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Neighborhood Poverty and Mortality

Studies have shown that socioeconomic inequality adversely affects health.[1,2] People's socioeconomic status- their income, occupation, and education- is a reliable predictor for a variety of health outcomes. Poverty has a powerful relationship to health: being poor is bad for a person's health, but so is living in a poor neighborhood, and living in a place with high income inequality. This quarterly explores income inequality in Multnomah County and how life expectancy, cancer mortality, and heart disease mortality are related to neighborhood poverty levels.

How poverty affects health

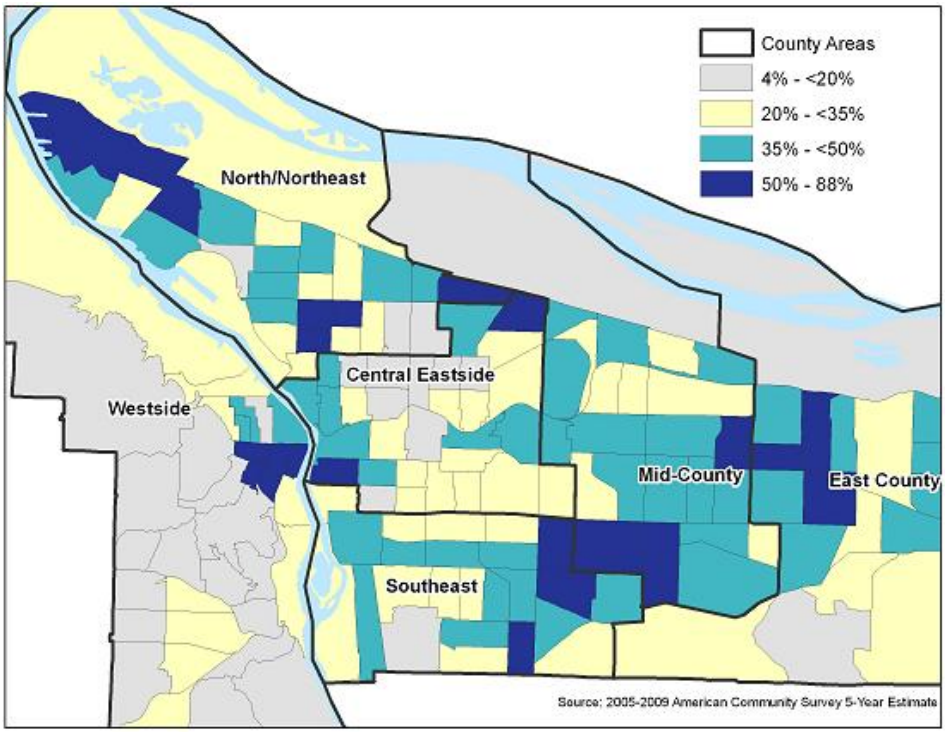
Research has suggested that the poor have less access to health care and a greater prevalence of health risks such as smoking and obesity. More recent studies indicate that it is the stress associated with poverty that increases the likelihood of illness.[3] At the population level, there is an association between income inequality and mortality.[4] Research suggests the more unequal an income distribution is in a community, the more stress there will be for the poor.[5, 6] Communities with greater income inequality have higher levels of poverty.

Neighborhood poverty in Multnomah County

Income levels vary substantially among the neighborhoods within Multnomah County. Map 1 shows census tracts* in Multnomah County with shading based on the percentage of tract residents whose incomes are at or below 200% of the federal poverty level. By this measure of poverty, tracts range from 4% to 88% poor. The map shows four types of neighborhood: low (less than 20% poor), moderate (20-34% poor), high (35%-49% poor), and extreme (50% or greater poor). Areas high and extreme poverty are distributed throughout the county.

Mortality increases as neighborhood poverty increases

In Multnomah County the overall mortality rate has declined significantly over the last ten years for all racial and ethnic groups and for males and females. However, mortality rates vary widely between the four types of neighborhoods mapped above. Graph 1 shows that cancer and heart disease mortality rates are progressively higher at each poverty level and life expectancy is progressively lower. The steady slopes of the lines show that people who live in areas of moderate poverty can expect to live longer than those in poor areas but not as long as those in the low poverty areas. This suggests that it's not just that individual poverty affects health outcomes but that living in a neighborhood with a higher level of poverty affects the health outcomes of all people living in that neighborhood.

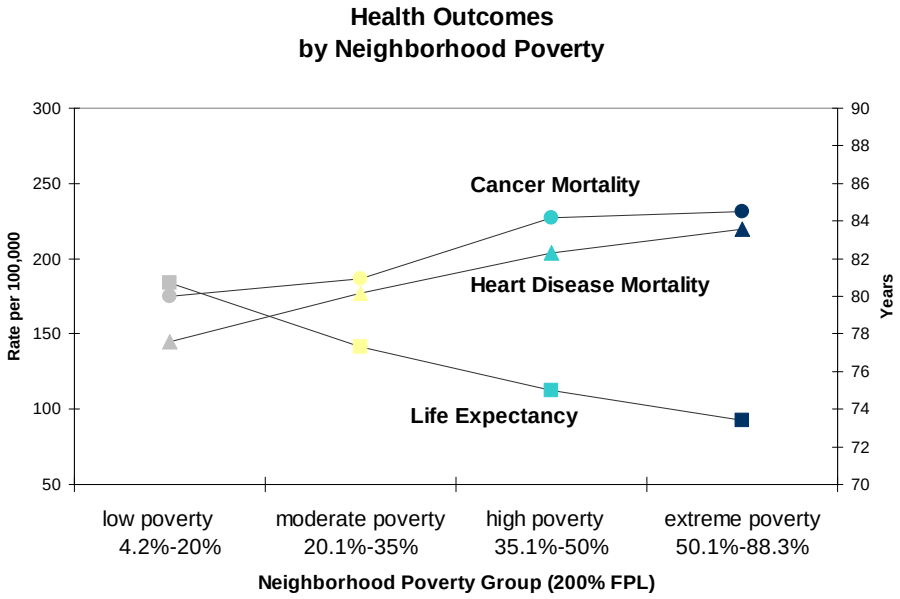


Map 1. Percent of Population below 200% of Poverty.

Neighborhood Poverty and Mortality

Discussion

Research has shown that reducing neighborhood poverty can improve health and mental health outcomes. [7,8] Effective approaches to poverty reduction require the involvement of many sectors, i.e., business and economic development, social services, and public policy. Similarly, there is a role for local, state, and federal action. Safety net programs can reduce the chronic stress, and resulting health problems, of worrying about the cost of health insurance, childcare, and retirement security. Investing in childcare, education, transportation, and housing can level the playing field between people and neighborhoods and increase opportunities for educational attainment and job opportunities, which are linked to higher earnings.



Graph 1. Mortality Rates by Poverty Group.

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* Census tracts are geographic units that roughly approximate the neighborhood level. They vary in population from 1,500-4,000 residents and in land area based on population density; smaller tracts are common in urban areas.

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