



**Collaboratives
for Health Equity**

Where People, Place and Power Matter

Place, Race, and Chronic Disease:

Addressing the Roots of Health Inequities

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National Collaborative for Health Equity

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



Myth: Racial segregation arises from the unintended consequences of economic forces

Federal, state, and local governments systematically imposed residential segregation with:

- undisguised racial zoning,
- public housing that purposefully segregated previously mixed communities,
- subsidies for builders to create whites-only suburbs,
- tax exemptions for institutions that enforced segregation, and
- support for violent resistance to African Americans in white neighborhoods.

NCRC - The Persistent Structure of Segregation and Economic Inequality (2019)

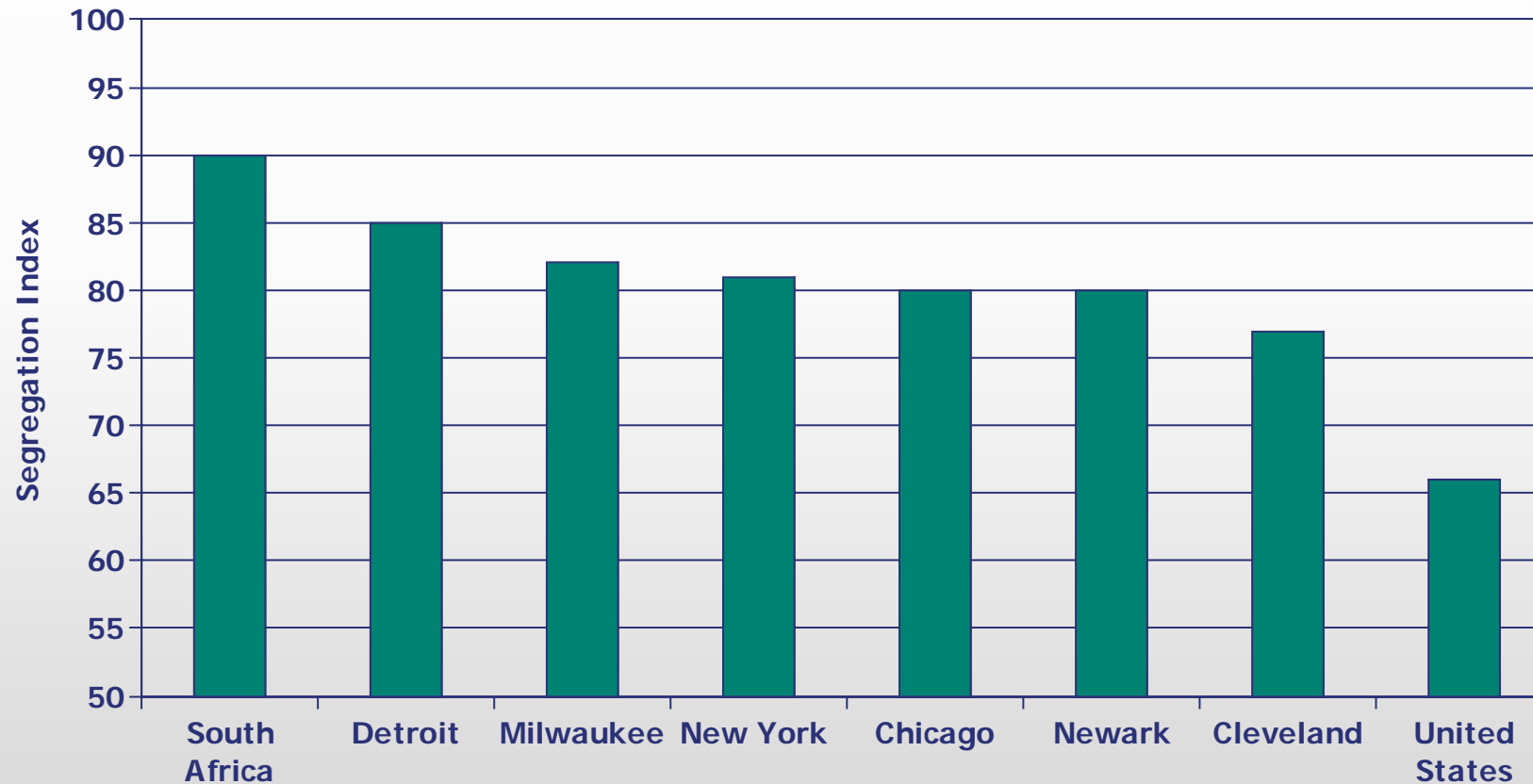
<https://ncrc.org/holc/>

- 3 out of 4 neighborhoods “redlined” on government maps 80 years ago continuing to struggle economically
- Nationally, nearly two-thirds of neighborhoods deemed “hazardous” in the 1930s are inhabited by mostly minority residents.
- Cities with more of these neighborhoods have significantly greater economic inequality.
- On the flip side, 91 percent of areas classified as “best” in the 1930s remain middle-to-upper-income today, and 85 percent of them are still predominantly white.



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. Many people of color 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.
- 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



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

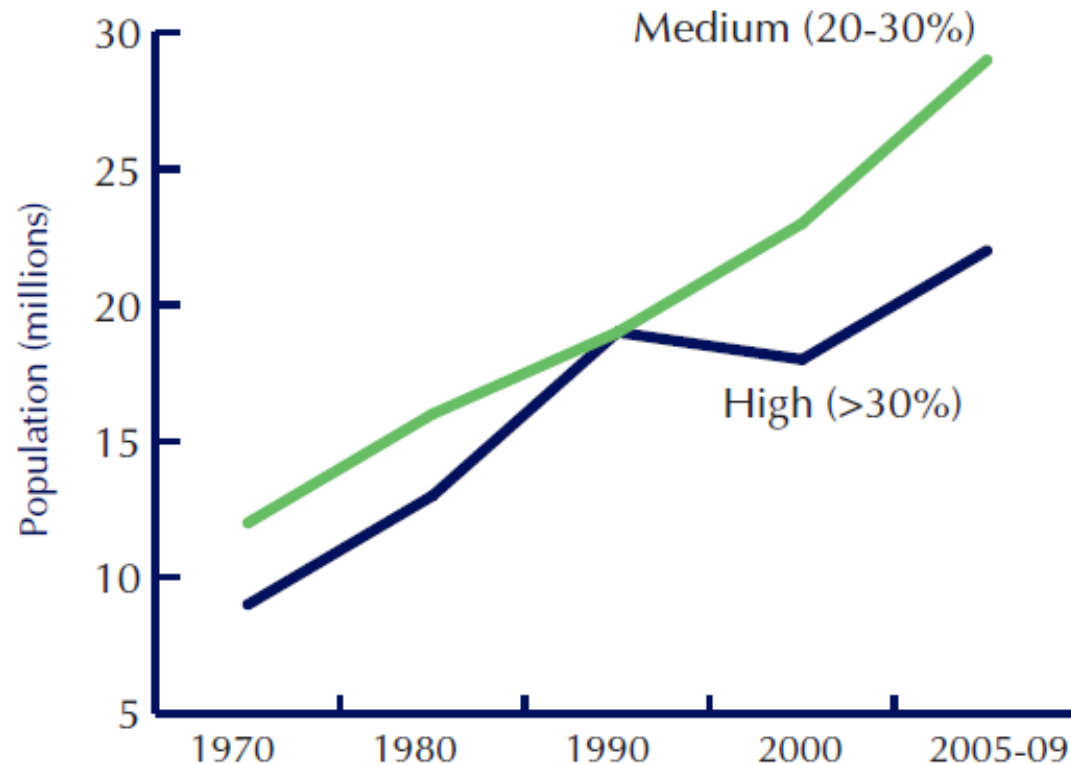
- Black and Latino neighborhoods also have *fewer parks and green spaces* than white neighborhoods, and *fewer safe places* to walk, jog, bike or play, including fewer gyms, recreational centers and swimming pools
- Low-income communities and communities of color are *more likely to be exposed* to environmental 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



