

PLACE MATTERS FOR HEALTH IN BERNALILLO COUNTY:

Ensuring Opportunities for Good Health for All

A Report on Health Inequities in Bernalillo County, New Mexico



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FOREWORD

Place matters for health in important ways, according to a growing body of research. Differences in neighborhood conditions powerfully predict who is healthy, who is sick, and who lives longer. And because of patterns of residential segregation, these differences are the fundamental causes of health inequities among different racial, ethnic, and socioeconomic groups.

The Joint Center for Political and Economic Studies is pleased to add to the existing knowledge base with this report, “*Place Matters* for Health in Bernalillo County: Ensuring Opportunities for Good Health for All, A Report on Health Inequities in Bernalillo County, New Mexico.” The report, supported by a grant from the National Institute on Minority Health and Health Disparities (NIMHD) of the National Institutes of Health, provides a comprehensive analysis of the range of social, economic, and environmental conditions in Bernalillo County and documents their relationship to the health status of the county’s residents.

The study finds that social, economic, and environmental conditions in low-income and non-white neighborhoods make it more difficult for people in these neighborhoods to live healthy lives.

The overall pattern in this report – and those of others that the Joint Center has conducted with other PLACE MATTERS communities – suggests that we need to tackle the structures and systems that create and perpetuate inequality to fully close racial and ethnic health gaps. Accordingly, because the Joint Center seeks not only to document these inequities, we are committed to helping remedy them.

Through our PLACE MATTERS initiative, which is generously supported by the W.K. Kellogg Foundation, we are working with leaders in 24 communities around the country to identify and address social, economic, and environmental conditions that shape health. We look forward to continuing to work with leaders in Bernalillo County and other communities to ensure that every child, regardless of their race, ethnicity, or place of residence, can enjoy the opportunity to live a healthy, safe, and productive life.

Ralph B. Everett
President and CEO
Joint Center for Political and Economic Studies



PLACE MATTERS FOR HEALTH IN BERNALILLO COUNTY: POLICY BRIEF

Prepared by the
Joint Center for Political and Economic Studies

In Conjunction with the
Center on Human Needs, Virginia Commonwealth University and the
Virginia Network for Geospatial Health Research

