

## **The Health Challenge: Creating a Policy Agenda Focused on Place**

**By: Mary Lee, PolicyLink**

There is no question that health in the United States is stratified by race. Blacks and Latinos suffer disproportionately from alarmingly high rates of disease and poor health outcomes. Health disparities for both groups are not only persistent; they have severe consequences that result in a reduced quality of life, and even early death.

Health policymakers and the public have generally made the state of individual health, access to health care, and health insurance the focus of policy debates. While an individual's genetic predisposition or personal behavior certainly play a role in health, individual characteristics account for just a fraction of the problem of health disparities. According to the Centers for Disease Control, lack of access to care accounts for only 10 percent of total mortality in the U.S. Environmental conditions, along with social and economic factors, actually play a much larger role in health. It is becoming increasingly clear that where you live affects your health. Accordingly, the health of Latinos and African Americans is determined by a range of environmental factors that occur in the neighborhoods where they live.

The charts and data below illustrate the gravity of health disparities by displaying selected examples of the rates of illness among Blacks and Latinos compared to those of Whites.<sup>1</sup>

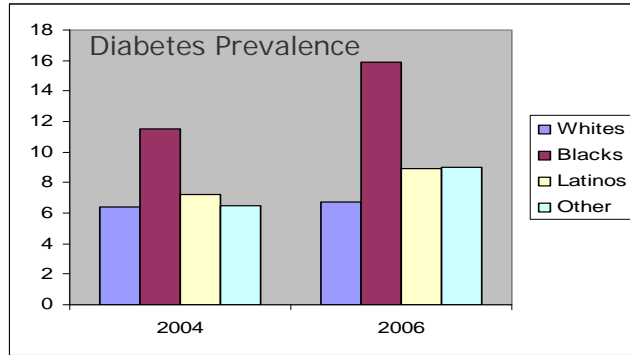
### **Facts**

#### **Asthma<sup>2</sup>**

- Black children have a 60 percent higher prevalence of asthma than White children.
- Black people had asthma-related emergency room visits 4.5 times more often than White people.
- While deaths from asthma are rare, the death rate for Puerto Ricans specifically was 400 percent higher than the non-Hispanic White population.

#### **Diabetes**

- Black people are 2.2 times as likely to have diabetes as their White counterparts.
- Latinos are 1.5 times as likely to have diabetes as Whites.
- The death rate from diabetes in Latinos is 60 percent higher than the death rate of non-Hispanic Whites.



Source: Behavioral Risk Factor Surveillance System

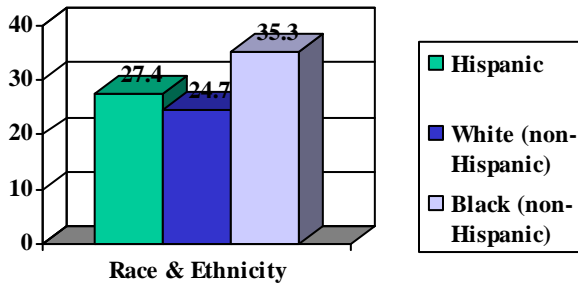
**Cardiovascular Disease**

- Black men are 30 percent more likely to die from heart disease than non-Hispanic White males, despite the fact that 10 percent of Blacks have been diagnosed with heart disease versus 12 percent of Whites.
- 31.6 percent of Black people have hypertension compared to 22.4 percent of White people.

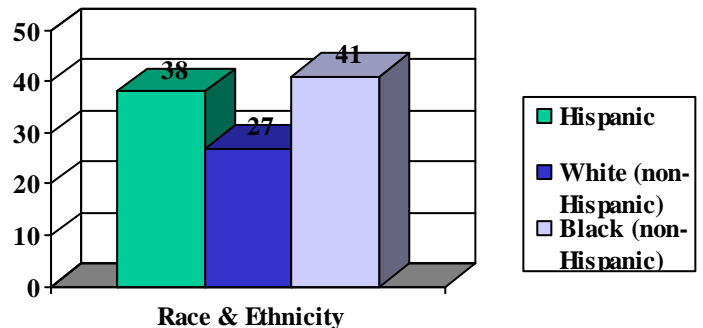
**Obesity**

- Black women are 70 percent more likely to be obese than non-Hispanic White women; in general, Black women have the highest rates of obesity compared to all other groups. About four out of five Black women are overweight or obese.
- Black people are 1.4 times as likely to be obese as non-Hispanic White people.
- 73 percent of Mexican American women (the largest sub-population of Latinos in the U.S.) are overweight or obese, as compared to 61.6 percent of the general female population.
- Latinos are 1.1 times as likely to be obese as non-Hispanic Whites.