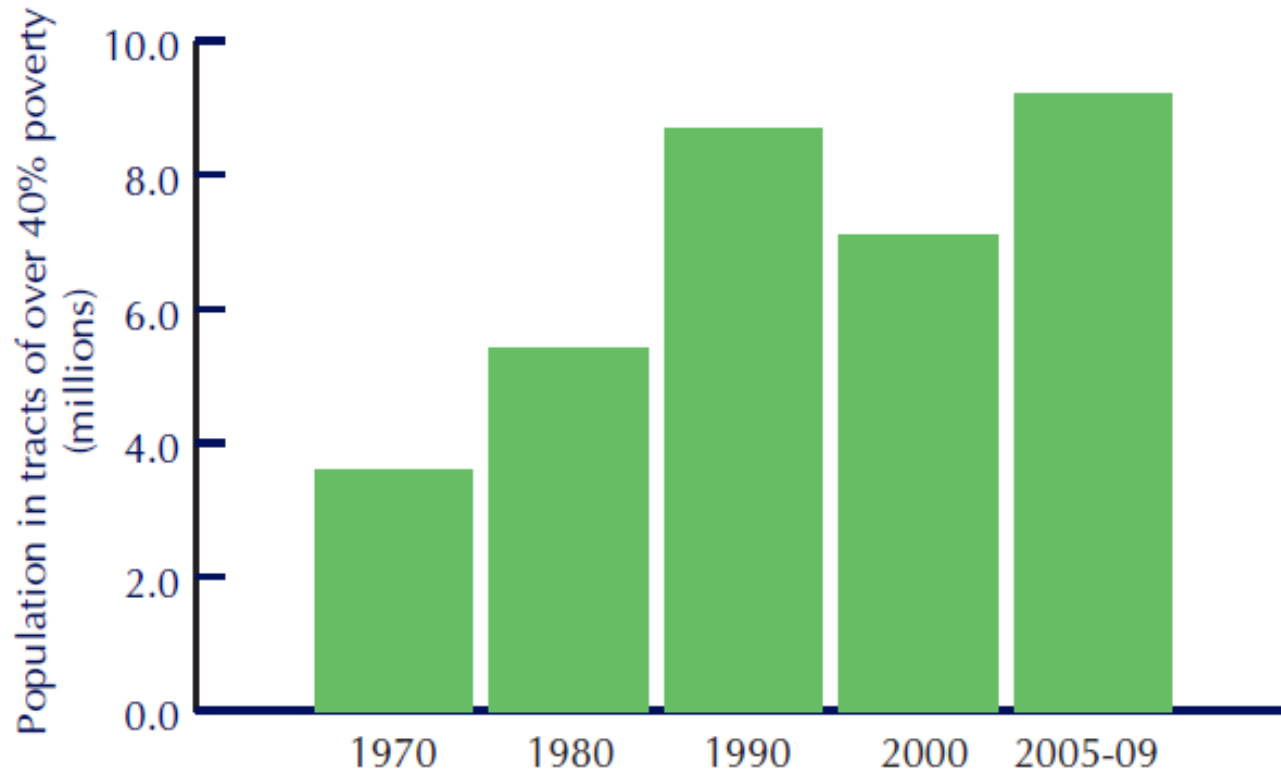
Steady rise in people in medium, high-poverty neighborhoods



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



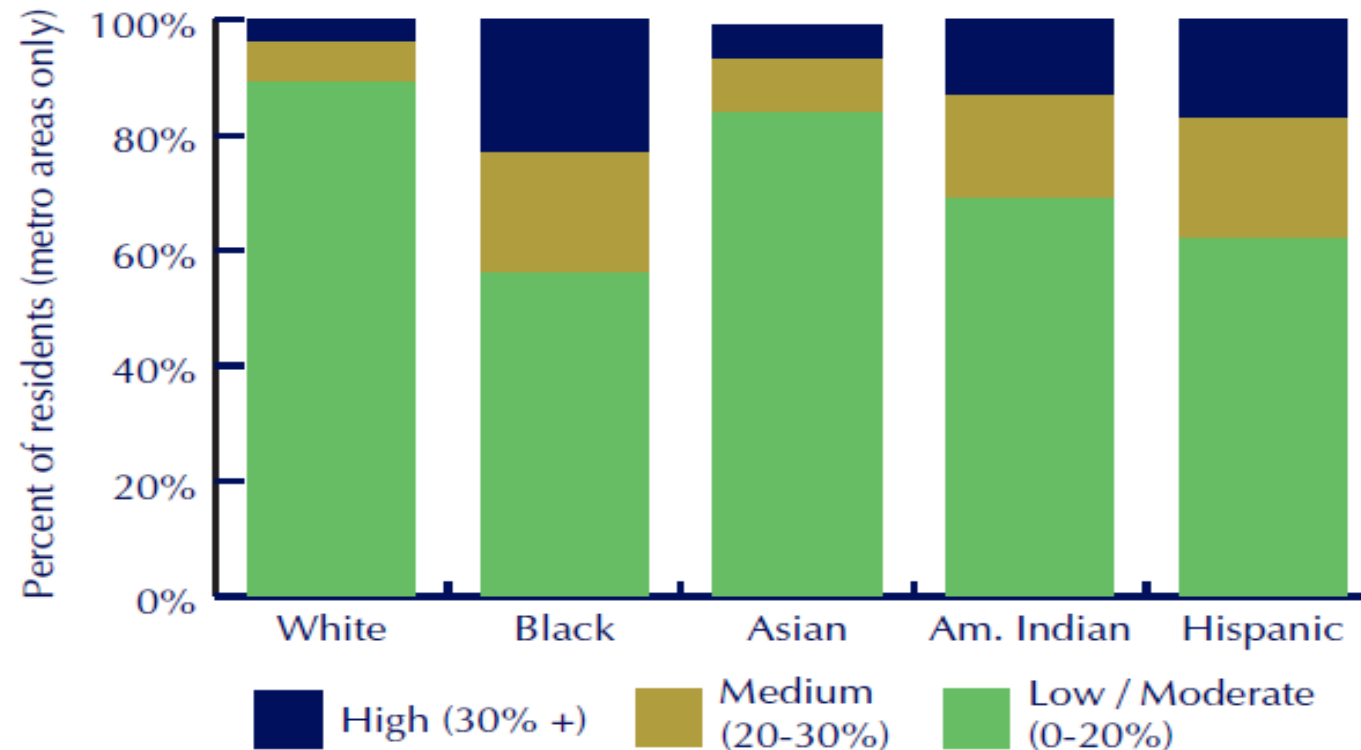
2000s: Population soars in extreme-poverty neighborhoods



