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How Economic Stress Sways National Public Health

As the world economy is sliding to recession, what's happening to the state of our nation's health? Welcome to the Clinician's Roundtable. I am Dr. Mary Leuchars, your host, and joining me today from 4-West Texas is Prof. Harvey Brenner, Professor Emeritus of John Hopkins Bloomberg School of Public Health, Professor of Public Health at the University of North Texas, and Professor of Epidemiology at the Berlin Institute of Technology. Today, we are discussing impact of economic stress on public health.

DR. MARY LEUCHARS:

Welcome Prof. Brenner to ReachMD.

PROF. HARVEY BRENNER:

Thank you very much. Glad to be here.

DR. MARY LEUCHARS:

I would like to start by asking you to describe in your words how faltering US and World economy is affecting public health?

PROF. HARVEY BRENNER:

My word tell over the last 30 years or so has been on the impact of changes in the economy on health. What that means is that we look at indicators of public health including the mental health such as suicide rates, admissions to mental hospitals, and overall mortality rates, crude mortality rates, age-adjusted mortality rates in different countries over long periods of time since basically the 1930s in the United States and the European countries, countries such as Australia, New Zealand, Japan, and more recently Eastern Europe, and the countries of the former Soviet Union. We look at mortality rates by cause, cause of death, the cardiovascular diseases, the malignancies, metabolic diseases, cirrhosis, suicide and homicide, and the range of accidents in occupational illness, and home accidents. And, the broad picture that we see in recessions is that mortality tends to increase within a year or two after the recession begins usually a year or two after the unemployment rate comes to its peak, its high point in a business cycle. We also know that if we look at the industrialized countries generally, we find that the countries would the highest national income levels, the highest rates of concentration of employment in services rather than in either agricultural or industry and the country is with the highest rates of devotion of the labor force to self-employment and small businesses. These are the countries with the lowest mortality rates by age and the

highest life expectancy.

DR. MARY LEUCHARS:

And what pattern you think emerging in the period of this current recession?

PROF. HARVEY BRENNER:

What we project on the basis, lets say in the United States, the recent labor force data coming from the United States Department of Labor is that most, most generally with an increase in the unemployment rate of about 1% at a point, let's say it goes from five to six or from six to seven, with such an increase there is typically an increase in the overall mortality rate of about 2% and this will show itself as well in increase of about that size in heart disease or heart attacks, generally myocardial infarction, and a little higher in suicide, homicide, cirrhosis, and in some patterns of cancer mortality as well.

DR. MARY LEUCHARS:

And where are we in terms of the current recession? How much longer do we have to go along the path in your opinion as an economist?

PROF. HARVEY BRENNER:

Well, I am afraid to say it's, it's just about begun though the recession has, though some would say it's been with us for several months now given mortgage crisis and the housing crisis. Economist referred to these as bubbles because they tend to start low, come to some high point and then pop so to say, which means that they decrease very, very rapidly. We have <____> come to the collapse of the bubble phase yet in the minds of economists. So, we have a way to go before that actually occurs and when it occurs, the typical pattern over the whole economy is that economic growth stops, that is, to say we stopped growing altogether and that has occurred for nearly one-quarter and if it occurs for two-quarters, then technically that is referred to as a recession. But, we haven't come there yet.

DR. MARY LEUCHARS:

How do you estimate the social costs of national economic policy?

PROF. HARVEY BRENNER:

Well, I developed this procedure for the joint economic committee of the United States Congress in the 1970s and 1980s when there was a great deal of attention paid to full employment under the Humphrey-Hawkins legislation. The way this is done is to look over time that changes over time in main economic indicators such as gross domestic product, which ultimately amounts to National And Common Wealth, the unemployment rate, and the inflation rate. These are the three central measures we use and the relationship between those measures and changes in 3 broad areas of well being, let's call it, one would be mental health or the inverse of mental health as judged by mental hospital admissions and suicide and then broadly speaking physical health as measured by life expectancy or the overall age-adjusted mortality rate, that is, the mortality rate taking into account changes in the age structure and within that cardiovascular disease is the broadest indicator since it's sensitive to stress as well as metabolic disease and cirrhosis heavily, of

course, due to the use of alcohol, the overuse use of alcohol, the pathological use of alcohol, and finally within the broader criminal justice fear, homicide, and a variety of criminal justice measures including most importantly imprisonment.

DR. MARY LEUCHARS:

If you are just joining us, you are listening to the Clinician's Roundtable on ReachMD. I am your host, Dr. Mary Leuchars, and I am speaking with Prof. Harvey Brenner today. We are discussing how economic stress shows the national public health measures.

