

Building Stronger Communities for Better Health:

The Geography of Health Equity

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Geography and Health – the U.S. Context

- The “Geography of Opportunity” – the spaces and places where people live, work, study, pray, and play powerfully shape health and life opportunities.
- Spaces occupied by people of color tend to host a disproportionate cluster of health risks, and have a relative lack of health-enhancing resources.

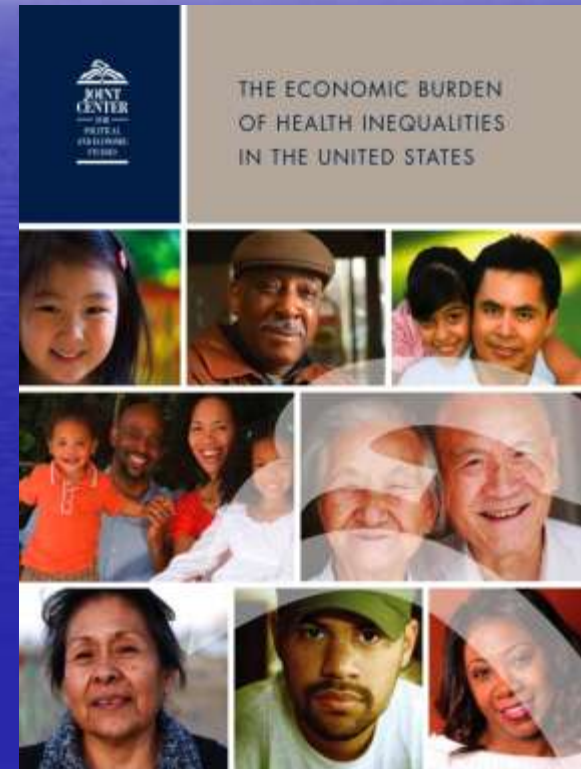
Rural Communities:

- Have some of the highest rates of premature death and chronic disease in the nation
- More than 50 million or 17% of the US population is living in rural America, including over half of the non-metro poor
- Rural residents are more likely to be older, poorer and uninsured have been disproportionately impacted by the economic recession and federal, state and local fiscal crisis
- Have less access to health care, educational opportunities and technology than their urban counterparts

The Economic Burden of Health Inequalities in the United States

(www.jointcenter.org/hpi)

- Direct medical costs of health inequalities
- Indirect costs of health inequalities
- Costs of premature death



The Economic Burden of Health Inequalities in the United States

- Between 2003 and 2006, 30.6% of direct medical care expenditures for African Americans, Asian Americans, and Hispanics were excess costs due to health inequalities.
- Eliminating health inequalities for minorities would have reduced direct medical care expenditures by \$229.4 billion for the years 2003-2006.
- Between 2003 and 2006 the combined costs of health inequalities and premature death were \$1.24 trillion.

What Factors Contribute to Racial and Ethnic Health Disparities?

- Socioeconomic position
- Residential segregation and environmental living conditions
- Occupational risks and exposures
- Health risk and health-seeking behaviors
- Differences in access to health care
- Differences in health care quality

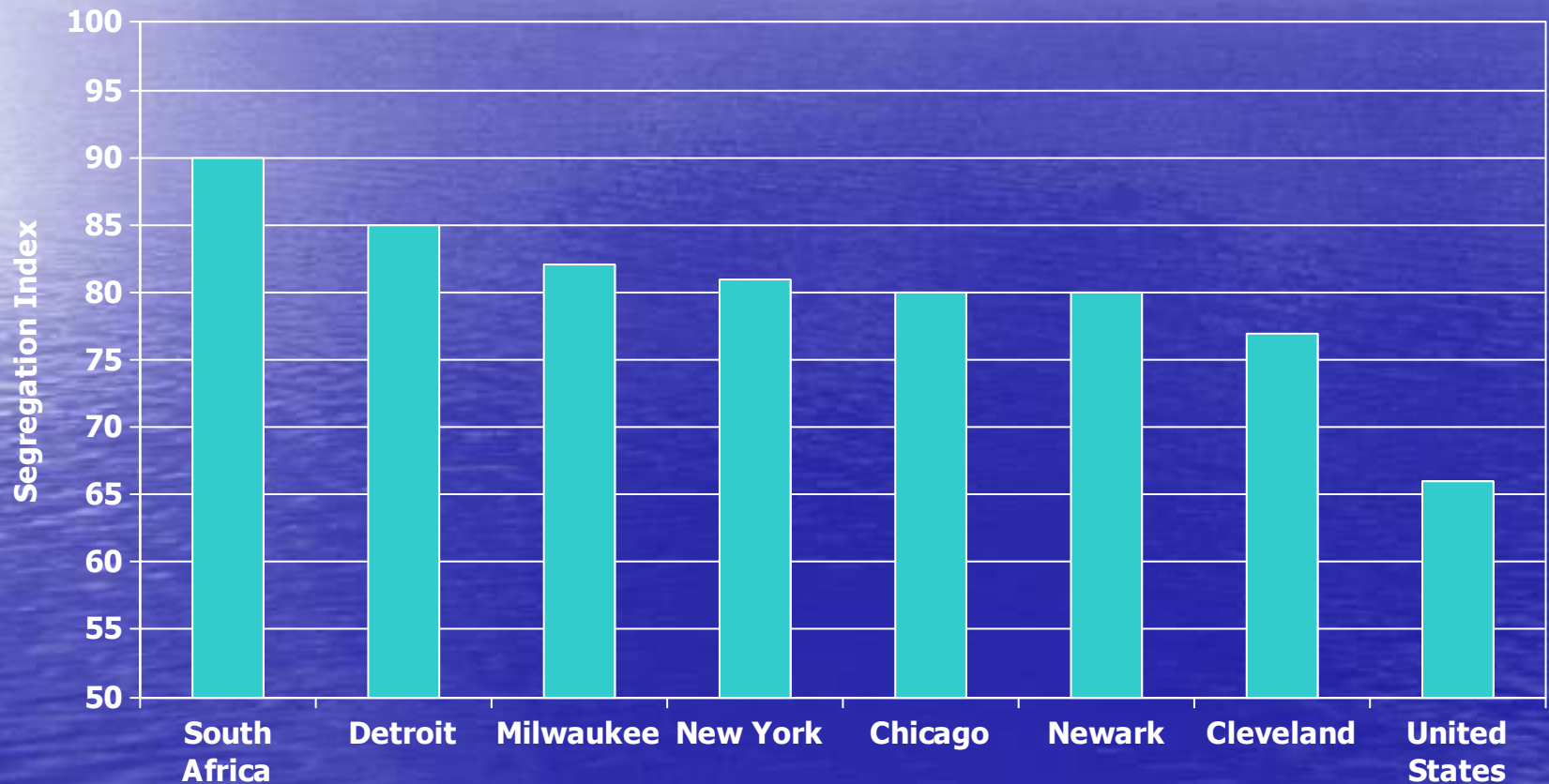
Structural inequality – including historic and contemporary racism and discrimination – influences all of the above

