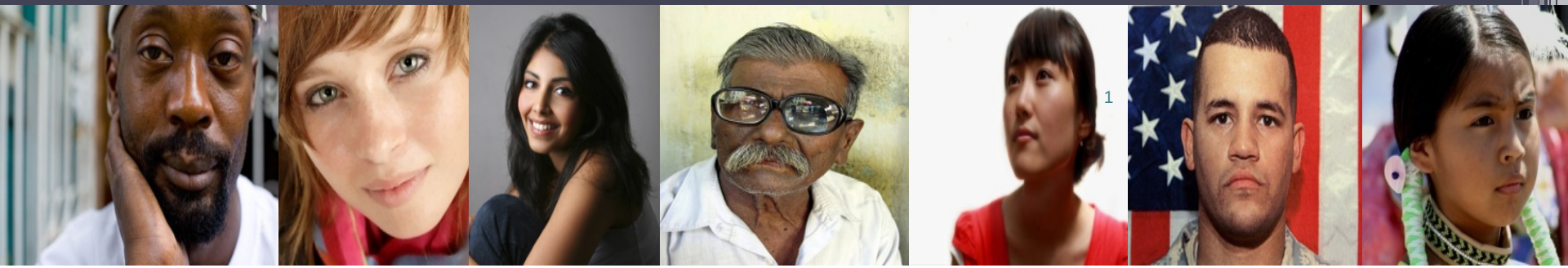

Why Place and Race Matter

Taking Action to Improve Social Determinants of Health and Ensure Health Equity

Thursday, October 22nd, 2015.

Mary M. Lee, Esq.
Deputy Director

PolicyLink

PolicyLink

Equity

Equity means just and fair inclusion. An equitable society is one in which all can participate and prosper. The goal of equity must be to create conditions that allow all to reach their full potential. In short, equity creates a path from hope to change.

Race Matters

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Race is a central consideration for the healthy communities movement. Race has shaped our regions, creating places that offer profoundly unequal opportunities to their residents. In many ways, race remains our deepest divide.

Effective strategies to build healthy, vibrant, sustainable communities must address both race and place, openly and authentically.

Environments·have critical influences on behaviors that directly and indirectly affect health

Place *AND* Race Matter

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- **Low income communities and communities of color are suffering from chronic diseases at an unprecedented rate**
- **Too many people of color are living in unhealthy environments**
- **Disparities in community environments leads to disparities in health**

Why Race Matters: The Face of America is Changing

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1980

Percent People of Color by County

- Less than 35%
- 35% to 50%
- 50% to 75%
- More than 75%

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Sources: 1980-2010 data from the decennial censuses, 2020-2050 data from California Department of Finance projections data, Census TIGER/Line, NHGIS, and ESRI.

2020

Percent People of Color by County

- Less than 35%
- 35% to 50%
- 50% to 75%
- More than 75%

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Sources: 1980-2010 data from the decennial censuses, 2020-2050 data from California Department of Finance projections data, Census TIGER/Line, NHGIS, and ESRI.

2050

Percent People of Color by County

- Less than 35%
- 35% to 50%
- 50% to 75%
- More than 75%

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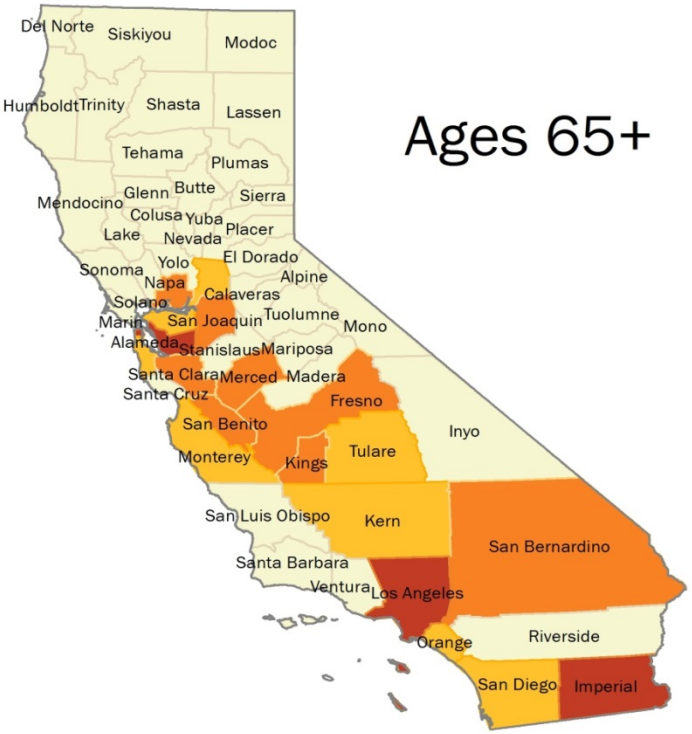
Sources: 1980-2010 data from the decennial censuses, 2020-2050 data from California Department of Finance projections data, Census TIGER/Line, NHGIS, and ESRI.

