



# HEALTH CONCERNS IN LOW-INCOME COMMUNITIES

Residents in low-income and minority communities are more likely to suffer from diseases such as cancer and diabetes, more likely to be obese, less likely to access preventative health measures, and less likely to have access to healthy food.

Healthy residents are an important part of a stable and prosperous community. Access to effective medical facilities and health care, available and affordable healthy food, and opportunities for regular physical activity are key components in helping to keep people healthy.

Disparities in health outcomes are found in a wide range of measures. Members of racial and ethnic communities experience higher rates of chronic health problems, including cardiovascular disease, cancer, HIV/AIDS and diabetes.<sup>1</sup> These disease categories account for 7 out of 10 deaths among Americans annually.<sup>2</sup> A large-scale, longitudinal study found that moving out of a high-poverty community to one with lower poverty improves an adult's physical and mental health.<sup>3</sup>

## Obesity is more common in minority and poor communities

Poor children are twice as likely to be overweight compared to children from higher-income families,<sup>4</sup> and minority children also have higher rates of obesity as compared to their white peers. Due to the recent, rapid rise in childhood obesity, the life expectancy of children today is less than that of their parents.<sup>5</sup>

- Figures released by the Centers for Disease Control in 2010 found that 14.5 percent of non-Hispanic adolescent white girls and 16.7 percent of non-Hispanic adolescent white boys were obese. The same study found 17.4 percent of Mexican-American adolescent girls and 26.8 percent of boys were obese. For non-Hispanic black adolescents, the numbers were 29.2 percent of girls and 19.8 percent of boys.
- Overweight and obese children have an increased risk of

remaining overweight and obese<sup>6</sup> and of enduring serious health problems and disease in adulthood.<sup>7</sup>

- A longitudinal study found that boys who were overweight at age 15-17 were 17 times more likely to be obese as adults as compared to their non-overweight peers.<sup>8</sup>
- One study found that a 13-year-old boy who weighed nearly 25 pounds more than his average-weight peers was 33 percent more likely to experience a coronary heart disease event prior to the age of 60.<sup>9</sup>

## The gap in important preventive health care

Through health care reform's Patient Protection and Affordable Care Act, the nation's health care system is undergoing a paradigm shift from treating disease and sickness to promoting wellness and prevention.<sup>11</sup>

Evidence-based preventive health care services, particularly for members of poor and minority communities, provide profound benefits. Individuals experience improved health outcomes and quality of life.<sup>12</sup> Society saves resources by reducing avoidable illness and premature death. It has been estimated that 100,000 lives would be saved annually if the number of people who use five high-value preventive services—daily aspirin for heart disease, assistance to help smokers quit, screening for colorectal cancer, annual flu vaccination and screening for chlamydial infection—were increased from current levels to 90 percent of the relevant populations.<sup>13</sup>

Yet 30 years of evidence shows significant disparities in access to and use of preventive health care services.<sup>14</sup> Poor and minority individuals are more likely to face financial and other barriers in accessing preventative care.<sup>15</sup>

- Racial and ethnic minorities receive less preventive care as compared to non-Hispanic whites.<sup>16</sup>
- Hispanic and black adults age 50 and older are 39 percent and 19 percent less likely, respectively, to receive colorectal cancer screening as compared to non-Hispanic whites. Similar rates occur for other high-value preventive services, including screenings for other cancers, heart disease risk factors and immunizations for older adults.<sup>17</sup>

## Healthy foods missing in low-income food deserts

Neighborhoods with little access to healthy foods, particularly to fresh fruits and vegetables, have been labeled “food

deserts” by those who study their effect on health. In the United States, food deserts are most prevalent in poor and minority urban communities and in rural areas.<sup>18</sup>

- In two separate studies, researchers found four times as many supermarkets in white neighborhoods as compared to black neighborhoods.<sup>19</sup> Eight studies have demonstrated that low-income areas had fewer stores per capita as compared to higher-income areas.<sup>20</sup>
- Individuals who live in food deserts have an increased likelihood of being obese or overweight.<sup>21</sup> In a study of more than 10,000 adults, researchers found that Census tracts containing at least one supermarket had a 24 percent lower prevalence of obesity among its residents as compared to Census tracts with no supermarkets.<sup>22</sup>
- Residents of food deserts are more likely to experience premature death due to chronic disease risk factors associated with poor diet.<sup>23</sup>

## The potential of cross-sector collaboration

A decade ago, the Institute of Medicine published a report suggesting that, given the reality of constrained resources, future improvements to population health would require cross-sector collaboration.<sup>24</sup> The community development and public health sectors have since demonstrated limited yet promising measures of success in building such collaboration.

One telling example is the increasing investment by community development financial institutions in the development and expansion of community health centers.<sup>25</sup> Since 2009, community health center projects across the country have been developed or are under construction with CDFI financing, with more projects in the pipeline.<sup>26</sup>

Other projects, such as improving the built environment to encourage physical activity, working to make more healthy food available in the community, and connecting community residents to local health care resources, offer opportunities for community developers and public health programs to collaborate. Since 2009, CDFI financing across the country has helped develop some community health centers, with more projects in the pipeline.<sup>27</sup>

This Research Overview is part of a series that summarizes academic studies on the relationship between community development and health, education, and other aspects of community well-being.

For more information on these health studies and others, visit [www.instituteccd.org/health](http://www.instituteccd.org/health).

## ENDNOTES

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- 27 *Health Affairs*, 30(11). The articles in this issue of *Health Affairs* address the experience and potential of collaboration between the community development and public health sectors.