**Percent Obese by Race/Ethnicity**  
(18 years and older)



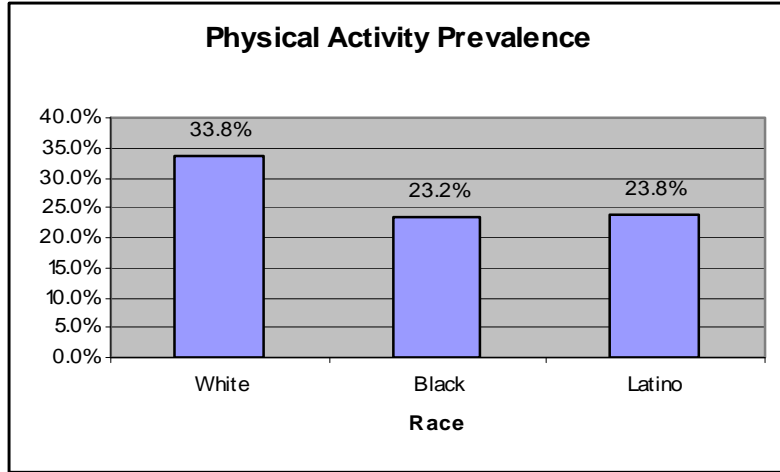
**Percent of Adolescents Overweight & Obese**  
by Race/Ethnicity (Ages 10 to 17)



Source: Behavioral Risk Factor Surveillance System

**Physical Activity During the Past Month**

- Non-Hispanic White adults are more likely to engage in regular leisure-time physical activity than Latinos or non-Hispanic Black adults.
- The age-sex adjusted percentage of adults\* who engage in regular leisure-time physical activity is 23.8 percent for Latinos, 33.8 percent for non-Hispanic Whites, and 23.2 percent for non-Hispanic Blacks.



Source: 2007 National Health Interview Survey on Physical Activity

**Cancer**

- Black people are 33 percent more likely to die from all types of cancer than White people.
- Black men are over twice as likely to die from prostate cancer than Whites.
- Black women are 34 percent more likely to die from breast cancer than White women, although Black women are diagnosed 10 percent less frequently.

**Health Care Access**

- 13 percent of White adults have no health care coverage.
- 22.9 percent of Black adults have no health care coverage.
- 43.3 percent of Latino adults have no health care coverage.

**HIV/AIDS**

- Black people made up 47 percent of all HIV/AIDS cases diagnosed in 2006.
- Black men have 7.4 times the AIDS rate and are nine times more likely to die with AIDS than non-Hispanic White men.
- Latinos made up 18 percent of AIDS cases in 2006, despite making up only 14 percent of the U.S. population.
- Latinos are 3.3 times more likely to be diagnosed with AIDS than non-Hispanic Whites.

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\* Age and sex are known correlates of physical activity participation so researchers statistically controlled for those variables to get an accurate depiction of how race influences physical activity.

## Infant Mortality

- The infant mortality rate for Black infants is more than twice the rate for non-Hispanic White infants (13.6 deaths per 1,000 live births vs. 5.8 deaths per 1,000 live births.)
- The infant mortality rate for Puerto Ricans specifically is 40 percent higher than non-Hispanic Whites.
- Puerto Rican infants are twice as likely to die from causes related to low birthweight, compared to non-Hispanic White infants.
- Black infants are 2.4 times as likely to die from causes related to low birthweight, compared to non-Hispanic White infants.

