

Health experts say raising wages will create better health outcomes in Minnesota

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Minnesota Commissioner of Health, Dr. Edward Ehlinger, and State Rep. Tina Liebling (DFL 26A) joined the Rev. Paul Slack at the State Capitol for a press conference to bring attention to the health impacts of low wage work and broaden the debate around ending poverty wages in Minnesota.

Slack, ISIAH president and pastor of New Creation Church in Minneapolis, kicked off the press conference by shedding light on the clear connection between wages and health. ISIAH is a faith-based democracy organization.

"No one who works should have to live in poverty," said Slack. "This is a moral issue about how we as a community as a society support healthy families. I believe everyone deserves the opportunity to be healthy, but when we pay people low wages we are saying they don't deserve that opportunity."

Although wages and health are rarely talked about together, the Minnesota Department of Health (MDH) drew the links. MDH released a report providing research to back up the claim that increases in income are associated with positive health outcomes.

Kristen Godfrey Walters, president-elect of the Minnesota Public Health Association (MPHA), agrees that health is about more than access to healthcare.

"Socioeconomic factors such as income, employment and education are determinants of health well documented in the public health literature," said Walters. "MPHA recommends a raise in minimum wage to an income sufficient to meet subsistence needs such as food, housing, clothing, transportation and child care."

The report written by MDH states that people with higher income are more likely to live longer and healthier lives than those with lower income levels, and recommends policies aimed at increasing income for groups with the lowest income.

Higher incomes, according to the report, are associated with "increased life expectancy, lower rates of disabilities, lower rates of chronic physical and mental health conditions, lower rates of certain behaviors that can compromise health and greater access to health insurance and health care."

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Poverty, according to MDH, is not equally distributed in Minnesota. Communities of color experience poverty – and the adverse health impacts of living in poverty – at rates far higher than white Minnesotans. Native-Americans and populations of color have poverty rates two to four times higher than the rate of whites, and the median household income for African-Americans in Minnesota is less than half of the median income for whites.

This is not news for Shaquonica Johnson, a home care worker and mother of two who told her story of working a low-wage job.

"I take care of other people for a living," said Johnson. "But my low pay makes it hard for me to maintain my own health. I am a 37-year-old stroke survivor and I constantly face challenges of getting proper rest and nutrition because I have to work multiple jobs just to pay my bills. Wages and health cannot be separated."