The background of the slide is a blue gradient. On the left side, there is a bright, glowing area that resembles a sun or a light source, with a white and yellow glow that fades into the blue. The blue color transitions from a lighter shade near the top and left to a darker shade at the bottom and right. The overall effect is a serene, ocean-like atmosphere.

The Role of Segregation

Racial Residential Segregation – Apartheid-era South Africa (1991) and the US (2009)

Source: Massey 2004; Brookings Institute 2009)



Negative Effects of Segregation on Health and Human Development

- Racial segregation *concentrates poverty* and excludes and isolates communities of color from the mainstream resources needed for success. African Americans are more likely to reside in poorer neighborhoods regardless of income level.
- Segregation also *restricts socio-economic opportunity* by channeling non-whites into neighborhoods with poorer public schools, fewer employment opportunities, and smaller returns on real estate.

Negative Effects of Segregation on Health and Human Development (cont'd)

- African Americans are *five times less likely* than whites to live in census tracts with supermarkets, and are *more likely* to live in communities with a high percentage of fast-food outlets, liquor stores and convenience stores
- Black and Latino neighborhoods also have *fewer parks and green spaces* than white neighborhoods, and *fewer safe places* to walk, jog, bike or play, including fewer gyms, recreational centers and swimming pools

Negative Effects of Segregation on Health and Human Development (cont'd)

- Low-income communities and communities of color are *more likely to be exposed* to environmental hazards. For example, 56% of residents in neighborhoods with commercial hazardous waste facilities are people of color even though they comprise less than 30% of the U.S. population
- The "Poverty Tax:" Residents of poor communities *pay more for the exact same consumer products* than those in higher income neighborhoods— more for auto loans, furniture, appliances, bank fees, and even groceries

