



# Populations at Risk

## Combined County Region

### Selected Geographies:

Cochise County, AZ; Hidalgo County, NM

### Benchmark Geography:

U.S.

### Report Date:

August 31, 2017

## Headwaters Economics

Headwaters Economics is an independent, nonprofit research group that works to improve community development and land management decisions in the West: [headwaterseconomics.org](http://headwaterseconomics.org).

### Populations at Risk

Populations at risk are more likely to experience adverse social, health, and economic outcomes due to their race, age, gender, poverty status, and other socioeconomic measures.

#### **Free and easy-to-use**

Quickly create reports of current socioeconomic data in convenient formats, including Excel and PDF.

#### **Available nation-wide**

Build reports for geographies from states to census tracts. Aggregate multiple geographies into custom study areas.

#### **Updated continuously**

Make use of reliable, published government data. The Populations at Risk report always shows the latest available data and trends.

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### Economic Profile System

The Economic Profile System (EPS) generates reports on a range of topics including local economics, demographics, and income sources while providing historic context and trends.

#### **Free and easy-to-use**

Like Populations at Risk, EPS is free, updated continuously, and easy-to-use.

#### **Integrates federal data sources**

Access data from many sources, including the Census, Bureaus of Economic Analysis, Labor Statistics, and others.

#### **Widely used**

For more than a decade, EPS has been used by researchers, economic developers, grant writers, elected officials, cities, planners, federal agencies, reporters, and others.

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# Populations at Risk



## Combined County Region

### Young & Elderly Populations

	Cochise County, AZ	Hidalgo County, NM	Combined County Region	United States
Total Population, 2015*	129,647	4,643	134,290	316,515,021
Under 5 years old	8,323	312	8,635	19,912,018
65 years and older	24,644	860	25,504	44,615,477
80 years and older	2,539	118	2,657	5,938,752

#### Percent of Total, 2015\*

Under 5 years old	6.4%	6.7%	6.4%	6.3%
65 years and older	19.0%	18.5%	19.0%	14.1%
80 years and older	2.0%	2.5%	2.0%	1.9%

#### Change in Percentage Points, 2010\*-2015\*

For example, if the value is 3% in 2010\* and 4.5% in 2015\*, the reported change in percentage points is 1.5.

Under 5 years old	-0.1	-2.0	-0.2	-0.3
65 years and older	2.2	4.7	2.3	1.3
80 years and older	0.3	0.5	0.3	0.2

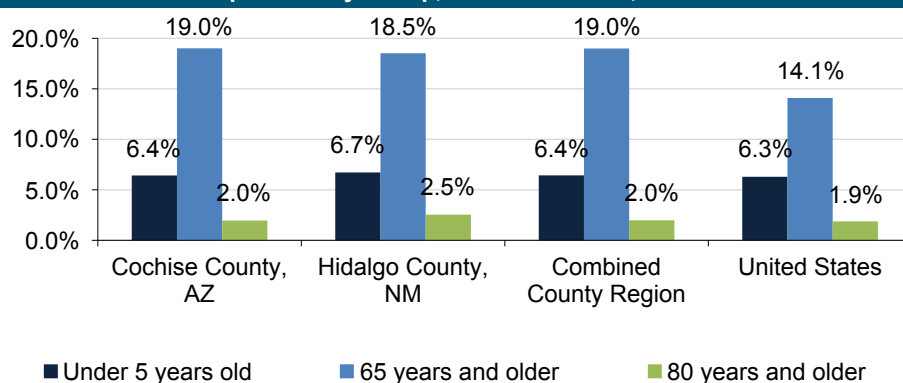
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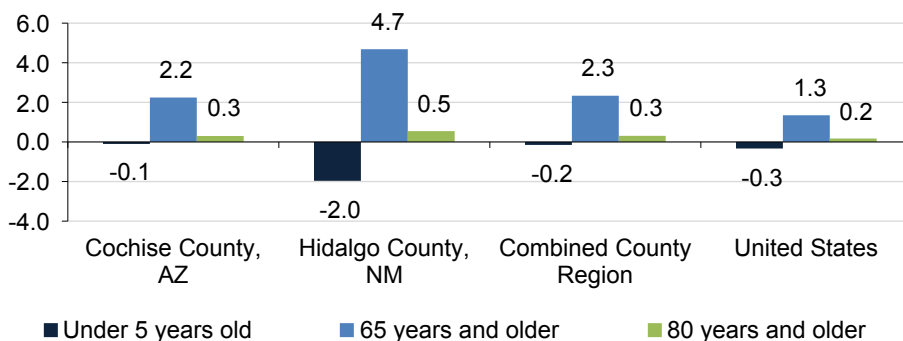
#### Population by Group, Percent of Total, 2015\*

