Urban Health: Challenges and Opportunities

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A city is an economic, a geographic, and an ecologic unit. A city extends beyond its charter and formal organization and represents a variety of complex cultures. It has been said that great cultures are city-born and that nations, governments, politics, and religions all rest on the basic phenomenon of human existence: the city.

Banfield (1) has described the nature of the urban crisis as involving the essential welfare of individuals or the good health of society. The good health of society is reflected when that society moves in a direction of giving quality to what is distinctively man. Crisis problems are found in all cities, particularly in inner-city areas. As distinguished from important problems which deal with comfort, convenience, amenities, and business advantage, crisis problems include crime, poverty, ignorance, and injustice. Unfortunately, many government programs target the important rather than the crisis problems of cities.

Inner-city populations are characteristically minority, young, and disproportionately poor. These populations are frequently at higher risk of illness, disability, and premature death. However, given the concentration of health and social welfare resources in cities, opportunities exist for the public and private sectors to participate in coalitions and networks and to provide at-risk populations with coordinated, continuous, and comprehensive human services. Such services are consistent with the conceptual definition of health developed by the World Health Organization (2) many years ago: “A state of complete well-being, physical, social, and mental; and not merely the absence of disease or infirmity.”

Public health is a useful framework for examining urban health problems. It takes place within the formal structure of government but also includes the efforts of private and voluntary organizations and individuals. A report on public health developed by the Institute of Medicine, National Academy of Sciences (3), described the mission of public health as fulfilling society’s interest by assuring conditions in which people can be healthy. In the same report, the substance of public health is described as organized community efforts aimed at the prevention of disease and the promotion of health. Urban health is associated with an array of opportunities and challenges related to social illnesses, to issues of access to health care, and to a wide range of environmental issues.

Environmental Problems

Cities are perceived as hostile environments because of the numerous barriers to social and physical good health. Health workers in urban areas encounter a host of environmental, medical, and social problems which, while not uncommon, appear in more concentrated and intense forms in urban populations. In his discussion of environmental health, Blumenthal (4) indicated, “If the 1960s were a decade of access to health care and the 1970s a decade of primary care, then it might be said that the 1980s [were] the decade of environmental health.” Some illnesses frequently seen in urban populations can be clearly explained as consequences of physical environments. For other types of illnesses, the urban environment may contribute to the cause or the severity of the problem. Assigning causation involving suspected environmental issues is not always possible. However, an increasing number of studies have demonstrated that environmental hazards in the air, water, and soil of cities are detrimental to good health. Trieff (5) reported that approximately 80% of newly reported cancer cases are environmentally induced.

Air pollution generally implies the presence of substances put there by the activities of man in concentrations sufficient to interfere directly or indirectly with one’s comfort, safety, or health. Because of the complexity of these problems, governmental public health has had a major responsibility for protecting the public. The Clean Air Act of 1970, which had not been amended since 1977, was revised last summer. The revisions emphasized urban pollution associated with automobile fuel and
technology, toxic air pollutants related to industrial emissions, and acid rain associated with power plant emissions. Critics of this bill say it will help to reduce but not eliminate pollution.

Ford (6) reported that the average person living in a central city faces a 9% greater chance of dying in a given year than citizens living in suburban counties and 1.5% higher chance than residents of nonmetropolitan areas.

Few urban-related diseases bear as clear a relationship to the environment as lead poisoning. Causes of the lead problem include increased amounts of airborne lead emitted by cars and trucks, chipped and peeling paint in older inner-city housing, and high levels of lead in soil caused by heavy automobile traffic. This relationship between lead poisoning and urban living led to legislation for unleaded gasoline and lead-free paint. In 1988, the Agency for Toxic Substances and Disease Registry indicated that lead in the environment is still a potential threat to 3 million to 4 million children (7). There has been steady improvement in airborne lead levels because of Environmental Protection Agency regulations. Other factors contributing to reduced lead levels in Americans are the reduction of lead content in food stuffs, targeted lead-screening programs in high-risk population groups, and increased public awareness of lead hazards.