Trends in Poverty Concentration

A Lost Decade: Neighborhood Poverty and the Urban Crisis of the 2000s



September 2011

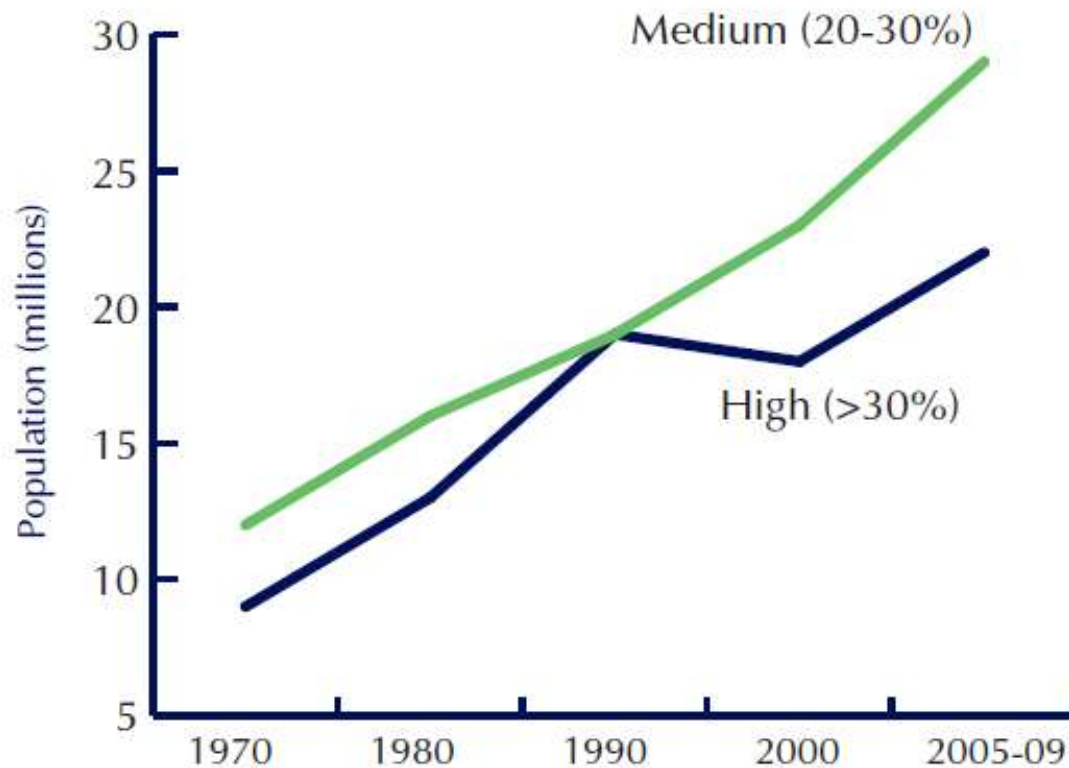


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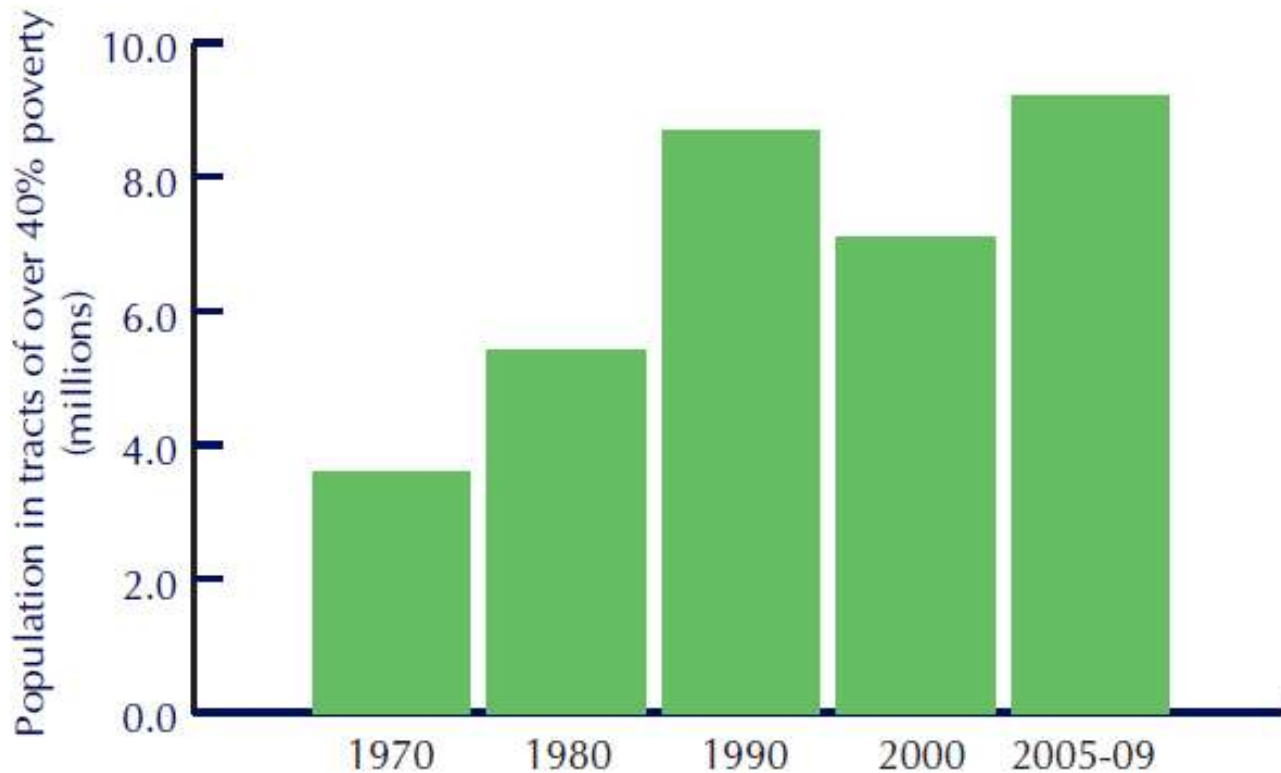
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Steady rise in people in medium, high-poverty neighborhoods



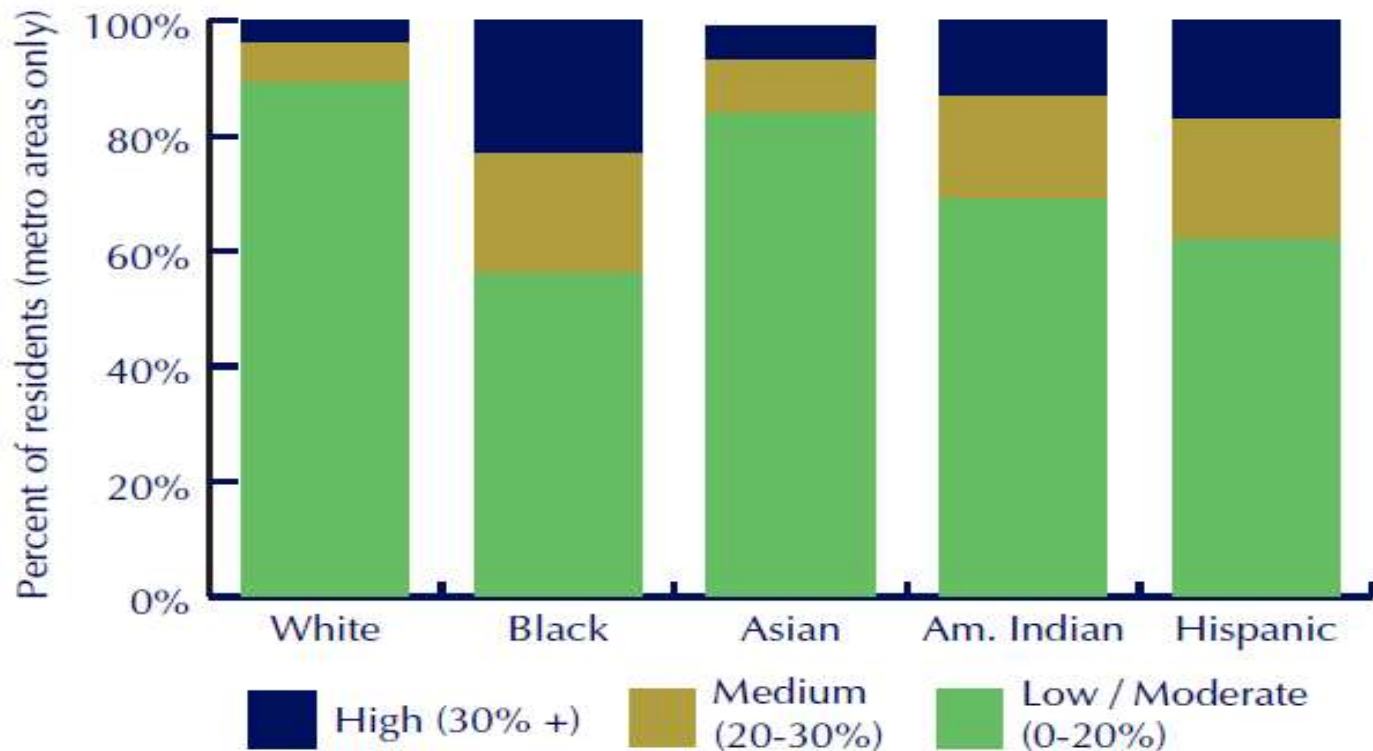
Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.

