

# **Structural Racism, the Inner City Built Environment, and the Health Status of African Americans**

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**Henry Louis Taylor, Jr.  
Center for Urban Studies  
Department of Urban and Regional Planning  
School of Architecture and Planning  
University at Buffalo  
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## **Conference Version**

This study explores the relationship between the built environment and health outcomes in the African American community. Health disparities between blacks and whites in the United States have been well documented. Studies show that blacks not only die younger than whites, but that they also are more likely to be hospitalized, become disabled, have no health insurance, live in medically underserved areas, suffer premature death, and overall live a more anxious and stressful life. Although these disparities are well documented, much less is known about the built environment's relationship to the health problems of African Americans. The purpose of this paper is to explore the built environment's contribution to the health problems of African Americans through a case study of the Near East Side black community in Buffalo, New York.

My thesis is that several dimensions of the built environment interact in mutually reinforcing ways to create health problems among African Americans. This study identifies those dimensions, and seeks to answer three interrelated questions: What produced the built environment dimensions that contribute to health problems among blacks? How do they affect the health problems of African Americans, and how can policymakers mitigate their impact on the health status of African Americans? The presentation is divided into two parts. The first part is a study of the relationship between the built environment and health problems in the Near East Side black community and the second discussed the approach needed to build healthy inner city

communities.

### **The Case of Near East Side Neighborhood**

The Near East Side is a prototypical inner-city black community that emerged between 1940 and 1970. Situated near downtown Buffalo, it has a population of about 28,665, with more than a third living below the poverty line. Over time, a complex of public policy and resource allocation decisions associated with metropolitan building set into motion a series of events that led to disinvestment, poor service delivery, and the institutionalization of *distress* in this community. The inner city built environment produced by this process has contributed to the development of health problems among African Americans in several interactive and reinforcing ways. To gain insight into this nexus, I focus on five facets of the built environment that contribute to the health problems of blacks: sidewalks and streets, fear of crime, visual image of the inner city, housing, and food insecurity.

#### **Sidewalks and Streets**

Traditionally sidewalks were centers of neighborhood life in African American communities. They were places where children played and people gathered on stoops and street corners to converse. Sidewalks also functioned as pathways that people used to make varied trips. Concurrently, neighborhood streets not only served as arteries for vehicular traffic, but also functioned as venues for games, including hopscotch, jump rope, baseball, football, and basketball. However, over time, not only did the social function of Near East Side sidewalks and streets diminish, but also their condition came to inhibit physical inactivity and expose African Americans to health risks.

The Near East Side, like most inner city neighborhoods, is a *walking community* where the general population is dependent on public transportation, largely because of the low automobile ownership rates. Nationally, for example, 24% of African American householders do not own an automobile, compared to 8% of whites. On the Near East Side, about 52% of the households do not own automobiles and about 32% of workers use public transportation or walk

to their jobs.<sup>1</sup> Although it is a *walking community*, the condition of Near East Side sidewalks and streets do not support active living. On most neighborhood streets, the condition of sidewalks range from fair to very poor. Typically, these very narrow sidewalks are characterized by uneven surfaces, broken concrete, missing sections, slabs uplifted by tree roots, and the lack of accessibility for people with disabilities.

During winter months, sidewalk conditions are worsened when mounds of snow and ice block them. Poor maintenance, including the lack of snow removal, prohibits the use of sidewalks for rollerblading, biking or even operating wheelchairs. Residents, who do use the sidewalks, especially joggers, elders, and those with limited mobility, are exposed to the risk of injury caused by tripping. The result is that these poorly maintained sidewalks are dangerous to the users, and during winter, when they become impassable, pedestrians are forced to walk in the streets.

