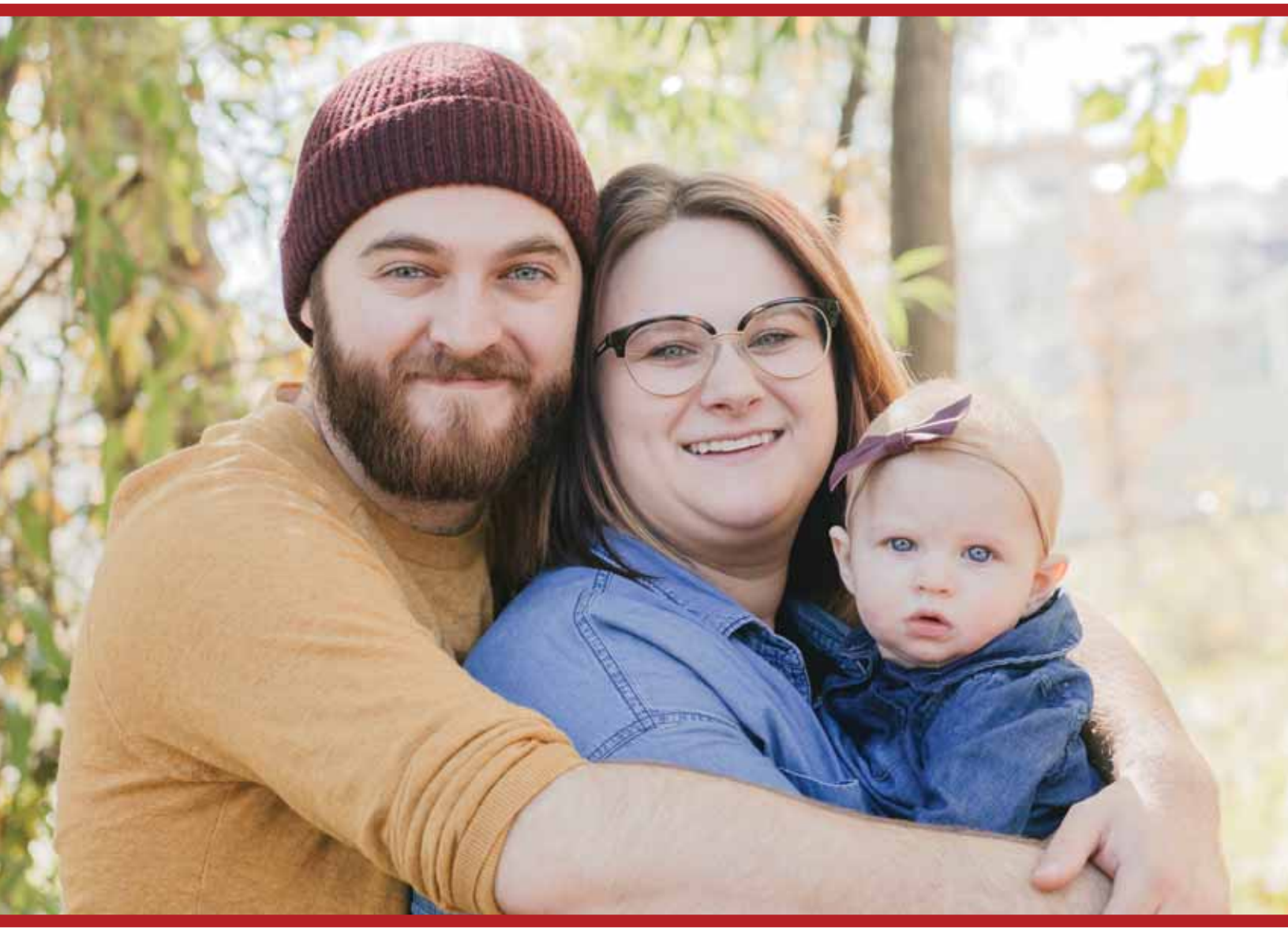
HEALTH AND WEALTH IN ARKANSAS:

HOW OUR HISTORY OF POLICY CHOICES CONNECTED THEM AND WHAT WE CAN DO ABOUT IT



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ARKANSAS ADVOCATES FOR CHILDREN & FAMILIES

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HEALTH AND WEALTH IN ARKANSAS:
HOW OUR HISTORY OF POLICY CHOICES CONNECTED THEM AND WHAT WE CAN DO ABOUT IT

By Marquita Little, AACF Health Policy Director, and Ellie Wheeler, AACF Senior Policy Analyst

INTRODUCTION

Poverty has long been known to impact health outcomes. People with greater wealth tend to live longer. They also live in safer homes and cleaner neighborhoods. They have access to healthier foods and better health care. Generally, they can avoid many of the health risks associated with poverty, like dangerous jobs and toxic stress. This has an impact on children and their families. A report by the American Academy of Pediatrics shows that child health and birth weight depend on poverty status. Infant mortality, language development, nutrition, and chronic illness are all linked to income.[1] Additionally, living in poverty can make parenting harder, too, because of the inability to ensure the family's basic needs are met and because of the stress associated with this lack of resources.

These findings suggest that we can greatly improve health outcomes by addressing poverty. But in Arkansas, there are many current public policies that discourage wealth accumulation, which means we're stifling our efforts to improve public health. As a result, Arkansas ranks near the bottom in Kids Count child well-being data tracked annually by the Annie E. Casey Foundation. Economic and child health indicators are big factors in our state's perennially low rankings.[2,3]

Failing to connect these issues when shaping public policy has been problematic. For example, recent federal debate about health care programs like Medicaid and the Children's Health Insurance Program (CHIP) has people talking about child health. Many families and health professionals are worried about kids losing affordable health coverage. Others are focused on the importance of preventive health treatment, like vaccinations and annual well-child visits. The common thread in much of this debate has been the physical health of children. However, there is a much more complex issue that impacts child health that is not being talked about as much: poverty. It directly and indirectly impacts the health outcomes of children.

When we consider these issues together, we can better understand what all children need to succeed in life. We can also understand which public policies can help us achieve this goal. This report explores the connections between health and wealth in Arkansas. Our goal is to examine progress and recommend solutions to improve conditions for children and families who are harmed by these linked issues.

KEY TAKEAWAYS

- Healthy kids are more likely to grow into financially secure adults. Improving prenatal care, access to health coverage, and early childhood screenings are all public policy opportunities that can influence health now and financial security later.

- As a high-poverty state, Arkansas has more kids who are more vulnerable to the poor health outcomes associated with financial instability.

- The first eight years of life influence all aspects of child development, ranging from language acquisition and problem-solving skills to emotional and physical well-being. Consequently, health status at a young age has clear connections to workforce development.

- Keeping Arkansans healthy helps their bottom line. Healthier people can work more, protect their assets, and have lower out-of-pocket medical expenses. Since the Affordable Care Act was signed into law, more people have been able to get health insurance, and bankruptcies have dropped sharply.

- Because of the connections between health and wealth, policies that financially benefit certain racial groups over others, like loans for homebuying, also have health-related consequences in the long run. Similarly, policies that provide access to care for certain groups over others also have economic consequences.

GOOD HEALTH IS CONNECTED TO GOOD FINANCES

Your health influences how much money you are likely to make and how easy it will be for you to hold on to that money. Physical health begins to impact financial health virtually from birth. The ways in which your health hits your wallet changes with every stage of life. All Arkansans, from infants to grandparents, have financial realities that depend on the health and well-being of their own bodies.

Health and finances are related, and both can be passed down from parents to children in various ways. Disruptions to a family's finances or health can have ripple effects that last for generations. In Arkansas and across the nation, unfair public policies have contributed to these disruptions. Some policies have limited access to premium health care options and to wealth-building systems like homeownership, especially for people of color.

HEALTHY KIDS GROW INTO FINANCIALLY SECURE ADULTS

Poverty can impact a child's health early on — even before birth. When women have access to health coverage, it ensures that they can get prenatal care during their pregnancies. This improves birth outcomes and is also important to the health of the mother. In addition to identifying and treating any illnesses, prenatal visits are a time when expectant mothers are educated on properly caring for their newborns. That includes education on good nutrition and preparing for the emotional changes of parenthood.[4]

This is one of the reasons parents need access to health coverage and high-quality care. Babies born to women without health coverage are more likely to have a low birth weight or die in infancy.[5] Low-income women often can't afford health coverage but can rely on Medicaid's maternity coverage. The income threshold was expanded to 133 percent of the federal poverty level (FPL) in the 1990s.[6] For a family of four in 2018, that's a family income of $33,383. But this policy change isn't perfect. Women with longstanding coverage are still more likely to get prenatal care than women who enrolled during their pregnancies. This highlights the importance of having a consistent, affordable source of health coverage. Additionally, newborns born to Medicaid-eligible mothers are immediately eligible for Medicaid. However, there are policies that ensure infants can get the care they need. Newborns born to Medicaid-eligible mothers are immediately eligible for Medicaid. In Arkansas, Medicaid pays the medical costs of almost 60 percent of newborns in the state.[7]

Steps to health and wealth

The foundation for health and wealth starts at birth and influences success at every stage of life.