2000s: Population soars in extreme-poverty neighborhoods



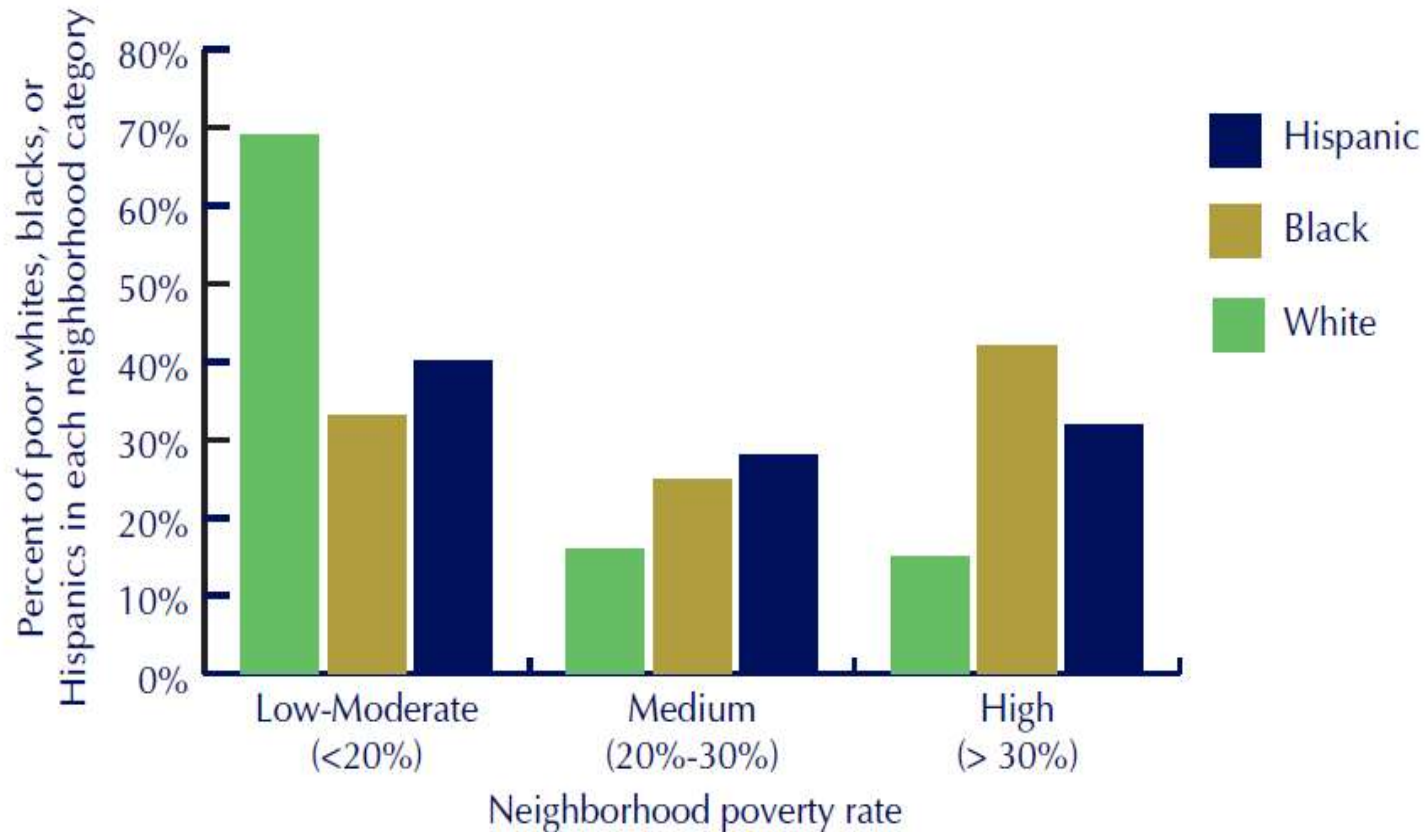
Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.

Blacks, Hispanics, Amer. Indians over-concentrated in high-poverty tracts



Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.