## Implications of Inaction

To understand more clearly how place affects health, consider socioeconomic status. Poverty is a predictor of health, and poor health increases as socioeconomic status (SES) decreases. In the U.S., race and ethnicity remain primary determinants of SES. Many low-income Latino and African American people live in neighborhoods defined by race and class, an example of residential segregation that is deeply entrenched.<sup>3</sup> Poverty compounds the isolation for poor Latino and African American children who are significantly more likely to live in “double jeopardy,” meaning that they live in both poor families and poor neighborhoods.<sup>4</sup> Only 1.4 percent of White children live in double jeopardy. By living in poor and racially isolated neighborhoods, Latino and Black people are more likely to suffer from dire health consequences.<sup>5</sup>

The health risks in these neighborhoods are cumulative and worsen over time, placing a disproportionate burden on residents that can have long-term consequences. Leading researchers have demonstrated the direct and indirect link to conditions in the community that contribute to poor health outcomes, including infant mortality, asthma and other respiratory infections, cancer, hypertension, and cardiovascular diseases. Even more alarming is research showing that the cumulative effect of high levels of stress can cause physical and mental illness, and even contribute to a shortened lifespan.

The following neighborhood conditions are among those known to be health risks and are common in low-income communities and communities of color:

### Pollution

- **Poor air and water quality:** homes and schools in communities of color are frequently sited near highways, factories, and other sources of pollution and residents in these areas are subject to higher levels of exposure.
- **Undesirable land uses:** low-income neighborhoods in both rural and urban settings frequently bear the burden of toxic waste treatment or disposal facilities, diesel truck depots and rail yards, etc. Lax regulation of such operations, and of businesses such as automotive repair and dry cleaners, puts residents at risk of health hazards from contaminants.
- **Exposure to chemical and biological agents in the workplace:** residents of low-income communities and communities of color in both rural and urban locations are likely to work in industries where the risk of exposure to toxics is high.

- **Agricultural threats:** exposure to chemicals in fertilizer impact both farm workers who must handle the products, and residents of adjacent areas who are exposed to run-off present in soil and water.

## Housing

Dilapidated housing is prevalent in neighborhoods where people of color and low-income people live. Threats include exposure to lead paint; mold; vermin; unsafe building materials; overcrowded units; unsafe wiring; missing or inoperable smoke detectors or other fire safety features.

## Access to Healthy Food

Communities of color and low-income communities are frequently categorized as “food deserts”—areas with limited access to healthy food. Residents of both urban and rural communities are affected when they lack access to grocery stores and produce stands that offer fresh and healthy food yet are saturated with fast food outlets and convenience stores that predominantly offer highly processed packaged foods and junk food. This combination has proven to be strongly correlated with diabetes and obesity.<sup>6</sup>

## The Built Environment

- **Lack of parks, recreation, and open space:** the number of such venues is typically inadequate in low-income neighborhoods and, where they do exist, parks and recreation centers are poorly maintained and provide little or no staff or programming.
- **Public school facilities:** frequently, schools in low-income communities and communities of color are dilapidated, overcrowded, lack recreation space, and do not offer healthy food options.
- **Unsafe streets:** typically low-income areas contain streets that are poorly designed or maintained, are too close to traffic, too narrow and lack lighting, and therefore discourage walking and biking. More urgently, lack of scrutiny and security put residents in these communities at risk of criminal activity.
- **Inadequate transit:** residents in communities of color are often isolated from employment, educational and cultural opportunity, as well as recreation and healthy food options.
- **Unhealthy, dangerous land uses:** alcohol outlets; bars; motels; recycling centers that are magnets for criminal behavior such as drug dealing and drug use; prostitution; gang activity; and violence are prevalent in these communities.
- **Public and private disinvestment:** as the aftermath of Hurricane Katrina demonstrated, inadequate public services, neglected infrastructure, and neighborhood isolation impair residents’ ability to survive or recover from a natural disaster.

## Economic Opportunity and Education

Residents of low-income communities and communities of color are often isolated from opportunities that lead to economic well-being. These neighborhoods are disconnected from living-wage jobs that provide career pathways, and from quality of education.

The absence of economic opportunity and the other elements listed above expose community residents to risks that are harmful and lead to poor health.

