

Place, not race, may be a larger determinant of health disparities

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Where you live could play a larger role in health disparities than originally thought, according to a new study by researchers from the Johns Hopkins Bloomberg School of Public Health. They examined a racially integrated, low-income neighborhood in Baltimore, Maryland and found that, with the exception of smoking, nationally reported disparities in hypertension, diabetes, obesity among women and use of health services disappeared or narrowed. The results are featured in the October 2011 issue of *Health Affairs*.

"Most of the current health disparities literature fails to account for the fact that the nation is largely segregated, leaving racial groups exposed to different health risks and with variable access to health services based on where they live," said Thomas LaVeist, PhD, lead author of the study, director of the Johns Hopkins Center for Health Disparities Solutions, and the William C. and Nancy F. Richardson Professor in Health Policy and Management. "By comparing black and white Americans who are exposed to the same set of socioeconomic, social and environmental conditions we were better equipped to discern the impact of race on health-related outcomes and have concluded social factors are essentially equalized when racial disparities are minimized."

LaVeist and colleagues identified communities in the U.S. containing a population of at least 35 percent African American and 35 percent white residents, and where the African Americans and white residents have similar income and education. Two communities in Baltimore were selected as study sites and in-person interviews were conducted with

adult residents. Blood pressure was also measured among a number of [study participants](#). Researchers used data from the National [Health Interview Survey](#) to compare national and study-site data on obesity, smoking and diabetes. The National Health and [Nutrition Examination Survey](#) was used to compare national and study-site data on hypertension. Data from the Medical Expenditure Panel Survey was used to compare the use of [health services](#) nationally and in the study area. Researchers concluded that racial differences in social environments explained a significant portion of disparities typically found in national data.

"When whites are exposed to the health risks of an urban environment their health status is compromised similarly to that of blacks, who more commonly live in such communities," said Darrell Gaskin, PhD, co-author of the study, deputy director of the Hopkins Center for [Health Disparities](#) Solutions and an associate professor with the Bloomberg School's Department of Health Policy and Management. "Policies aimed solely at health behavior change, biological differences among racial groups, or increased access to health care are limited in their ability to close [racial disparities](#) in health. A more effective policy approach would be to address the differing resources of neighborhoods and improve the underlying conditions of health for all."

Provided by Johns Hopkins University Bloomberg School of Public Health

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