A New Generation Gap?
The Diverging Demographics of Seniors and Youth



Ages 65+

Ages 0 to 4

Percent People of Color by County

0 30 40 50%

Sources: 2010 Census (Summary File 1), Census TIGER/Line, NHGIS, and ESRI.

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Health Disparities

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- Unequal distribution of poor health conditions that are avoidable
- Disparities are prevalent between different:
  - socioeconomic levels;
  - race/ethnicities;
  - educational attainment levels, and more.

Examples of Disparities: Chronic Disease

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Asthma

- African American children have a 60% higher prevalence of asthma than their white counterparts.

Diabetes

- African Americans are 2.2 times as likely to have diabetes as their white counterparts.
- Latinos are 1.5 times as likely to have diabetes as their white counterparts.

Cardiovascular Disease

- 31.6% of African Americans have hypertension compared to 22.4% of whites.

Obesity

- African American women are 70% more likely to be obese than non-Hispanic white women.
- 73% of Mexican American women are overweight or obese, as compared to 61.6% of the general female population.
- African American and Latinos are 1.4 and 1.1 times as likely to be obese than non-Hispanic whites.

Percent of adults with diabetes: Los Angeles-Long Beach-Santa Ana, CA Metro Area - 2012

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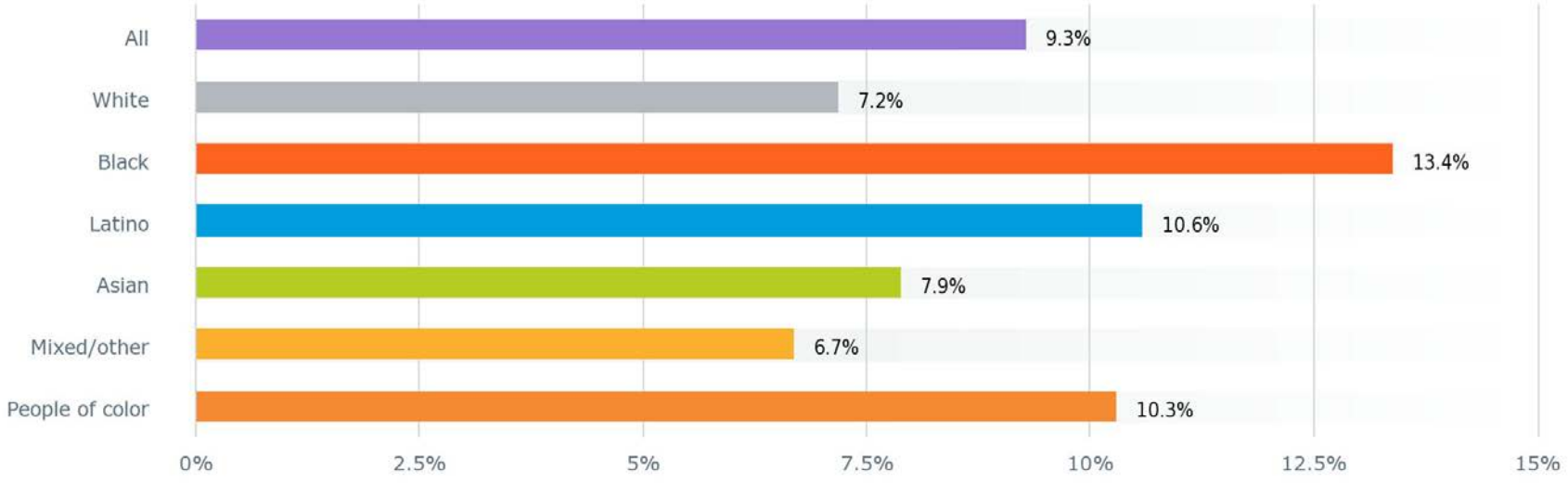
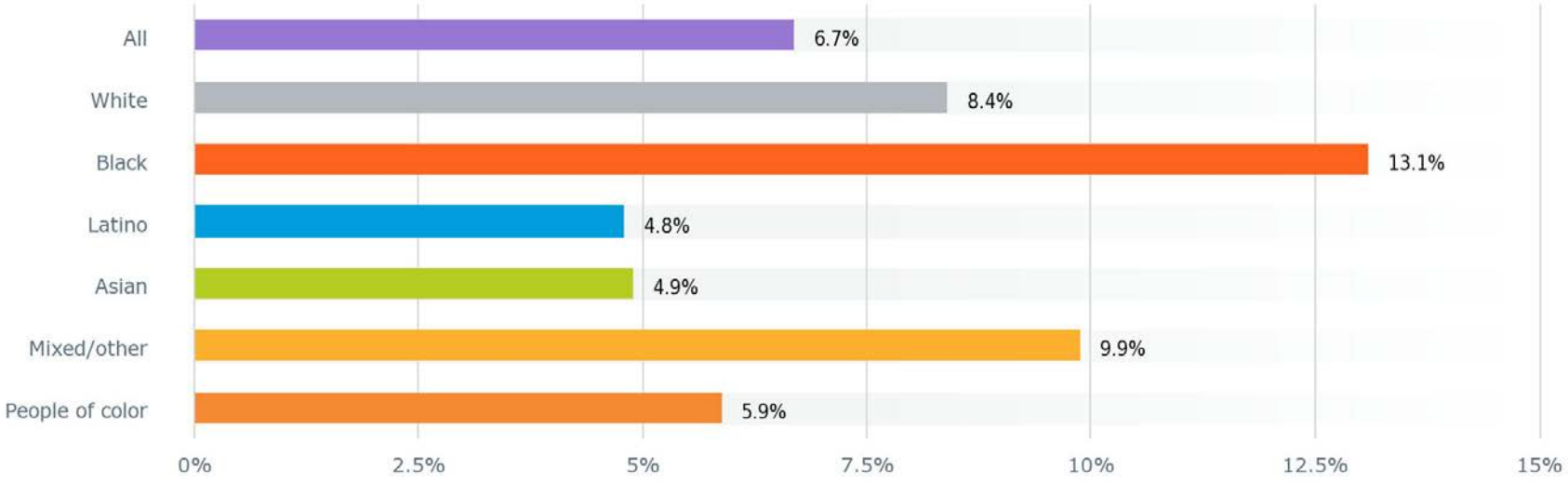


BRFSS

PolicyLink/PERE National Equity Atlas, www.nationalequityatlas.org

Percent of adults with asthma: Los Angeles-Long Beach-Santa Ana, CA Metro Area



BRFSS

PolicyLink/PERE National Equity Atlas, www.nationalequityatlas.org

Disparity and Inequity

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- ***DISPARITY*** **implies differences between individuals or population groups**

- ***INEQUITY*** **refers to differences which are unnecessary and avoidable but, in addition, are also considered unfair and unjust**

Health Inequities

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- Systematic and unjust distribution of social, economic, and environmental conditions needed for health
  - Access to healthcare
  - Employment
  - Education
  - Access to resources (e.g., grocery stores, car seats)
  - Income
  - Housing
  - Transportation
  - Positive social status
  - Freedom from discrimination

Reference: Whitehead M, Dahlgren G. Levelling Up (Part 1): A Discussion Paper on Concepts and Principles for Tackling Social Inequities in Health. World Health Organization. Available at http://www.euro.who.int/ document/e89383.pdf.

Why Focus on Environmental Factors?

