

Race, Place, and Chronic Disease: Segregation as Root Determinant of Health

Brian D. Smedley, Ph.D

National Collaborative for Health Equity

Definitions (C. Jones, 2012)

Health equity is the *assurance of the conditions* for optimal health for all people.

Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and addressing contemporary injustices by providing resources according to need. Health and healthcare disparities will be eliminated when health equity is achieved.

Health equity is a *process, not an outcome*.

Health Inequities and Their Causes

- Many people of color face poorer health relative to national averages from the cradle to the grave.
- These inequalities persist when education and income are controlled.
- While new immigrants tend to have better health than their U.S.-born peers, their health tends to get poorer over time and with succeeding generations.
- These health inequities have their roots in historic and contemporary forces, such as discrimination, segregation, and poverty concentration.

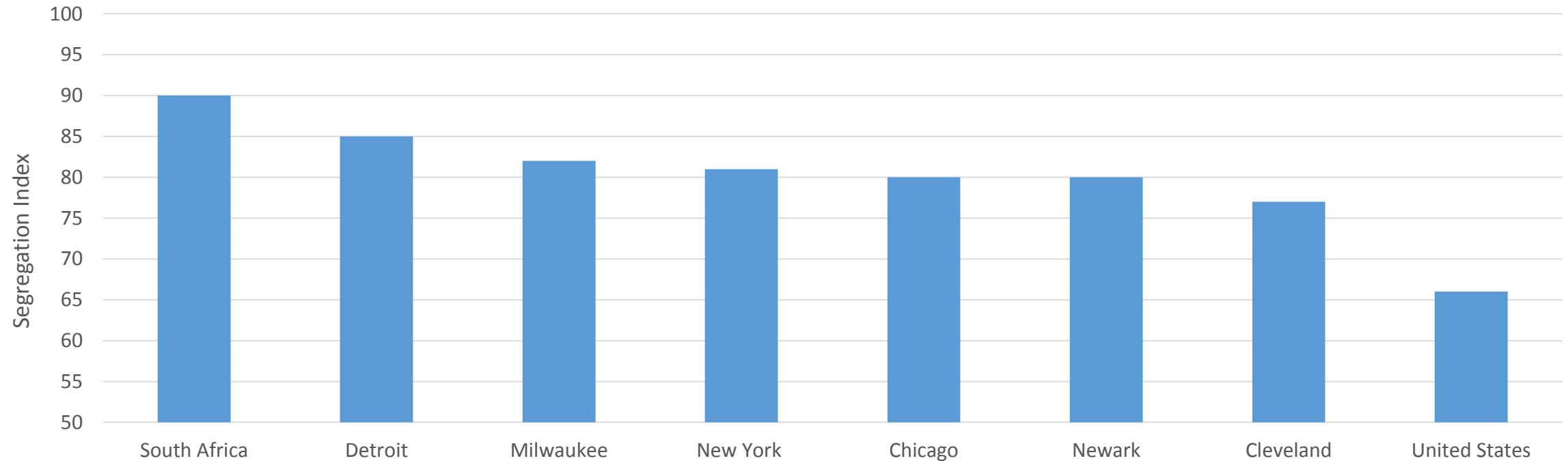
Geography and Health – the U.S. Context

- 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.

The Role of Segregation

Racial Residential Segregation – Apartheid-era South Africa (1991) and the US (2010)

Source: Frey 2011; Massey 2004; Iceland et al 2002



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 (continued)

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 (continued)

Low-income communities and communities of color are *more likely to be exposed* to environmental hazards. For example, in 2004 56% of residents in neighborhoods with commercial hazardous waste facilities were people of color even though they comprised 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

