What are social determinants of health?
Social determinants of health are social and economic factors that influence health; they represent the conditions in which people are born, grow, work, live, and age. This brief examines poverty as a social determinant of health and provides data on the prevalence of individuals and families living in poverty for all cities and towns in Massachusetts.

How is poverty defined and measured?
Poverty is an economic designation based upon individual or household income level. Each year, the Department of Health and Human Services designates a Federal Poverty Level (FPL) of income, below which point an individual or family is said to be ‘living in poverty’. Information on individuals and families living below the federal poverty level is collected through the American Community Survey (ACS), run by the US Census Bureau. In 2017, the FPL was $12,060 for an individual and $24,600 for a family of four.

Poverty in Massachusetts
In MA, the 2017 data show that 11.1% of all individuals, 7.8% of all families, and 14.6% of all children are living in poverty. There are differences in poverty rates by sex and race/ethnicity at the state level with Hispanic residents, Black residents, and female-headed families with children having particularly high poverty rates (27.6%, 20.6%, and 34.4%, respectively). Although the poverty rate in Massachusetts is lower than the national average, those affected by poverty still constitute a large number of state residents (over 740,000 individuals) and the potential impacts of poverty on health are significant.

How does poverty impact health?
Decades of research has shown that poverty status influences health. People who live in poverty lack access to critical health-promoting resources, such as adequate and affordable housing, education, nutritious foods, healthcare, and health insurance. Individuals living in poverty have lower self-rated health status, are more likely to use tobacco products and other substances, and are less likely to engage in physical activity. As a result, individuals living in poverty are more likely to suffer from obesity and other chronic conditions related to diet and exercise.

Research has clearly shown that middle-aged individuals in the lowest quintile of income have a 17% chance of dying, as compared to 5% of middle-aged individuals in the highest quintile of income. Geo-mapping studies examining health outcomes by neighborhood have also shown that mortality and other poor health outcomes are significantly higher in poorer neighborhoods than in wealthier ones. And importantly, poverty in the US is cyclical in nature, meaning children who are raised in poverty are more likely to be poor as adults, which can propagate negative health impacts for generations.

1. Data in this brief comes from: US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates: Table B17026 - Ratio of Income to Poverty Level of Families in the Past 12 Months; Table C17002 - Ratio of Income to Poverty Level of Individuals in the Past 12 Months; Table S1702 - Poverty Status in the Past 12 Months of Families; S1701 - Poverty Status in the Past 12 Months.
LOCAL DATA

Based on the most recently available ACS data (2013-2017 estimates), there are more than 740,000 individuals living in poverty in Massachusetts. The maps below show the percentage of individuals or families living below the poverty level by city/town.

For detailed data at the community level, see ICH’s website: https://icommunityhealth.org/projects/downloadable-data-briefs-on-social-determinants-of-health/

Individuals living below the poverty level

76

COMMUNITIES IN WHICH AT LEAST 10% OF INDIVIDUALS ARE LIVING BELOW THE POVERTY LEVEL (see map)

Families living below the poverty level

31

COMMUNITIES IN WHICH AT LEAST 10% OF FAMILIES ARE LIVING BELOW THE POVERTY LEVEL (see map)