

# Health Element

Clark County Comprehensive Growth Management Plan

## *Growing Healthier*

Pathways from the built environment to health:

## Safety and Social Connections



## Introduction

In the film *Unnatural Causes*, there is a segment that documents the transformation of a Seattle neighborhood called High Point, once a deteriorating, crime ridden, and unhealthy housing project in West Seattle.<sup>1</sup> Through federal funding and a collaborative effort between community members, local government and developers, High Point was re-envisioned and re-built as a mixed used, mixed income community with a focus on health. Community gardeners now grow and sell organic produce to other residents; neighbors socialize along clean, safe streets; children play in the park; and families with asthma breathe easily in specially designed homes. This transformation resulted from changes in the built environment, some of which facilitated development of a new sense of social connectedness between residents and with the larger community. High Point clearly illustrates that a neighborhood's value in promoting health depends on both its built and social environments.

*Unnatural Causes* is a documentary film that examines the ways that place, socioeconomic status, and other factors determine overall health. To find out more, visit [www.unnaturalcauses.org](http://www.unnaturalcauses.org).

The following literature review presents an overview of how primary neighborhood design features can either enhance or undermine health outcomes. It then specifically focuses on two secondary influences: perceived safety and social connectedness.

### Defining neighborhood

A neighborhood is the organizing unit in a community that provides the infrastructure for a

healthy living environment. It can be defined spatially as a specific geographic area and functionally as a set of social networks.<sup>2</sup> The built environment can promote a healthy and functional neighborhood through design features that: (1) facilitate resident access to essential, health-promoting resources in the community, (2) minimize crime and promote safety, (3) provide opportunities for the development of a sense of social cohesion among neighbors, and 4) provide a mix of land uses and affordable housing levels.

## **Neighborhood Characteristics and Health**

As discussed in other Growing Healthier background papers in greater detail, neighborhoods impact health through built environment features such as:

- Affordable, quality housing
- Clean air, water and freedom from exposure to toxins
- Sidewalks, safe streets, and access to transit
- Proximity to healthy foods
- Proximity to parks and open spaces
- Ability to access medical facilities
- Safety from exposure to injury or violence

This section documents the research showing that these features can positively or negatively impact health.

**Neighborhood features can have positive health impacts.** People are more physically active when there is greater street connectivity, and more likely to obtain physical activity by walking when there are open spaces with more sidewalks and fewer pedestrian obstacles (e.g., dead end streets or high traffic volumes).<sup>3,4</sup> A review of research on the impact of the built environment on obesity and physical activity concluded that people who have access to safe

places for physical activity, neighborhoods that are walkable, and access to markets that sell healthy foods, are more likely to be physically active and eat more healthful food and less likely to be overweight or obese.<sup>5,6</sup> A literature review by the Robert Wood Johnson Foundation concluded that walkable neighborhoods with good access to transportation, jobs, and services increase the likelihood that residents will take advantage of the social resources available to them.<sup>7</sup>

**Neighborhood features can have negative health impacts.** When health is not a planning priority, decisions made about community design or zoning may fail to provide residents with access to opportunities for healthy behavior, and may inadvertently introduce harmful conditions. For example, a four-state study of 10,763 persons at risk for heart disease found obesity rates 35% higher when neighborhoods were close to unhealthy food versus being close to supermarkets.<sup>8</sup> Other research has shown that, partially as a result of targeted housing projects across the US, poverty has become more geographically concentrated since 1970. This has resulted in many people living in census tracts with a poverty rate of 20% or more. This condition is associated with increased exposure to violence, crime, and other health risks.<sup>9</sup> When zoning allows for the siting of a high number of neighborhood convenience and liquor stores, there is a greater rate of obesity, a strong association with higher levels of individual smoking, and an increase in alcohol-related traffic crashes and physical assaults.<sup>10,11</sup>

## **Secondary Influences**

**Perceived threats to safety can inhibit the health promoting features of neighborhoods.**

While some unhealthy neighborhood characteristics (such as a high volume of liquor stores) present visible risks, their secondary impact is less apparent but no less harmful: residents may be inhibited from taking advantage of any healthy options if they feel that it is unsafe to do so. In a 2006 survey of over 2,300 residents from all San Francisco neighborhoods, 43.8% of the respondents reported feeling unsafe on the streets of their neighborhood, on transit, and in parks. Four of the five most frequent reasons given were directly related to the potential for violence: drugs, gangs, lack of police, and gun availability. Other conditions cited covered a spectrum of socioeconomic and environmental influences.

#### Common Characteristics of Unsafe Neighborhoods<sup>12</sup>

- Unemployment
- Lack of living wage jobs
- Unaffordable housing
- Lack of community activities
- Closed businesses
- Dirty streets and sidewalks
- Narrow sidewalks
- High traffic volume
- Speeding cars
- Poor street lighting
- Abundance of liquor stores
- No sense of community

The health effects of perceived lack of safety are significant. This is demonstrated in a 2005 study based on the **broken window theory** that compared 107 United States cities, each with populations over 150,000 and each with a high number of houses abandoned or

**The Broken Window Theory** states that maintaining good repair and an orderly urban environment discourages vandalism and reduces serious criminal offenses.

boarded up in a given neighborhood. Those areas with a high number of vacant housing units, even after controlling for other socio-economic factors including poverty, had higher rates of premature death from all causes and from several specific causes (diabetes, cardiovascular disease, homicide, and suicide).<sup>13</sup> A literature review by the Robert Wood Johnson Foundation

identified multiple adverse health impacts associated with unsafe neighborhoods, including higher rates of chronic stress, heart disease, obesity, and poorer mental health.<sup>14</sup> Related research found:

- A high degree of social disorder, neighborhood neglect, and crime is correlated with multiple adverse health outcomes.<sup>15</sup>
- Children and adolescents who perceive their neighborhood as unsafe are less likely to go for walks or use public parks, and have lower rates of physical activity than those who live in safer environments.<sup>16,17</sup> Approximately two-thirds (65.1%) of adolescents studied in California neighborhoods perceived as unsafe engaged in regular physical activity compared with nearly three-fourths (72.3%) of those who live in neighborhoods in which people are not afraid.<sup>18</sup>
- The odds of a child being obese or overweight are 20-60 percent higher among children in neighborhoods with the most unfavorable social conditions, such as unsafe surroundings or poor housing, than among children not facing such barriers. The effects were much greater for females and younger children, with girls aged 10-11 years two to four times more likely than counterparts from favorable neighborhoods to be overweight or obese.<sup>19</sup>
- Independent of individual characteristics such as race, poverty, and unemployment, gonorrhea is clustered in neighborhoods that are physically deteriorated. While there is insufficient research to establish a clear causal relationship, it is suspected that deteriorated neighborhoods not only lead to avoidance of healthy behaviors, but also encourage high risk ones.<sup>20</sup>

**Neighborhood design can deter crime.** A widely used crime prevention practice known as Crime Prevention Through Environmental Design (CPTED) focuses on ways to reduce crime through passive design features.<sup>21</sup> Examples of actions that have been shown to reduce crime include natural surveillance approaches such as designing streets for bicycles and pedestrians, improving sightlines through lower fences and landscaping, and orienting windows to the street. CPTED is related to the broken window theory in the way it emphasizes physical characteristics that communicate a care-taking presence.