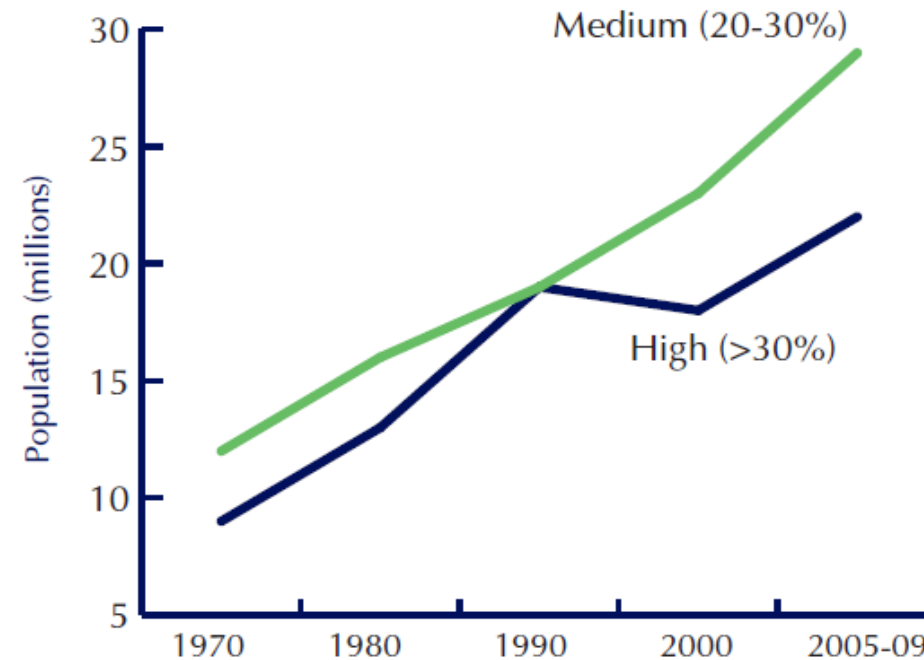


with support from

PRRAC
Poverty & Race
Research Action Council

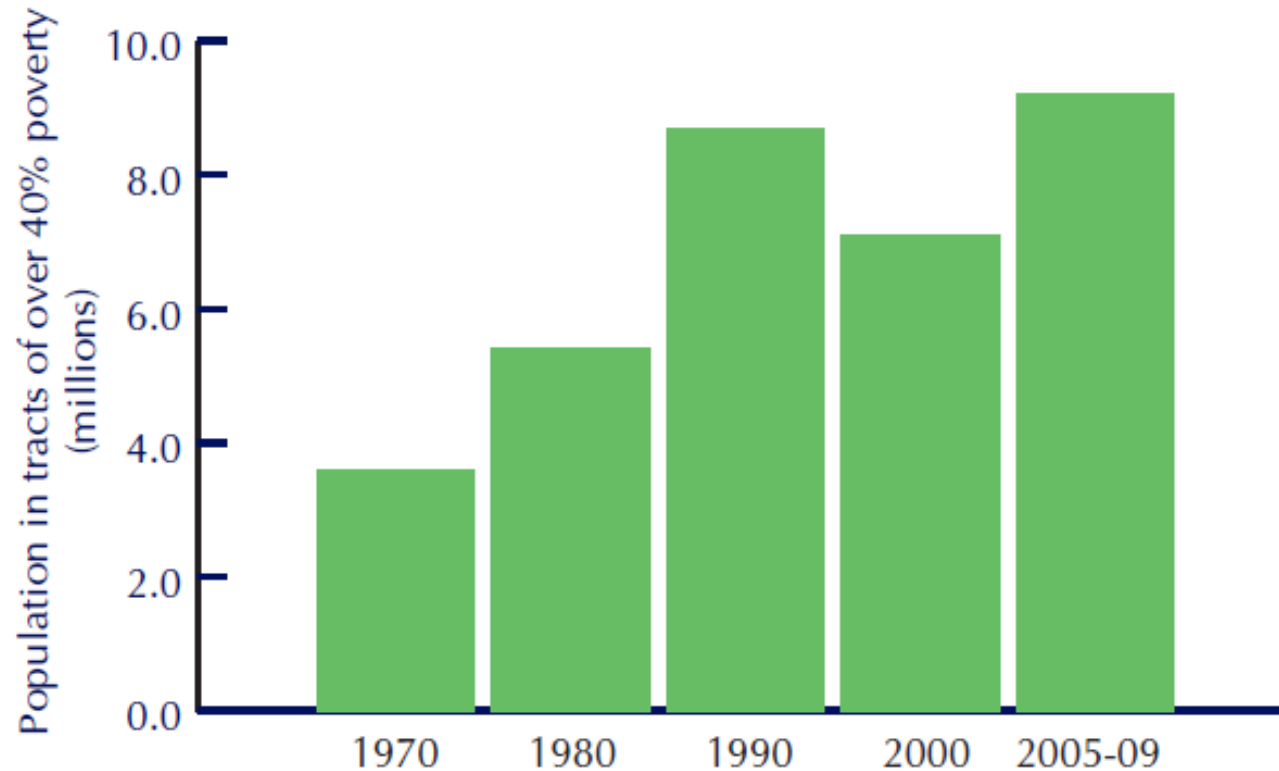
© 2011 Joint Center for Political and Economic Studies