Infancy

Infants born into financially secure families have stable housing, greater access to health services, and higher availability of nutritious meals. Moms who can afford health insurance are also more likely to have quality prenatal care. These all improve infant health.

School age

Kids who do best in school typically have a healthy first eight years of life, the most important time for brain development. Healthy kids also have an edge because they miss fewer days of school from illnesses and are more likely to graduate. School success leads to career and financial success as an adult.

Working age

Keeping Arkansans healthy helps their bottom line. Healthier people can work more, protect their assets, and have lower out-of-pocket medical expenses. For example, since the Affordable Care Act was signed into law and more people were able to get health insurance, bankruptcies have gone down dramatically.

ARKANSAS ADVOCATES FOR CHILDREN & FAMILIES

Even at birth, a baby's health status can predict their chances of ending up with diseases like diabetes as an adult[8] and can determine risks of heart disease 50 to 60 years later.[9] Many babies in Arkansas are behind their peers right from the start. Arkansas has a higher poverty rate than most other states. That leads to more low birth weights, which is a common indicator of infant health. Babies in Arkansas are more likely to be born at a low birth weight (8.8 percent) compared to the national average (8.0 percent).[10] This problem is even worse for people of color in our state. For example, African-American babies in Arkansas are born with low birth weights at nearly twice the rate (14 percent) of white babies (7.5 percent).[11]

No matter the economic circumstances of your birth, avoiding low birth weight is important to healthy early childhood development. It is shown to increase your chances of higher educational attainment, and it even increases your odds of a higher income and chances of being employed by age 33.[12] The consequences of being born at a low birth weight, however, are amplified if you are born in a high-poverty area.[13]

Some kids live in neighborhoods with few healthy food options, or in unhealthy homes (such as those with lead paint). Some also have mothers who did not have access to proper medical care during pregnancy. Through no fault of their own, these children have an increased risk of poor health.[14] If your parents already work at low-paying jobs, growing up less healthy than your peers can be doubly bad for your future finances. Low-income families don't have access to as many options for healthy food. They often lack medical care and safe housing, not to mention other amenities like walkable neighborhoods.[15] They also have less wealth and income to invest in securing a stable financial future for their kids, such as through education.

The first eight years of life are shown to be the most important for a variety of developmental areas. Babies and toddlers, especially, need a healthy start to be school-ready. That healthy start is more likely with good policy in place to provide for things like developmental screenings and prenatal care.[16] Those areas also have clear connections to workforce development. What happens to a child from ages zero to 8 greatly influences their development — from social and emotional skills to physical well-being.[17]

HEALTHY ADULTS EARN MORE AND SAVE MORE

Once you enter the workforce, a different set of health-related events threatens your finances. Those financial threats include not being healthy enough to work and the financial cost of unpaid leave.[18] They also include the out-of-pocket expenses of medical care. There are some obvious connections between poverty and health, like poor access to care. However, poverty can also result in other barriers, like lack of transportation and healthy foods, along with fewer doctors in impoverished communities. This relationship is also cyclical. People who are ill are more likely to fall into poverty because paying for care is expensive. It can also limit the family breadwinner's ability to work and causes children to miss days at school.[19] In so many ways, it's more costly to be sick when you're low-income.

Healthier people can stay in the workforce longer and tend to have higher-paying, more flexible jobs. They also need to take fewer sick days. This improves take-home pay, especially for lower-income workers. That's because low-wage earners are more likely to have hourly wages and don't usually have paid leave or paid sick days.[20] In Arkansas, 65 percent of workers don't even have access to unpaid leave protections from the Family and Medical Leave Act (FMLA)[21] because those protections don't cover those who have worked for their employer for less than a year or those who work at places with fewer than 50 workers.[22] That makes getting sick very costly for many workers.

Healthier people are usually able to keep more of what they earn because they have lower out-of-pocket medical expenses. In turn, they're also less likely to go into debt because of a medical expense. In fact, since the Affordable Care Act was signed into law and more people were able to get health insurance, there has been a steady decline in bankruptcies — down 50 percent since 2010.[23]

Here are some key connections between health and income for working-age people:

- **Those with disabilities face many employment challenges.** They are less likely to be employed overall. They also tend to work at lower-paying jobs that have less flexibility. The consequences of living with disabilities are worse for people of color. Twenty-five percent of African-Americans with disabilities are unemployed compared to just 14.7 percent of whites with disabilities.[24]

- **Being ill is costly.** It's even worse if you're already working at a low-wage job. Ninety-five percent of low-wage or part-time workers have no access to paid leave. This means they're faced with tough choices, like missing a day's pay or going to work with the flu.[25]

- **A sudden illness can damage wealth accumulation.** This is especially true for those who don't have health insurance. One study finds that a new illness can reduce an uninsured household's assets by about $4,000 more than an insured household.[26]

- **There is a strong connection between illness and injury and bankruptcy.**[27] It is clear that medical expenses and the debt that comes with them are among the leading causes[28] of financial disaster in the United States. Some researchers contend they're the leading cause of bankruptcy.[29]

SENIORS IN GOOD HEALTH CAN PROTECT THEIR ASSETS

Those who are nearing retirement age are prone to illnesses that can limit workforce participation. Costly illnesses can also drain assets at an age when there is little time left to rebuild wealth. For workers ages 51-61, severe illness can reduce their hours worked by four hours per week and may decrease the likelihood that they remain in the labor force by 15 percent. For those in this same age range, the onset of a severe medical condition can decrease wealth by nearly $17,000.[30] Research shows that married couples in this age group who are healthy are also wealthier.[31]

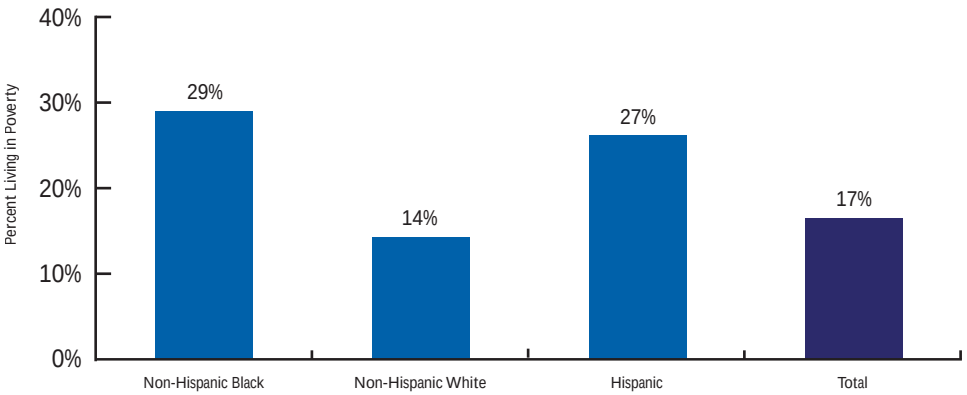
For older Americans who are already retired, a severe medical issue is less likely to impact earnings since many are on a fixed income. However, the impact on total wealth is still meaningful because of out-of-pocket costs. For those 70 and older, a new medical condition can decrease their wealth by over $10,000 (or 7 percent).[32]

Arkansans over the age of 65 are more likely to live in rural areas. The rate of poverty for this age group is higher in rural areas (13.2 percent, compared to 9 percent in urban areas).[33] Senior Arkansans living in poverty in rural areas may face additional barriers to accessing health care as well. This is because those areas have fewer health care options.

WHEN RACE, HEALTH, AND WEALTH COLLIDE IN ARKANSAS

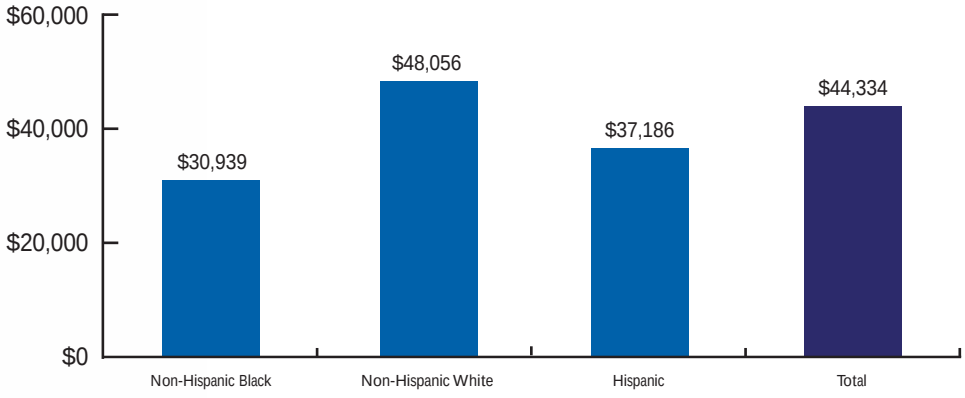
A large body of research shows that lower-income people and people of color have a harder time getting health care. For many Arkansans, being a person of color and living in poverty overlap, making access to quality health care especially hard to come by. They have less access to treatment, fewer affordable coverage options, and lower service utilization. This is likely because of existing and historical policies preventing people of color from building wealth. For instance, a federal policy known as "redlining" explicitly ruled out home loans in neighborhoods with higher concentrations of black families. This policy was in place from 1934 to 1968 and choked the prospect of investment in black communities and in the families who lived there during that time.[34] That lack of investment is still being felt in wealth inequality across the nation.[35] Because of these policies and others, differences remain in homeownership and median household incomes by race in Arkansas. Those differences matter for child health. Living in impoverished neighborhoods continues to have a negative impact on child well-being. Lead poisoning,violent crime, and unsafe housing are all more commonly experienced by children in low-income communities. [36,37]