Most poor blacks, Hispanics live in medium- and high-poverty tracts

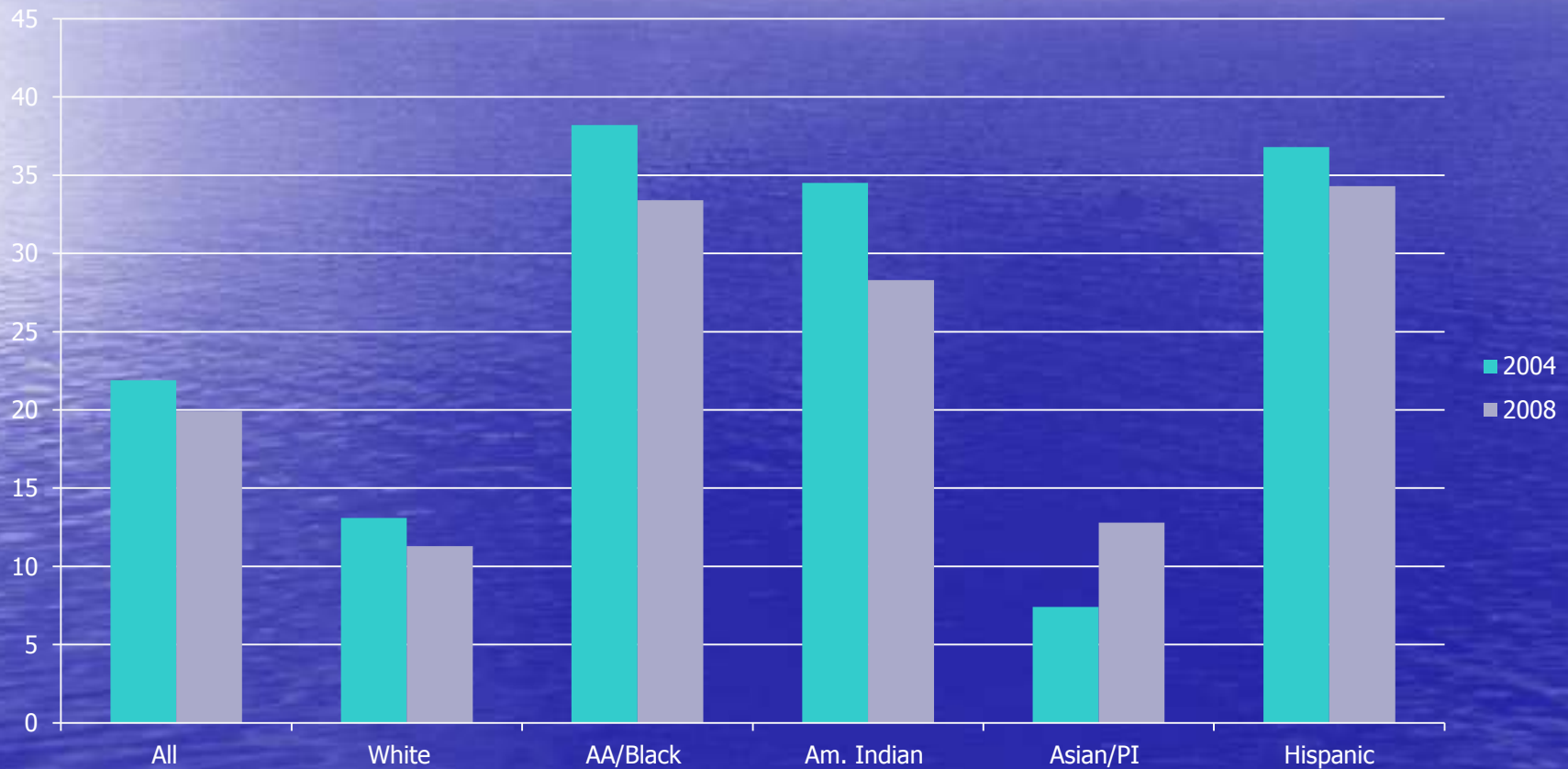


Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.

Percent of North Carolina Children Under 18 Living Below the Federal Poverty Level