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



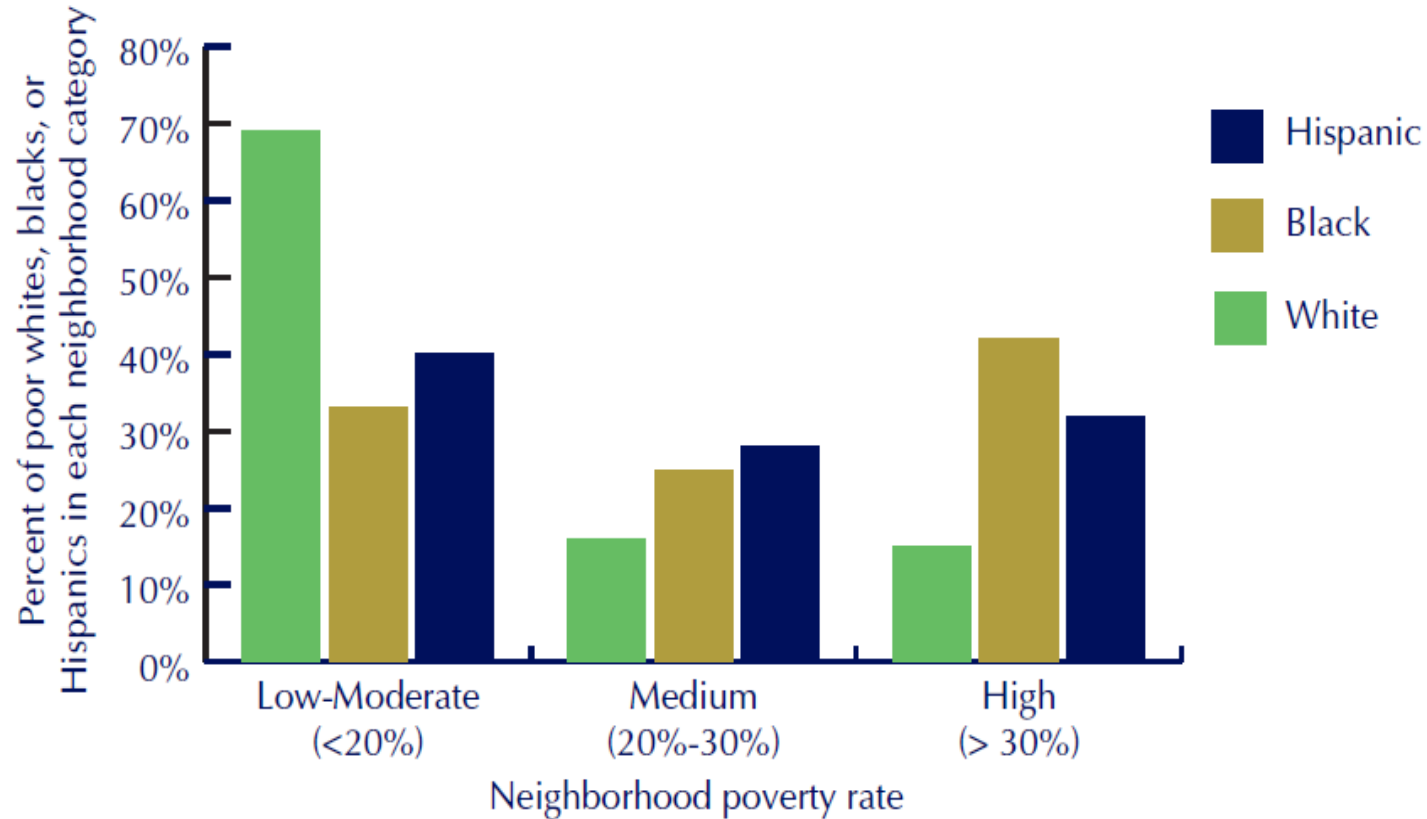
Blacks, Hispanics, Amer. Indians over-concentrated in high-poverty tracts