BLACK AND HISPANIC FAMILIES IN ARKANSAS ARE MORE LIKELY TO LIVE IN POVERTY
Percent living in poverty by race and ethnicity in Arkansas



Source: American Community Survey 2016 1-year estimates: S1701

BLACK AND HISPANIC FAMILIES IN ARKANSAS
ARE MORE LIKELY TO WORK AT LOWER-PAYING JOBS
Median Household Income in Arkansas

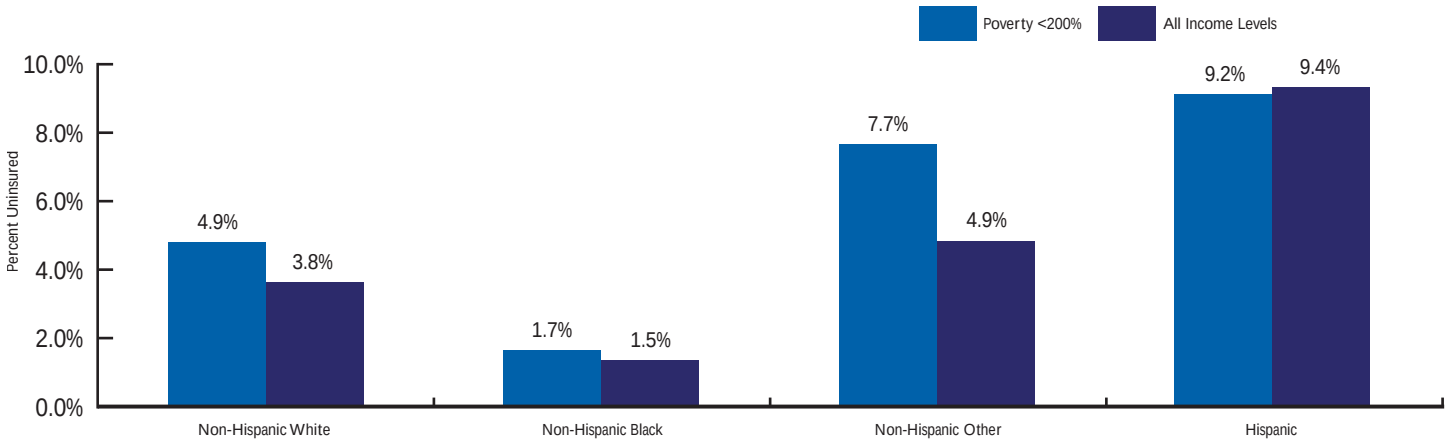


Source: American Community Survey 2016 1-year estimates: S1903, B19013A,B,I

Additionally, education policies in Arkansas have led to serious disparities in many areas, including teacher quality. Students in schools in areas with low property wealth tend to learn from teachers who are paid much less than teachers who work in more affluent areas of Arkansas. This leads to higher teacher turnover and lower academic achievement.

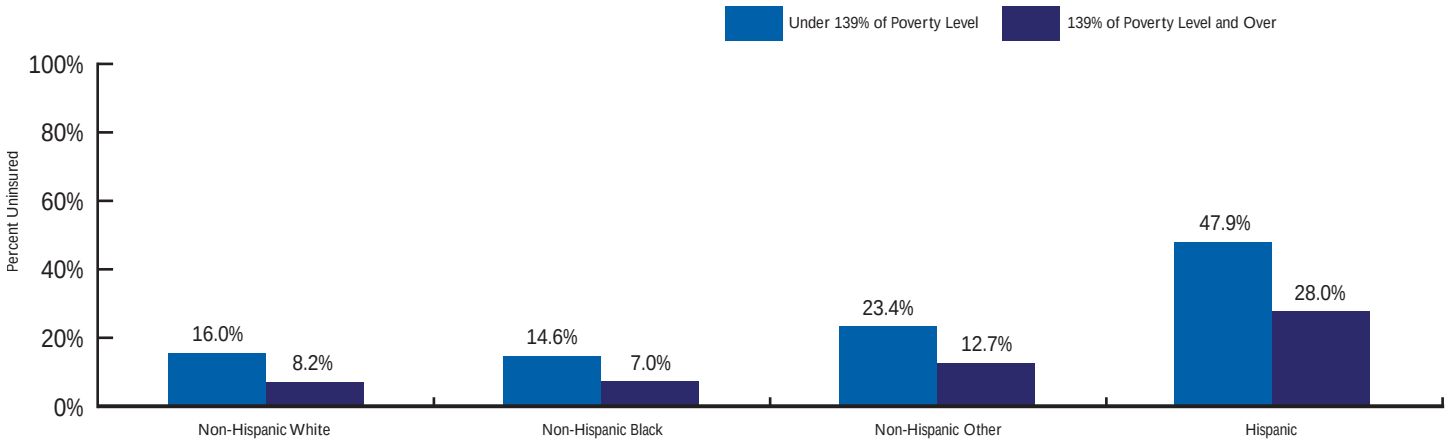
When it comes to health coverage, we continue to see gaps for families of color in Arkansas. Hispanic families in Arkansas are the most likely to be uninsured, when compared to all other race and ethnic groups. This finding is even true for higher-income households. These families sometimes face other barriers to health treatment, such as language and immigration status.

HISPANIC CHILDREN ARE MORE LIKELY TO BE UNINSURED, REGARDLESS OF HOUSEHOLD INCOME
Percent of uninsured children by race/ethnicity 2016



Source: PRB Analysis of 2016 American Community Survey PUMS, U.S Census Bureau.

HISPANIC ADULTS ARE THE MOST LIKELY TO BE UNINSURED
Percent of uninsured adults by race/ethnicity 2016



Source: PRB Analysis of 2016 American Community Survey PUMS, U.S Census Bureau.

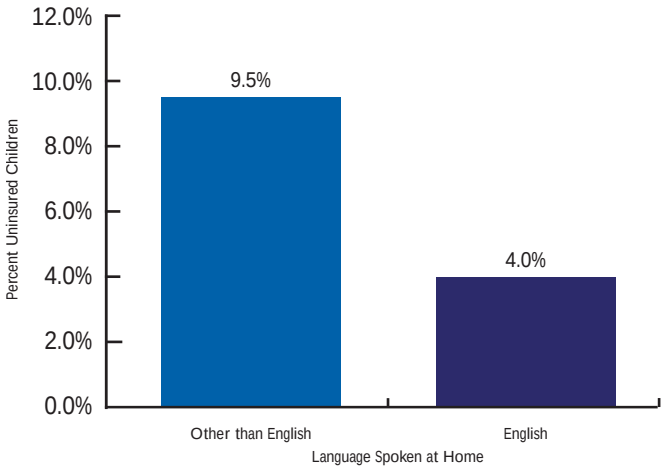
Federal and state policies affect health coverage eligibility for immigrant families. Arkansas was slow to adopt a provision that improved access to coverage called the Immigrant Child Health Improvement Act (ICHIA).

But Arkansas lawmakers did vote last year to join 31 other states in implementing this policy, and it was rolled out in early 2018. The policy allows most lawfully present immigrant children to become eligible for ARKids First coverage if they meet other requirements, such as family income. Significantly, it made children born in the Marshall Islands eligible for the first time.

Unfortunately, there are no similar policies to address the lack of coverage for non-citizen adults. Therefore, we continue to see very high rates of Hispanic adults who lack coverage in Arkansas. Almost half of the Hispanic adults in Arkansas who lack coverage would meet the income eligibility for the state's Medicaid expansion program.

CHILDREN WHO SPEAK ENGLISH AS A SECOND LANGUAGE ARE MORE LIKELY TO BE UNINSURED

Percent of uninsured children by language spoken at home with household incomes below 200 percent of poverty



Source: PRB Analysis of 2016 American Community Survey PUMS, U.S Census Bureau.

CASE STUDY: PULASKI COUNTY HEALTH AND RACIAL ATTITUDES

Communities of color see a very different side of health care in Arkansas. A 2008 survey of Pulaski County residents, conducted by the University of Arkansas at Little Rock Anderson Institute on Race and Ethnicity, found that blacks are much more likely than whites to report having "very little or no" choice in health care options.

In this survey, blacks also reported much higher levels of discrimination from medical professionals. They reported that this discrimination was due to ability to pay and race. About 25 percent of blacks in Pulaski County said that they or a family member experienced this type of discrimination. These included medical professionals who "acted negatively or disrespectfully," "delayed services," or provided "substandard services."

Having good health insurance and personal health are considered a symbol of wealth and status by respondents. One white male respondent said: "You've reached some measure of financial security and you have a good family life, good work life, and a good extracurricular family life, you have a healthy family and friends."