Steady rise in people in medium, high-poverty neighborhoods



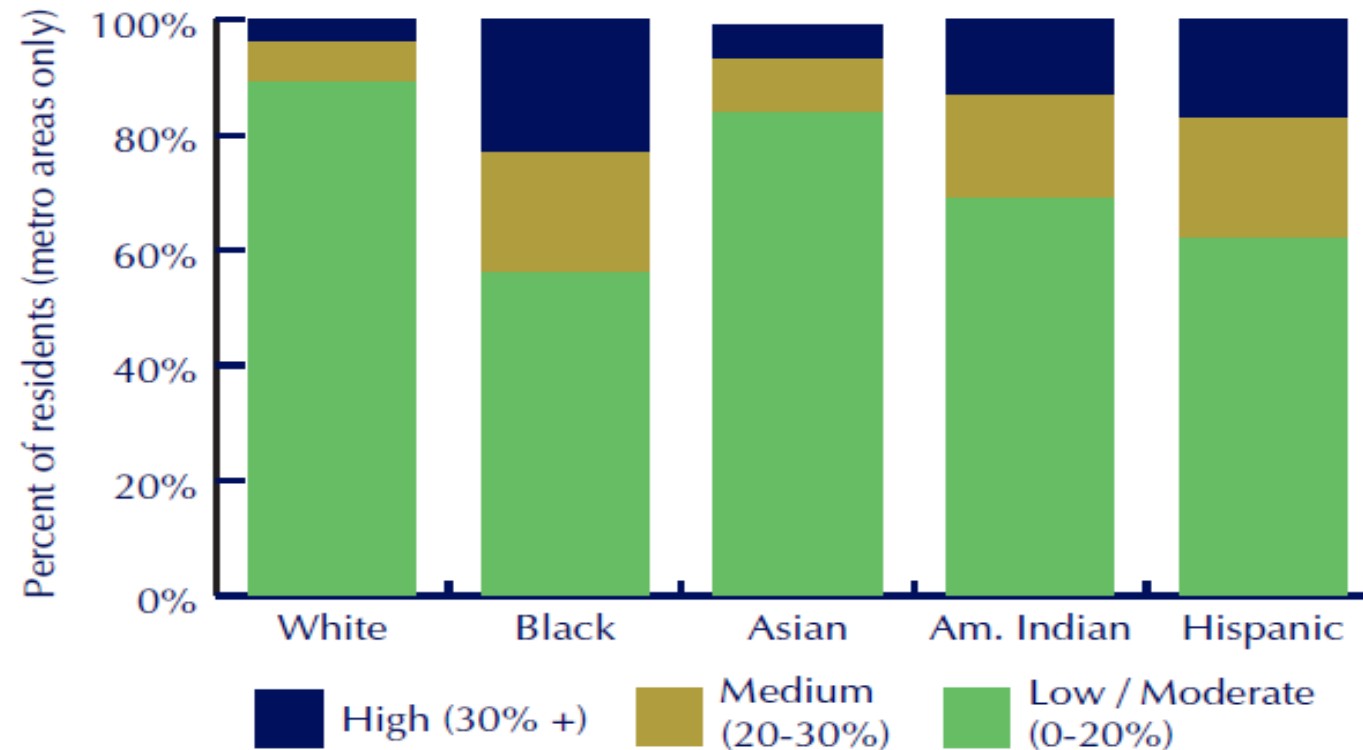
Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.

