



Segregated Spaces, Risky Places: The Effects of Segregation on Racial and Ethnic Health

Thomas A. LaVeist, Ph.D., Darrel J. Gaskin, Ph.D., and Antonio J. Trujillo, Ph.D.
Hopkins Center for Health Disparities Solutions
Johns Hopkins Bloomberg School of Public Health

Places with high concentrations of blacks or Hispanics tend to be places with limited opportunity and infrastructure resulting from a lack of investment in social and economic development. The result is a community that produces bad health outcomes. So, race inequalities in health may be mainly the result of race differences in who is exposed to communities that facilitate good health.

At the request of the Joint Center for Political and Economic Studies, LaVeist, Gaskin, and Trujillo assessed the relationship between racial segregation and disparities in infant mortality among U.S. cities. Two sets of analysis were conducted to demonstrate the influence of “place” in affecting health. The first set of analysis sought to determine if the decline in racial residential segregation between 2000 and 2010 has lessened the impact of segregation on health. Infant mortality rate was calculated separately for Hispanic, white, and black Americans as the number of infant deaths occurring within the first 12 months of birth - per 1,000 live births in the city. U. S. cities with a population of 100,000 or more persons in 2000 and 2010 we identified for the analysis. Data was compiled on the cities from the 2010 and 2000 census, vital statistics and other government sources. The second analysis was done using two sets of logistic regression models using survey estimation procedures in Stata 11 to test whether the relationship between segregation and health is influenced by the racial composition of neighborhoods and concentration of poverty in the neighborhood.

The first study updates previously published findings, which document the relationship between residential segregation and racial disparities in infant mortality rates across U.S. cities. This study sought to determine whether a slight decline in residential segregation by race between 2000 and 2010 coincided with a corresponding reduction in racial health inequalities. Using a range of measures, we computed respective levels of residential segregation between black and white residents as well as the levels between Hispanic and white residents were computed for U.S. cities with populations of 100,000 or more in 2000 and 2010. This study finds that that segregation continues to play an important role in determining health inequalities. *Places* with high concentrations of black or Hispanic residents tend to be *places* characterized by limited opportunity and failing infrastructure, which results from a lack of investment in social and economic development. The result is a community that produces bad health outcomes. So, racial health inequalities may result primarily from lack of exposure to communities that facilitate good health.

The major findings emerging from this study are as follows:

- Between 2000 and 2010, residential segregation by race declined - but did not disappear - with respect to African Americans and Hispanics. Racial segregation in housing, however, remains a persistent pattern in many communities nationwide;
- Segregation continues to be a predictor of significant health disparities - as measured by divergent rates of infant mortality - in comparisons between African Americans and white Americans as well as between Hispanics and white Americans;
- Although residential segregation is decreasing, the relationship between segregation and infant mortality disparities appears to have intensified;

- Simulations of how varying levels of segregation affect racial gaps in rates of infant mortality disparity showed that complete black-white residential integration would result in at least two fewer black infant deaths (2.31) per 1000 live births. With full integration, Hispanics would have a lower rate of infant mortality rate than whites.

The second study tested whether racial and ethnic disparities in five selected health status measures were associated with the racial composition and poverty level of neighborhoods. The primary findings from this study are as follows:

- *Place matters* and it makes a significant difference for 3 out of 5 common health indicators, including (a) general health, (b) mental health and (c) diabetes.
- Community-level poverty proved a more important determinant of health status than neighborhood racial composition. To the extent that neighborhood factors influence the health of residents in minority communities, concentrated poverty is the most damaging.
- After controlling for concentrated poverty, the health status advantages for whites in comparison to blacks and Hispanics were diminished. Thus, to reduce or eliminate racial and ethnic health disparities, policy makers should address the problems associated with concentrated poverty.

Racial and ethnic segregation has previously been documented as a predictor of health disparities. Segregated communities in the U.S. tend to be environments that produce poor health outcomes. The research literature documents that “*places*” which are racially segregated with high concentrations of blacks or Hispanics tend to be places with limited opportunities and failing infrastructure, resulting from a lack of investment in social and economic development. The result is a community that produces bad health outcomes. So, racial inequalities in health status and outcomes may be predominantly the result of *place*. Race helps to determine *place*, and in turn, *place* influences health.

The Joint Center for Political and Economic Studies is one of the nation's leading research and public policy institutions and the only one whose work focuses primarily on issues of particular concern to African Americans and other people of color. To learn more, please visit www.jointcenter.org.

The Joint Center's Health Policy Institute (HPI) was launched eight years ago to play a leadership role in reframing debates on health and refocusing attention on dangerous health disparities. Our research and analysis is helping generate new policy recommendations and provide solutions for longstanding health inequities.