The survey results indicate that the health differences between racial groups in Pulaski County is large. The mortality rate for blacks was 33 percent higher than for whites. Many more white respondents also said they were either in "very good" or "excellent" health (55-65 percent), compared to blacks, with only 44-45 percent of them rating themselves that healthy.

HISTORY SNAPSHOT: ACCESS TO TUBERCULOSIS TREATMENT BY RACE IN ARKANSAS

Here is an example of how public policy can contribute to racial barriers in health outcomes. Arkansas had segregated tuberculosis treatment facilities until 1967. Through state legislation, the Thomas C. McRae Memorial Sanatorium in Saline County was created in 1931 to treat African-American tuberculosis patients.[38,39] It was built more than two decades after the opening of a whites-only tuberculosis facility in Logan County, Arkansas (named the Arkansas State Tuberculosis Sanitorium).[40] This facility opened with 500 beds. Due to disparities in state funding for African-American facilities, the McRae Sanitorium was opened with only 26 beds and had a 600-person waiting list within 14 years.

Arkansas was also home to two Japanese internment camps during the 1940s.[41] Japanese Americans were denied equal access to medical care during the time and suffered long-term health consequences. A telegram to then-Governor Adkins shows the fear of incoming Japanese citizens and a reluctance to treat them for tuberculosis.[42] Adding a financial burden to their health consequences, an Arkansas law passed in 1943 (the "Alien Land Act")[43] also prevented Japanese Americans from buying or owning land in Arkansas.

WESTERN UNION

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GOV HOMER ADKINS=
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RUMORS TO THE EFFECT THAT JAPANESE IN ALL OF RELOCATION CENTERS IN UNITEDSTATES BOUND WITH ACTIVE TUBERCULOSIS TO BE SENT TO ROHWER CAMP FOR ISOLATION AND TREATMENT APPROXIMATELY 2000 CASES PLEASE PROTEST TO OUR CONGRESSIONAL DELEGATIONS ANY SUCH MOVE. CLIMATE OF WESTERN STATES BETTER SUITED FOR THE CASES=
DR W B GRAYSON.

.2000.

Telegram, Dr. W.B. Grayson to Governor Homer M. Adkins, Homer Adkins Papers, MS.000404, Box 4, Folder 112, Item 88, Arkansas State Archives, Little Rock, Arkansas

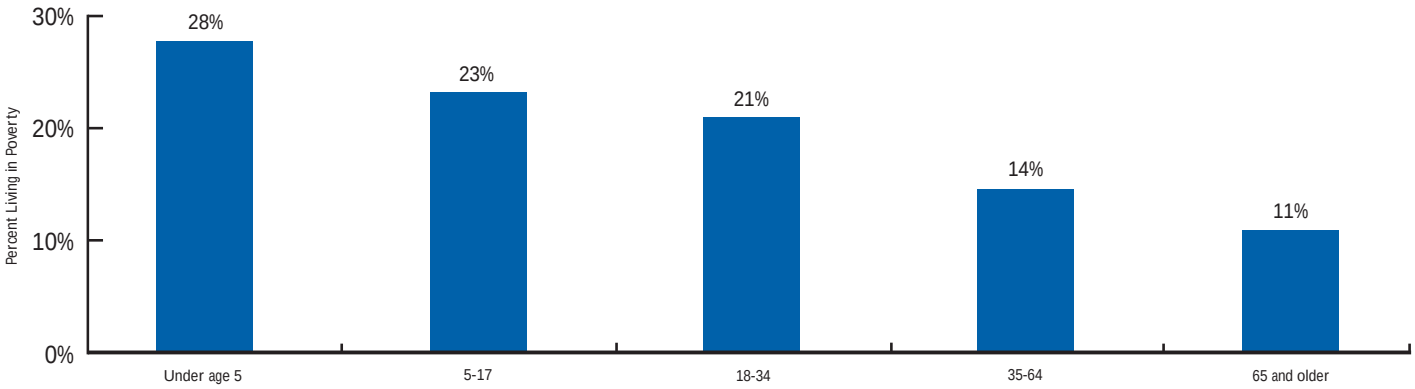
Below: X-Ray Machine at the Tuberculosis Center, State Health Department, G1905, Arkansas State Archives, Little Rock, Arkansas

STATUS OF WEALTH AND INCOME IN ARKANSAS

We know that wealth and income influence our health, so how are Arkansans doing in this regard? It depends. Age, race, location, and education level all play a role in determining financial security in Arkansas.

Children, especially young children, are much more likely to live in poverty in our state compared to adults. Older children are usually better off than very young kids because as kids grow up, their parents also age and tend to move up in their careers. In Arkansas, kids under age 5 are twice as likely to live in poverty as adults ages 35-64.

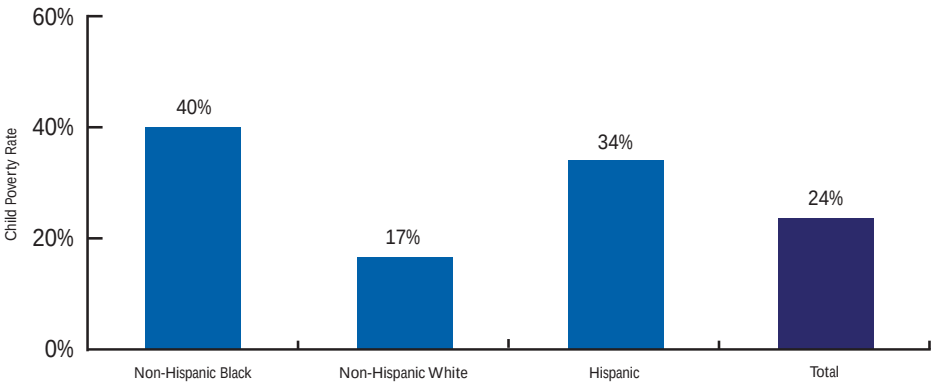
THE ODDS OF LIVING IN POVERTY DECREASE WITH AGE
Poverty by age in Arkansas



Source: American Community Survey 2016 1-year estimates: S1701

Of course, kids can't have jobs. That means that their financial well-being depends on the quality of jobs available to their parents. People of color are more likely to work low-wage jobs, compared to their white neighbors. They also tend to face unemployment first when the economy takes a dip. That means that black and Hispanic kids in Arkansas face harsher economic realities and tend to experience poverty at higher rates.

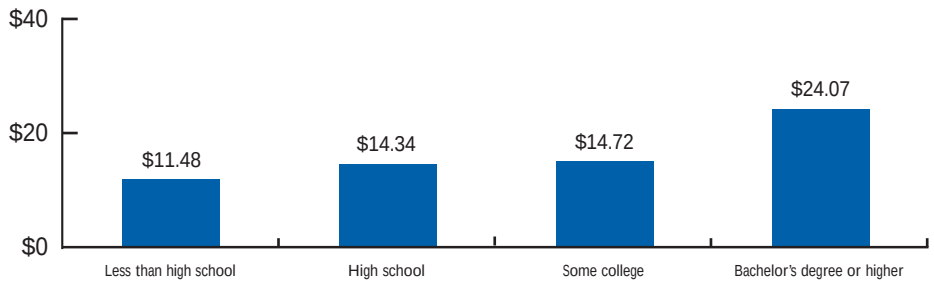
KIDS OF COLOR FACE HIGHER POVERTY RATES
Child poverty by race in Arkansas



Source: American Community Survey 2016 1-year estimates C17001 A,B,I

Less educated Arkansans have a particularly hard time finding good jobs. Differences in access to pre-K as well as quality and funding of public schools matter. They contribute to the difference in educational attainment across Arkansas.

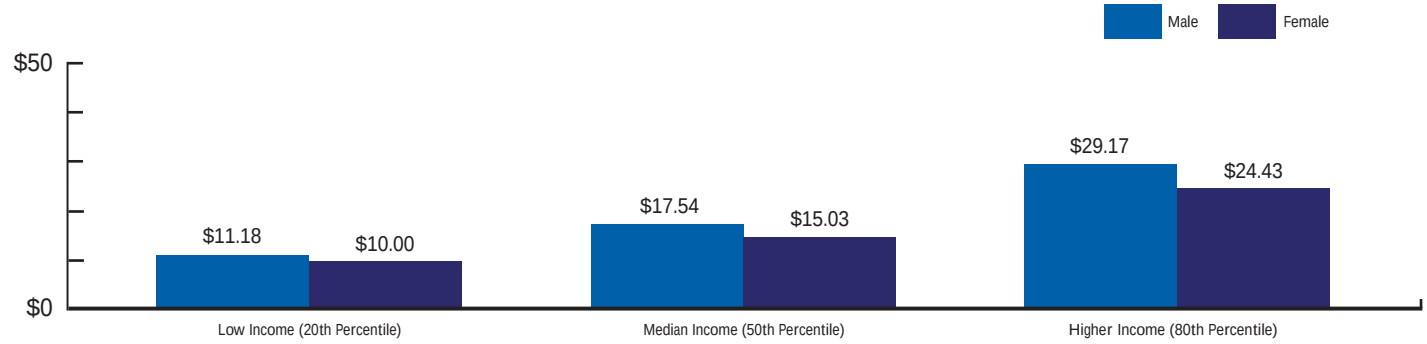
ARKANSANS WITH EDUCATION SUPPORTS EARN MORE
Median hourly wage in Arkansas by education level
Wages by demographic by decile in Arkansas in 2017



Source: Economic Policy Institute analysis of Current Population Survey data

Men also tend to be paid more than women. For median-income workers in Arkansas, there is a $2.51 per-hour difference in the typical hourly pay for men and women.