**Safe public spaces promote health and social cohesion.** When neighborhoods provide access to a safe public space, such as a community center or town square, residents have opportunities to engage. Such spaces have the potential to promote positive social dynamics when they are open to all, safe, accessible, and allow formal or informal activities that facilitate interaction.<sup>22</sup>

**Table 7.1.** Key Concepts Related to Community Engagement<sup>23</sup>

Condition	Definition
Collective efficacy	Mutual trust and shared expectations for intervening on behalf of the common good
Social capital	The social resources and benefits that emerge from strong social ties and facilitate collective action
Social cohesion	The extent of connectedness and solidarity among groups, or the degree of trust, familiarity, values and social ties

A review of neighborhood level research concludes that even in disadvantaged neighborhoods, a high degree of social cohesion, social efficacy and social capital is associated with positive social environments and health outcomes. These concepts are defined above in table 7.1 and examples are given in Figure 7.1. The analysis concludes that collective efficacy is “a robust predictor of lower rates of violence” and may be critical to understanding general aspects of

community well being.<sup>24</sup> In close-knit neighborhoods, residents are more likely to work together to achieve common goals and model responsible, healthy behaviors that can positively influence youth. Measures have been linked with decreased likelihood of youth engaging in health damaging behaviors like smoking, drug use, gang involvement, and unprotected sex.<sup>25</sup>

**Social isolation increases the risk of morbidity and mortality.** By 2010, the number of people

living alone is projected by the U.S. Census Bureau to

reach almost 31 million—a 40 percent increase since

1980. Social isolation, which is heightened by living

alone and recent relocations, is a major risk factor for

broad-based morbidity and mortality, even after

statistically controlling for known biological risk factors,

social status, and baseline measures of health.<sup>26</sup> This is

true across age groups. Among youth in middle school,

having good school and social connectedness is

associated with better mental health, less risk of

smoking and marijuana use in later years and higher

graduation rates. However, poor school

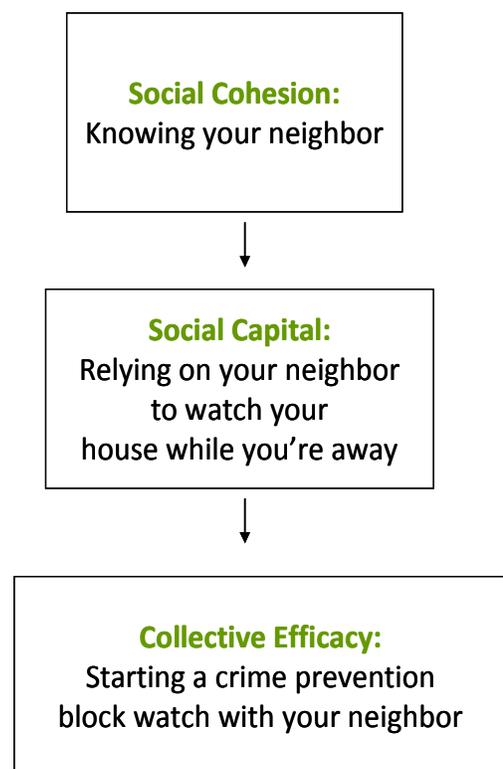
connectedness and good social connectedness had

adverse impacts, suggesting it is the directional influence of social connections, not simply their

presence, which shapes health outcomes.<sup>27</sup> In adults, a viable social network can help mitigate

stress, assist in coping, improve access to material support such as transportation or

**Figure 7.1.** Examples of Social Connectedness



information, and improve mental health. Lack of a viable social network is associated with higher rates of morbidity and mortality, depression, and cognitive decline.<sup>28</sup> Actual or perceived low levels of social support among older adults are associated with negative health outcomes including high blood pressure and longer wound-healing time.<sup>29</sup> A national study of older adults found that community engagement (volunteering, church attendance) is one way older adults can sustain the health

benefits of social connections when family or other personal ties are lost.<sup>30</sup> While there are many influences on the presence

It is primarily through the strength and joy of our community involvement that we begin to heal the alienation and disconnectedness, so prevalent in American cities.  
- Participant in a City Repair project in Portland, OR

of such social networks, the built environment is clearly a powerful one with the ability to distance people or connect them. The cover photo on this paper is from an aging, low-income neighborhood in Portland, Oregon where a giant sunflower motif was painted across an intersection in an attempt to enhance social cohesion and reverse urban decay. Preliminary results indicated that people passed through the intersection more often, gave higher ratings to the quality of their neighborhood, and reported better health than in another neighborhood used as a research control.<sup>31</sup>

## Disparities

### Socioeconomic Status (SES)

**Low-income neighborhoods experience poorer health outcomes compared with high-income neighborhoods due to unsafe conditions and low social capital.** There is evidence that lower income neighborhoods require safety from crime as a precondition in order to benefit from

health-promoting features such as parks and transit.<sup>32</sup> Groups with higher socioeconomic status exhibit greater levels of social capital, often yielding opportunities that reinforce their higher socioeconomic status, such as connections to job openings.<sup>33</sup> Research shows that income inequality leads to disinvestment in social capital, which is associated with increased mortality.<sup>34</sup> In part, this is explained by higher violent crime and homicide rates associated with low levels of social capital, which are in turn related to income inequality.<sup>35</sup> Measures of social capital reflect a correlation between low social capital and people with less than a high school education.<sup>36</sup>