When Near East Side residents are forced off the sidewalks onto the streets, two interrelated factors increase their risk to accidental injury or death. First, inner city neighborhood streets are designed to accommodate traffic rather than provide residents with pathways for walking, biking, jogging, and playing.<sup>2</sup> This has led to the development of large numbers of one-way streets that allow cars, trucks, and buses to quickly move through the neighborhood. Because most streets do not have traffic calming devices, they are often transformed into speedways for vehicles entering and exiting the community. Second, these dangers are increased by the poor condition of the streets, which makes it difficult for pedestrians and drivers of motor vehicles alike, to navigate them, especially during the winter months when they are covered with snow and ice. These circumstances help to explain why 51% of all pedestrian deaths occur on neighborhood streets in New York State. Buffalo ranks third statewide in the number of pedestrian fatalities and eighth nationally. A disproportionate number of these deaths, I believe, occur on Near East Side streets.

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<sup>1</sup> American Factfinder, *Detailed Tables, Census 2000 Summary File 3 (SF 3), Sample Data*, [www.Factfinder.census.gov/](http://www.Factfinder.census.gov/)

<sup>2</sup> Michelle Ernest, **Mean Streets: How Far Have We Come?: Pedestrian Safety 1994-2003**, Surface Transportation Policy Project, November 2004, p. 8.

## **Fear of Crime and the Visual Image of the Inner City**

Poor maintenance of sidewalks and streets is not the only reason that blacks lessen their walking trips on the Near East Side. The fear and reality of crime is another reason that African Americans retreat from public space and limit their walking journeys. This withdrawal from public space is demonstrated in the absence of a vibrant street life and in the small number of people that use parks and playgrounds.

Not all crimes provoke fear among African Americans. For example, they are not intimidated by petty larceny, embezzlement, shoplifting, prostitution, vandalism, and nuisance crimes because these acts rarely lead to bodily harm or death. Violent crimes, on the other hand, prompt a very different response. Because assault, robbery, murder, rape, burglary, and home invasion carry the threat of injury or death, they strike fear in the hearts of blacks. An analysis of the distribution of violent crime on the Near East Side provides insight into ways that the *fear* and *reality* of crime inhibits the utilization of public space and contributes to the development of a sedentary culture among African Americans.

An analysis of crime data from 1996 to 2000 demonstrate that violent crimes are scattered throughout the Near East Side black community. They occur on neighborhood streets, on commercial thoroughfares, close to the bus stops and subway stations, and near parks, playgrounds and recreational centers. Apprehension and dread of crime, then, is based on the very *real* possibility of being attacked, robbed, raped, or murdered. For example, homicide is the sixth leading cause of death among African Americans, and the leading cause of death among young black men. Not only this, but a startling number of blacks know someone who has either been shot or murdered.

Not surprisingly, the risk of becoming the victim of a violent crime causes African Americans to limit their time on the streets and in public spaces. This viewpoint is reinforced by anecdotal information and random face to face interviews conducted with 900 Near East Side residents, who indicated that fear of crime influences the places they go and dictates their shopping and working schedules.<sup>3</sup>

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<sup>3</sup> Center for Urban Studies, *The Health Status of the Near East Side*, p. 83.

The visual image of the Near East Side reinforces the fear of crime by imbuing neighborhoods with a foreboding environment that makes them *appear* and *feel* unsafe. Two factors combine with the high crime rate to generate this image. First, omnipresent vacant lots, abandoned structures, and poorly maintained houses, sidewalks and streets make the neighborhood appear deserted and ominous. Second, putting bars on windows, steel cages around doors, and the omnipresent placement of “*neighborhood watch*” signs throughout the community unintentionally communicate to people that the streets are not safe. This interplay of crime and a foreboding visual image discourages the use of public space and contributes to physical inactivity, obesity, and a sedentary culture among Near East Side residents.

### **Unhealthy Homes**

When African Americans retreat from the streets to their homes, they enter refuges that often expose them to health and safety hazards, which are capable of producing serious diseases and injuries that are sometimes fatal. For example, lead poisoning, toxigenic mold, asthma and allergen sensitization, pulmonary hemorrhage, “bleeding lungs,” carbon monoxide, radon, and asbestos exposure, along with fire and safety hazards combine to make many inner city homes unhealthy and dangerous. These risks often result from poor housing maintenance, which lead to inadequate ventilation, dust traps, moisture intrusion, broken windows, faulty early warning alarms or prevention devices, improper renovation, and other deficiencies.<sup>4</sup>

Low-incomes, old houses, and poor service delivery combine to make Near East Side housing units vulnerable to these types of health and safety issues. For example, most Near East Side residents earn less than \$20,000 a year, while 1940 is the median year in which housing units were built in that community. The problem is that most homeowners cannot afford to maintain or renovate their homes, while many absentee landlords cannot or refuse to keep up their rental units. The situation is compounded by the failure of city government to keep trees trimmed, maintain vacant lots, and secure abandoned properties. The poorly maintained vacant lots and abandoned houses are problematic because they attract rodents and other pests.