EMPLOYERS IN ARKANSAS TEND TO PAY MALE WORKERS MORE
Wages by demographic by decile in Arkansas in 2017



Source: Economic Policy Institute analysis of Current Population Survey data

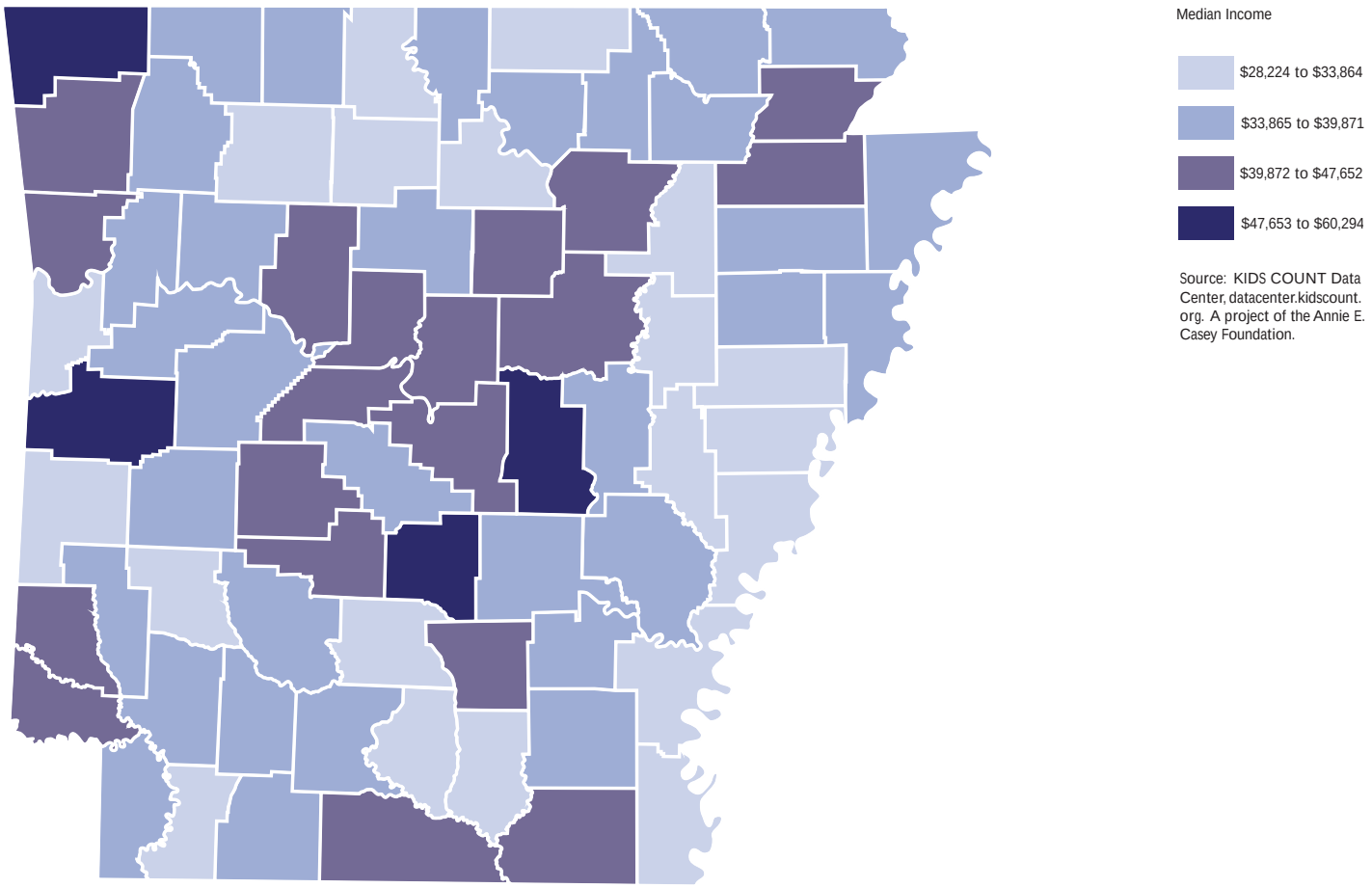
Wealth and assets, as opposed to just income, also matter for financial security. People are less likely to have a savings account in Arkansas than in any other state in the nation. We are also among the 10 worst states for bankruptcy. Access to financial institutions is not the same for everyone, which contributes to differences in asset building by race. Homeownership is 1.6 times higher for white workers compared to everyone else. White workers are also 1.3 times more likely to own their own business in Arkansas.

Wealth in Arkansas	Arkansas	U.S.	AR rank
Percent of households with savings accounts	49%	69%	50th
Bankruptcy rate (per 1,000)	3.7%	2.9%	43rd
Percent of households with no checking or savings account	12.3%	7.7%	48th
Homeownership by race (diversity in homeowners)	1.6 times higher for white households	1.6 times higher for white households	26th
Business ownership by race	1.34 times higher for white workers	1.22 times higher for white workers	20th

Source: Data from 2016 Prosperity Now Scorecard

It also matters where you are in Arkansas. Income varies greatly by region in our state, and this is largely tied to differences in economic opportunities. Overall, inequalities in wealth and income will trace closely to inequalities in health.

MEDIAN HOUSEHOLD INCOME (CURRENCY) – 2015



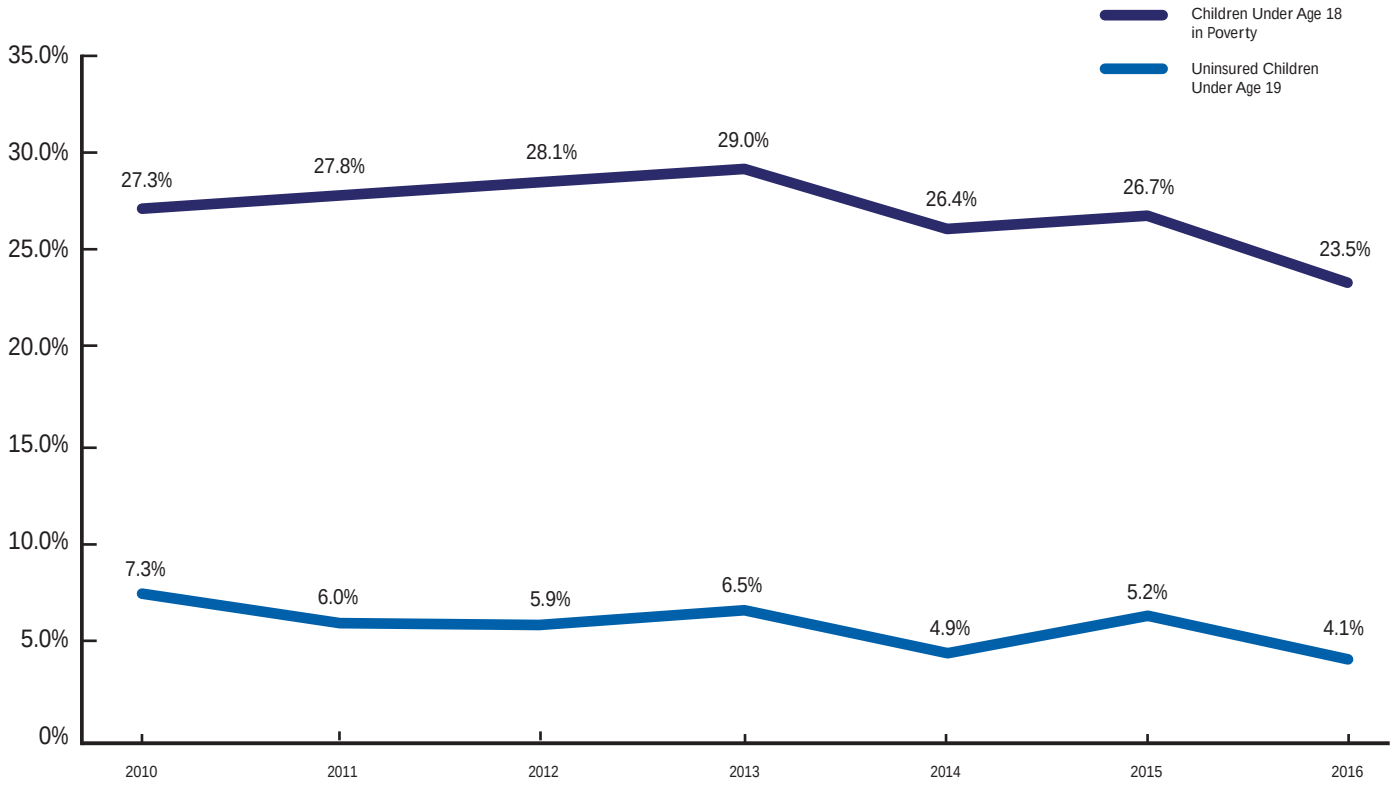
STATUS OF HEALTH AND ACCESS TO CARE IN ARKANSAS