INTRODUCTION

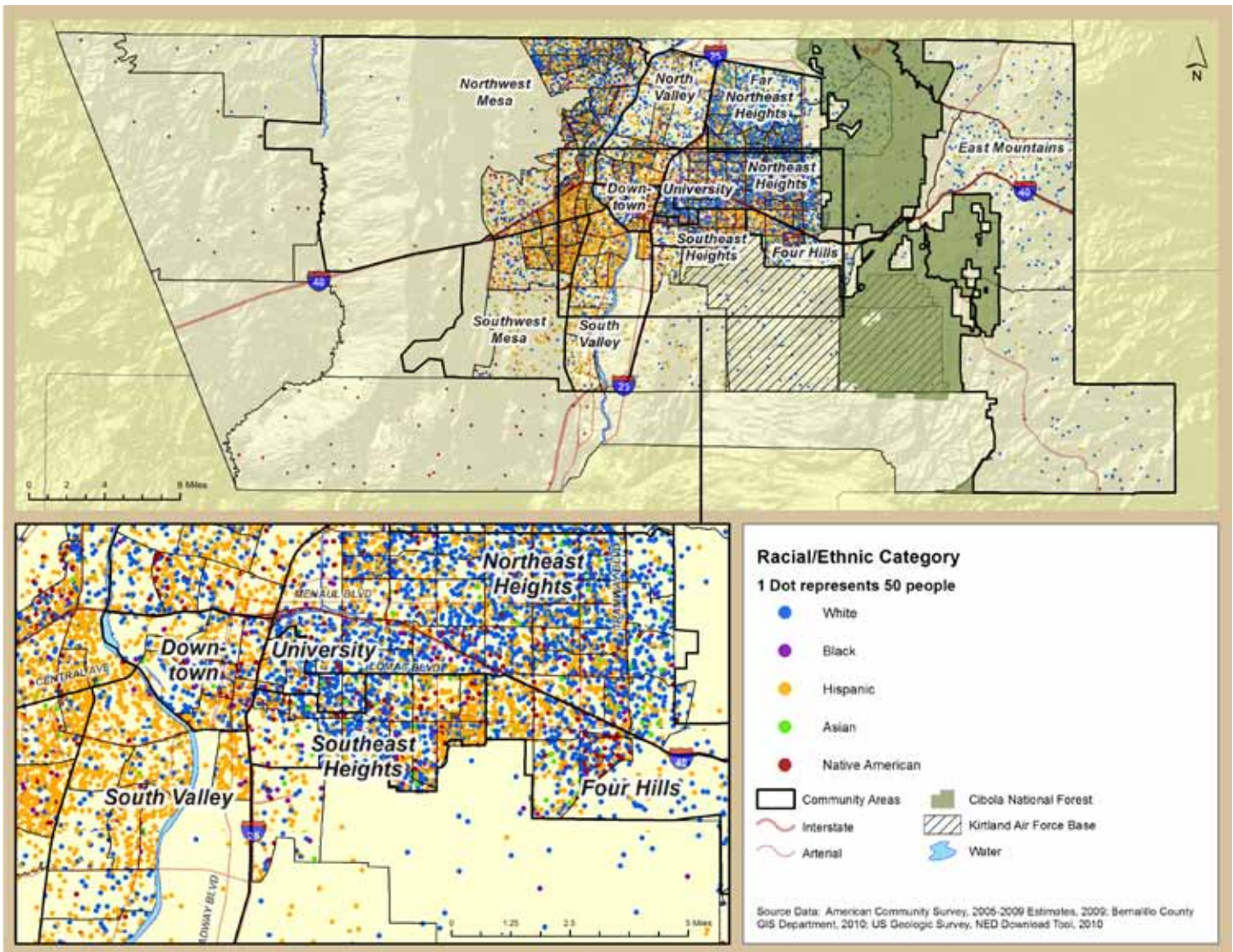
Place matters for health in important ways. Research demonstrates that neighborhood conditions—the quality of public schools, housing conditions, access to medical care and healthy foods, levels of violence, availability of exercise options, exposure to environmental degradation—powerfully predict who is healthy, who is sick, and who lives longer. And because of patterns of residential segregation, patterns that are largely a legacy of our history of racial and ethnic discrimination, differences in neighborhood conditions are the fundamental causes of health inequities found among different racial, ethnic and socioeconomic groups. This study examined the relationships in Bernalillo County, NM between place, ethnicity, and health.

CONCLUSIONS

We found that in Bernalillo County, people living in neighborhoods characterized by inadequate schools, poor housing, polluted environments, insufficient transportation, and lack of safety have a lower life expectancy than people living in neighborhoods that don't suffer from such negative characteristics. We further found that communities that face the greatest array of health risks have a larger percentage of low-income, immigrant, and Hispanic families than communities that face the least health risks. Specifically, we found:

- More than a 22-year difference in life expectancy across census tracts in the County;
- A 12-fold difference in the percentage of low birth-weight infants across census tracts;
- A wide difference across census tracts in community-level health risks, as measured by average educational attainment, average standardized test scores, violent crime rates, home foreclosure rates, unemployment rates, vacant housing, households with no automobiles, and the percentage of overcrowded households found in each census tract;
- An average life expectancy of 5.9 years less when a neighborhood's community risk index is high compared to when a neighborhood's community risk index is low;
- A higher concentration of environmental health hazards—such as air pollution and toxic industrial wastes—in non-white and low-income census tracts than in whiter and higher-income census tracts;
- An average life expectancy of 5.2 years less in census tracts with the greatest concentration of environmental hazards.

