

# Poverty and human development: A global and local issue

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This past year, the Council of Science Editors organized a Global Theme Issue on Poverty and Human Development. Communications with biomedical journals throughout the world have resulted in 233 journals publishing an entire issue or commenting on the theme in their October 2007 issue. The *Wisconsin Medical Journal* is proud to join this list of international journals.

Human development begins before birth. In that regard, poverty plays an enormous role and, when coupled with other risk factors, is one of the leading reasons for children starting life at a disadvantage. These facts are not new to us. They have been studied for decades, described in all the literature on risk factors for infant mortality and adverse maternal outcomes. While the dramatic statistics on infant mortality in developing countries demonstrate in the extreme all of what we know about poverty and development, those same factors contribute heavily to the health disparities in this country. Clearly, children who begin life with disadvantages have to have more support than those who are born with fewer disadvantages. How to address these disparities in children both before and after birth is a policy challenge that has affected the conversation in our state and the nation for years without any evidence that the gap is closing.

In the Wisconsin County Health Rankings, developed by the University of Wisconsin Population

Health Institute, we find the same factors that affect prenatal and neonatal risks in the developing world affecting the citizens of the state. The report indicates that 40% of the adverse health outcomes in Wisconsin counties relate to the social determinants of education, income and social disruption (family dysfunction). One reason that this issue of the *Journal* is focusing on the health issues of Milwaukee is that Milwaukee faces the biggest challenges in that regard. But Milwaukee is not alone. Other counties statewide where social determinants come into play also find themselves lagging in health outcomes of all sorts. Where there is high unemployment, low levels of graduation from high school, and large percentages of single parent families, there will be worse health rankings.

In addition, and terribly so, poverty is related to increased levels of smoking, alcohol and drug consumption, less access to care, and worse outcomes once patients get care. Even in countries that have national health systems and universal coverage where access to primary and preventive care should be less of an issue than it is in our country, poverty is still the chief factor that negatively affects health outcomes.

What are we, then, to do? Hand wringing, prayer, and expressions of concern don't work. Creating jobs, raising educational opportunities, supporting fragmented

families, and building healthier and more cohesive communities does. That, you say, is not the place of medicine. But I would suggest that it is. We live and work in communities and care for patients whose lives we affect directly but whose futures we can affect more comprehensively if we act as citizens as well as physicians.

Health care is one of Wisconsin's largest employers, whether in Milwaukee or rural communities. Encouraging and supporting health careers in young people who would benefit from stable, satisfying jobs can be one way that each of us who works in health care can make a difference. There are many examples of inspired physician citizens who decide that addressing the problems of their communities is also their responsibility. They partner with their neighbors to work for solutions to social isolation, safety, education and building stronger neighborhoods and communities. Physicians can make a difference in far more ways than treating disease.

Michael Harrington's groundbreaking book, *The Other America: Poverty in the United States*, published in 1962, described the invisibility of the poor to the increasingly affluent citizens after World War II. The poor were not invisible to the physicians of those times nor are they today. They are our patients. The question is what, individually and collectively, are we going to do about it?

# Wisconsin Medical Journal

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The *Wisconsin Medical Journal* (ISSN 1098-1861) is the official publication of the Wisconsin Medical Society and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of the *Wisconsin Medical Journal*. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the *Wisconsin Medical Journal* nor the Society take responsibility. The *Wisconsin Medical Journal* is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

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