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- Environmental conditions significantly impact ones' ability to be healthy and make healthy decisions
- Evidence of disparities in environments
- Economic and racially segregated communities concentrate resources and concentrate lack of resources

Not All Environments Are Created Equal

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Communities of Opportunity

- Safe, Abundant Parks
- Access to Healthy, Affordable Foods
- Financial Institutions
- Well Performing Schools
- Convenient & Affordable Transportation Options

Good Health Status

Poor Health Status

Contributes to health disparities:

- Obesity
- Diabetes
- Asthma
- Infant mortality

Low-Income Communities

- Unsafe, Limited Parks
- Fast Food Restaurants
- Liquor Stores
- Poor Performing Schools
- Exposure to Pollution & Toxic Waste Sites
- Limited Transportation Options

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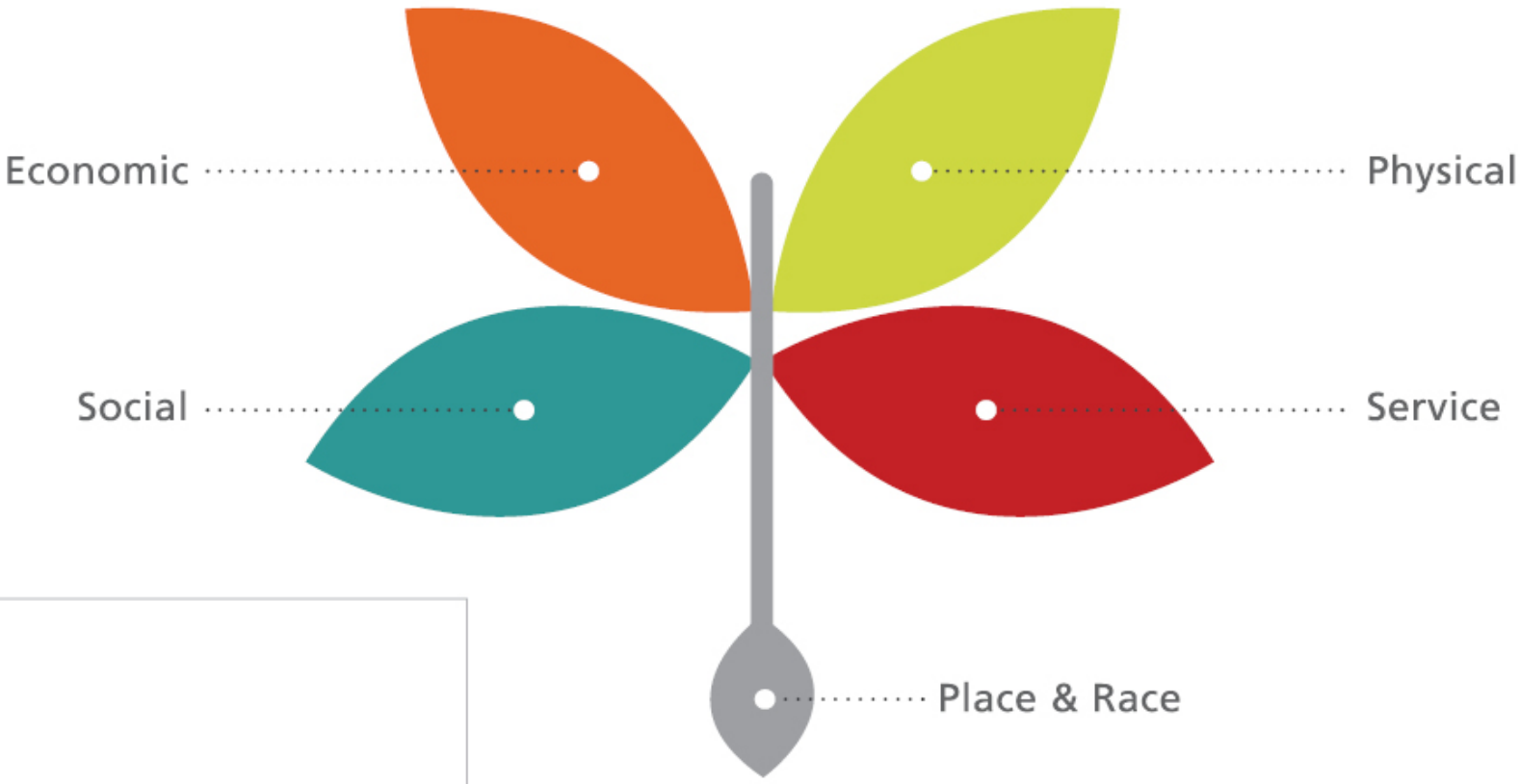
A Framework for Building Healthy Communities