Many pollutants identified in the Clean Air Act were based on studies done in cities. Many of the pollutants identified are known to affect the respiratory tract and are associated with acute and chronic pulmonary diseases. Efforts continue to control these pollutants. The effects of air pollution on human health in Los Angeles have been well studied. Smog in Los Angeles and in other cities has been associated with death from pulmonary disease, impaired breathing, cardiac problems, sensory irritation, and interference with general well-being (6).

Respiratory diseases as well as the distribution of cancer deaths have been related to the consequences of urbanization and industry. For example, in Cleveland and Los Angeles, mortality rates for all malignancies showed a direct correlation with air pollution. Rates of lung cancer were higher among residents in certain highly industrialized areas where elevated levels of known carcinogens were present.

Asbestos, as an air contaminant, has long been associated with obstructive lung disease and other serious health problems. Particularly vulnerable are workers in asbestos plants and residents and school children in buildings where asbestos has been used for insulation.

Environmental issues related to occupational health and safety are important in any discussion of urban health. After the industrial revolution, the development of cities and factories were closely related. Factories were also associated with harsh working conditions for men, women, and children. Today, there has been considerable improvement in occupational health and safety for workers: the workday is shorter, children are no longer allowed to work in factories, and machines, for the most part, are safer. However, approximately one of every 11 workers suffers an illness or injury due to hazardous exposure in the work environment. Approximately 4,500 job-related deaths and 5.5 million job-related injuries occur in the workplace with 11 or more employees. The National Safety Council estimated that injuries are as high as 11,500 per year and that an additional 50,000 to 70,000 Americans die annually as the result of work-related exposure to toxic substances (8).

Noise represents another health hazard to workers which has been compounded by general urban conditions. The pervasiveness and magnitude of this problem has been increasing for at least 30 years, and noise levels in many places are considered public health hazards. Although noise-induced hearing loss has been recognized as an occupational health issue, the public has accepted higher noise levels as a way of life.

How these and other environmental problems impact residents of inner-city communities make them important challenges. Other issues which also challenge the quality of life of urban residents are related to social health problems such as poverty, unemployment, malnutrition, and overcrowdedness.

### Social Health Problems

To assess the health risks of some urban residents, it is necessary to appreciate the complex characteristics which impact their lives. One significant characteristic which frequently influences the health of inner-city residents is poverty.

In a 1975 study of 19 large cities in the United States, low-income areas within these cities reportedly experienced higher rates of low birth weight infants, infant mortality, inadequate prenatal care, unplanned pregnancies, tuberculosis, and violence (6). These rates were generally one to three times higher than in higher income areas. The problems reported in this 1975 study still exist today.

Wilson (9) reported in 1987 that communities of the underclass are plagued by massive joblessness, flagrant and open lawlessness, and low-achieving schools. A study of 26 cities by the United States Conference of Mayors' Task Force on Hunger and the Homeless (10) found that while unemployment has decreased in urban America, hunger, homelessness, and poverty continue to increase. In 1986, the number of people needing emergency food help increased by 18% from the previous year, and the number of people seeking emergency shelter rose by 21%. These are important findings because many of the people involved represented the working poor. Many believe that most of the poor are on welfare; however, there has been a significant increase in the number of working poor in the nation (11).

Children constitute the poorest age group in the United States. One-fifth of all children live below the poverty line and therefore bear a disproportionate share of the burden of poverty. In 1986, the poverty rate for black children under 18 years of age was 43.1%, more than three times the rate for all Americans (13.6%). The poverty rate for Hispanic children was also high at 37.7%.

Harrington (11) reported that growing up poor increases the likelihood of school dropout. School dropout rates in 1983 were 8.6% for nonpoor whites, 9.3% for nonpoor blacks, 17.1% for poor whites, and 24.6% for poor blacks. In his studies of the total effects of poverty in inner-city populations, Wilson (9) described the vicious cycle that is perpetuated through the family, community, and schools. In Chicago's public schools, only 47% of the students who enrolled in ninth grade in 1980 graduated from high school four years later. Of those who did graduate,
only 32% had reading levels at or above 12th grade. Of the ninth graders who were black or Hispanic, only 63% graduated. Wilson (9) used the term “ghetto underclass” to describe a heterogeneous group of families and individuals who inhabit the nation’s inner cities. He maintained that these groups are different from and more socially isolated than those who lived in these same communities in earlier years. He reasoned that this was true because the middle and working classes and the institutions that supported them have moved out of inner cities. The hardening of public attitudes toward those who have not made it out of the ghetto is another contributing factor to the social isolation experienced by many inner-city residents. These attitudes are in contrast to those of the 1960s when the public had concern for ghetto residents and when there was a strong will to conquer the problems of inner-city life.