Prof. Brenner, what happens to fetal, infant, and maternal mortality during periods of economic change?

PROF. HARVEY BRENNER:

These are some of our most classic measures of response to economic deprivation because they are typically unusually high in developing countries and when we get to the industrialized group of countries, they almost disappear entirely as important causes of death as they did, let's say after the great depression. Now, if you see infant mortality of any important magnitude or certainly fetal mortality or maternal mortality, which in principle disappeared just after the great depression. If you continue to see such measures with any strength in industrialized countries, we have an indication of very extraordinary deprivation generally of nutrition, sometimes of lack of attention to sanitation, and to housing because it is these three, this group of three, this triangulate, which tends to be at the base of increases in mortality rates from those causes.

DR. MARY LEUCHARS:

Is there are any change that you have noticed in periods of recession in the light of pregnancy?

PROF. HARVEY BRENNER:

That's a very good question. There is still dispute about that. In the most advanced countries, that is economically advanced in the industrialized world, the tendency has been in recent years for sharp reductions in pregnancy, which means of course by implication, sharp reductions in the birth rate and the fertility rate. And these are in countries such as Italy, Spain, Greece, some countries in middle Europe, let's say France to some degree, Germany as well, but not for instance in the United States and the United States in fab level of country with very high income, United States is one of the most high income countries in the Western World. For very interesting reasons, we tend not to see that the mortality rate associated with pregnancy is particularly high, but the pregnancy rate is fairly high. In the United States, we have an unusually high fertility rate and because of the high fertility rate because of that alone, we found to have a high infant mortality rate even without issues of recession.

DR. MARY LEUCHARS:

Is there are any debate amongst epidemiologist about the way in which this data is gathered?

PROF. HARVEY BRENNER:

Not really. These are the most stable and standard data we have virtually in the world. In epidemiology, we tend to run studies with samples and therefore the results we get are subject to error due to different types of sampling. Among the kind of data I have been

telling you about, these are national data and there is no sampling at all, so whether it is fertility or mortality, it's all persons, who die or are born or for whom pregnancy occurs, so this is the entire population of data. There are no samples at all so that our conclusions are based on the entire performance of the population.

DR. MARY LEUCHARS:

Is there any data relating the status of whether or not you have health insurance in the USA to quality of life?

PROF. HARVEY BRENNER:

The studies are just being begun except for some studies that I and some colleagues have done by state in the United States and there is some evidence that in younger populations that is populations let's say below the age of 50 that in states of United States with lower levels of health insurance, we do have higher mortality associated with the lack of health insurance itself. This is independent of the wealth of the states or the unemployment rate or let's say overall spending on health, just the absence of health insurance itself seems to be associated with higher mortality.

DR. MARY LEUCHARS:

And the doctors prescribing practice's change during times of recession?

PROF. HARVEY BRENNER:

It is not clear, what is clear is that rates of illness themselves are higher. So, more persons will seek medical attention in recessionary periods

DR. MARY LEUCHARS:

Are there any health benefits to be had from Gloomy Economic Forecast?

PROF. HARVEY BRENNER:

Well, not forecast, but there are some benefits I would say from recession itself from higher rates of unemployment in a very short term. So, if for example construction falls because there are fewer people employed in the construction industry, that's a typically pattern or let's say there are fewer people driving or they are driving more slowly for lack of income to be used in purchases of gasoline. So, if there is a slow down in the actual performance of driving of cars or building of roads or building of buildings, then there will be a lower mortality rate due to accidents either from traffic or from constructions, although will be a very short and interesting period of time in which people drive less and construction goes down and there will be fewer accidents and mortality due to accidents, but that will not last very long and it's extremely unhealthy for the economy, but it will be related to much higher mortality rates due to suicide and loss of nutrition, loss of job, and so on that eventuates in higher mortality due to cardiovascular disease.

DR. MARY LEUCHARS:

Is there anywhere our listeners can go to read more about this topic?

PROF. HARVEY BRENNER:

Well, there is a range of articles in this field, some under my name. There are other authors, who have been publishing in this field now for 20 years or more. There are reviews under the topic unemployment. There must be, Oh goodness! 150 or more papers in this field that are available under Google scholar and summaries of scientific articles in this field under the general topic of unemployment.

DR. MARY LEUCHARS:

My thanks to you, Prof. Brenner, for joining us today. We have been discussing the relationship between the state of economy and public health.

I am Dr. Mary Leuchars. You have been listening to the Clinician's Roundtable on ReachMD XM157, The Channel for Medical Professionals. To listen to our on-demand library, visit us at reachmd.com. Thanks for listening.