Healthy neighborhoods that provide safety and exhibit social cohesion tend to be in areas of more concentrated wealth, and are characterized by greater residential stability, employment, family income, and home ownership. Low-income individuals who often have poverty-related health problems tend to be concentrated in rundown geographic areas that are not safe, making community cohesion far more challenging.<sup>37,38</sup> In the past decade, the percent of the U.S. population living in poverty has increased from 12.4% in 1999 to 14.3% in 2009.<sup>39</sup>

A study of hospital admissions comparing 343 neighborhoods in Chicago found that in the lowest versus the highest income neighborhoods, there are higher rates of exposure to violence and violent crime, including 20 times the rate of penetrating injuries and six times higher the rates of blunt injury.<sup>40</sup> Researchers found that people living in an area of more concentrated poverty had a higher likelihood of developing health problems, such as heart disease, compared

to people living in more advantaged neighborhoods, even when they had the same socioeconomic status.<sup>41</sup>

### Conditions that disproportionately affect low-SES neighborhoods<sup>31-40</sup>

- Premature death due to all causes and several specific causes (e.g., poor birth outcomes, diabetes, homicide, suicide).<sup>42</sup>
- Coronary heart disease<sup>43</sup>
- Stress, anxiety and depression.<sup>44</sup>
- Family dysfunction.<sup>45</sup>
- STDS including gonorrhea.<sup>46</sup>
- Decreased collective efficacy.<sup>47</sup>
- Exposure to violence.<sup>48</sup>
- Obesity<sup>49,50</sup>
- Traffic-related accidents and physical assaults associated with alcohol.<sup>51</sup>

### **Race and Ethnicity**

#### **Racial and ethnic minorities are more likely to experience poor health related to unsafe**

**neighborhoods.** We don't have data on the direct interaction between race and neighborhood health, however, we do have data on the relation between poverty and health. Because race and poverty are highly correlated, we can conclude that racial and ethnic minorities are more likely to suffer poor health. In 1999, among families with similar incomes, Blacks and Hispanics who lived in neighborhoods with higher concentrations of poverty than whites were at increased risk for chronic disease and other health problems.<sup>52</sup> Nationally, about 50% of blacks lived in poor neighborhoods, compared to 10% of White residents. In 1999, nearly 8 million people lived in the highest poverty census tracts. Among them, 24.1% were non-Hispanic White, 39.9% Black, and 28.9% Hispanic.<sup>53</sup> A lack of social capital or the wrong kind of social capital is thought to contribute persistent poverty among racial and ethnic minorities, which

researchers have linked to residential segregation along racial and socioeconomic lines.<sup>54</sup>

Within racial and ethnic groups, however, social capital can reduce poverty rates.<sup>55</sup>

## **Age**

**The youngest and oldest members of society are disproportionately affected by unsafe and socially disconnected neighborhoods.** According to the 2000 census, the proportion of

children under 18 was larger in census tracts with the highest poverty rates compared with

tracts with the lowest poverty rates. The proportion of people aged 65 years or older was

higher in tracts with lower poverty rates.<sup>56</sup> A study of overall closure rates of stand-alone and

hospital nursing homes from 1999-2008 indicate that closures were twice as high in zip codes

that encompass low-income and minority (black/Hispanic) communities as in the richest zip

codes. In the former, there was a loss of 16% of all Medicare/Medicaid certified nursing homes.

The researchers point out that as the need for long-term care rises, the ability of low-income

elders to access these services is being undermined.<sup>57</sup> For additional examples of how

neighborhoods impact aging, refer to the Clark County Aging Readiness Task Force Report.<sup>58</sup>

## **Conditions Needed to Thrive**

Healthy neighborhoods provide the opportunities needed for individuals and families to thrive:

quality housing, access to physical activity, access to healthy foods, traffic control, and public

environments (safe parks, plazas, and meeting places) that allow residents to interact and

develop or maintain social ties. These conditions promote social cohesion and social capital

and enhance health, social and economic opportunities. At the other end of the spectrum,

research suggests there is reason to believe that neighborhood-level disadvantage is causally

related to multiple health conditions, exposure to violence, and lack of social capital. When neighborhoods do not have the environmental or social resources to counter these influences the health risks are significant and the ability to thrive is impacted on almost every front.

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# Health Element

Clark County Comprehensive Growth Management Plan

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## *Growing Healthier*

Current Conditions:

# Safety and Social Connections

## **Introduction**

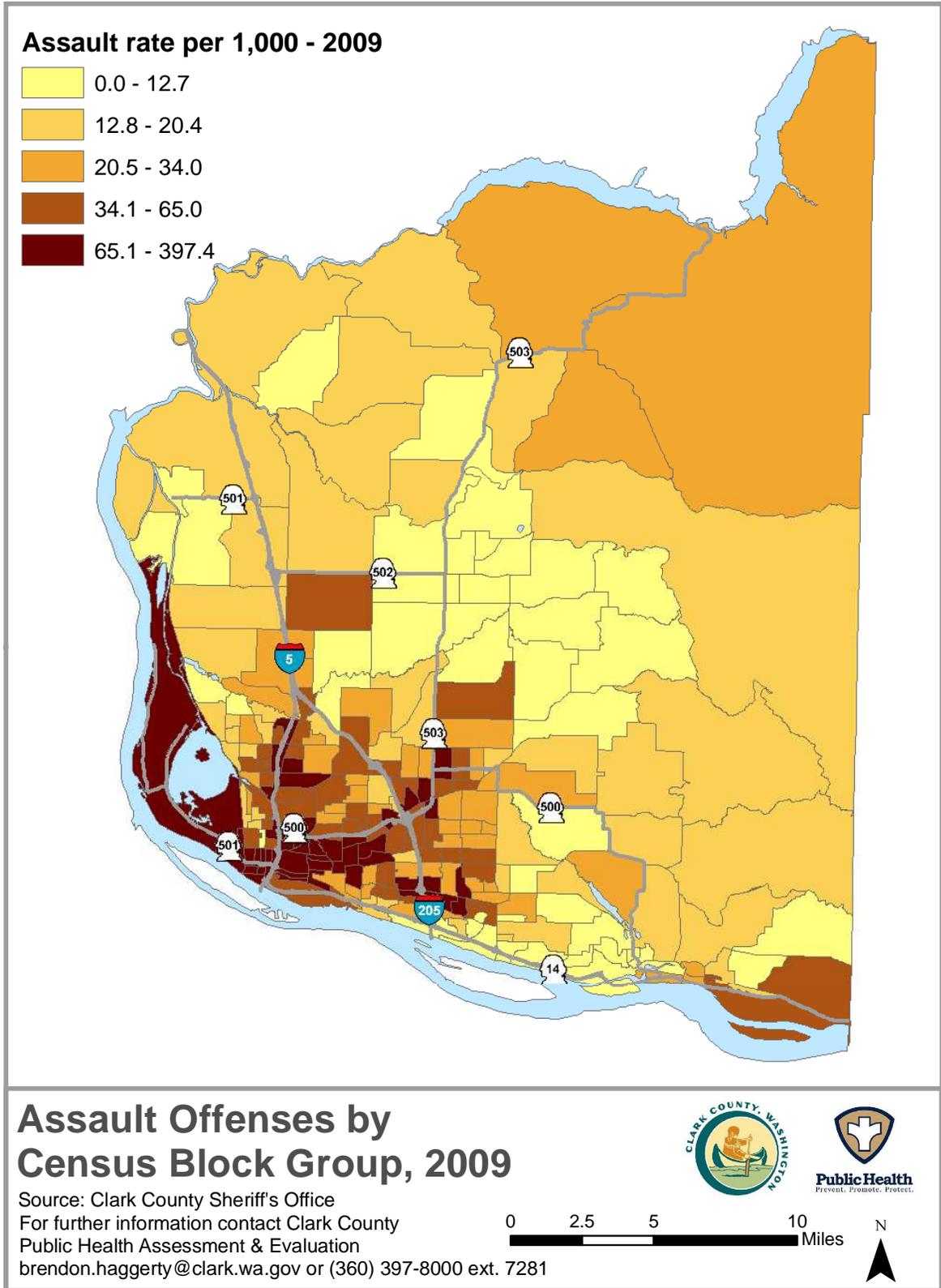
Residents are more likely to engage in health promoting behaviors within their neighborhoods when they feel safe. Real or perceived crime or injury often deters residents from walking, biking or spending time outdoors.<sup>1</sup> Social cohesion can contribute to a sense of safety and belonging that promotes health. In all examples below, we use the most recent data available.