2000s: Population soars in extreme-poverty neighborhoods



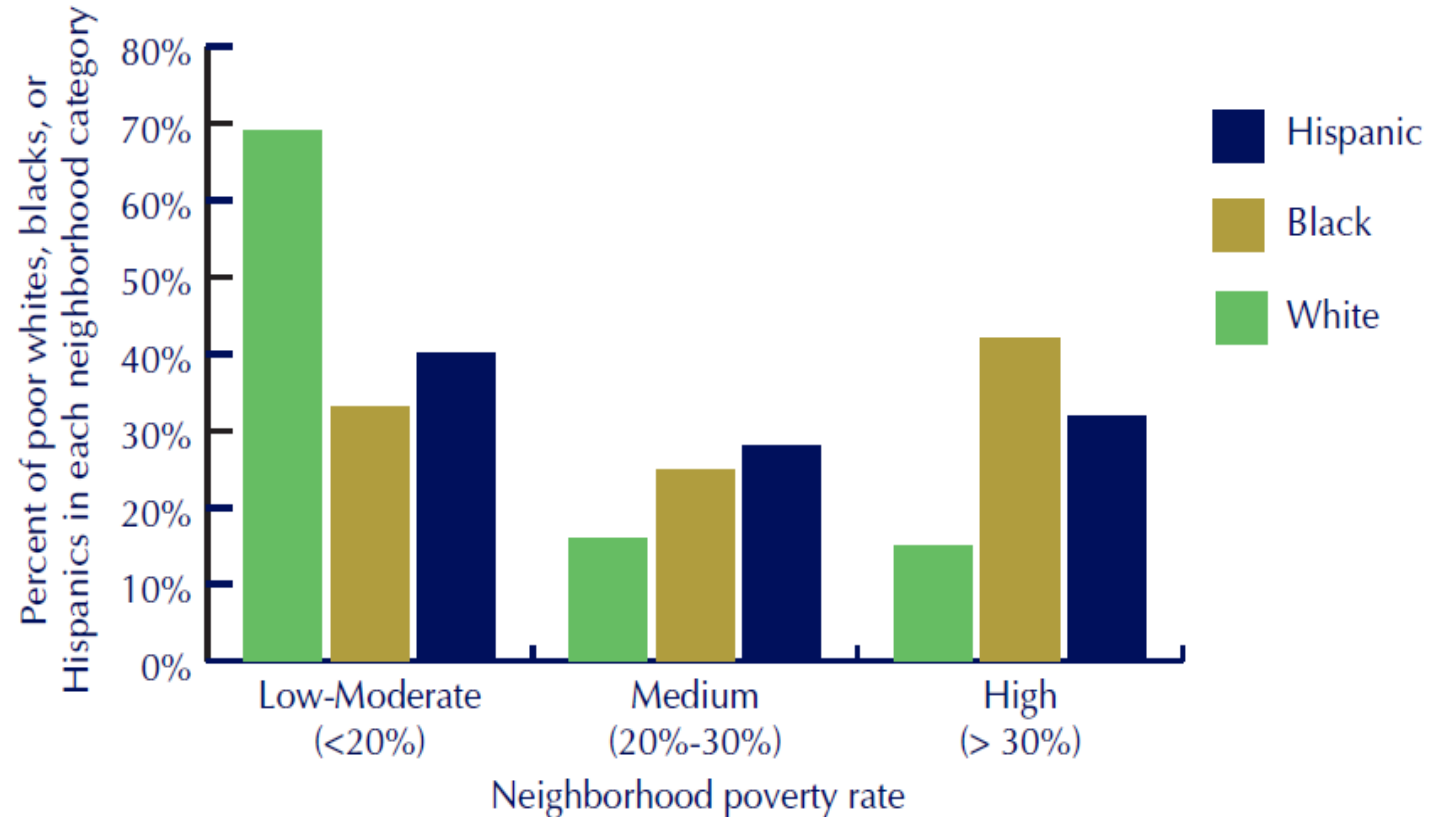
Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.