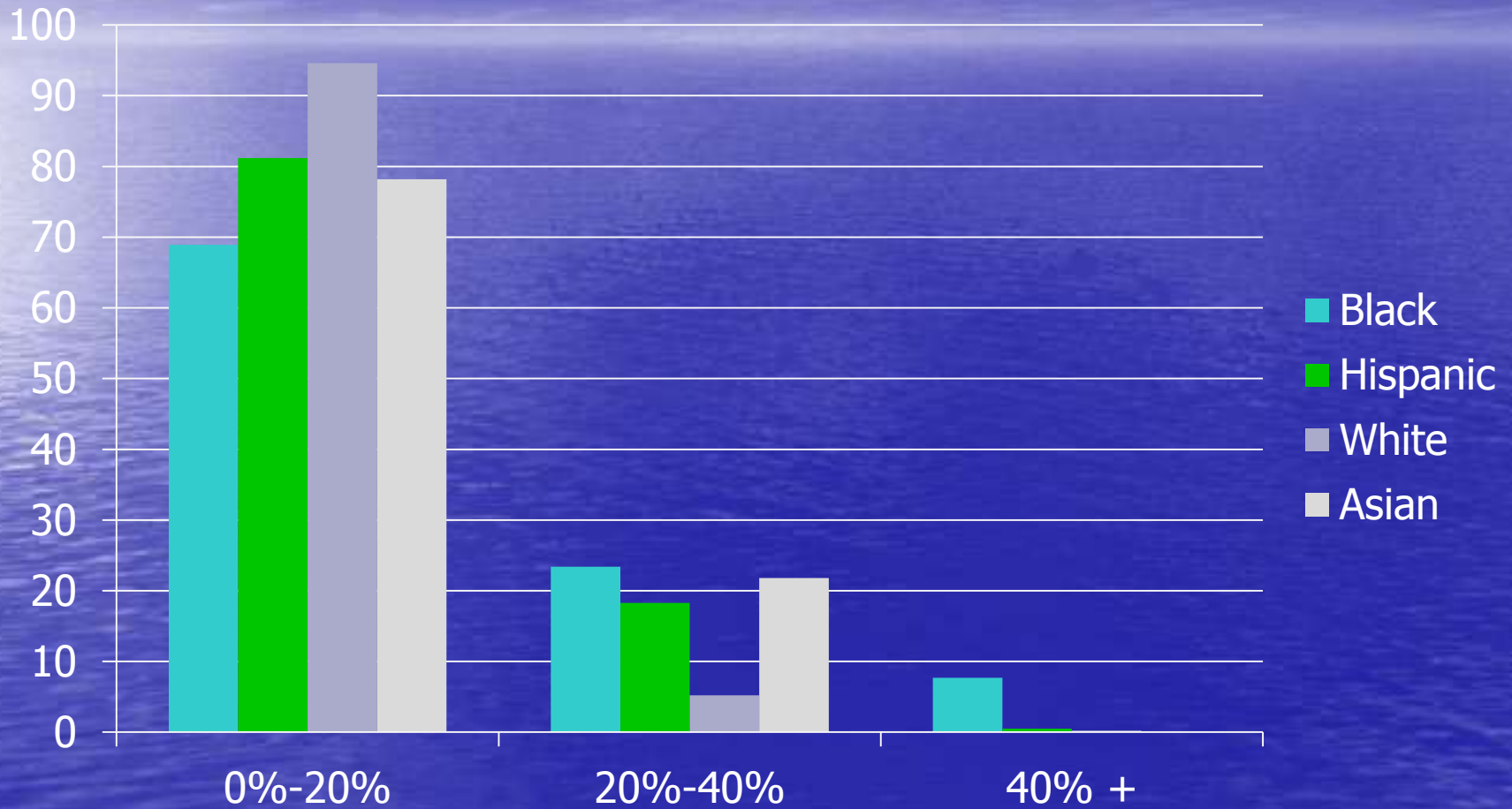
Racial and Ethnic Health Disparities in North Carolina Report Card 2010

Office of Minority Health and Health Disparities and State Center for Health Statistics



Raleigh-Cary: Poverty Concentration of Neighborhoods of Poor Children

Source: Diversitydata.org



How can we eliminate health status inequality?

Expand place-based *opportunity*:

- Reduce residential segregation by expanding housing mobility programs (e.g., portable rent vouchers and tenant-based assistance)
- Vigorously enforce anti-discrimination laws in home lending, rental market, and real estate transactions
- Encourage greater commercial, business and housing development in distressed communities
- Expand public transportation to connect people in job-poor areas to communities with high job growth

How can we eliminate health status inequality?

Improve public schools and educational opportunities:

- Expand high-quality preschool programs
- Create incentives to attract experienced, credentialed teachers to work in poor schools
- Take steps to equalize school funding
- Expand and improve curriculum, including better college prep coursework
- Reduce financial barriers to higher education

How can we eliminate health status inequality?

Create healthier communities:

- Address environmental degradation through more aggressive regulation and enforcement of laws and Consolidated Environmental Review
- Structure land use and zoning policy to reduce the concentration of health risks
- Institute Health Impact Assessments to determine the public health consequences of any new housing, transportation, labor, education policies

Expanding Housing Mobility Options:

Moving To Opportunity (MTO)

- U.S. Department of Housing and Urban Development (HUD) launched MTO demonstration in 1994 in five cities: Baltimore, Boston, Chicago, Los Angeles, and New York.
- MTO targeted families living in some of the nation's poorest, highest-crime communities and used housing subsidies to offer them a chance to move to lower-poverty neighborhoods.
- Away from concentrated poverty, families fare better in terms of physical and mental health, risky sexual behavior and delinquency. Adolescent girls benefited from moving out of high poverty more than boys.