## **Current Conditions**

### **Crime**

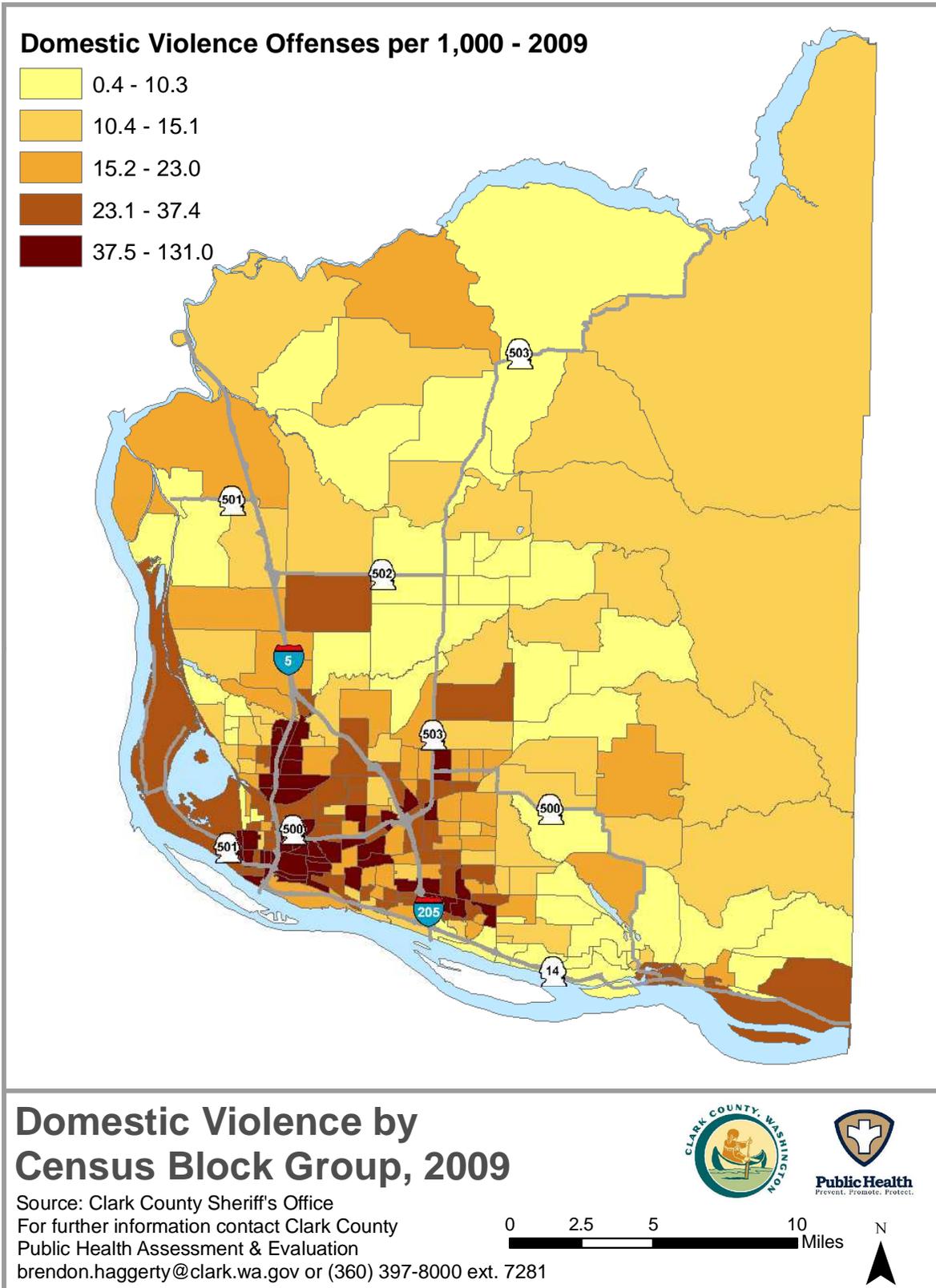
Examples of offenses that contribute to a feeling of unsafe neighborhoods or public spaces represent overall crime rates. Rates of assault, domestic violence, and drug offenses are displayed in Maps 7.1-7.3.<sup>2,3</sup> It is important to note that rates are influenced by police presence and reporting within a community. For example, there may be higher offense rates due to efficient law enforcement responses near a police precinct. Conversely, the presence of law enforcement could deter crime. Importantly, an individual's perception of crime may be different from what is portrayed here. In a 2010 CCPH survey, about 60% of respondents reported feeling safe walking alone or at night in their neighborhood. Overall, offense rates vary widely throughout the county (Maps 7.1-7.3). In Clark County, lower income areas such as central Vancouver have higher reports of crime. About 15% of the population lives in a block group with a high crime rate, defined as the top 20% of block groups with the assault rates.