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

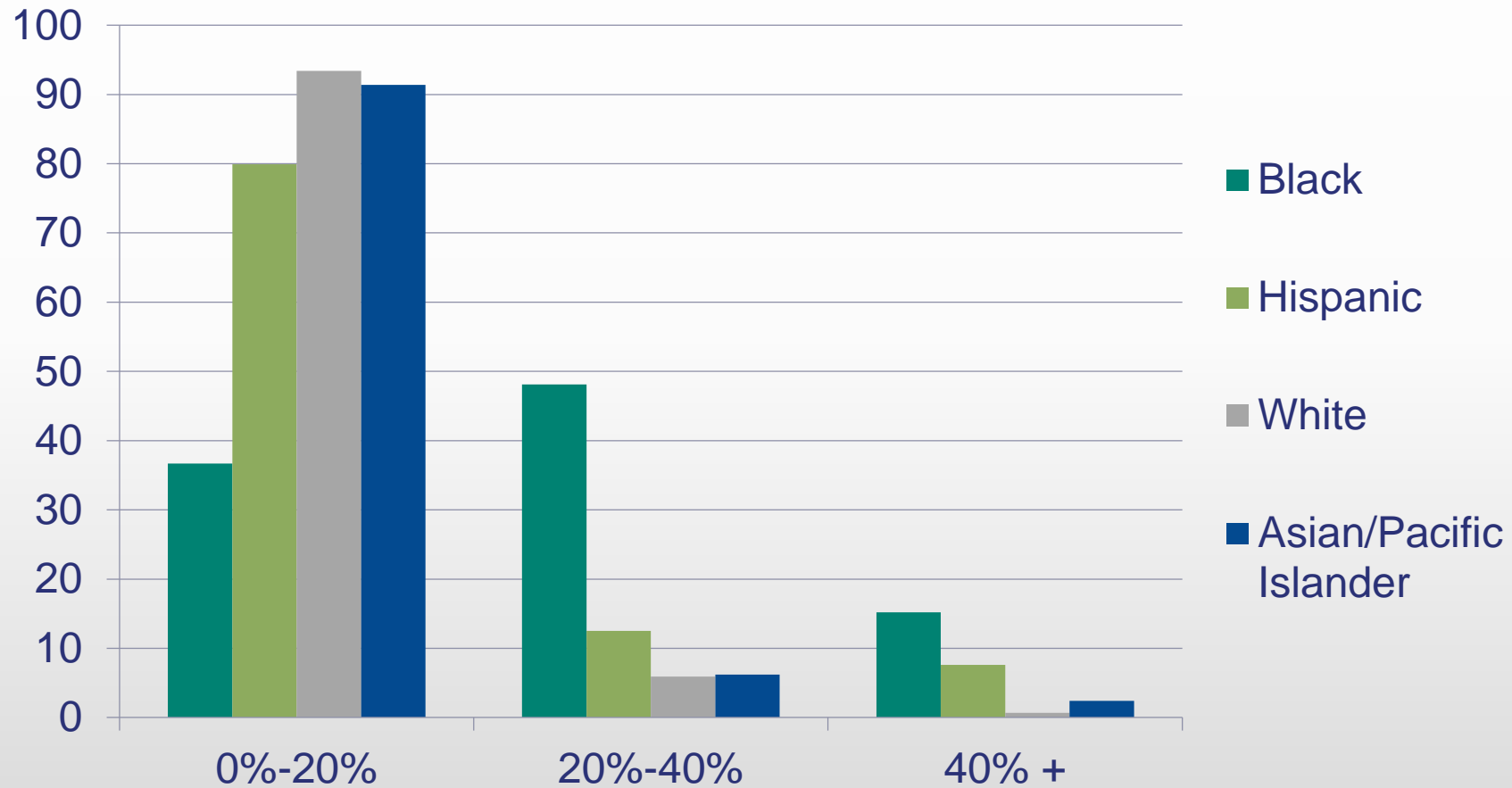


Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.



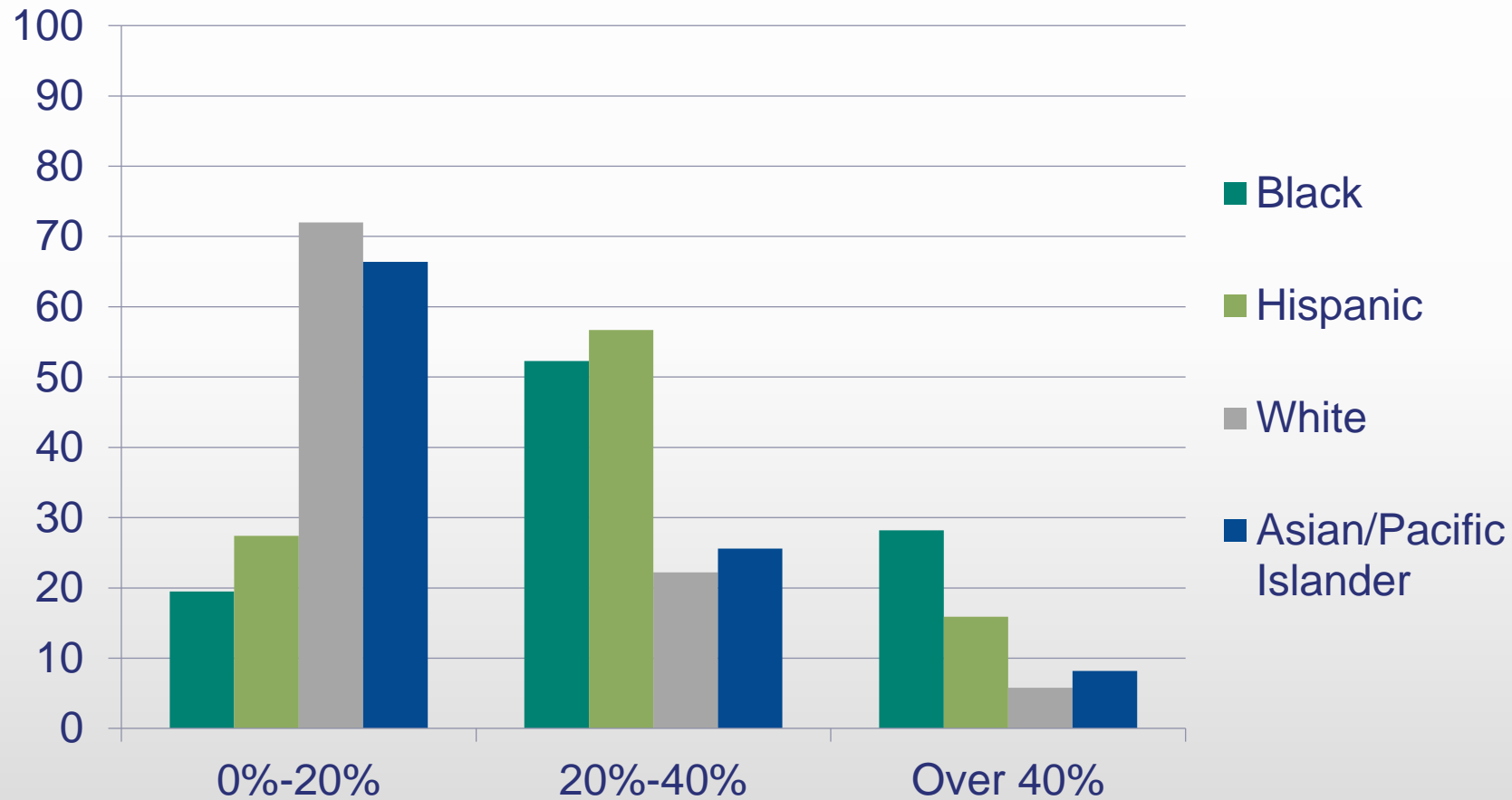
Metro Cleveland: Poverty Concentration of Neighborhoods of All Children