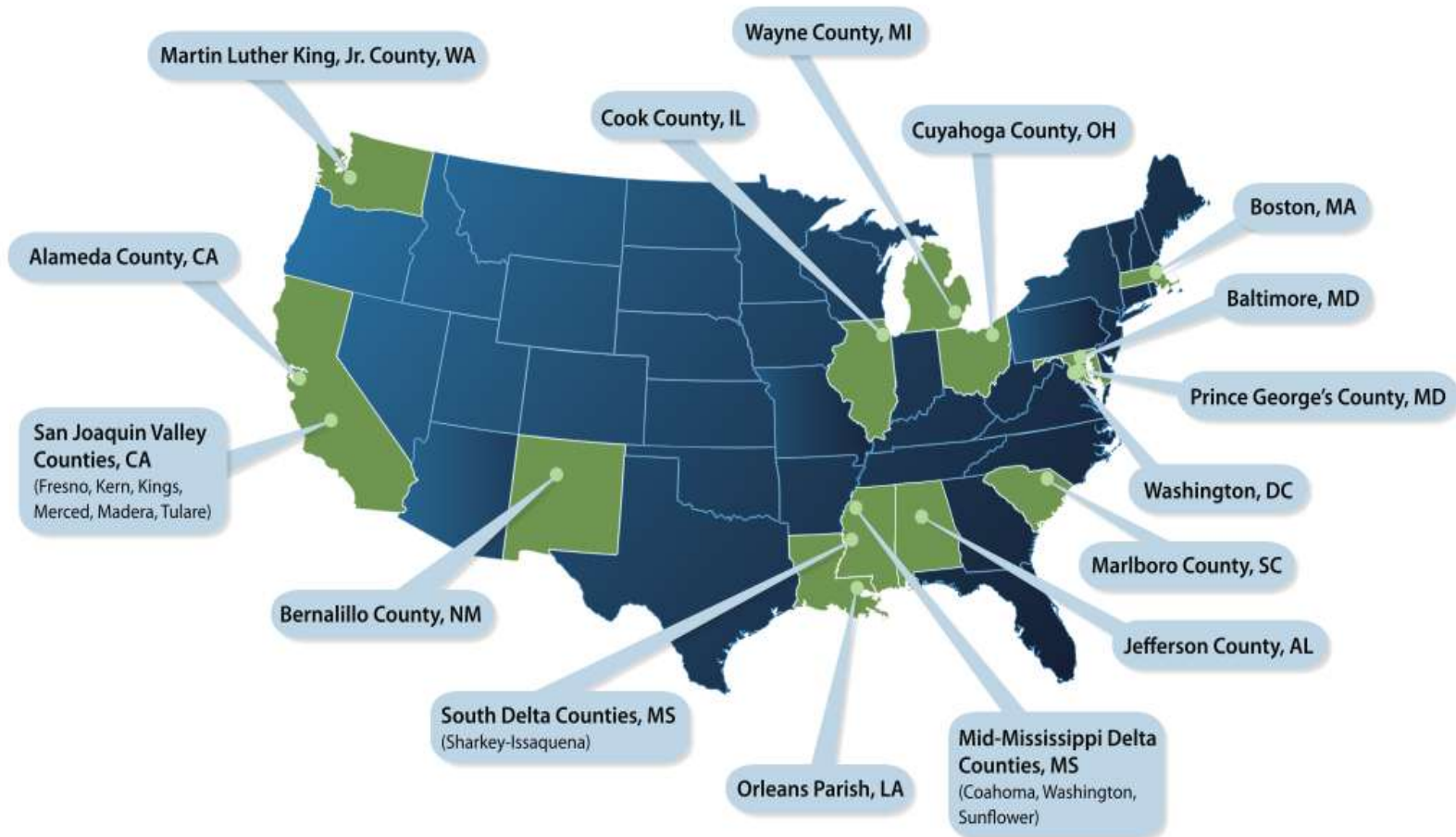
Moving from Science to Practice – The Joint Center PLACE MATTERS Initiative

Objectives:

- Build the capacity of local leaders to address the social and economic conditions that shape health;
- Engage communities to increase their collective capacity to identify and advocate for community-based strategies to address health disparities;
- Support and inform efforts to establish data-driven strategies and data-based outcomes to measure progress; and
- Establish a national learning community of practice to accelerate applications of successful strategies