The frustration of joblessness is hard to measure, but there are some far-reaching psychological effects that disturb the entire fabric of the community and make it unhealthy. Although direct linkages are hard to prove, studies have shown that during periods of severe unemployment the crime rate rises, families are under greater psychological stress, and individuals experience greater frequency of illness. The associations between unemployment and crime are also complex, but a fundamental relationship does exist. Violent crimes are associated with times of severe economic recession and with the economic status of communities. For example, during the severe recession of 1974, Chicago experienced a record 970 murders. Chicago’s record was lower than the murder rates in Detroit, Cleveland, Washington, DC, and Baltimore (9). In 1981, another recession year, Chicago experienced the second highest number of murders (877), which placed Chicago fifth in a ranking of the ten largest urban areas in the nation. In 1983, more than half of Chicago’s murders and aggravated assaults occurred in areas with heavy concentrations of low-income black and Hispanic residents.

In 1989, Washington, DC, expected to exceed the 1988 homicide rate by 369 deaths because of increased drug-induced violence, which is continuing to mount in all cities. The drug problem in America is overwhelming. Drugs have been associated with increases in inner-city violence; with increases in the acquired immunodeficiency syndrome among heterosexuals, their sexual partners, and offspring; with increases in poverty; and with a host of other socially destructive problems.

Homicide is associated with significant social costs and is considered an index of the powerful cultural and interpersonal stress in our society. Assaultive injury is usually committed against a family member or a member of the community. As society becomes more aware of the violent component of family life, it becomes increasingly important for health professionals to recognize its signs. Advocacy and protection for the abused are important interventions. These actions are necessary as society comes to terms with its ambivalence about abuse and other values such as gun control.

The American Dietetic Association has warned America that if hunger is not remedied, the resulting costs will be high (12). These costs include infant prematurity and retardation, inadequate growth and development, poor school performance, decreased output, and chronic disease morbidity. The 1985 Physic-
depends in part on the level of wellness in the population. When programs, in essence, social justice drives society's determination of who will live and who will die. Whether the nation thrives or reaches its productive potential or other national goals depends in part on the level of wellness in the population. When segments of the population experience morbidity and mortality rates equivalent to those in third world countries, as do many of our inner-city communities, the inequities represented are of priority concern to the public health enterprise.

Past legislative approaches to access to care have sometimes been characterized as disjointed incrementalism. Access to care issues demand a holistic approach and long-term planning.

Increasing health care costs, often accompanied by decreasing services, have stimulated and intensified the interests of labor, business, and the public in changing the health care system and supporting a national health program. Many believe that a national health program is essential to improving access to health care. However, the characteristics of such a program are issues that need to be debated. According to the American Public Health Association, these characteristics should include quality and efficiency, universal coverage, comprehensive benefits, elimination of financial barriers to care, equitable financing, public accountability and administration, fair payments and appropriate use, evaluation and planning, emphasis on disease prevention and health promotion, provision of education, training, and affirmative action for health workers, nondiscriminatory services, and consumer education (17). Most of these principles have been put into Representative Henry Waxman's (D-California) Sense of the Congress Resolution for a National Health Program.

Summary

Urban health issues are multidimensional. Some effort has been made to identify their complexities in this presentation. Health providers working with inner-city populations must consider an array of social, health, and environmental factors in their assessments of health problems. Many of the societal issues which negatively impact health, such as poverty, lack of a universal health program, unemployment, violence, drugs, and other factors, can be corrected in our society only if the political will to do so is present. Health workers have a responsibility to advocate for programs and environments in which all citizens can maximize their full potential. Populations in urban areas who are at risk for disease, disability, and premature death make cities special places for focusing on the promotion of health and the prevention of disease. The contributions that can be made by health workers should be directed toward improving the quality of life for urban residents. The challenges to do so are essentially unlimited.

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References