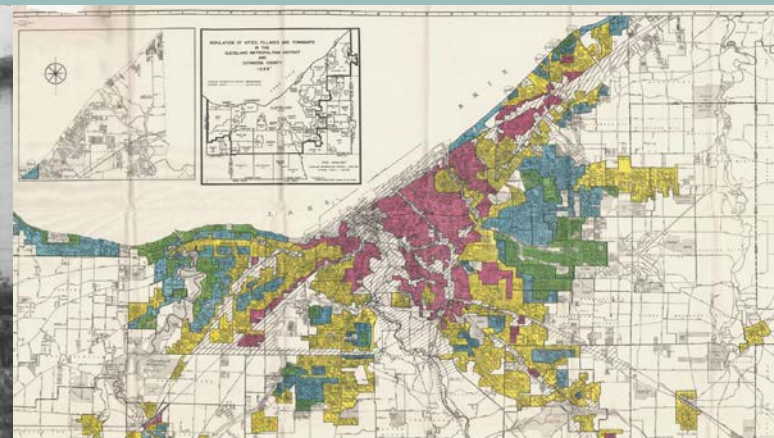
Source: Diversitydata.org, 2019



Metro Cleveland: Poverty Concentration of Neighborhoods of Poor Children

Source: Diversitydata.org, 2011





HISTORY MATTERS:

UNDERSTANDING THE ROLE OF POLICY, RACE AND REAL ESTATE IN TODAY'S GEOGRAPHY OF HEALTH EQUITY AND OPPORTUNITY IN CUYAHOGA COUNTY



Presentation and Panel Discussion: The City Club of Cleveland

February 18th 2015 – Cleveland, OH

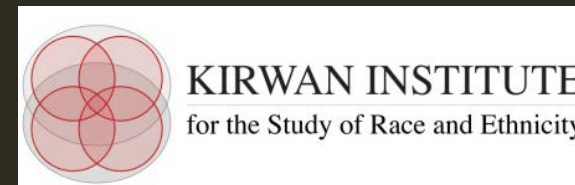
Jason Reece – Reece.35@osu.edu

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Lecturer, City & Regional Planning Program, Knowlton School of Architecture

The Ohio State University

In Collaboration with PlaceMatters Cuyahoga County.



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)

Moving to Opportunity - HUD

- 10-year randomized control trial to **test the effects of moving from high-poverty to low-poverty neighborhoods** among low-income families
- Tenant-based rental assistance allows the recipient to choose modestly priced private housing in neighborhoods that can offer ample educational, employment, and social opportunities.
- However, many households receiving Section 8 rental assistance are confronted by an array of barriers--market conditions, discrimination, lack of information and/or transportation, among others--that force them to rent housing in neighborhoods of intense poverty.

Moving to Opportunity - HUD

MTO began in the 1990s among 4600 low-income families with children living in high-poverty public housing projects. Families who volunteered to participate in the program were randomly assigned to 3 groups:

- **Experimental group** received housing vouchers that could be used only in low-poverty areas, as well as counseling to help them find units there.
- A second group received vouchers that could be used anywhere but no counseling.
- A **third (control) group did not receive vouchers** but remained eligible for any other government assistance to which they otherwise would have been entitled.
- The demonstration was implemented by public housing authorities in Baltimore, Boston, Chicago, Los Angeles, and New York City.

Moving to Opportunity – Long-term Evaluation

- Parents in families who moved to low-poverty areas had **lower rates of obesity and depression, and reported lower levels of stress.**
- **Lower-poverty neighborhood significantly improves college attendance rates and earnings** for children who were young (below age 13) when their families moved.
- These **children** also live in low-poverty neighborhoods themselves as adults and are **less likely to become single parents.**
- The treatment effects are substantial: children whose families take up an experimental voucher to move to a lower-poverty area when they are less than 13 years old have an annual income that is \$3,477 (**31%**) **higher** on average relative to a mean of \$11,270 in the control group in their mid-twenties.
- In contrast, the same moves have, if anything, **negative long-term impacts on children who are more than 13 years old when their families move**, perhaps because of disruption effects.