Conversely, the presence of clean air, water, parks and recreation, safe streets, good housing, and jobs all support health. The challenge now is to secure environments for Latino and Black people that facilitate healthy choices, not impede them.

## **Policy Solutions**

The health status of Black and Latino people is remarkably similar; so are the neighborhoods where they live. Both groups are contending with factors in their communities which impede their health. Accordingly, a focus on the relationship between place and health may yield the greatest opportunity for meaningful collaboration in the development of policy changes that would promote good health and prove mutually beneficial.

To improve health, a wide array of “non-health” strategies will need to be adopted, including: decent housing, quality schools, and living-wage jobs with career paths.<sup>7</sup>

In order to succeed, a wide array of non-traditional partners will need to be involved—public health advocates, researchers, academics, policymakers, community residents, community organizers, media, private industry, and philanthropy.

Moreover, the actions undertaken must be urgent and sustained and must take place at a local, regional, and national level.<sup>8</sup> Fortunately, there are viable policy solutions and strategies to achieve results being implemented in communities across the nation. Some examples:

- Collaboration between public health and land use advocates and agencies, utilizing planning tools such as Health Impact Assessments, and including Health Elements in General Plans
- Joint use agreements between public agencies and private organizations, or between two public agencies, increasing the accessibility of open space and public facilities for physical activity
- School-based health clinics that include mental health services and provide treatment for students and their families
- Transit oriented development that cuts down on air pollution and increases access to good jobs, healthy food, and recreation
- Creation of living-wage jobs that provide health insurance, and support emotional and economic well-being for workers
- Incentives, such as low-interest loans, to encourage grocery stores to locate in underserved areas and existing smaller stores to carry more fresh fruits and vegetables
- Expanding local farmers’ markets, mobile vendors, food cooperatives, and community-supported agriculture to increase the availability of healthy, fresh food

Health disparities can be eliminated. To make progress, alignment is needed on a joint policy agenda that could be a powerful force for improving the health of Black and Latino people in the neighborhoods where they live.

## Notes

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<sup>1</sup> Please note that the focus of this brief is the health status of Black and Latino people in the U.S.; other communities of color also experience significant health disparities, including Asian, Pacific Islander, and Native Americans. Further, note that the data presented focus on adults. The results for youth are equally alarming. For example, 40 percent of Latino children and 30 percent of Black children are obese.

Also, please note that we recognize that the racial categories used here—Black and Latino—do not break out the vast number of ethnicities and nationalities encompassed in each group, and the data shown here are only disaggregated in a few instances. Effective policy advocacy will take such variations into account. For instance, the health status of immigrants can change depending on the length of residency in the U.S. Immigrants often have better health outcomes initially, despite the presence of risk factors, due to strong social support, kinships networks, and cultural resiliency. Yet as their length of time in U.S., and acculturation increase, health status for many immigrant groups often decreases.

<sup>2</sup> Health disparities data on asthma, diabetes, cardiovascular disease, obesity, cancer, HIV/AIDS, and infant mortality are drawn from the Office of Minority Health.

<sup>3</sup> Data from the 2000 Census indicate that White people in the U.S. typically live in neighborhoods that are more than 80 percent white, Blacks in neighborhoods more than 50 percent Black, and Latinos in neighborhoods more than 40 percent Latino.

<sup>4</sup> According to the March/April 2008 issue of the journal *Health Affairs*, <http://content.healthaffairs.org/current.shtm>.

<sup>5</sup> <http://content.healthaffairs.org/cgi/content/abstract/27/2/321>.

<sup>6</sup> *Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes*, PolicyLink 2008, <http://www.policylink.org/documents/DesignedforDisease.pdf>.

<sup>7</sup> *Unnatural Causes: Is Inequality Making Us Sick?*, <http://www.unnaturalcauses.org/>.

<sup>8</sup> Note as well the urgent need for global efforts on health disparities, as articulated by the World Health Organization, [http://whqlibdoc.who.int/hq/2008/WHO\\_IER\\_CSDH\\_08.1\\_eng.pdf](http://whqlibdoc.who.int/hq/2008/WHO_IER_CSDH_08.1_eng.pdf).