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.

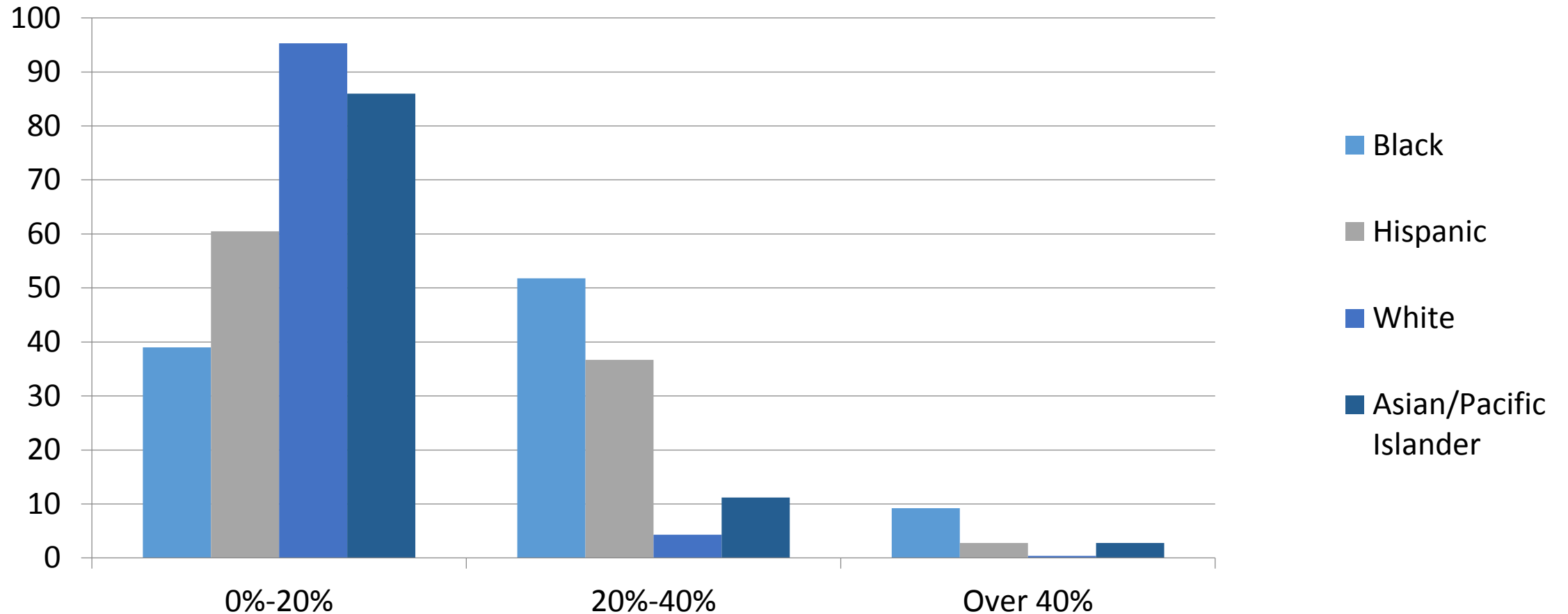
Poor blacks and Hispanics are more likely than poor whites to live in medium- and high-poverty tracts