Access to health insurance coverage is one of the greatest factors that impacts whether someone can get the treatment they need. In Arkansas, we've made major gains in improving access to coverage. However, there are still disparities based on income, race, ethnicity, and geography.[44]

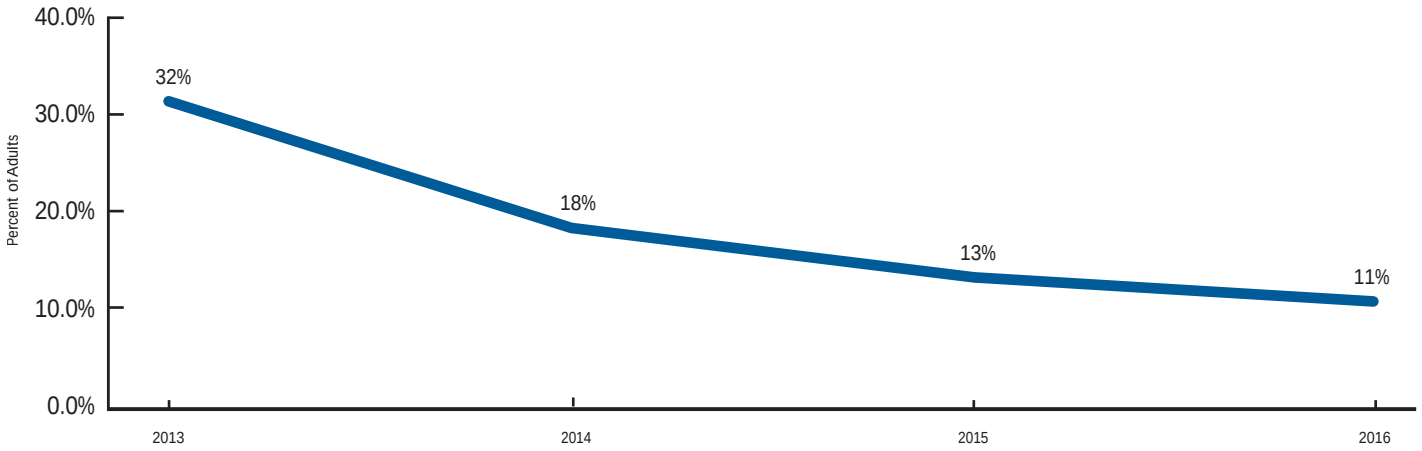
The great news is that 96 percent of Arkansas children are insured. This is due to our success in enrolling children in the ARKids First program, the state's public coverage option. ARKids First is supported with funding from Medicaid and the Children's Health Insurance Program (CHIP). This is especially important because of the high rates of child poverty in the state. Because of ARKids, children are protected from coverage losses during tough economic times.

More recently, children and adults were able to enroll in coverage because of the Affordable Care Act (ACA). Beginning in 2014, the ACA also gave states the option to expand Medicaid coverage to low-income adults. With bipartisan support in the state legislature, Arkansas took advantage of this opportunity. Since that time, we've continued to see the rates of uninsured Arkansas children and families drop.

CHILD POVERTY RATES COMPARED TO UNINSURED CHILDREN IN ARKANSAS, 2010-2016



PERCENTAGE OF ARKANSAS ADULTS AGES 19-64 WHO ARE UNINSURED

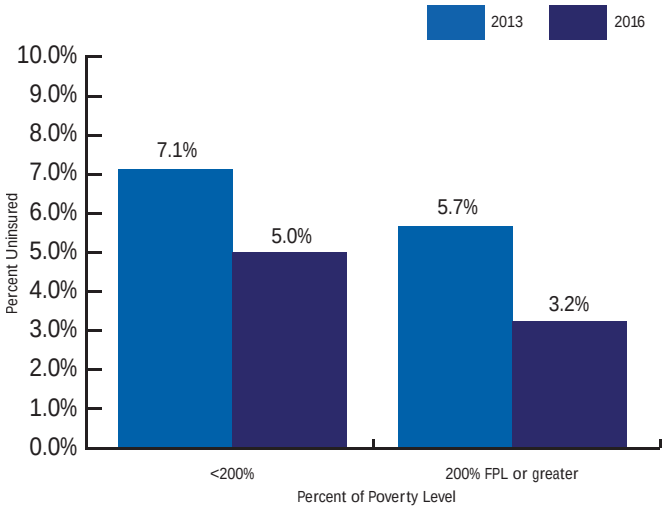


Source: PRB Analysis of 2016 American Community Survey PUMS, U.S. Census Bureau

This progress has helped to lessen the income-based coverage gap. However, rates of uninsured children are still slightly higher for lower-income households. For adults, the trend is similar. Since the ACA was passed, the rates of uninsured adults in the state have dropped sharply across all income levels. But, the uninsured rate is still higher for the lowest-income earners (those who likely qualify for Medicaid expansion). This underscores the need for effective outreach and enrollment efforts. No one who is eligible should be uninsured.

REDUCTIONS IN THE RATE OF UNINSURED CHILDREN ACROSS INCOME LEVELS

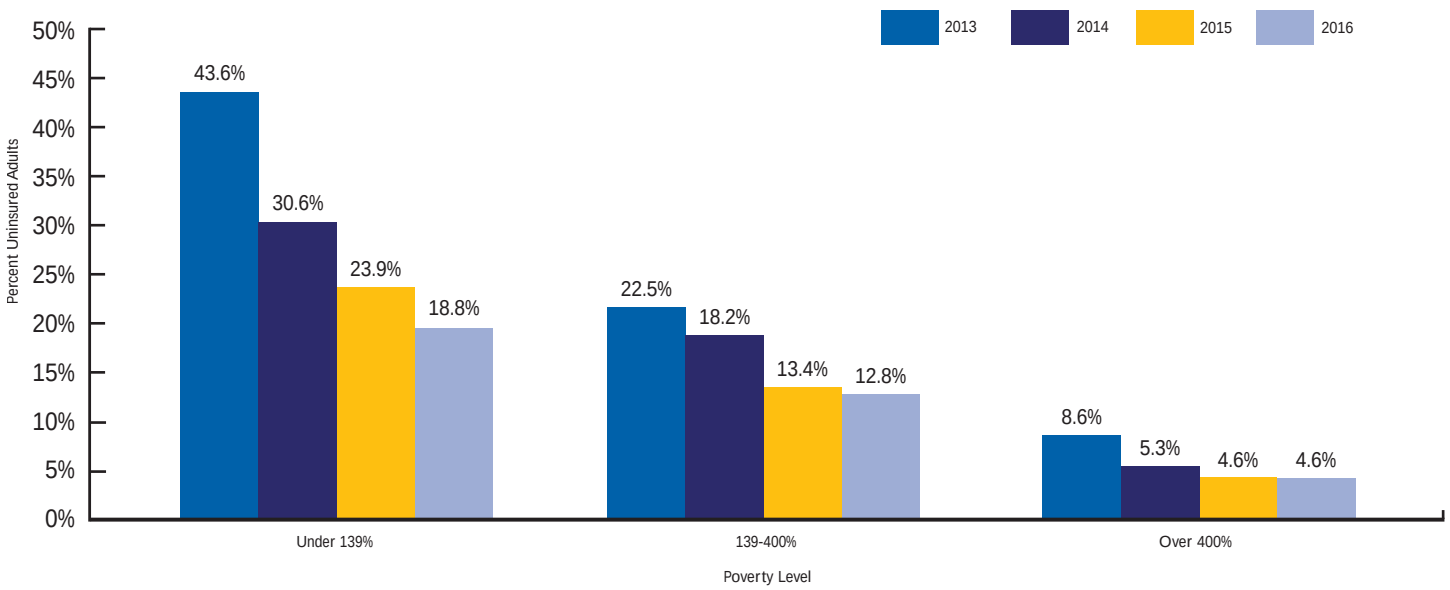
Percent of children by income who are uninsured, 2013 and 2016



Source: PRB analysis of 2013 and 2016 American Community Survey PUMS, U.S. Census Bureau

RATE OF UNINSURED ADULTS DESCREASES ACROSS ALL INCOMES

Percent of uninsured adults ages 19-64 by poverty level



Source: PRB Analysis of 2016 American Community Survey PUMS, U.S. Census Bureau

The ACA and Medicaid expansion have been drivers for improving access to health care treatment in Arkansas. A Harvard University study looked at the impact of Medicaid expansion in Arkansas, Kentucky, and Texas. All three states had similar insurance rates among low-income adults before the Medicaid expansion option.[45] Arkansas and Kentucky opted to expand coverage, while Texas did not. Health care access improved for residents in Arkansas and Kentucky in comparison to Texas. Arkansas and Kentucky not only experienced a greater drop in uninsurance rates, but also showed a 29 percent increase in the number of people reported to have a personal doctor. They also showed a 24 percent increase in people who received a checkup in the past year.