Economic Environment

Economic Environment

Physical Environment

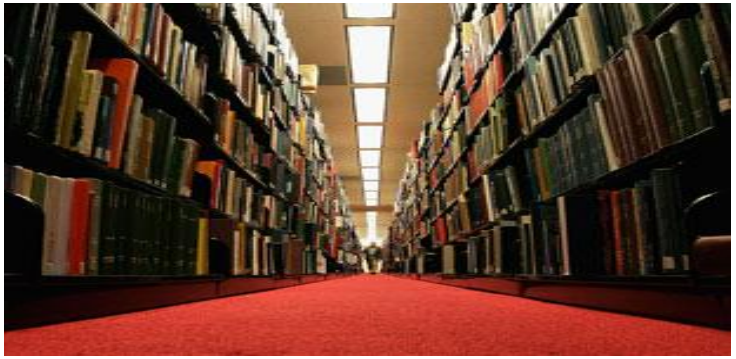
Physical Environment

Social Environment

Social Environment

Service Environment

Service Environment



The Opportunity

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We have the opportunity
to create healthy communities,
improve health outcomes
and eliminate health disparities

Equitable Policies

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- Equity is a criteria for inclusion and/or prioritization of policies
- Identify policies that are important to low-income communities, communities of color and other vulnerable populations specifically
- Target benefits to vulnerable populations
- Prioritize the provision of resources to areas that need it most

Equitable Outcomes

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Effective implementation of policies must be carefully thought of to ensure equitable outcomes

- Stay involved throughout the implementation process
- Monitor outcomes to ensure distribution of benefits are also equitable and prioritize serving those most impacted by poor health
- Consider research needed from health department or other agency to monitor outcomes from policy
- Identify any necessary provisions to improve policy in order to ensure equitable, effective outcomes

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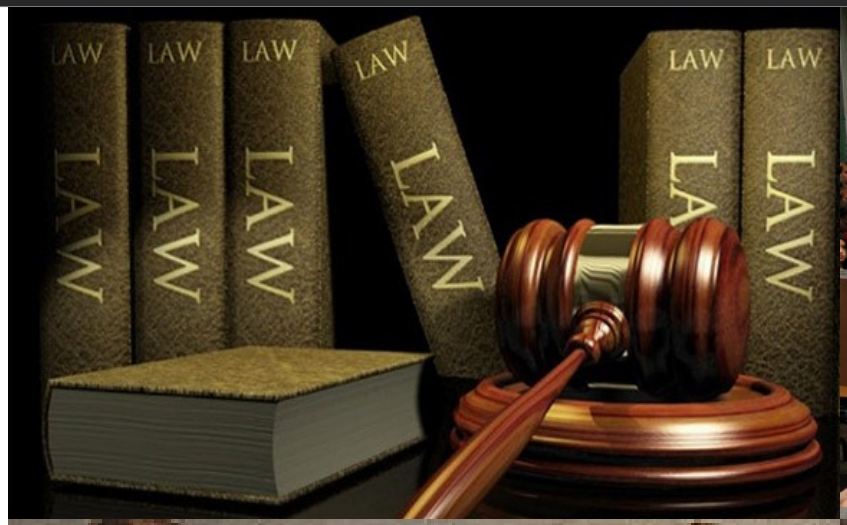
Taking Action

1. Establish Strategic Place targets
2. Increase Political Power of People of Color and Immigrants
3. Enforce Laws that Prohibit discrimination
4. Shift Public Perceptions
5. Engage Strongly with Vulnerable communities
6. Target Policies that Disproportionately Hurt People of Color