**Map 7.1. Assaults in Clark County**



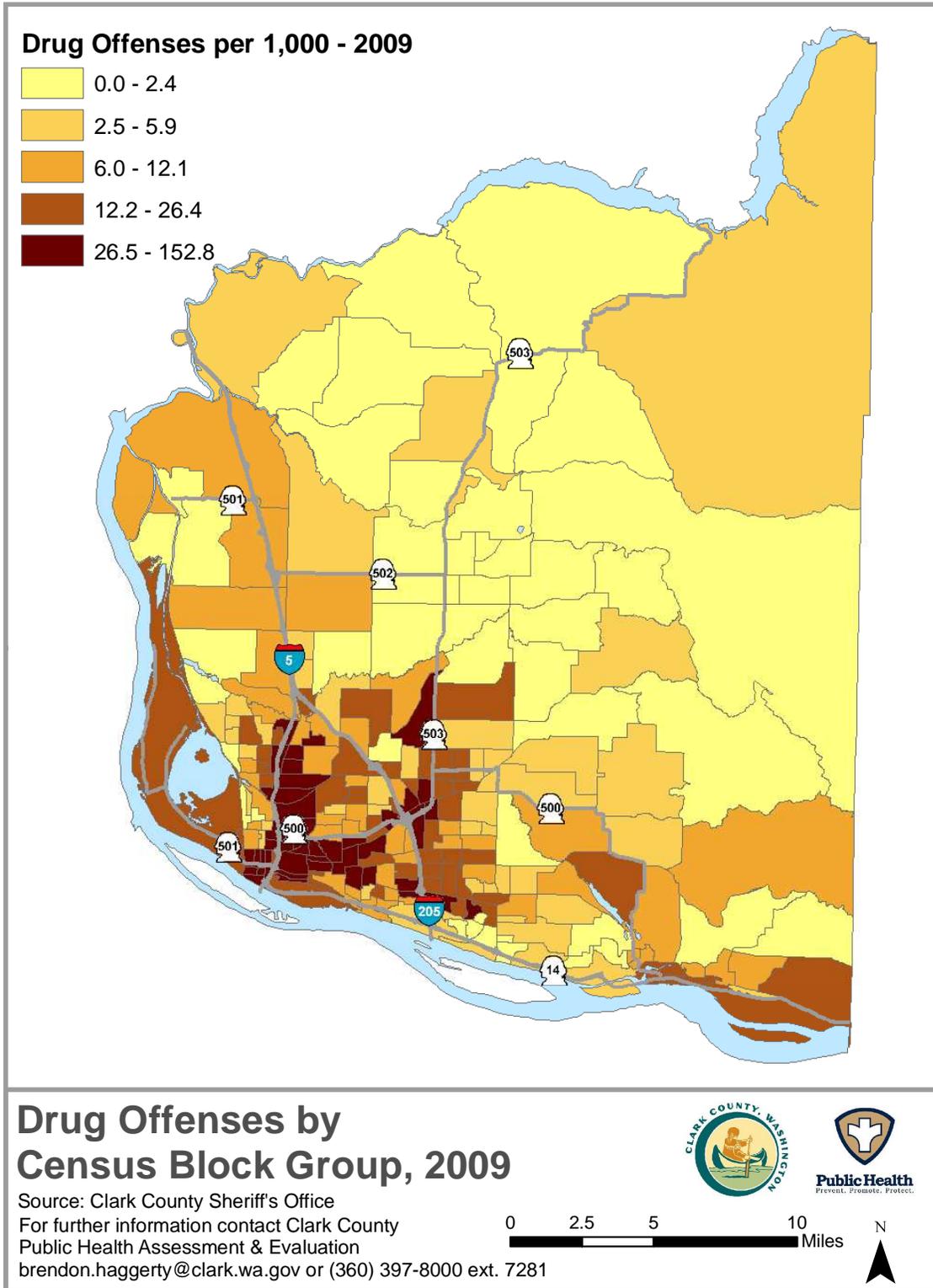
*Assault offense rates vary widely throughout the county. Higher rates are found in central and west Vancouver. Note: Crime rates for small geographies not yet available for 2010.*

**Map 7.2. Domestic Violence in Clark County**



*Offenses are noted by the location where the offense occurred. Domestic violence offense rates vary widely throughout the county. Higher rates are found in central Vancouver. Note: Crime rates for small geographies not yet available for 2010.*

**Map 7.3. Drug Offenses in Clark County**



*Offenses are noted by the location where the offense occurred. Drug offense rates vary widely throughout the county. Higher rates are found in central and west Vancouver. Note: Crime rates for small geographies not yet available for 2010.*

The Washington Association of Sheriffs and Police Chiefs compiles crime data for every jurisdiction in the state.<sup>4</sup> The association calculates a crime index based on the combined offense rates of several property and violent crimes. The index crimes include murder, rape, robbery, aggravated assault, arson, burglary, and larceny. Table 7.2 shows property and violent crime rates for each jurisdiction in Clark County for 2010. With the exception of Vancouver, every jurisdiction in Clark County has considerably lower crime rates than the state as a whole. Whereas the county's violent crime rate was down slightly in 2010 compared to 2009, the property crime rate rose about 9%.

**Table 7.2.** Crime Rates per 1,000 by Jurisdiction, 2010

<b>Jurisdiction</b>	<b>Property crimes</b>	<b>Violent Crimes</b>	<b>Crime Index</b>
Clark County S.O.	20.2	1.1	21.3
Battle Ground P.D.	28.0	2.0	30.0
Camas P.D.	19.8	1.0	20.9
La Center P.D.	20.2	0.4	20.6
Ridgefield P.D.	13.7	0.7	14.4
Vancouver P.D.	39.8	4.1	43.9
Washougal P.D.	23.9	1.6	25.6
County Total	28.0	2.3	30.3
Washington State	36.7	3.06	39.8

### **Bicycle and Pedestrian Injuries and Fatalities**

Built environment characteristics that might increase risk of traffic collision or pedestrian and bicyclist injury include traffic volume, arterial streets without transit, land area, land use, and certain population characteristics including socioeconomic and demographic factors.<sup>5</sup> The real and perceived danger from traffic crashes can deter individuals from choosing walking or bicycling in certain areas. Where sidewalks are present, streets are 2.5 times less likely to be

the scene of a pedestrian crash.<sup>6</sup> Locations of pedestrian and bicycle crashes within Clark County are shown in maps 7.4 and 7.5.<sup>7</sup>

Similar to crime, perception of safety is an important factor in residents' ability to benefit from the health promoting features of neighborhoods. In a CCPH survey, about 59% of respondents reported that streets in their neighborhoods are safe for bicycles and pedestrians.