Map 1: Racial/Ethnic Distribution by Census Tract, Bernalillo County, N.M. (2005-2009)

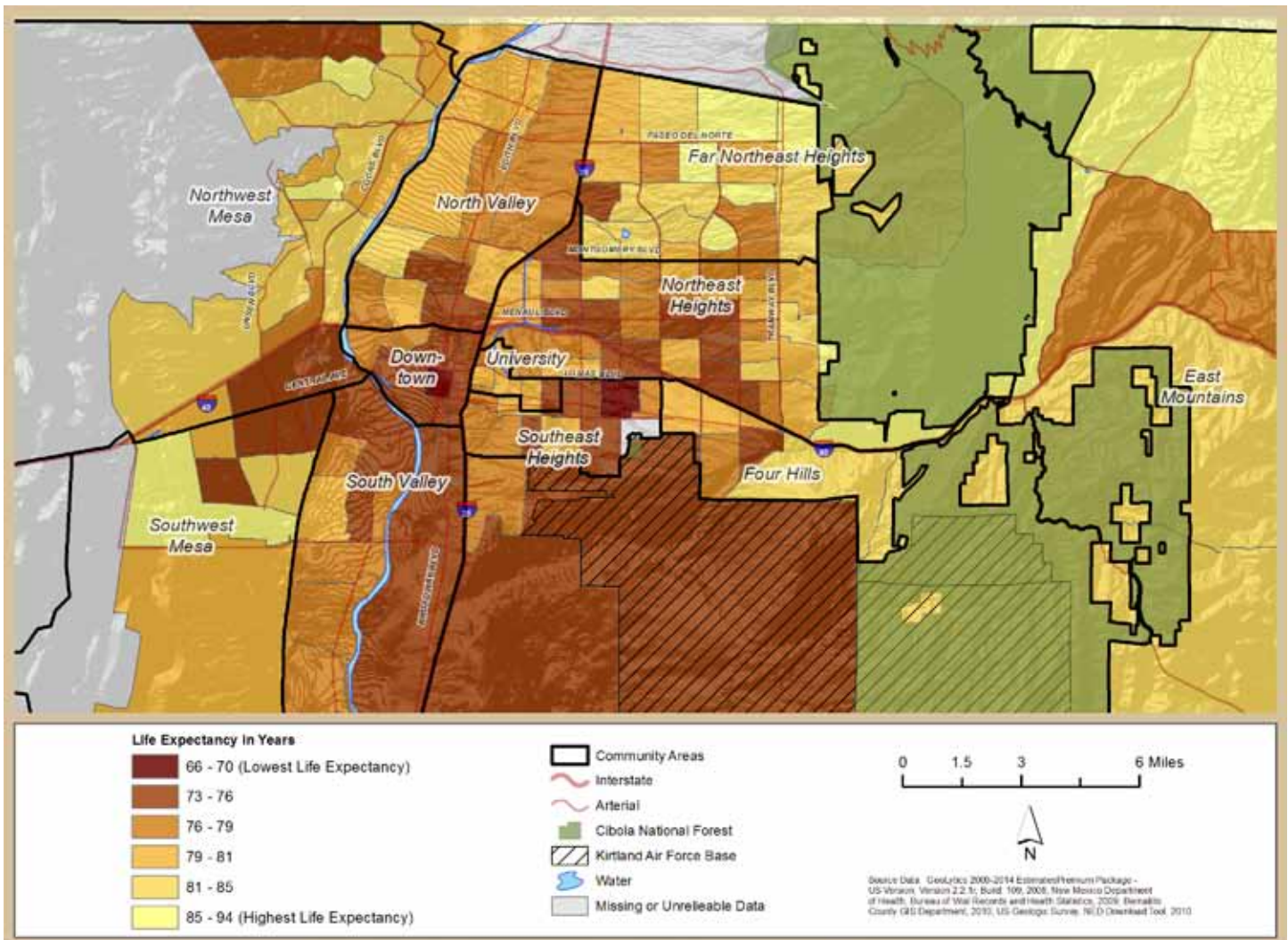


RECOMMENDATIONS

The overall pattern suggests that the clustering of social, economic, and environmental health risks in low-income and non-white neighborhoods makes it more difficult for people in these communities to live healthy lives. To address these inequities, the report recommends the following policies to help to ensure that all communities, and not only those that are most vulnerable, are protected from health risks. Such policies should include:

- The Consolidated Environmental Review Act requiring a 1-2 page environmental assessment for all projects that require permits under the federal Clean Air Act, Clean Water Act, and Hazardous Waste Act in order to identify potential impacts to the environment or the community's health.
- Health Impact Assessments to allow researchers and policymakers to evaluate the potential impact, sometimes unintended, of a proposed policy, plan, program or project on the health of a population and the distribution of those effects within the population.