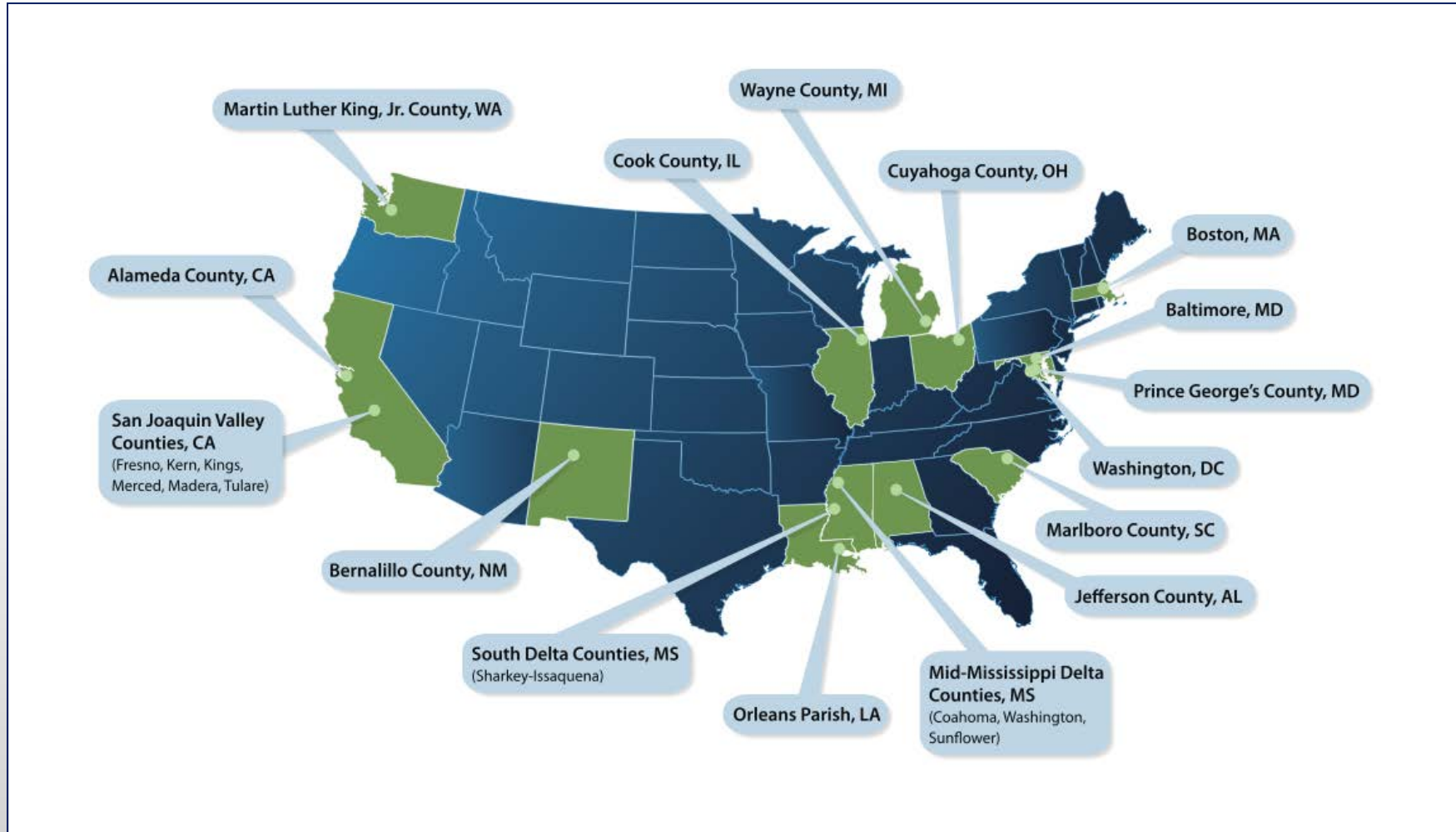
Moving to Opportunity – Considerations

- **Housing mobility is NOT a panacea** – comprehensive strategies are needed to reduce stressful conditions in high-poverty neighborhoods
- **Wholesale dislocation is NOT effective** – history demonstrates that too often low-income communities have been forcibly removed with detrimental consequences.
- **People-based interventions such as housing mobility should be accompanied by place-based investments** to stimulate economic activity and improve community conditions in under-resourced communities.

Affirmatively Furthering Fair Housing – U.S. Department of Housing and Urban Development (2015)

- Final AFFH rule requires all jurisdictions that receive HUD funds to go through a structured planning process every five years that explores the extent of racial and economic segregation.
- Examines disparities in access to opportunity in different neighborhoods.
- The process is accompanied by a robust community engagement process that includes stakeholders and advocates from a range of sectors.
- Leads to the development of concrete goals and strategies in the jurisdiction's Consolidated Plan and Public Housing Agency Plan

Collaboratives for Health Equity Initiative



Collaboratives for Health Equity – What's the Vision?

- Equitable social, economic, and environmental conditions to support good health for all, particularly communities of color
- Sustainable change in CHE communities that provide examples for other place-based efforts
- Improved national awareness of and support for action to improve conditions that shape health
- Significant reductions in health inequalities and improved health for all



Collaboratives for Health Equity – What's our Mission?

- Build the capacity of leaders in communities around the country to identify and address social, economic, and environmental conditions that shape health inequities
- Provide examples of innovative strategies for communities around the country
- Support a national health equity movement that seeks to ensure that everyone has an equal opportunity to live a healthy life



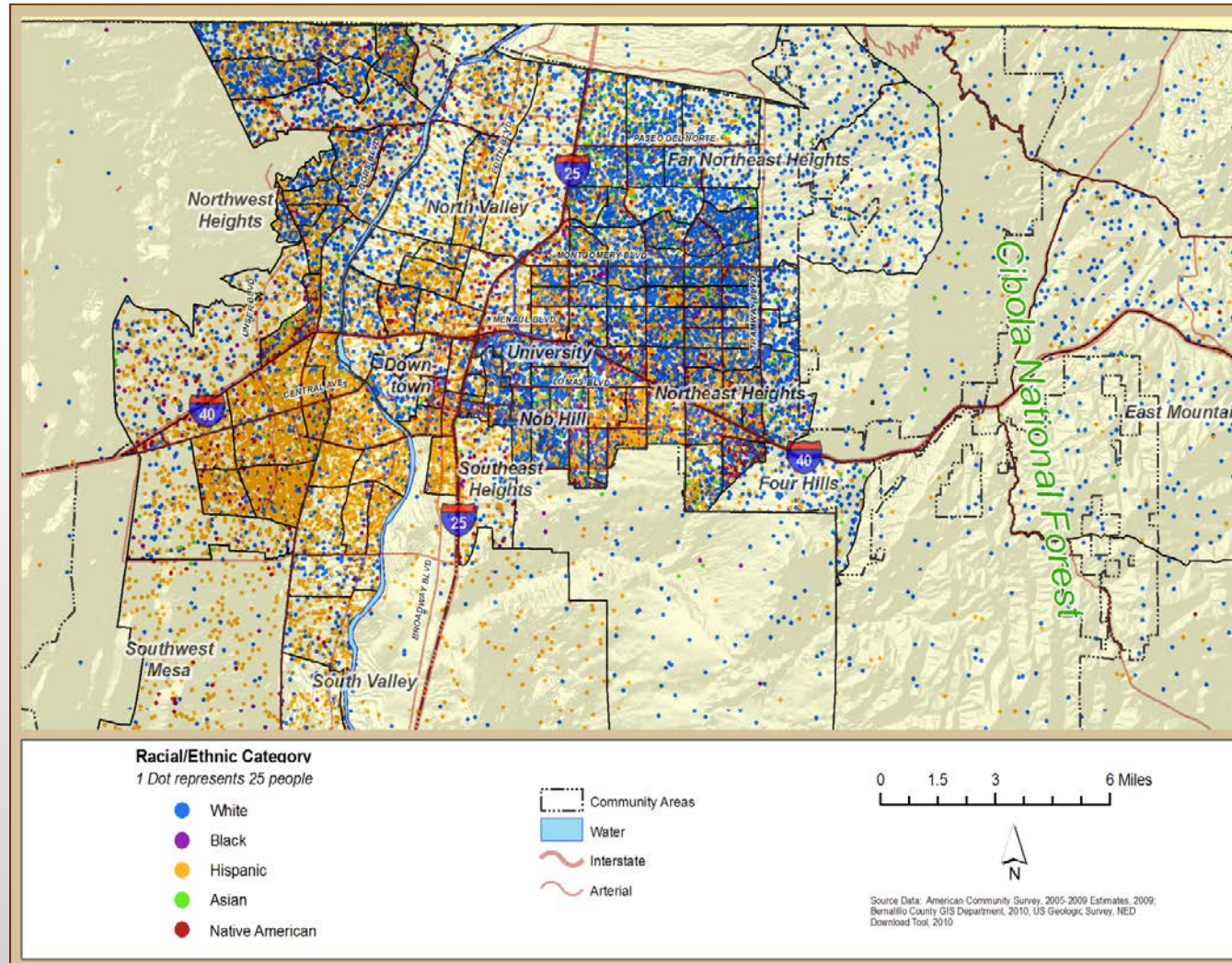
NCHE Support for CHE Teams

- Technical assistance to help teams build capacity and meet benchmarks (next slides) for progress toward advancing health equity
- Platform for teams to gain attention and support
- National community of practice, with opportunities for shared learning and peer training
- CHE brand and visibility at a national level
- Greater national attention to and action to address social determinants of health