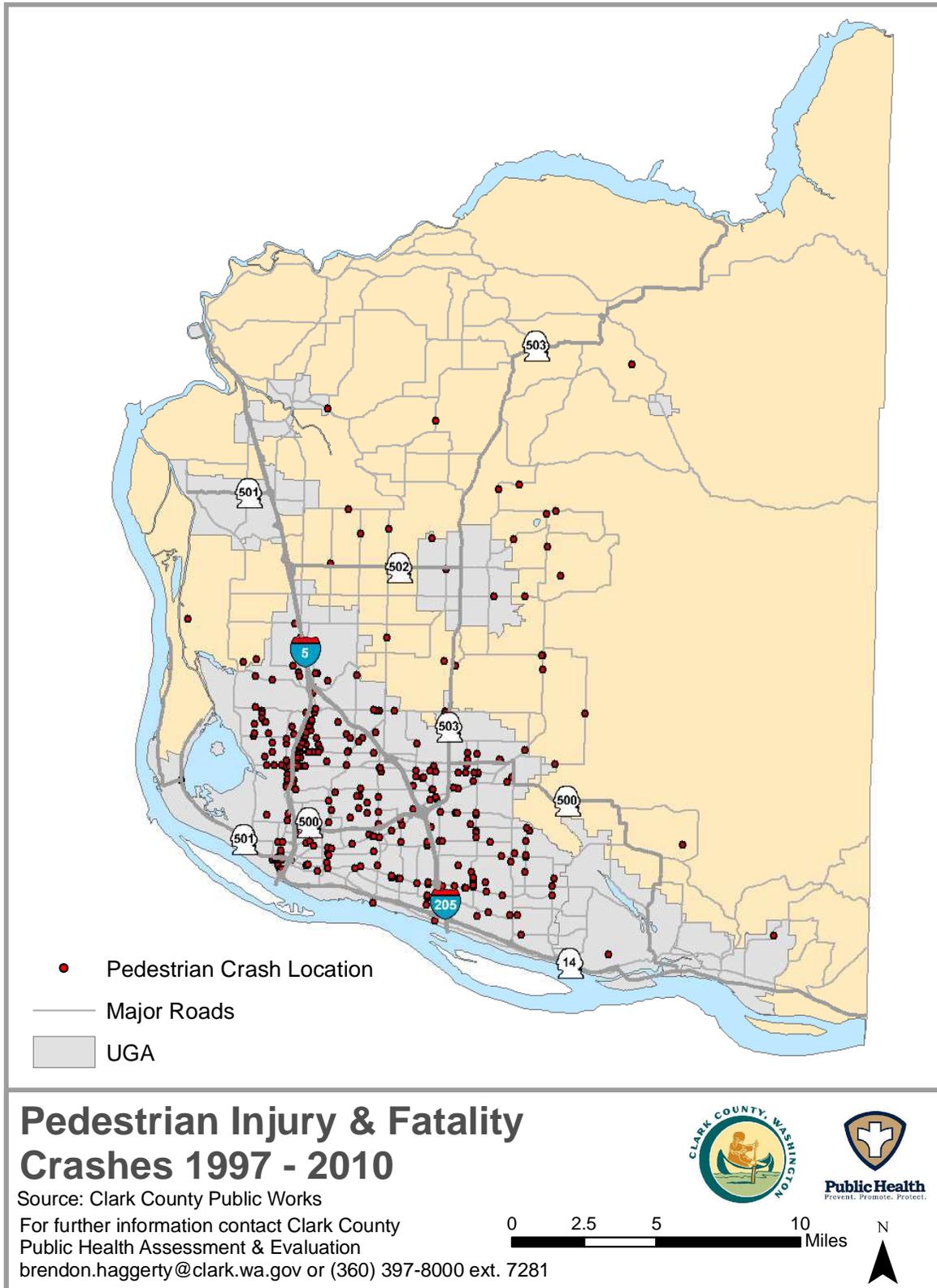
Washington State Department of Transportation data show that in 2009 there were 13 traffic fatalities and 126 serious injuries in Clark County. In 2009, one of the 61 pedestrian fatalities in Washington State occurred in Clark County. Among bicyclist fatalities, one of the nine in the state occurred in Clark County. Table 7.3 details the number of all traffic-related fatalities and serious injuries and those for pedestrians and bicyclists from 2006 to 2009.<sup>8,9</sup>

**Table 7.3.** Clark County Traffic Fatalities and Serious Injuries

Year	Total fatalities	Total Serious Injuries	Pedestrian fatalities	Pedestrian Serious Injuries	Bicyclist Fatalities	Bicyclist Serious Injuries
2006	21	135	5	14	1	5
2007	27	139	5	7	2	7
2008	14	152	2	20	0	2
2009	13	126	1	18	1	9