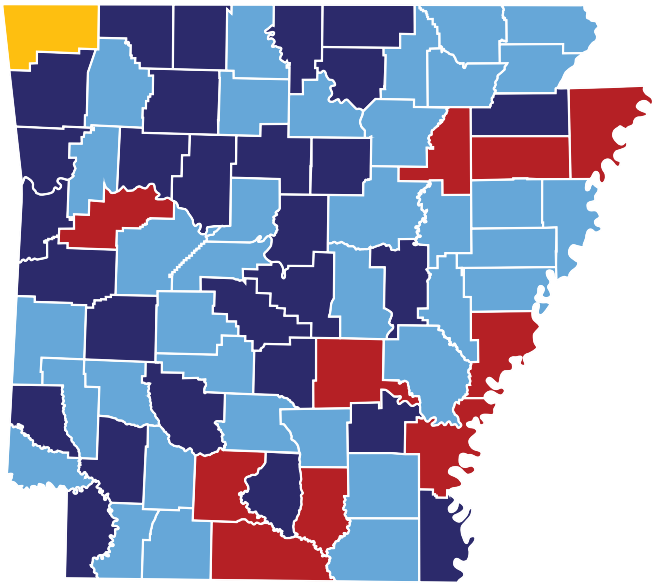
We do see disparities in access to coverage among racial and ethnic groups in Arkansas. Even though we've improved coverage rates and access to care, Hispanic families are much more likely to lack coverage. This is true for children and adults. This gap exists due to a lack of coverage options for immigrant families, language barriers that hinder outreach, and the impact of being in a mixed immigration-status family. Last year, Arkansas removed barriers to ARKids First enrollment for lawfully residing immigrant children in Arkansas. This federal policy option, the Immigrant Children's Health Improvement Act[46], is a good example of how public policy can improve health equity in the state.

Finally, where you live in the state can impact health outcomes. One state measure of health outcomes where we see this difference is in life expectancy rates.[47] Counties in the state with the lowest life expectancies are

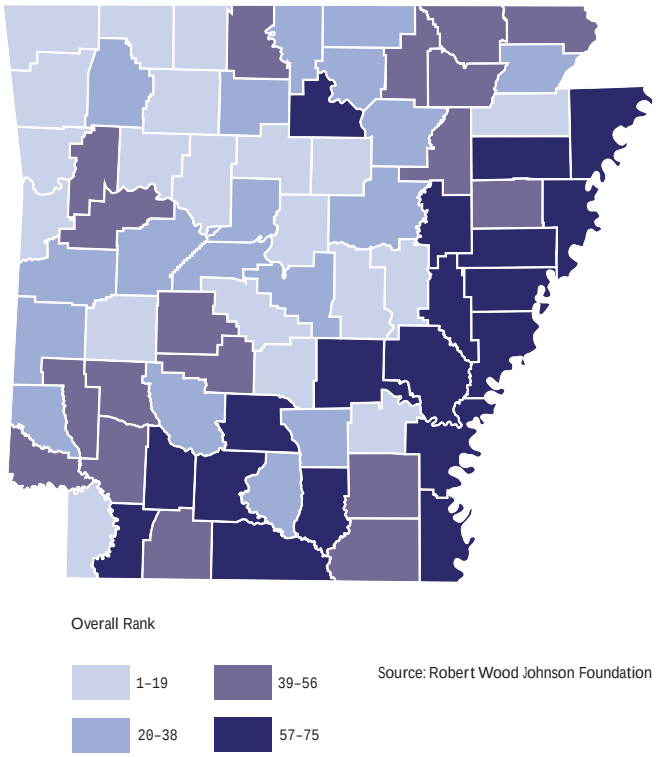
considered "red" counties. The map below highlights the higher concentration of red counties in the southern and eastern parts of the state. These are also the regions of the state that tend to have counties with the lowest median household incomes. Benton County, which has the highest median household income in the state, has the highest life expectancy.

The Robert Wood Johnson Foundation regularly produces health rankings to help communities understand the factors that are influencing the health outcomes of their residents.[48] The 2017 data for Arkansas, at right, again highlights a higher concentration of poor health rankings (darker counties) in the southern and eastern regions of the state. This measure combines data on length and quality of life to rank overall health outcomes. This data set also looks at the social and economic factors in each county, which includes education, employment, income, family and social support, and community safety. For Arkansas, the poorest ranking counties are concentrated in the same regions of the state with the worst health outcomes. This supports the idea that there is a relationship between these social and economic factors and the health of a community.

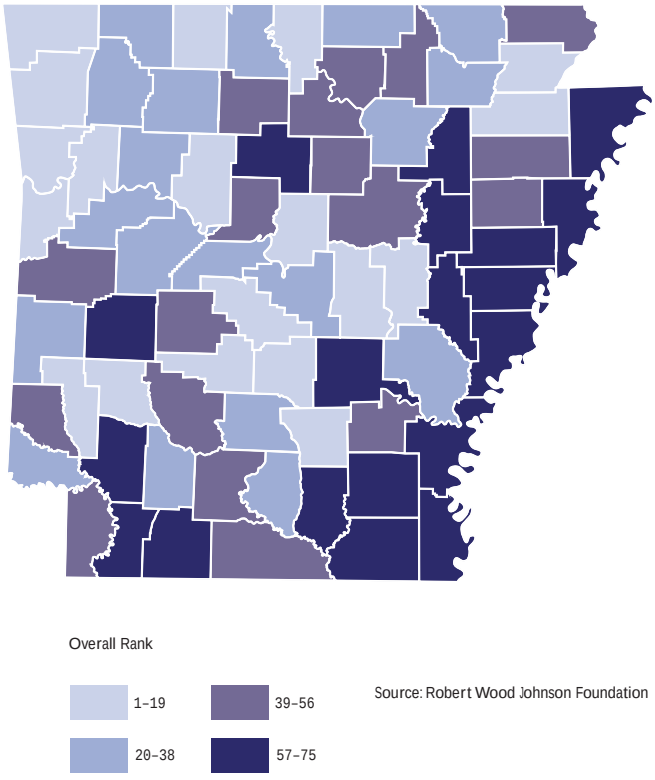
LIFE EXPECTANCY IN ARKANSAS



HEALTH OUTCOMES
(Length and quality of life)



SOCIAL & ECONOMIC FACTORS
(Education, employment, income, family and social support, community safety)



POLICY SOLUTIONS TO SET FAMILIES AND KIDS UP FOR GOOD HEALTH AND FINANCIAL SUCCESS

Public policy helped create health and wealth disparities in Arkansas. From insurance eligibility limits to historic segregation laws and "redlining" homeownership availability, we still see the long-term effects in our communities' health outcomes today. Fortunately, there are sound policy solutions to address these disparities.

EARLY CHILDHOOD EDUCATION

Pre-K programs are vital to the Arkansas economy. Preschools hire people. They provide reliable child care so that parents can work. They also provide kids with the early education boost they need to be lifelong learners and succeed in school and in their future careers. The ForwARd Arkansas, "State of Education in Arkansas 2015 Report Summary" notes that "Pre-K helps children, especially low-income, build skills for kindergarten and beyond."[49] These programs also support good health in young children because they provide education, as well as nutritional, health, and social services.[50]

Our state's Arkansas Better Chance (ABC) pre-K program got $3 million in new funding in 2017 — its first permanent increase since 2008. However, this $3 million investment doesn't even catch us up with cost-of-living increases. It still falls far short of the $20 million our ABC program needs to maintain high quality and improve access for more working families.

PAID LEAVE

Paid leave is one of the best options available to improve family health and financial security. The positive effects of maternity leave on the health of the child and the mother are well established. Taking time off means mothers are more likely to take their newborns to doctor's appointments for checkups and shots,[51] and their babies have a lower risk of infant death.[52] Access to paid leave is also good for family finances. Studies show that women who can take paid maternity leave are much more likely to return to work and have increased wages, compared to those who can't.[53]

Paid leave is important, but too many people still don't have access. Ninety-four percent of low-wage workers, who tend to be in hourly, part-time, or field jobs, still don't receive any paid leave.[54] The good news is, things are changing. More new moms in Arkansas will have access to paid leave thanks to Act 182 of 2017, which allows state employees to draw up to four weeks of paid leave after the birth of a child. Still, we need to do more to make sure that paid leave is available to everyone. At the federal level, the FAMILY Act, which is proposed legislation modeled after proven state initiatives, would be a great option to fill in the gaps left behind by the FMLA and private companies.[55]

HOUSING

Arkansas has the nation's weakest laws on tenants' rights, and in some cases, even criminalizes renters.[56] State law puts those who pay rent — most often Arkansans who work at low-paying jobs and have few assets — at a disadvantage in dealing with their landlords. This makes it even more difficult to build wealth and pursue homeownership.

