

Economic Conditions and Health Behaviors: Are Recessions Good for Your Health?

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Health is conventionally believed to improve during economic expansions and deteriorate in downturns. Yet the empirical evidence supporting this view is quite weak, and recent research using sophisticated methodological approaches indicates that mortality *decreases* and physical (although not necessarily mental) health *improves* when the economy temporarily weakens.¹ For example, a one percentage point increase in the unemployment rate is associated with a 0.3% to 0.5% reduction in total deaths.² One reason for this is because during economic downturns, driving often decreases due to reductions in commuting and work-related travel. Consequently motor vehicle fatalities decrease; a one point rise in joblessness reduces traffic deaths by 1% to 3%.² However, many other types of mortality also decline. Particularly noteworthy is the substantial decrease in fatal heart attacks,³ which is interesting since this risk is responsive to short-term changes in health behaviors and environmental factors.

Lifestyle modifications probably explain some of the health improvements occurring during economic downturns. One reason is that there is an increase in non-market leisure activities which can often be health promoting, such as exercise and cooking meals at home. Lower incomes may also play a direct role for a reduction in purchases such as alcohol, tobacco, and restaurant food.

Alcohol use has been most widely studied. In research conducted during the 1990s, I found that drinking (particularly the consumption of hard liquor) and alcohol-involved vehicle fatalities fall when the economy weakens.⁴ Supporting evidence has been provided by both earlier and later studies.⁵⁻⁷ Since moderate alcohol use is linked to

health benefits, reductions in drinking might imply less healthy lifestyles. However, this is not the case: the variation in overall consumption reflects movements from heavy to light alcohol use, rather than between recreational drinking and abstaining.⁸

Limited research suggests that other behaviors also become healthier in tough economic times. Using data from the Behavior Risk Factor Surveillance System, I estimated that a one point drop in the percentage of the population employed reduces the prevalence of smoking, obesity, physical inactivity, and multiple health risks by 0.6%, 0.4%, 0.7%, and 1.1% respectively.⁹ The decline in body weight is concentrated among the severely obese and groups with relatively high risk of early death (males, African Americans, and Hispanics). Increases in exercise largely reflect movements away from complete inactivity, and the reductions in tobacco use disproportionately involve heavy smokers, although the reasons for this are not fully understood. These macroeconomic effects are initially quite small but accumulate over time. Supporting evidence has been obtained by other researchers for smoking (using the same data but examined over a longer time period), for exercise in Germany, and for obesity among high school aged boys (but not girls) in the United States.¹⁰⁻¹² However, mixed findings have been provided using data from Finland.¹³ One study also showed that pregnant women consume less alcohol in bad economic times but with varied results for smoking.¹⁴

The improvements in health during economic downturns occur despite reductions in many types of medical care. My research indicates that routine medical checkups and screening tests (mammograms, pap smears, and digital

Health Insurance and Access to Care

The majority of North Carolinians receive their health insurance through their employer. Unfortunately, North Carolina is experiencing the highest unemployment rates we have seen in decades, which has created a growing percentage of uninsured residents. More families with less income essentially leads to more people dependent on public assistance programs and safety net health care providers. In fact some of our public assistance benefits are based on recipients getting jobs. ("Workfare" Reform, 1996.) But what happens when there are no jobs? Access to care declines. With every 1% increase in the unemployment rate, an estimated one million people lose their health insurance.¹⁶ In addition, even people with health insurance are reluctant to seek appropriate medical care and fail to comply with needed medications because they worry they can't afford the prescription medications.¹⁷

Social Influences

Social determinants of health such as increased poverty, decline in education levels, and inadequate housing play a significant role in health status.¹⁸ This is particularly true for vulnerable populations, who already experience significant health disparities. There is a long-standing debate among health services researchers about whether a sharp socioeconomic decline causes a decline in health or if this sharp decline only affects poor, less healthy people more. But does it really matter? The point is that health suffers when basic human living conditions are compromised.

Mental Health—"Life is hard!"

Lack of money and poor living conditions can cause significant stress and emotional consequences. The loss of a

rectal exams) are less often received during downturns; doctor visits and hospital episodes also decrease.^{15,16} However, these patterns may not be universal. For instance, there is evidence that advanced medical treatments for coronary heart disease, such as coronary artery bypass graft and percutaneous transluminal coronary angioplasty, become more rather than less common when the economy weakens.³

Health is also likely to be affected positively during short-run decreases in the production of goods and services. Reductions in hazardous working conditions and the physical exertion of employment could have beneficial effects when job hours are decreased during economic expansions. The decline in work hours also increases sleep, the lack of which is linked to stress, decreased alertness, higher injury risk, elevated rates of obesity, and physiological or psychological symptoms. Finally, injury

rates may fall because of relatively large decreases in the cyclically sensitive construction and manufacturing sectors, where the risk of accidents is relatively high.

The surprising conclusion is that physical health improves, on average, when the economy weakens. This does not undo the damage of bad economic times but it does emphasize the need for caution in assuming that all measures of well-being move in the same direction when economic conditions change. Exciting research is presently underway that will increase our understanding of the mechanisms of these effects and of how the impacts differ across population subgroups.

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job or the inability to provide for one's family can greatly increase stress, anxiety, and depression during a recession. The increase in emergency room visits, suicides, and psychiatric hospital admissions associated with mental health conditions is well-documented during periods of economic decline and financial stress.¹⁹ For example, earlier work found increases in psychological stress and care-seeking for psychological stress during periods of economic instability.²⁰ Economic stress can also increase violent and abusive behaviors. Stress, anxiety, and depression can also lead to a wide range of physical health conditions including asthma, high blood pressure, back pain, and cardiovascular disease. Stress can contribute to an increase in negative coping behaviors such as tobacco use, alcohol consumption, or physical abuse. According to a report recently released by the Family Violence Prevention Fund, "nearly half of all teens whose families experienced economic problems in the past year reported having witnessed their parents abusing each other."²¹

Family Planning—"It's a baby bust!"

One of the most telling indications that a poor economy has a negative impact on health is how people respond to family planning issues. Families who are worried about their future are making tough choices. A March 2009 survey by the American College of Obstetricians and Gynecologists of more than 1,000 women showed a decrease in women scheduling annual exams and an increased demand for birth control services, including a preference for longer-term options such as vasectomies.²² The survey also reported more families choosing to postpone planned pregnancies and an increased demand for abortion services. Research in Australia found that unemployed married women were more likely to terminate pregnancies than employed married women.²³ Uncertainty about the future results in reluctance to bring a baby into the world. These trends may be a product of a temporary decline in the economy but can have a lasting impact on the lives of these families.