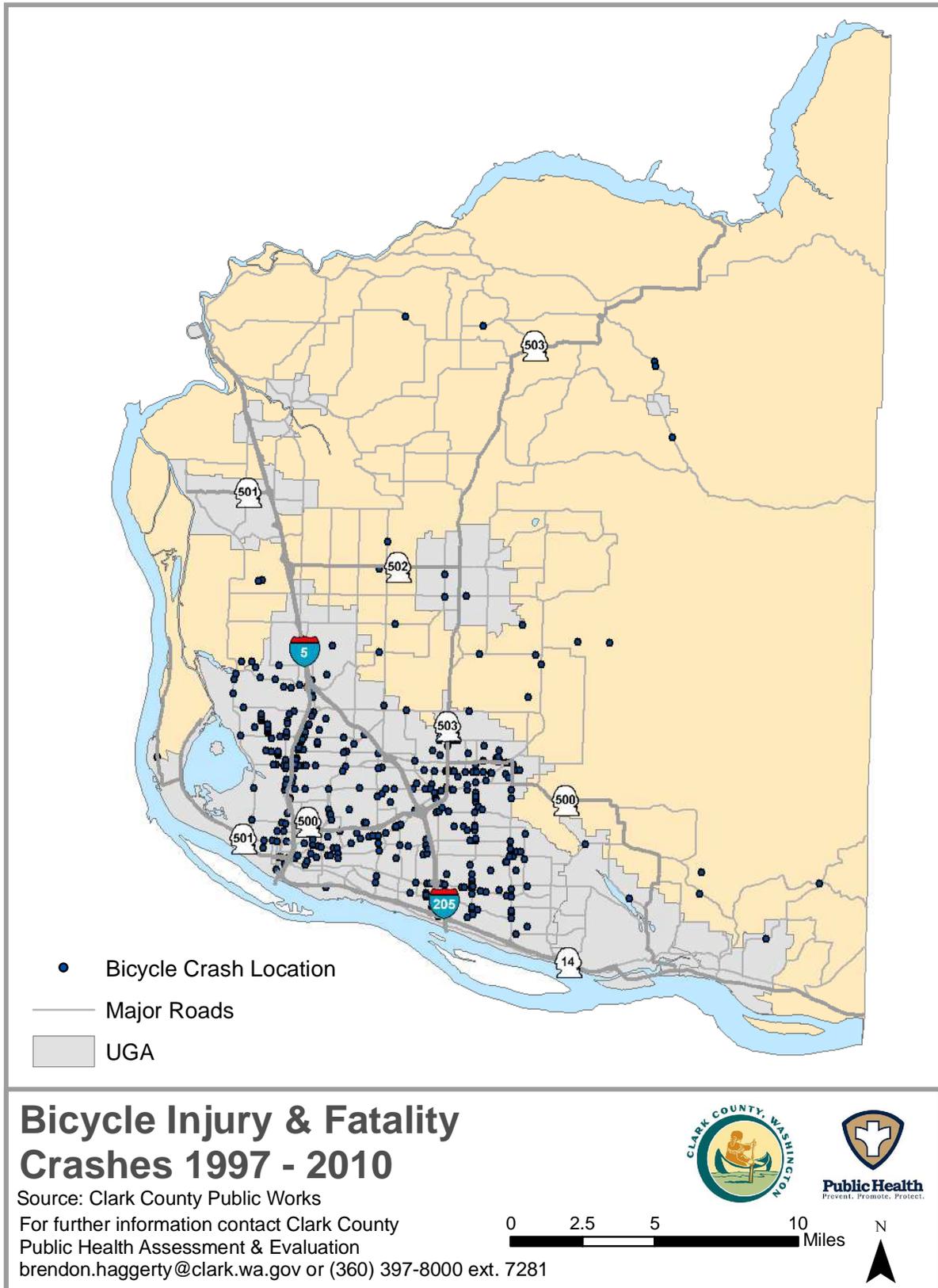
*Traffic related fatalities and serious injuries are shown for Clark County. The majority of these do not involve pedestrians or bicyclists. Source: Washington State Department of Transportation, 2009*

**Map 7.4. Pedestrian Injuries and Fatalities**



*The majority of injuries and fatal crashes occurred in the more populated areas of the county where traffic volume is higher. Note: Data include crashes through Oct. 2010.*

**Map 7.5. Bicycle Injuries and Fatalities**



*The majority of injuries and fatal crashes occurred in the more populated areas of the county where traffic volume is higher. Note: Data include crashes through Oct. 2010.*

## **Social Capital**

There are many health benefits that come from interactions and other connections among individuals and between individuals and their environments. As social capital is enhanced, so are the overall health benefits.

Voting represents a level of civic engagement within a community. During the 2008 general election, 85% of Clark County registered voters participated in the election. This represents 184,698 residents. There were also 85% of Washington State registered voters who participated in the 2008 election. Presidential elections consistently have the highest voter turnout.<sup>10</sup>

One measure of social capital is how much people feel others can be trusted. When asked if in general most people can be trusted, 51% of Clark County residents agreed in 2006. This is comparable to the Washington State rate of 57%.<sup>11</sup> In a CCPH survey, 68% of respondents said that people in their neighborhood look out for one another, and 67% said that they can depend on their neighbors in an emergency.

Some built environments are more conducive to interactions thereby building social capital. Features such as safe common areas and destination spots contribute to these social interactions among residents and feeling of community. Although somewhat limited in number, there are several good examples of these types of places within Clark County such as Esther Short Park, Marshall and Firstenburg Community Centers, and the Luepke Senior Center.

These places allow people a safe place to come together for various events and gatherings.

CCPH survey results indicate that only 27% of respondents report having destinations within their neighborhood where people can interact, such as cafes or book stores.

How a community is built can also affect social capital and interactions. An urban environment that is more walkable invites interactions among residents. A more sprawling suburban environment makes these types of interactions more difficult. Clark County is characterized by a mixture of these types of built environments. The majority of the developed areas are suburban in nature. However, there are some pockets of walkable urban areas such as in parts of the downtown Vancouver area.