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<sup>4</sup> Office of Lead Control, **The Healthy Homes Initiative: Preliminary Report**, the United States, Department of Housing and Urban Development, , April 1999, p. 13.

Thus, the confluence of low-incomes, old housing, and poor service delivery places a significant number of Near East Side dwelling units at-risk for health and safety issues. For instance, almost 80 percent of the Near East Side census tracts are places where more than half the houses were built in or before 1940 and where the median household income is less than \$24,000 annually. Because of the marriage between low-incomes and age of the dwelling units, housing in such tracts is vulnerable to health and safety hazards.

### **Food Insecurity**

Obesity and overweight are at epidemic proportions in the African American community, and the problem is related to both a sedentary lifestyle and dietary habits. This is where the issue of food insecurity comes into play. On the Near East Side, many people do not have the type of diet required to maintain an active and healthy lifestyle. The problem exists in part because many Near East Side residents do not have easy access to the food required to develop and sustain good eating habits. There is only one supermarket on the Near East Side, which means that many residents must supplement their groceries with food purchased at the corner store, pharmacy, or fast food restaurants.

Although corner stores and pharmacies are scattered throughout the Near East Side, almost none sell fresh meat, vegetables, fruits, or organic foods. Only a few even carry wheat bread. Most, including the pharmacies, primarily sell junk food, including candy, soft drinks, potato chips, and beer. The sad reality is that on the Near East Side, it is easier to buy hamburgers and French fries than it is to buy apples and oranges. The lack of food stores on Near East Side mean that most residents must go to the suburbs or other central city neighborhoods to grocery shop. This is no easy task. Several years ago, in a focus group, a Near East Side resident said, “Dr. Taylor, bags, babies, and buses don’t mix.” She was talking about the difficulty of making the journey to grocery shop. The lack of supermarkets, then, constructs a barrier to healthy eating habits and contributes to the problem of inner city food insecurity.

Finally, simply putting supermarkets and grocery stores in distressed communities will not necessarily lead to healthy diets among African Americans. Nutritional education must also be

part of the equation. African Americans must learn about the benefits of good nutrition and the development of good eating habits. Only by integrating easy access to wholesome food with nutritional education, can advances in the struggle against excess weight gain and obesity in the African American community be advanced.

### **Policy Implications**

The findings of this study suggest that the built environment contributes to the health problems of African American in several interactive and mutually reinforcing ways. This implies that health based policies must be connected to efforts to regenerate distressed inner city neighborhoods by refurbishing the infrastructures [sidewalks and streets], re-imagining the community, developing healthy homes, and improving access to healthy foods. Alleviating the dangers of crime and violence must also be part of the goal of inner city regeneration. Unless the streets and public space are made safe, efforts to construct healthy inner city neighborhoods will not succeed.

In the short term, efforts must be made to construct *safe places* for physical activity and to maximize the access of blacks to healthy foods. These efforts must be blended with safety and violence prevention programs, including the design of defensible space. Central to this viewpoint is the notion that the health crisis facing the black community can only be resolved by moving beyond the focus on individual and families to focus on the broader community and its physical and social environment.

Lastly, this study implies that the built environment contributes to the health problems of blacks and whites in *dissimilar* ways. This means that policies which address built environment and health issues in white middle class neighborhoods will differ significantly from those needed in the inner city. Thus, grappling with the health problems of African Americans will not only require the formulation of policies that support the construction of healthy inner city neighborhoods, but also it will necessitate the allocation of millions for the regeneration of distressed communities. Such a mission will require formulation of a partnership among local, state, and federal governments.