Establish Strategic Place Targets

Enforce Laws That Prohibit Discrimination



Shift Public Perceptions

Chronicle / Deanne Fitzmaurice

Target Policies that Address the Needs of People of Color

Examples of policies to consider:

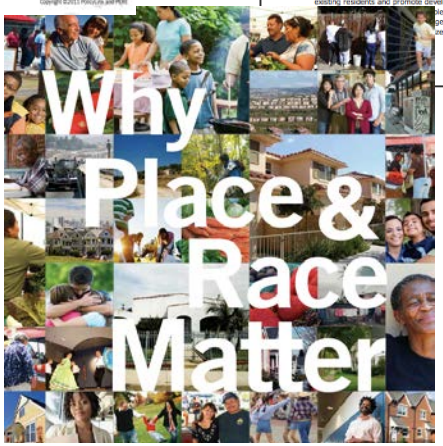
a. Safe water and safe parks
b. Joint use
c. Health-care access
d. Integrated services
e. Health impact assessments (HIAS).
f. Health in all policies
g. Access to healthy foods
h. Transportation
i. Housing
j. Leveraging federal resources
    1) HFFI (fresh food financing initiatives)
    2) Sustainable Communities
    3) Promise Neighborhoods

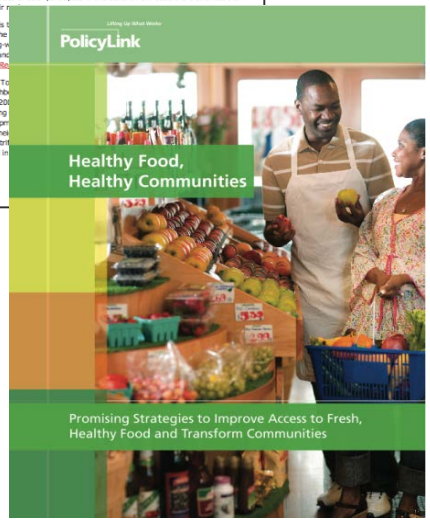
Safe Water and Safe Parks

Joint Use

PolicyLink Tools

- *Why Place and Race Matter* Report
- *Maps of Tomorrow: Equity in a Changing Nation*
- *Equitable Development* Toolkit
- *Healthy Food, Healthy Communities* Report
- *Community Mapping for Health Equity Advocacy*
- *National Equity Atlas*





EQUITY 15

October 27–29, 2015
Westin Bonaventure Hotel and Suites
Los Angeles, CA

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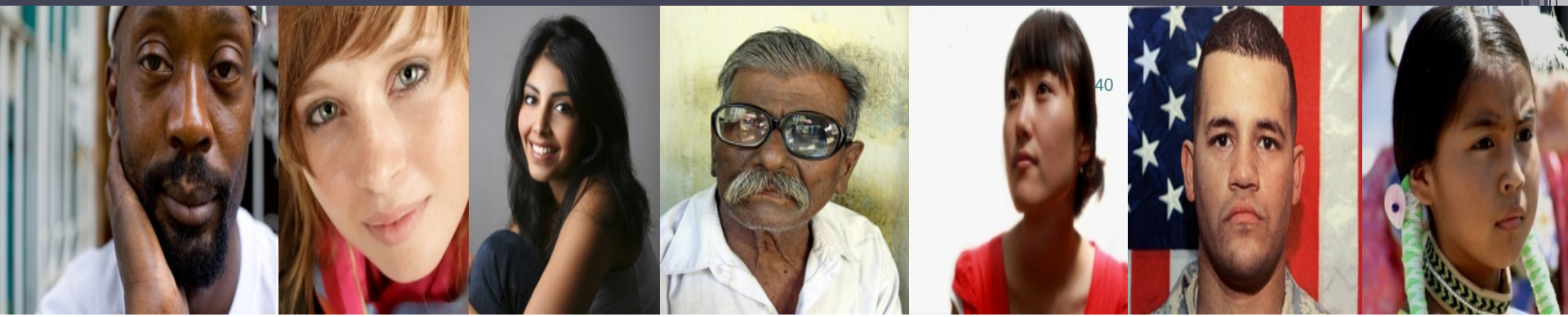
Lifting Up What Works®



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