## **Disparities**

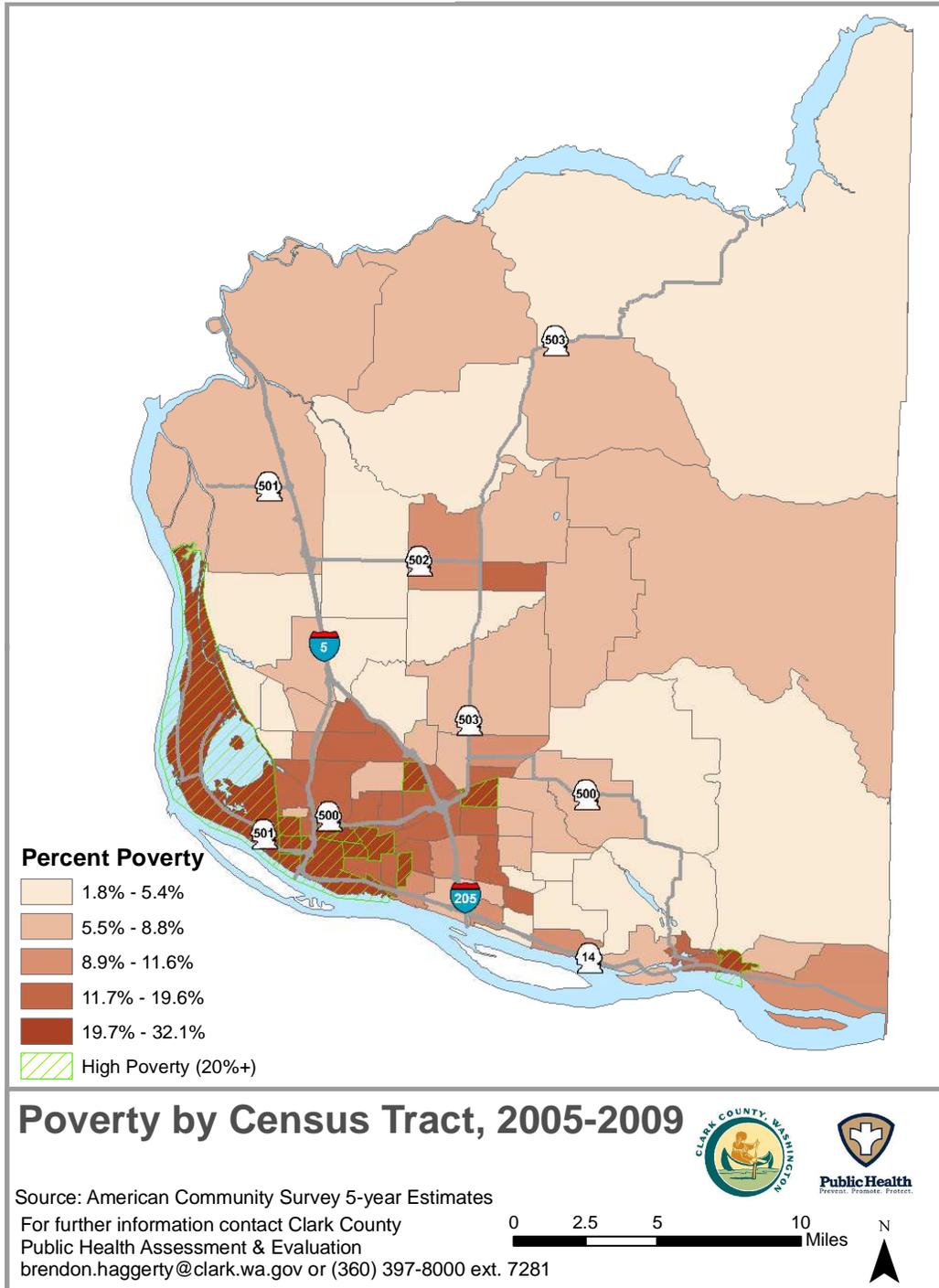
### **Socioeconomic Status (SES)**

There is a significant correlation ( $p < .001$ ) between SES and assaults (Pearson correlation  $-.623$ ), drugs ( $-.568$ ), and domestic violence ( $-.640$ ) offenses. Higher offense rates are moderately correlated with lower income areas such as the central and western Vancouver areas.

Social capital measured by trust level varies by residents with different household income levels. Residents with a median household income of \$50,000 or more are much more likely to feel that people can be trusted in general (63%) compared to those with incomes of less than \$20,000 (37%) and those with incomes between \$20,000 and \$50,000 (43%).<sup>12</sup> There are no census tracts in Clark County that meet the conventional definition for concentrated poverty ( $\geq 40\%$  living in poverty), however, there are some areas that fit the definition of high poverty.<sup>13, 14</sup>

Map 7.6 below identifies areas of high poverty. In 2009 the poverty rate was 11.8% in Clark County, and recent census data put the figure at 12.6% for 2010.

**Map 7.6. Poverty in Clark County**



*Areas of high poverty are mostly in central and west Vancouver. Source: American Community Survey, 2005-2009*

## **Race and Ethnicity**

Crime rates also showed significant correlations ( $p < .001$ ) for assaults (Pearson correlation .322), drugs (.238), and domestic violence (.399) offenses and race/ethnicity measures. Higher offense rates are correlated with areas of non-white populations such as the greater Vancouver area.<sup>15</sup>

For injuries, there is evidence that crash risk is higher around schools, with an increased risk among non-white populations.<sup>16</sup>

## **Age**

Unintentional injuries are the leading cause of death for Clark County residents up to 44 years of age. In 2009, unintentional injuries accounted for 37% of the deaths in the 0-44 age-group compared to 4% for those 45 years and older. Studies show that crash risk is higher around schools.<sup>17</sup>

## **Geography**

In general, the highest rates of assaults, drugs, and domestic violence offenses are in the more populated parts of the county. More specifically, rates are highest in the central and western Vancouver areas.<sup>18</sup>

# **Summary**

Table 7.4 summarizes findings from research literature and current conditions in Clark County.

**Table 7.4.** Summary of Research findings and Current Conditions

<b>Finding</b>	<b>Conditions in Clark County</b>	<b>Level of Concern</b>
Neighborhood features can have positive health impacts	Only 27% said they have a gathering place for social interaction in their neighborhood.	<b>High</b>
Neighborhood features can have negative health impacts.	There are no areas of concentrated poverty in Clark County. Drivable suburban development limits social interaction.	<b>Medium</b>
Perceived threats to safety can inhibit the health promoting features of neighborhoods.	59% of survey respondents said they feel safe walking alone day or night.	<b>Medium</b>
Neighborhood design can deter crime.	About 15% of the population lives in a block group with high assault rates.	<b>Medium</b>
Safe public places promote health and social cohesion.	Clark County has many examples of safe public places.	<b>Low</b>
Social isolation increases the risk of morbidity and mortality.	51 % of residents agree that most people can be trusted.	<b>Medium</b>
Low SES neighborhoods face higher health risks associated unsafe conditions and low social capital.	Low SES neighborhoods have higher rates of assault, drug offenses, and domestic violence.	<b>High</b>
Racial and ethnic minorities are more likely to experience poor health related to unsafe neighborhoods.	There is a significant correlation between percent non-White population and crime rates.	<b>High</b>
The youngest and oldest members of society are disproportionately affected by unsafe and socially disconnected neighborhoods.	Unintentional injuries are the leading cause of death for residents younger than 45. Traffic crash risk is higher around schools.	<b>High</b>

*Levels of concern were determined by CCPH staff based on research and current conditions and are subject to change. To comment, contact GrowingHealthier@clark.wa.gov.*

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