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

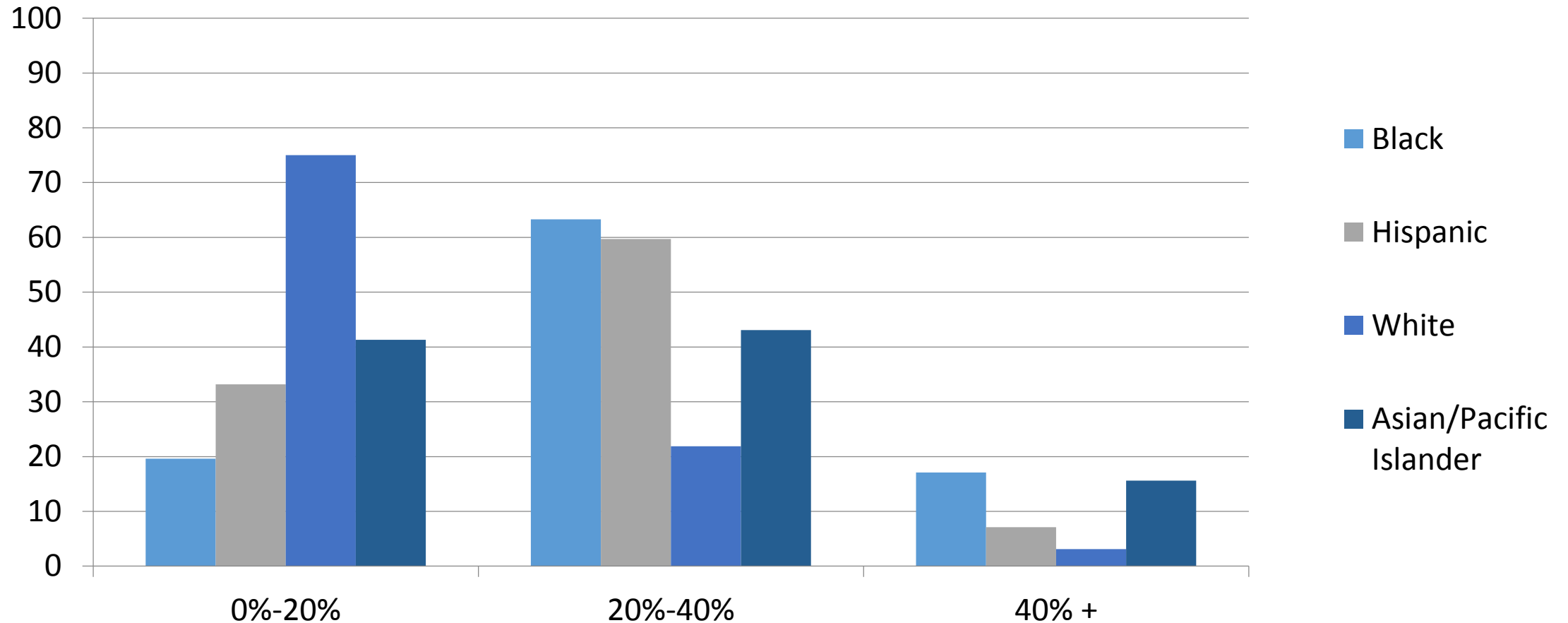
Metro Detroit: Poverty Concentration of Neighborhoods of All Children

Source: Diversitydata.org, 2011



Metro Detroit: Poverty Concentration of Neighborhoods of Poor Children

Source: Diversitydata.org



Science to Policy and Practice—What Does the Evidence Suggest?

A focus on prevention, particularly on the conditions in which people live, work, play, and study

Multiple strategies across sectors

Sustained investment and a long-term policy agenda

Science to Policy and Practice—What Does the Evidence Suggest?

Place-based Strategies: Investments in Communities

People-based Strategies: Investing in Early Childhood Education and Increasing Housing Mobility Options

Create Healthier Communities:

Improve food and nutritional options through incentives for Farmer's Markets and grocery stores, and regulation of fast food and liquor stores

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

Improve the Physical Environment of Communities:

Improve air quality (e.g., by relocating bus depots further from homes and schools)

Expand the availability of open space (e.g., encourage exercise- and pedestrian-friendly communities)

Address disproportionate environmental impacts (e.g., encourage Brownfields redevelopment)

Expanding Housing Mobility Options:

Moving To Opportunity (MTO)