Moving from Science to Practice – The Joint Center PLACE MATTERS Initiative

Place Matters Team Locations



Intersection of Health, Place & Equity

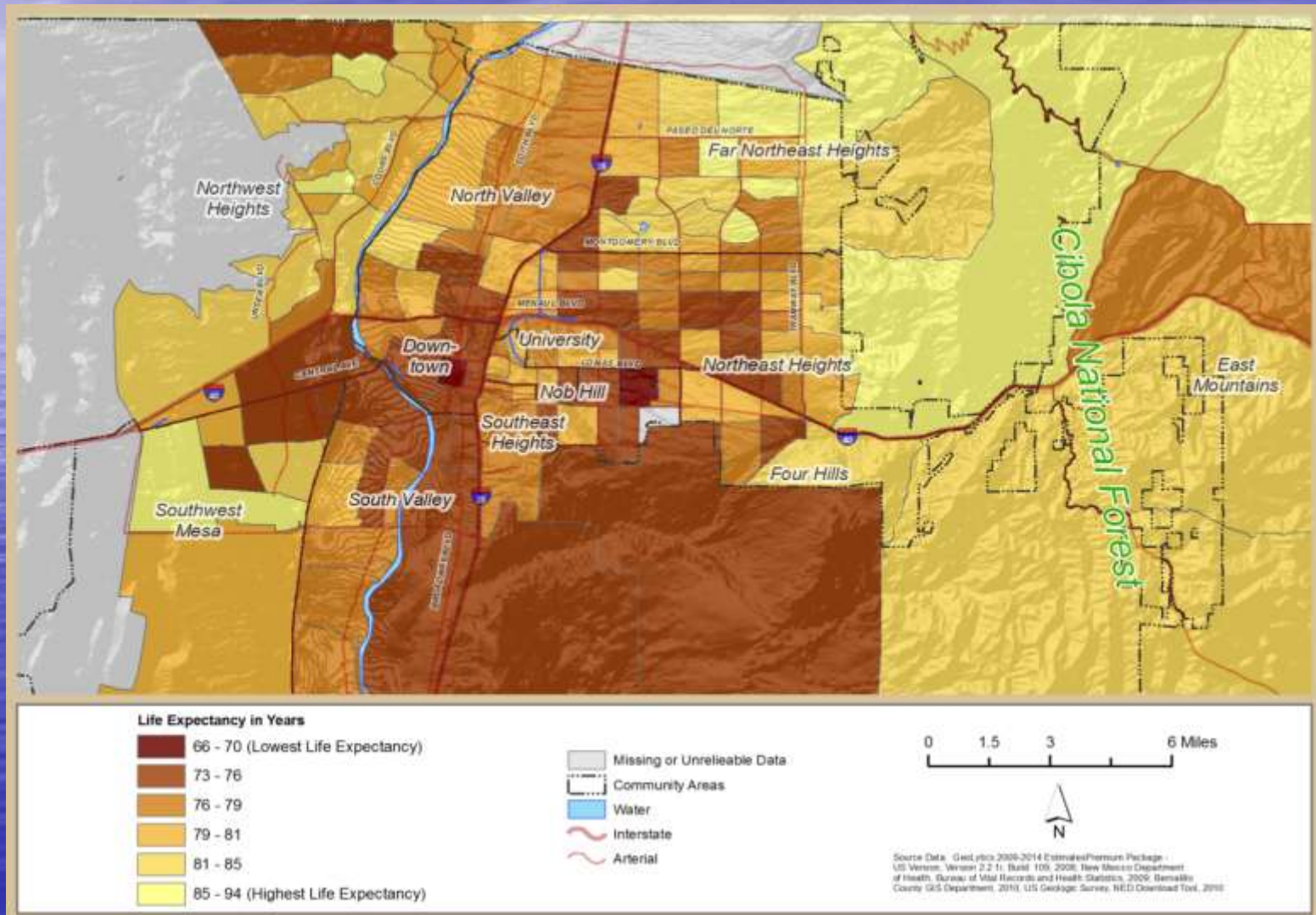


Moving from Science to Practice – The Joint Center PLACE MATTERS Initiative

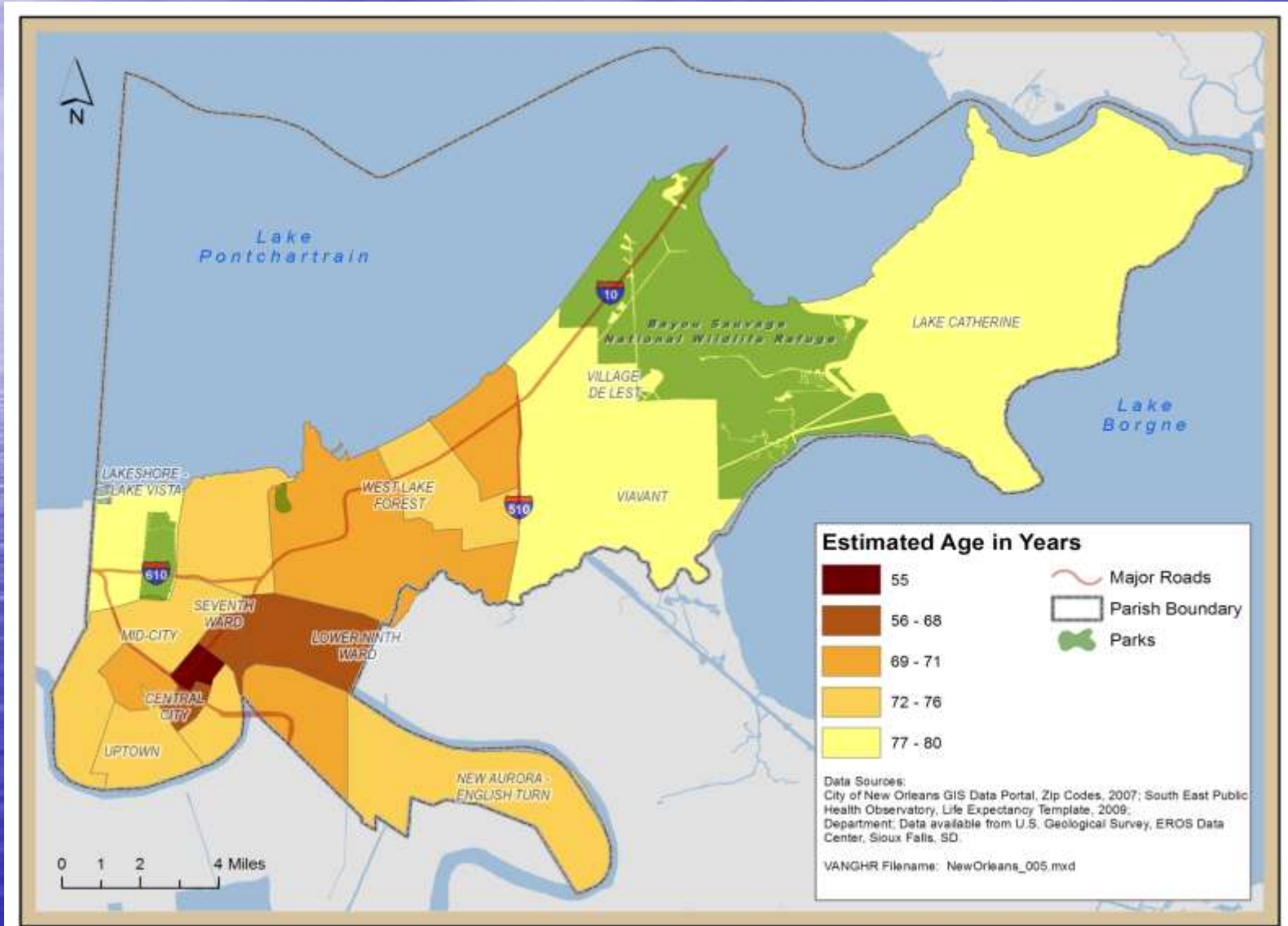
Progress to Date—PLACE MATTERS teams are:

- Identifying key social determinants and health outcomes that must be addressed at community levels
- Building multi-sector alliances
- Engaging policymakers and other key stakeholders
- Evaluating practices

Bernalillo County Life Expectancy by Census Tract 1990 - 2007



New Orleans Life Expectancy by Zip Code 2009



“[I]nequities in health [and] avoidable health inequalities arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.”

World Health Organization Commission on the Social Determinants of Health (2008)