Weak tenants' rights also hurt the health of renters. A survey of Arkansas renters found that about 25 percent of tenants who had problems getting their landlord to make repairs had a health issue related to their housing conditions.[57] These health problems included "elevated stress levels, breathing problems, headaches, high blood pressure, and bites or infections."[58] Periods of homelessness and having to move frequently also contribute to health problems in kids and adults.[59]

Arkansas can start to reverse this by implementing stronger tenant protection laws. For instance, landlords should not be able to seek criminal prosecution because of a late rent payment. The state should also enforce basic living standards with a warranty of habitability — essentially requiring landlords only to collect rent on housing that is suitable to live in. We are the only state in the nation that has yet to do both things.[60]

TAX CREDITS

The Earned Income Tax Credit (EITC) is perhaps the most obvious way to secure financial stability and personal health for families. Only working people qualify for it, and it's designed to help low-wage workers keep more of what they earn until they can move up in their careers. The federal version of this credit has been boosting families in Arkansas out of poverty for decades. It's time for Arkansas to join the 29 other states that have improved on that progress with their own state-level EITC.[61]

When parents do better, kids do better, too. Increased wages from the "pro-work" aspect of the EITC make it the single most effective program for reducing child poverty. The EITC increases income in two ways. First, it directly boosts wages through the credit itself. And second, it increases labor force participation and helps people work toward higher salaries. The EITC is responsible for lifting 6.5 million people out of poverty every year, including 3.3 million kids nationally.[62]

EITCs are literally life-changers for kids who grow up in low-income households. Kids whose parents have access to these types of credits are healthier, do better on tests in school, are more likely to attend college, and are even shown to have higher salaries down the road.[63] Increasing family incomes through EITCs has a variety of positive impacts on health. These include higher birth weights, lower infant mortality, and improvements to mental and physical health.[64]

WAGE PROTECTIONS

Laws that protect wages for low-income earners (like the minimum wage) are associated with lowered infant mortality, higher birth weights for infants, and improvements to mental health in adults.[65,66,67] In 2014, Arkansas voters approved a measure to increase our state minimum wage to $8.50 an hour. This is good news, but we still have work to do. Low-wage workers remain more vulnerable to exploitation by employers.

Employers who do not pay at least the minimum wage, require "off-the-clock" work, steal tips, do not pay overtime, do not give final paychecks, misclassify their workers as independent contractors, or do not pay their workers at all are guilty of something called "wage theft." The cost of wage theft is disproportionally placed on low-wage workers and workers of color.

The Northwest Arkansas Workers Justice Center, a nonprofit located in Springdale, performed a statewide survey of Arkansas workers who classified themselves as wage theft victims. Although over 70 percent of Arkansans are white, only 28 percent of the surveyed wage theft victims were white. Fifty-four percent were Latino, 10 percent were African-American, 3 percent were Asian, and 5 percent were classified as other (Pacific Islander and Native American).

Arkansas can help protect wage theft victims. One of the most basic requirements should be that employers have to provide paystubs that show hours worked and wages earned. That is not required under Arkansas law, but it should be. We should also ensure that employers give notice when wages or paydays change. Arkansas workers also need better anti-retaliation laws and harsher penalties for employers who break the law. Currently, Arkansas employers are only penalized if the theft is considered intentional, and the penalty can be as low as $50.

NUTRITION SUPPORT

Food support services like SNAP (the federal Supplemental Nutrition Assistance Program) are critical to family finances and child health. Access to SNAP helps lower health care costs while simultaneously ensuring that more kids have the nutrition they need to stay healthy. Health care costs of participants are estimated to drop by 25 percent.[68] Participants are more likely to report that they are in excellent or very good health, compared to similar low-income people who don't use the program.[69]

It is critical that federal and state legislators protect and strengthen this important program. There is a growing trend at both the state and federal levels to disrupt access to nutrition support services that benefit kids and families. Bills that impose things like work requirements, drug tests, and food restrictions are popping up in Arkansas and across the country.[70]

One way to help protect SNAP in Arkansas is to remove barriers like asset limits, which require recipients to have almost no savings at all in order to be eligible. These limits make families choose between their SNAP benefits and having enough money for emergencies like a car repair or a leaky roof. Even worse, they discourage the type of savings — for college or buying a house — that can move families up the economic ladder. Unlike Arkansas, most states have lifted these limitations by expanding broad-based eligibility (where SNAP participants are automatically eligible if they qualify for other programs' income limits).[71]

AFFORDABLE HEALTH COVERAGE

Healthy people can work and provide for their families. When someone is unable to get treatment for an illness, this becomes a barrier to employment. Having a consistent source of health coverage helps address this barrier. Increasing access to affordable health coverage is one of the best approaches to keep people healthy enough to work. Because of the ACA, Arkansas has been able to increase affordable coverage options for low-income adults in in the state. When parents and caregivers have coverage, children are also more likely to be covered because they tend to share the same coverage status. In Arkansas, over 30,000 more children enrolled in coverage within the first year of Medicaid expansion for adults.[72]

Affordable coverage is also necessary for children. Over half of children in Arkansas rely on Medicaid and CHIP coverage, with about 60 percent of children in small towns and rural communities relying on the coverage sources.[73] ARKids First coverage is a lifesaver in communities that are more likely to be impacted by poor economic growth and high poverty rates. Almost half of adults in the Medicaid expansion live in rural areas.[74] Any cuts to Medicaid and CHIP coverage would strain the family budget for rural families and make it difficult to access care.

The impact of expanded coverage has been huge, and it's important that these gains are protected. Recent attempts at the federal level to repeal the ACA have been unsuccessful. However, funding to support affordable coverage programs like Medicaid is still at risk. One major example of this concerning issue was the 114-day delay in renewing federal funding for the CHIP program. Thankfully, Congress voted to maintain funding for another decade. But the risk remains great for low-income Arkansans who depend on these safety-net programs for their coverage.

EARLY SCREENINGS FOR CHILDREN

It's important for children to be covered, and to get necessary checkups and screenings when they're very young, to identify and treat any delays in their development and growth. Coverage must be comprehensive and include access to those important screenings and the follow-up treatments that may be necessary. It's less costly to treat health conditions early, and children fare better financially as adults when they can get the care they need.

Unfortunately, in Arkansas, children enrolled in Medicaid are less likely to receive a screening service. The rate of screenings for these kids is 48 percent in our state and 58 percent nationally.[75] When we include all children — not just those enrolled in Medicaid — less than two-thirds (61 percent) receive all recommended screens for their age.[76] Improving these screening rates is especially important for low-income households. Parents with children below the poverty line are more likely to report that their children are in poor health. Additionally, these kids are at the greatest risk for developmental, behavioral, and social delays.[77]

Regular health visits also give doctors the opportunity to screen for other risk factors or social determinants of health. Administering a short screen, whether written or verbal, can help identify if a family has an unmet need — food, housing, utilities, or other basics. Arkansas Children's Hospital, which is the only hospital in the state that treats just children, uses this model. Their collaboration is called the Medical Legal Partnership. Legal Aid of Arkansas serves as the legal partnership and also works with Lee County Cooperative Clinic, Mid-Delta Health Systems, Inc., Mid-South Health Systems, ARCare, and Veterans Health Care System of the Ozarks.[78] The American Academy of Pediatrics has highlighted the National Center for Medical-Legal-Partnership model as a best practice.[79] This model that combines medical and legal aid has been especially helpful for families in poverty, as it helps to connect families with services and leads to improved child well-being and health outcomes.

HOME VISITING PROGRAMS

Another innovative way to support at-risk children is home visiting. These programs target pregnant mothers and children under 5 years old, pairing them with mentors who visit them in their home and help them address the many challenges of raising a child while living in or near poverty. Combined with state and local government resources, these programs work to improve maternal and child health. They also prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness.[80] Home visiting programs across the country receive support through the Maternal, Infant, and Early Child Home Visiting Program that was established as part of the ACA.

The Arkansas Department of Health received a $7 million grant in 2017 to support the home visiting program in the state. It was developed in collaboration with the Department of Human Services and Arkansas Children's Hospital.[81,82] But funding at the federal level is not guaranteed, even though we know how effective these programs have been in preparing children for school, mentoring young families, and preventing child abuse. Much like with the CHIP program, federal funding expired and Congress did not reach an agreement to continue funding it for more than 100 days.

CONCLUSIONS

In Arkansas, we are making progress, but it's slow. Children and their families have better access to health coverage and care and state employees also have paid maternity leave for the first time. But our health outcomes still lag national rates, as do the rates of children living in poverty. There are important policy opportunities that the state could take advantage of that would help to move the needle on child poverty. Legislative attempts to implement a state EITC and to protect the wages of low-income earners have been unsuccessful. So have efforts to fully fund proven programs like early childhood education and afterschool programs.

This is not a health, education, or jobs problem alone. It's all of the above. We should be thinking more broadly. If we do, we can combat poverty and improve the chances for every child in this state to become a productive, healthy adult.

When we understand that health and wealth are connected, we open the door to adopt new strategies. Poverty is just one of several social determinants that impacts health and drives inequity. It's time for advocates, health and education professionals, criminal justice leaders, the faith-based and business communities, and lawmakers to work together on solutions. At a minimum, informing these decision-makers about the connection between health and wealth is an important step forward. The next step is to turn this knowledge-sharing into action. It will take political action to improve the health and finances of Arkansas children and families.

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