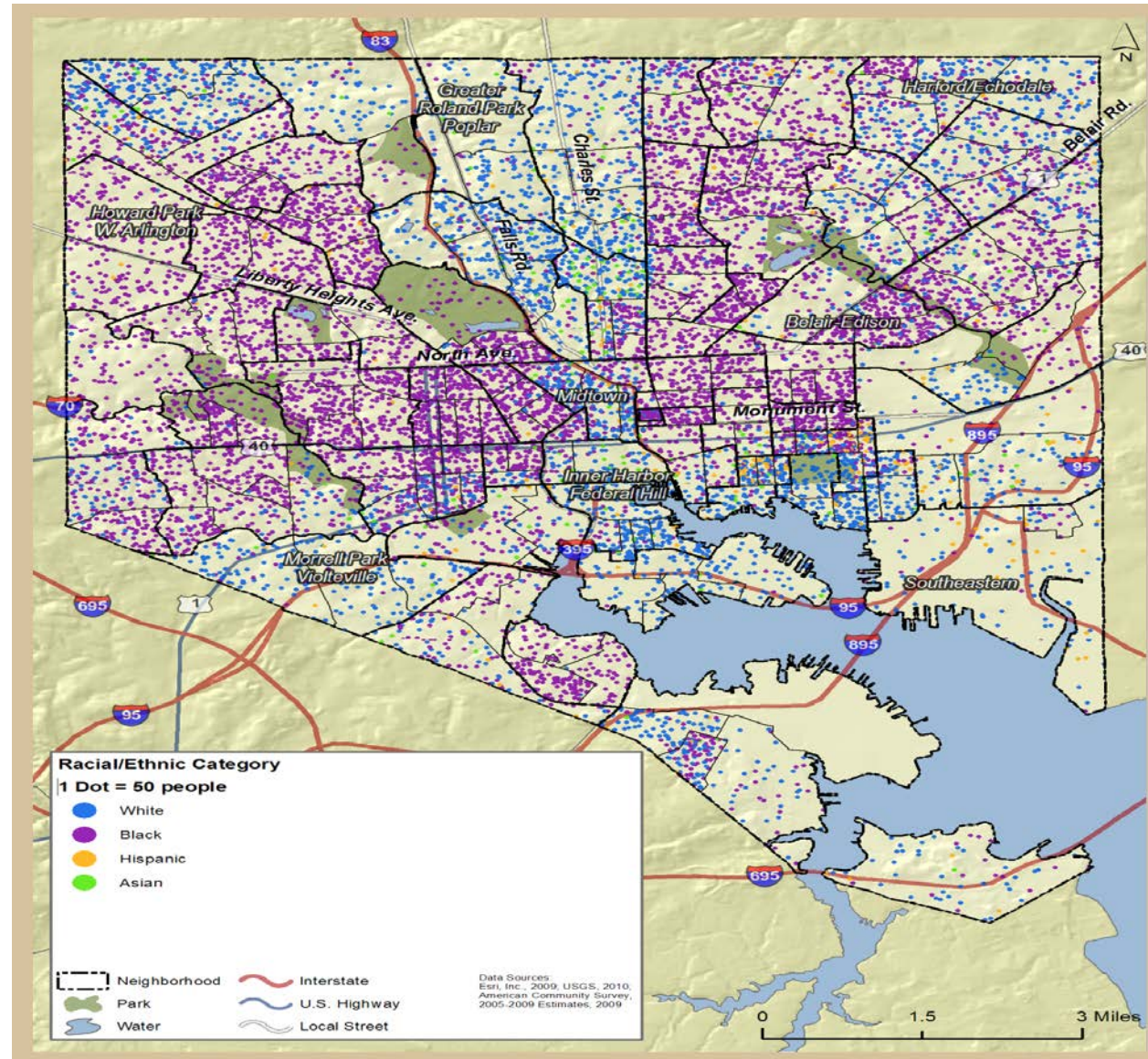
U.S. Department of Housing and Urban Development (HUD) launched MTO demonstration in 1994 in five cities: Baltimore, Boston, Chicago, Los Angeles, and New York.

