

## CHAPTER 3: Addressing Health Disparities

### Health & Equity

Our built, social, and economic environments have a tremendous impact on our health, and increasingly we must grapple with the reality that health risks and resources are not distributed evenly. Communities with higher concentrations of low-income people and people of color are more likely to face unhealthy conditions, such as environmental pollution, dangerous traffic patterns, neighborhood crime, low-quality housing, and high numbers of fast food outlets and liquor stores.<sup>53</sup> These communities typically have less access to good schools, stable employment, affordable health care, safe parks and recreational spaces, places to buy healthy food, and meaningful opportunities for civic engagement.<sup>54</sup> Such discrepancies in resources can amount to staggering differences in health; for instance, a child born into poverty is seven times more likely to report poor health than a child born to a wealthier family, and can expect to die 6.5 years sooner on average.<sup>55</sup>

Although it is important to improve walking and biking amenities in all communities, to ensure lasting progress in tackling our chronic disease epidemic, we must pay special attention to the communities where health needs are greatest. Low-income people, rural communities, seniors, people with limited mobility, and other vulnerable populations face particular challenges to living a healthy lifestyle, including the following:

**Neighborhoods without access to healthy resources:** Low-income households and people with limited mobility are less likely than others to own a private vehicle and more likely to use “active transportation” modes such as walking, biking, and public transportation.<sup>56</sup> While this may promote increased physical activity, such potential benefits are offset by the lack of healthy options within the immediate community. Low-income neighborhoods often lack the resources essential to health, such as employment centers, grocery stores, recreational facilities, healthcare providers, and other civic institutions.<sup>57</sup>

Residents may face difficult choices if these resources are too far away to access by biking and walking and there are no convenient transit routes. For instance, only about one-quarter of low- and middle-skilled jobs are within a 90-minute ride on public transit for commuters in metropolitan areas, meaning that low-income people may have to spend significant amounts of time and money to reach appropriate jobs.<sup>58</sup> In communities without grocery stores or other places to buy healthy food, residents may rely on poor-quality, unhealthy food at local convenience stores and restaurants, or they may have to take a difficult journey on transit to get to farther-flung stores.<sup>59</sup> For many, these transportation barriers are prohibitive: for example, it's estimated that more than half a million Americans with disabilities almost never leave their homes because they do not have access to reliable public transportation options.<sup>60</sup>

**Lower-quality and unsafe bicycle and pedestrian infrastructure:** Low-income communities are more likely to lack amenities that make biking and walking comfortable and safe.<sup>61</sup> For example, 89 percent of high-income neighborhoods have adequate sidewalks, compared to 59 percent of middle-income neighborhoods and 49 percent of low-income neighborhoods. The same pattern holds for other types of infrastructure: 13 percent of high-income communities have marked crosswalks versus 7 percent of low-income communities, while 8 percent of high-income communities have traffic-calming features, compared to 3 percent of low-income communities.<sup>62</sup> Low-income communities may also see greater delays in maintenance and upgrades relative to more wealthy communities.<sup>63</sup>

These conditions contribute to the higher rates of traffic crashes and fatalities in lower-income communities. Nationally, the number of pedestrians injured in the poorest census tracts is more than six times higher than in the richest census tracts.<sup>64</sup> The story is similar for

cyclists – the number of injuries is almost four times higher in poor areas than in rich ones.<sup>65</sup> Neighborhoods that feel unsafe – because of dangerous traffic conditions or high crime rates, both of which are more prevalent in low-income communities – also discourage residents from biking, walking, and other outdoor physical activities, preventing people from making all but the most essential trips.<sup>66</sup>

Unsupportive land use policies and fewer opportunities to get involved: Many of the communities that experience the greatest health disparities also tend to have lower rates of participation in political and civic processes, which can be exacerbated by linguistic, cultural, and educational barriers. Thus, residents may have fewer opportunities to voice concerns about transportation issues facing their communities.<sup>67</sup>

Urban planning policies reflect these disparities in political participation. Even though more residents bike and walk in lower-income communities, these areas are less likely to have zoning or subdivision codes that require pedestrian- or bicycle-friendly infrastructure than upper-income communities are.<sup>68</sup> Ninety-one percent of high-income communities require pedestrian-oriented design elements such as sidewalks, crosswalks, and so on. But only 58 percent of low-income communities have such requirements. Similarly, 14 percent of higher-income communities have laws that mandate bike lanes, but only 5 percent of low-income communities do.<sup>69</sup>

Many of these poorer neighborhoods are also dealing with incompatible land uses, such as residences located near polluting industrial and waste facilities. Zoning codes may not require developers to provide basic infrastructure for walking and biking for properties zoned for industrial/manufacturing or mixed-use.<sup>70</sup>

Mobility challenges in rural and exurban areas: Rural communities face particular health challenges, with higher mortality rates and a greater incidence of many chronic

and acute diseases.<sup>71</sup> With large distances separating destinations, lower population densities, and fewer resources to invest in infrastructure, rural towns may struggle to provide even the most basic pedestrian and bicycle facilities, and public transportation service may be meager or nonexistent. About 40 percent of people living in rural areas – over 12 million people – live in counties without public transportation.<sup>72</sup> Low-income people, seniors, and those with limited mobility are especially vulnerable in rural areas; they face a higher risk of social isolation and even less access to health-promoting goods and services than residents in denser communities.<sup>73</sup>

Pedestrian- and bicycle-friendly infrastructure alone cannot solve these persistent health disparities; helping communities hardest hit by chronic, preventable illness will require a comprehensive range of policies and programs, as well as social, educational, and economic support that provides residents with both the knowledge and the means to lead healthier lives. Yet targeted investments to improve walking and bicycling conditions for vulnerable populations can have a noticeable impact on residents' health. In fact, since lower-income and other vulnerable populations are more dependent on walking and biking, the impact of these improvements may be felt more deeply there than in other communities. The benefits extend beyond health – improvements that increase walking and biking can improve quality of life for local residents, reduce our environmental footprint, and help revitalize neighborhoods and the local economy.