

Building Stronger Communities for Better Health:

Moving From Science to Policy and Practice

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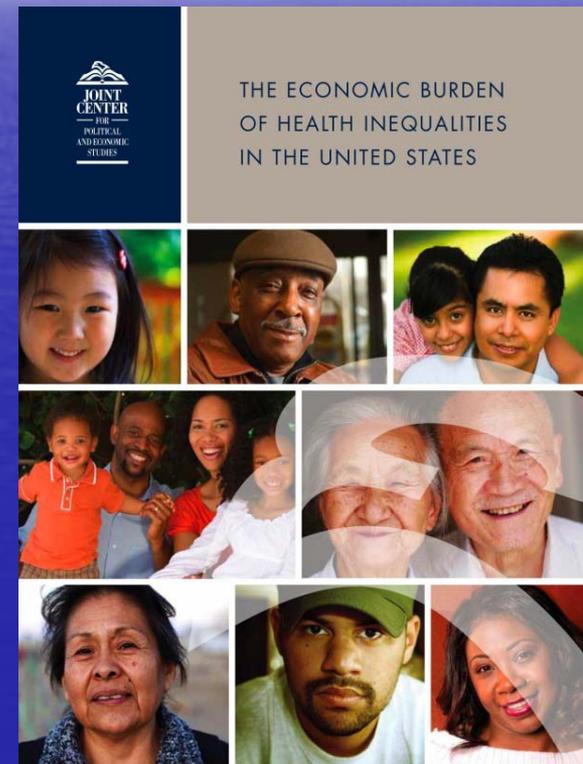
Joint Center for Political and Economic Studies

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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, Asians, 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.

Prevention for a Healthier America

(Trust for America's Health and Prevention Institute, 2009)

- "An investment of \$10 per person per year in proven community-based disease prevention programs could yield net savings of more than \$2.8 billion annually in health care costs in one to 2 years . . .
- "More than \$16 billion annually within 5 years, and
- "Nearly \$18 billion annually in 10 to 20 years (in 2004 dollars)."

The background is a smooth blue gradient. On the left side, there is a bright, glowing area that resembles a sun or moon reflecting on a body of water, creating a shimmering effect. The rest of the background is a solid, deep blue color.

The Role of Segregation

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)

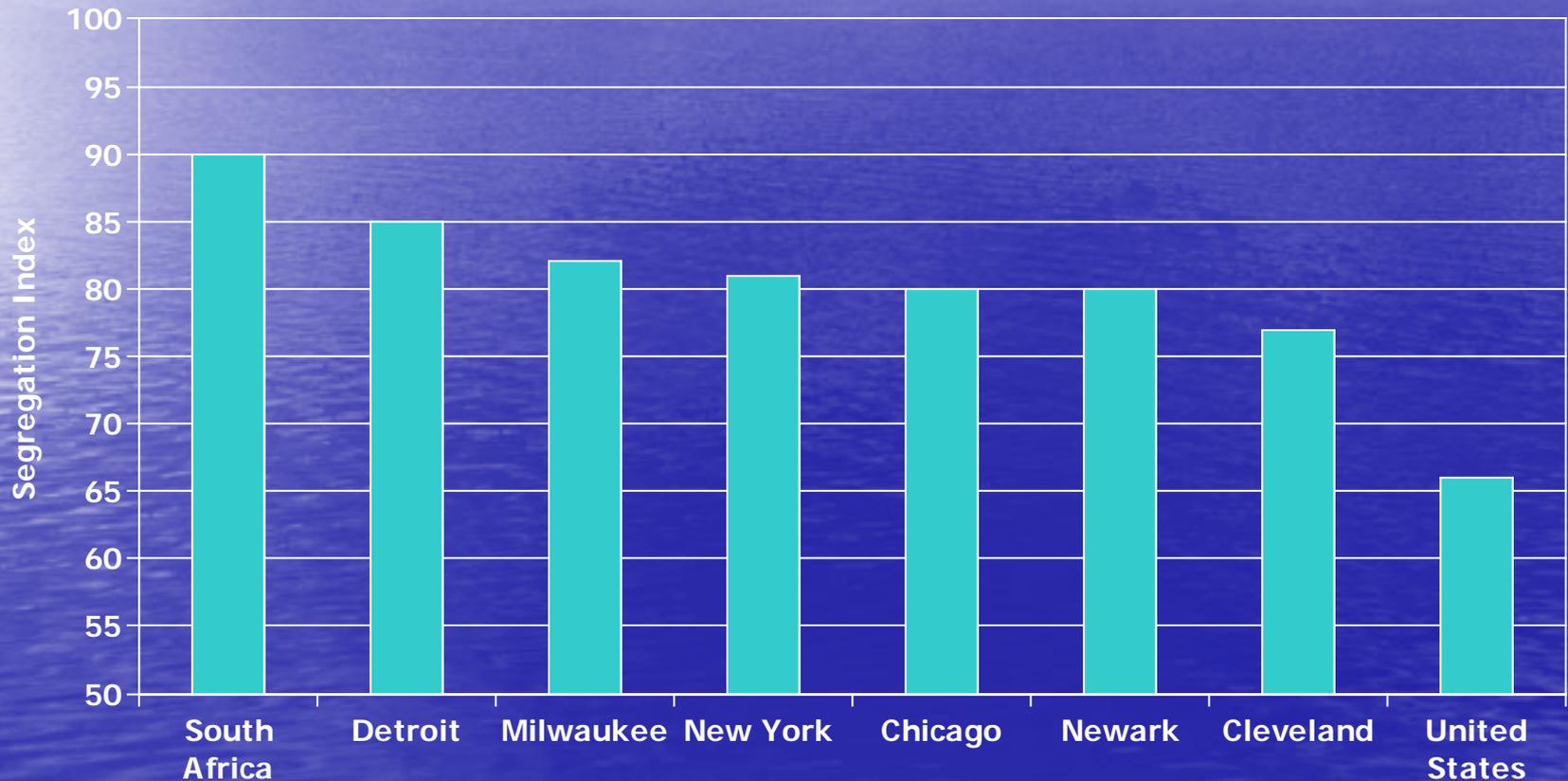
- African Americans are *five times less likely* than whites to live in census tracts with supermarkets, and are *more likely* to live in communities with a high percentage of fast-food outlets, liquor stores and convenience stores
- Black and Latino neighborhoods also have *fewer parks and green spaces* 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

Racial Residential Segregation – Apartheid-era South Africa (1991) and the US (2001)

Source: Massey 2004; Iceland et al 2002; Glaeser and Vigitor 2001



SEGREGATED SPACES, RISKY PLACES:

The Effects of Racial Segregation on Health Inequalities



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Major Findings – Segregated Spaces, Risky Places

- For both blacks and Hispanics, residential segregation declined slightly between 2000 and 2010. However, the United States remains a highly segregated country;
- Segregation continues to be a predictor of health disparities between blacks and whites and between Hispanics and whites, as measured by infant mortality rates; and
- Although segregation is declining, the relationship between segregation and infant mortality disparities appears to have intensified.

Major Findings – Segregated Spaces, Risky Places

- If black-white segregation was totally eliminated, the black-white infant mortality gap would be reduced by about 33%.
- If we assume the gap would mainly reflect black infant deaths, that would have resulted in a reduction of **2809** infant deaths in 2008.

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
- 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

"[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)