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.

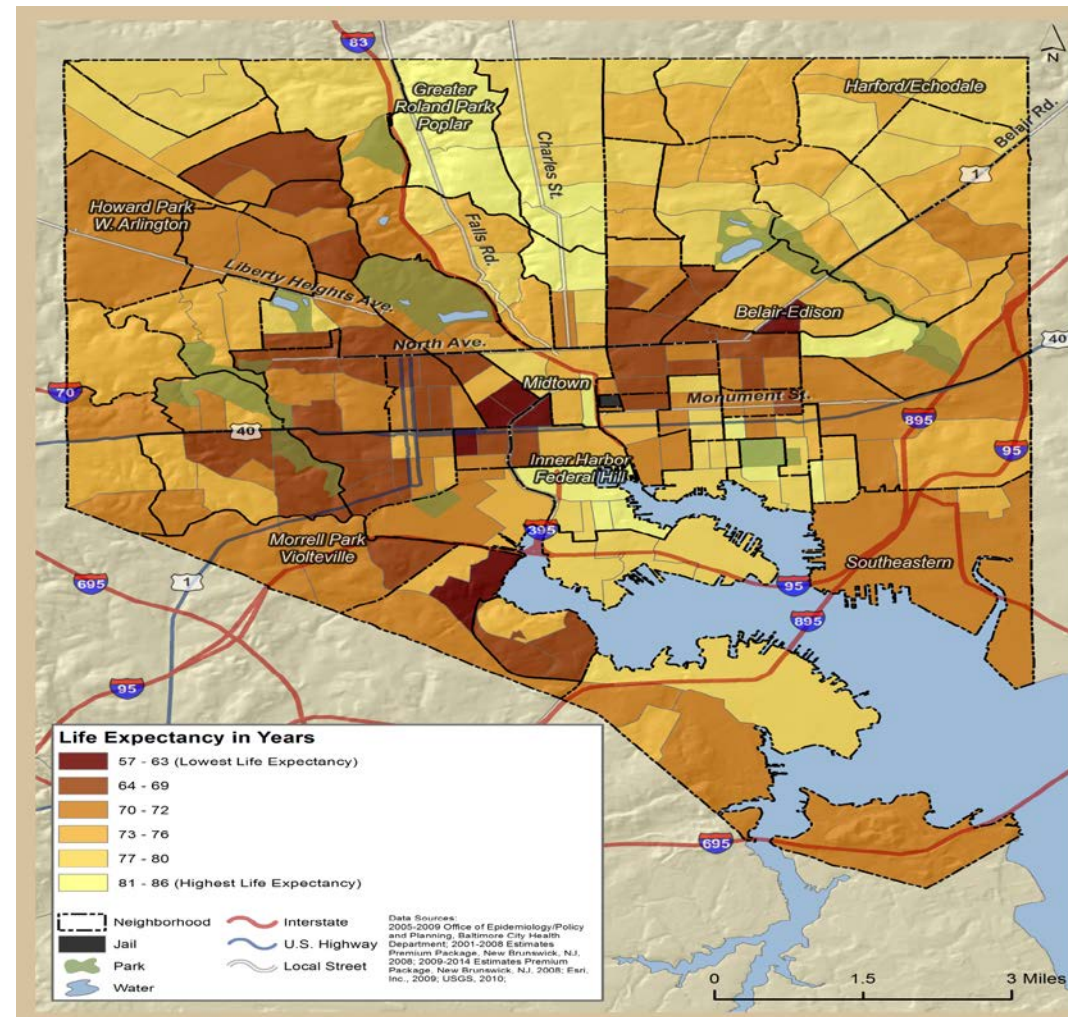
Findings from the follow up Three-City Study of MTO, in 2004 and 2005, answer some questions but also highlight the complexity of the MTO experience and the limitations of a relocation-only strategy.

Away from concentrated poverty, would 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.

Racial and Ethnic Distribution, Baltimore, 2005-2009



Life Expectancy by Census Tract, Baltimore, 2005-2009



“[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)