Map 7: Life Expectancy by Census Tract, Bernalillo County, N.M. (2001-2005)



- A focus on prevention, particularly with regard to the conditions in which people live, work, play, and study.
- Greater, more sustained, and inter-related community investments that address existing conditions in a comprehensive manner, recognizing the interdependence of successful policies to address deficiencies in schools, housing, safety, the environment, and access to medical care, nutritious foods, and exercise.
- More effective utilization of land use and zoning policies to regulate the presence of heavy industry, fast food and liquor stores, relocate bus depots further from homes and schools, expand the availability of open space, and reduce the concentration of health risks.
- Grassroots organizing and coalition-building to raise public awareness of health risks in communities and to spur public advocacy that addresses these risks in creative and constructive ways.
- Mandating of data warehouses and transparency to allow for data compilation, assessment, and evaluation that will enable researchers to more quickly and easily identify disparities in health and social outcomes.

Bernalillo County, located in central New Mexico, had a population of 642,527 in 2009, almost one third of the state's population. Hispanics are the largest ethnic group in the county and make up a significantly larger percentage of the population than the national average (47% compared to 16% nationally). The majority of the Hispanic population in Bernalillo County is U.S.-born. According to the U.S. Census Bureau, the foreign-born population in Bernalillo County is slightly lower than that of the nation (10.4% compared to 12.5% nationally).

Census tracts with the highest concentrations of Hispanic residents are in South Valley and Southwest Mesa, where the majority of census tracts are 75% to over 90% Hispanic. Downtown also has a large percentage of Hispanic residents. A number of census tracts in the Far Northeast Heights/Foothills areas are over 75% white. The Northwest Mesa, North Valley, Nob Hill, Southeast Heights, Northeast Heights, and University are the most diverse areas.

To summarize socio-economic and neighborhood risks, we statistically combined a set of measures into a single 'community risk' index (CRI) for each census tract. These measures included average educational attainment, average standardized test scores, violent crime rates, home foreclosure rates, unemployment rates, vacant housing, households with no automobiles, and the percentage of overcrowded households. Census-tract level scores on the CRI were divided into five equal size groups. In the group with the lowest CRI scores the unemployment rate is 3%, 7% of the population has an income below 150% of the federal poverty level, and 4% of adults lack a high school diploma. In the group with the highest CRI scores, 13% are unemployed, 48% of the population have an income below 150% of the federal poverty level, and 35% of adults lack a high school diploma.

High-risk areas according to the CRI include Southeast Heights, Downtown, South Valley and the southwestern tip of Far Northeast Heights. Census tracts in Southeast Heights, Downtown, Four Hills, South Valley, and portions of Northwest Mesa and Northeast Heights have both a high community risk index and low life expectancy.

While there is a strong moral imperative to enact policies to improve health for all, there also is a powerful economic incentive. A study released by the Joint Center for Political and Economic Studies in 2009 found that direct medical costs associated with health inequities among African Americans, Hispanic Americans, and Asian Americans approached \$230 billion between 2003 and 2006. When indirect costs, such as lowered productivity and lost tax revenue resulting from illness and premature death, were included, the total cost of health inequities exceeded \$1.24 trillion. Thus, for both moral and economic reasons, we must address health inequities and their root causes now.

ABOUT THIS POLICY BRIEF:

This policy brief is based on a technical report prepared by the Joint Center for Political and Economic Studies, utilizing the research and data analysis capabilities of the Center on Human Needs, Virginia Commonwealth University and the Virginia Network for Geospatial Health Research (see note below).

Note: The entire technical report, as well as explanations of data sources and analytical method, is found on the Virginia Commonwealth University Center for Human Needs web site, <http://www.humanneeds.vcu.edu/>.



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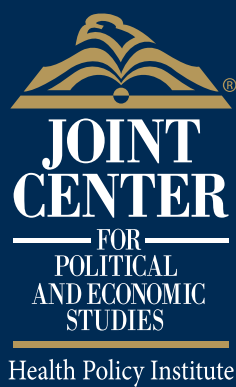
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