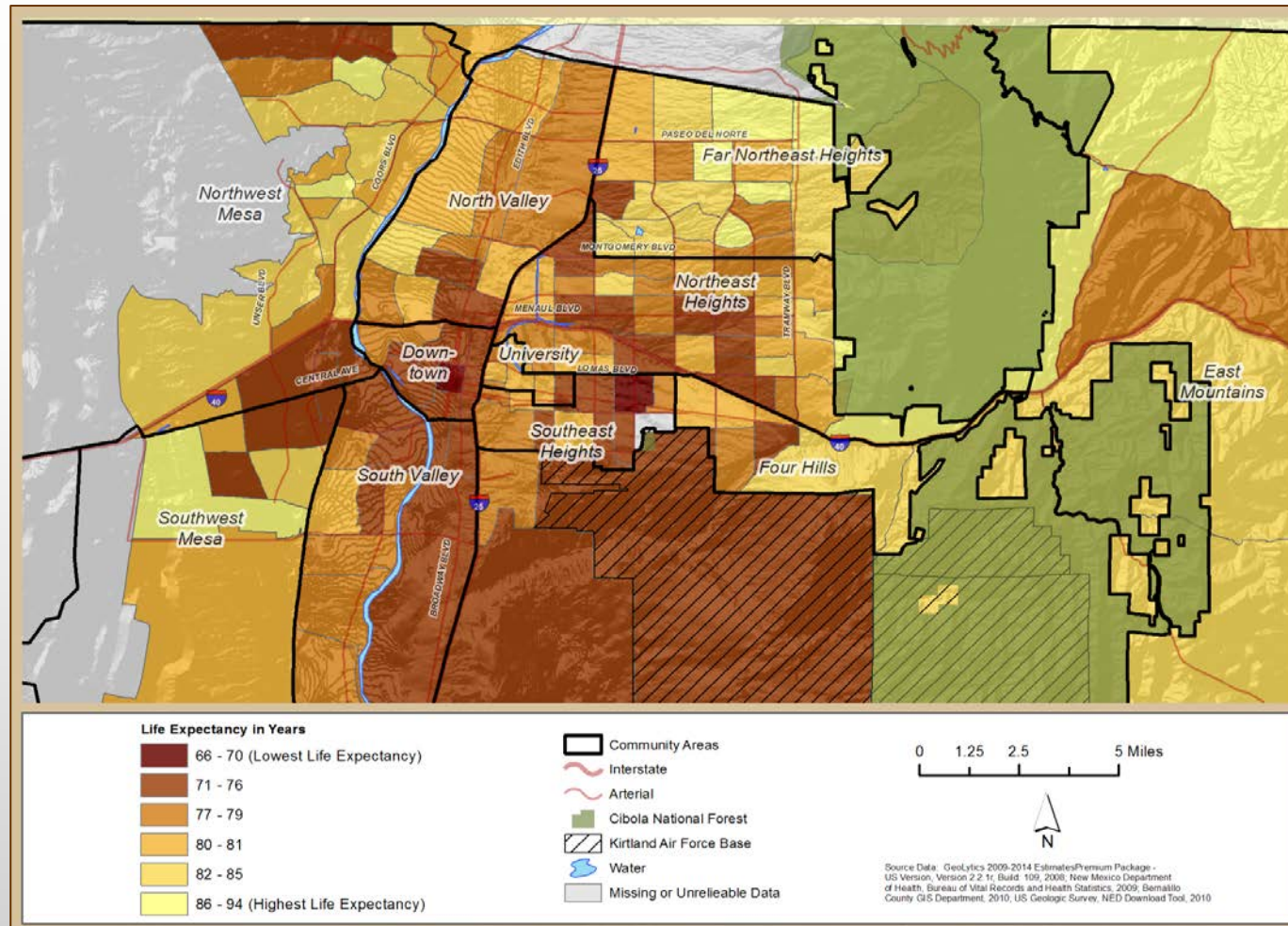
Community Health Equity Reports (CHER) – Documenting Risks to Health-Bernalillo County

Racial/Ethnic Distribution by Census Tract, Bernalillo County (2005-2009)

