7, has learned firsthand how poverty can harm health.

Before her husband died from prostate cancer four years ago, the family got by on his income as a maintenance man and part-time factory worker, about \$24,000 a year.

Maple and her son receive \$639 a month in Social Security death benefits. She tried working as a nursing assistant, but couldn't afford to pay for summer day care and had to quit, she said.

She has since signed up for temporary work. But mostly her uniforms hang unused in the closet of a West Louisville home filled with Salvation Army furniture where sheets cover the windows.

Maple, a smoker, tries to maintain a good diet on food stamps, but sometimes she and Devin must eat what churches give them.

Health insurance also is a problem. Maple has Medicaid for her son and manages to get him the health care he needs, but has no insurance or regular doctor for herself. That has led her to delay care far too long, then seek it in one of the most expensive places possible: the emergency room.

Last year she had a fever for three weeks and said she let it go until "it got so bad I literally had to crawl to get out." She went to University Hospital's emergency room, where she was diagnosed with pneumonia and required two surgeries to treat the disease. She stayed in the hospital for about a month, running up bills that she could not pay.

The plight of poor and near-poor residents has a ripple effect throughout the state.

Medicaid costs, financed by taxpayer dollars, are higher when poor people are sicker. Workers' health insurance premiums help pay for care for people without insurance. Hospital prices are affected when lower-income Kentuckians arrive with advanced diseases because they have failed to get preventive care, or when they use emergency rooms for primary care.

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