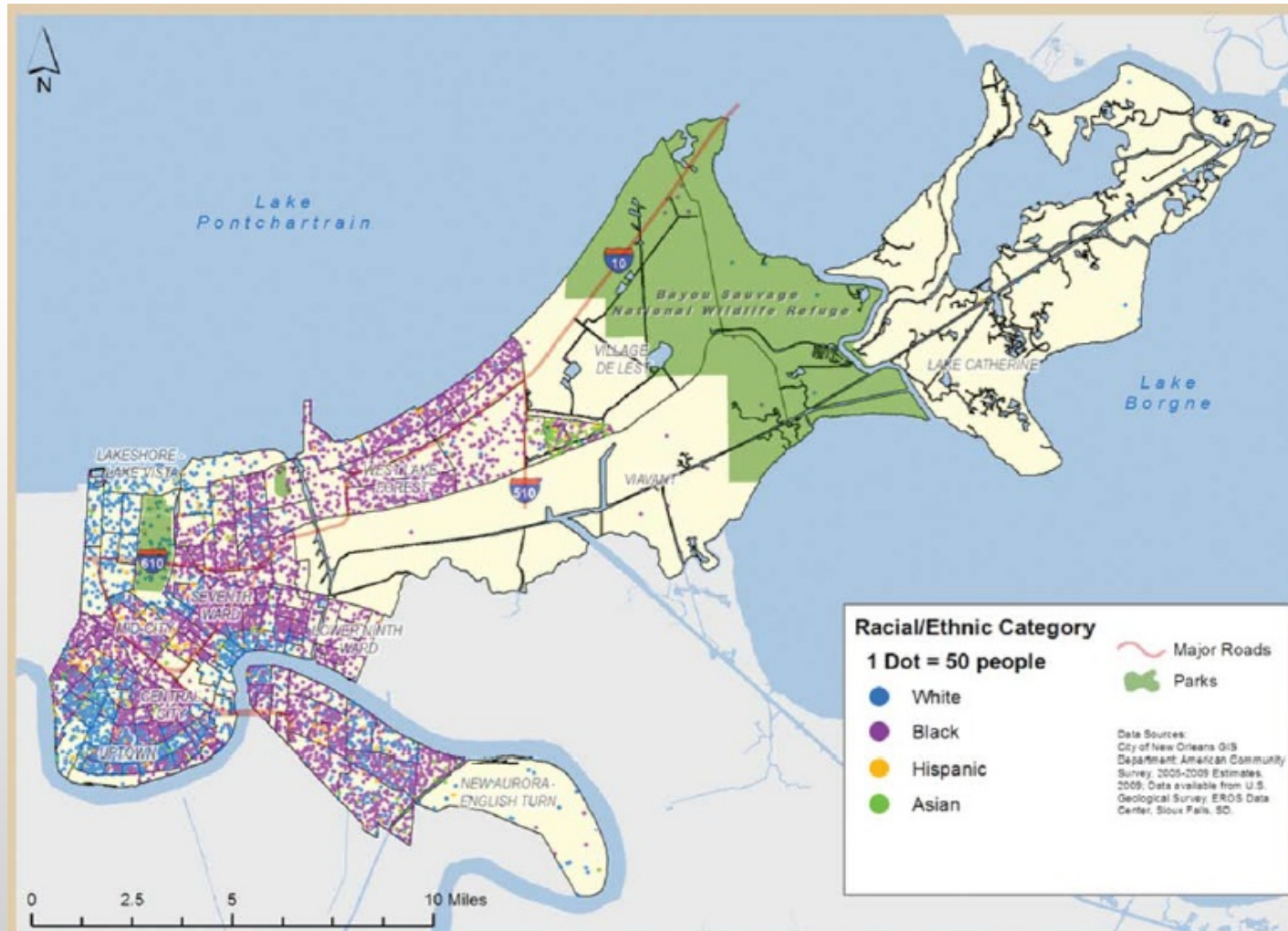


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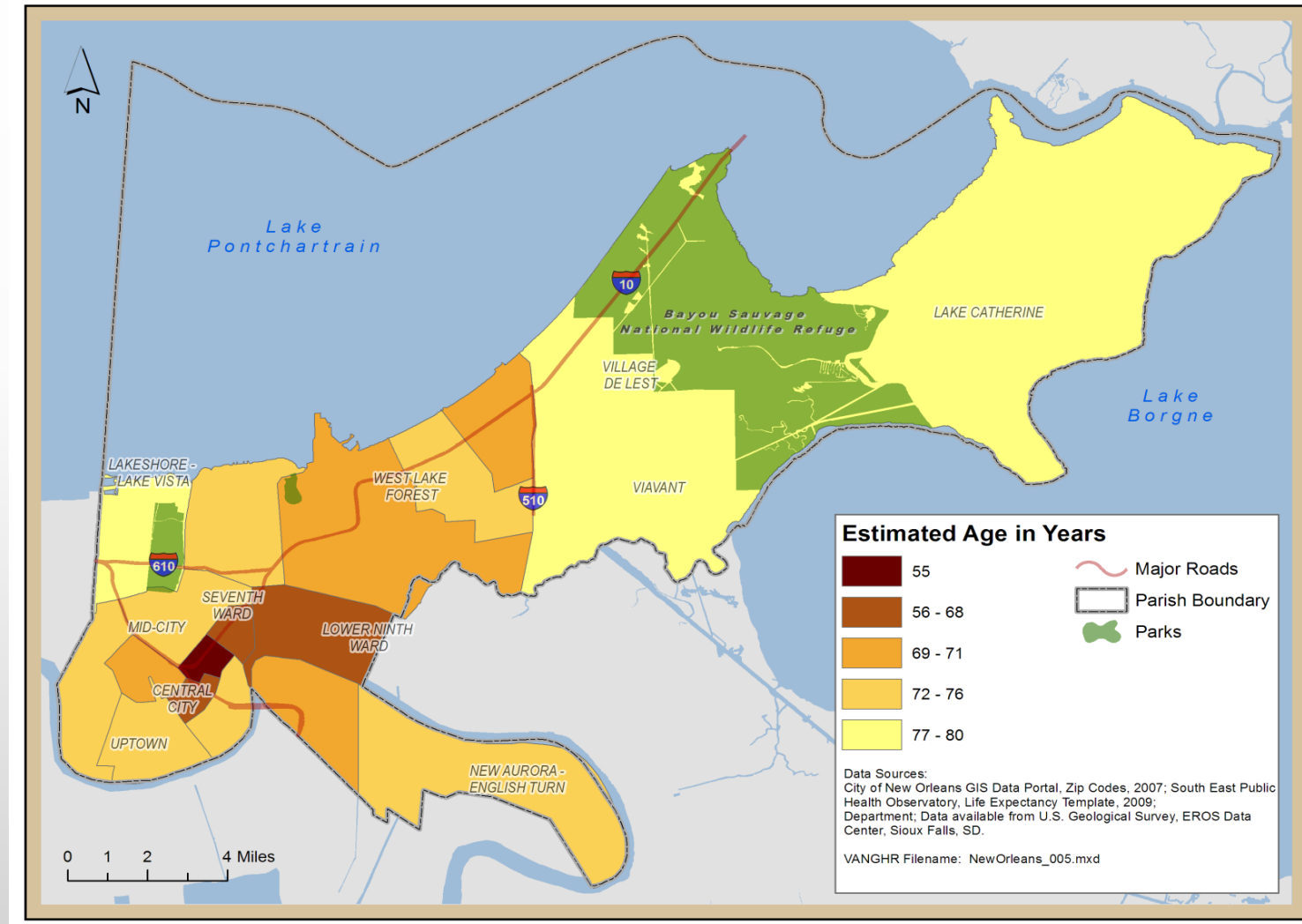
Life Expectancy by Census Tract, Bernalillo County



Racial and Ethnic Distribution of Orleans Parish Population, 2005-2009



Life Expectancy by Zip Code 2009-Orleans Parish



What Do We Need from Leaders in Health and Equity?

- **Highly motivated**
- **Ready and open to learn**
- **Embrace complexity and risk-taking**
- **Work collaboratively across sectors and disciplines**
- **Are ready to take their leadership and influence to the next level**
- **Prioritize equity, diversity, and inclusion**
- **Be unafraid to tackle difficult issues, like structural and institutional racism**

Culture of Health Leaders Program

- **Three year advanced leadership development program**
- **Formal leadership training**
- **Professional coaching**
- **Evidence-based work that changes the conditions in organizations and communities**
- **Network and collaborate within and across sectors**
- **Grounded in equity and social justice**

Program Competencies

| Mastery of Self | Mastery of Relationships | Mastery of Environment | Mastery of Change |
|---|--------------------------------------|---|--------------------------------|
| Self-management; Self-insight, Self-development | Building Collaborative Relationships | Acts Systematically | Influencing, Leadership, Power |
| Handles Disequilibrium | Values Diversity | Getting Information, Making Sense of It; Problem Identification | Change Management |
| Learns Through Others | Brings out the Best in People | Sound Judgment | Communicates |
| Interpersonal Savvy | Managing Conflict Negotiation | Demonstrates Vision | Risk Taking; Innovation |

“Anti-racism is . . . a collective healing, without which our nation will remain painfully and inequitably divided, corroding opportunity, spirits, and bodies alike.”

Dr. Mary Bassett: We Must ‘Name Racism’ As A Cause of Poor Health
Racism is messy. But acknowledging its effects is a key part of improving public health.
02/08/2017