- Hidalgo County, NM has the largest share of people under 5 years old (6.7%).
- Hidalgo County, NM has the largest share of people 80 years and older (2.5%).



#### Population by Group, Change in Percentage Points, 2010\*-2015\*

- The largest change in the share of people under 5 years old occurred in Hidalgo County, NM, which went from 8.7% to 6.7%.
- The largest change in the share of people 80 years and older occurred in Hidalgo County, NM, which went from 2.0% to 2.5%.



\* ACS 5-year estimates used. 2015 represents average characteristics from 2011-2015; 2010 represents 2006-2010.

CITATION: U.S. Department of Commerce. 2016. Census Bureau, American Community Survey Office, Washington, D.C., reported by Headwaters Economics' Populations at Risk, [headwaterseconomics.org/par](http://headwaterseconomics.org/par).



## Young & Elderly Populations

### What do we measure on this page?

This page describes the number of people by specific age category.

The "Under 5 years old" category includes individuals younger than 5 years old. The "65 years and older" category includes individuals age 65 and older and the "80 years and older" category includes individuals age 80 and older. The "80 years and older" category is a subset of the "65 years and older" category.

### Why is it important?

Young children and older adults both are vulnerable segments of the population. Understanding the age profile of a community can help users determine the types of services likely to be needed.<sup>1</sup>

Children's developing bodies makes them particularly sensitive to health problems and environmental stresses.<sup>1</sup>

Childhood lays the foundations for lifelong health. Poor health during childhood increases the likelihood of problems throughout adulthood.<sup>2</sup>

Because so many factors of a child's life are determined during pregnancy, infancy, and early childhood, children in poverty are an especially vulnerable population. Lack of adequate care through the early phases of life is more prevalent in poor populations.<sup>2</sup>

Children spend more time outside and have a faster breathing rate than adults, so they are more at risk for respiratory problems related to ground level ozone, airborne particulates, wildfire smoke, and allergens. Allergens are associated with climate change due to changing plant communities and longer pollen seasons.<sup>3, 4</sup>

Because their immune systems are not fully developed, children are more sensitive to infectious diseases. Natural disasters can breach public water supplies, compromise sanitation, and spread illness. Children are more vulnerable to these hazards compared to adults.<sup>3</sup>

Older adults also are at increased risk of compromised health related to environmental hazards and climate change.

Age is the single greatest risk factor related to illness or death from extreme heat.<sup>4</sup>

The elderly are more likely to have pre-existing medical conditions or compromised mobility, which reduces their ability to respond to natural disasters.<sup>3</sup>

The likelihood of chronic disease increases with age.<sup>1, 5</sup>

Older adults are more susceptible to air pollution such as ground level ozone, particulate matter, or dust. Increased dust is associated with drought, wildfires, and high wind events.<sup>3, 6</sup>

*Superscript numbers refer to references provided at the end of the report.*

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# Populations at Risk



## Combined County Region

### Race & Ethnicity

	Cochise County, AZ	Hidalgo County, NM	Combined County Region	United States
Total Population, 2015*	129,647	4,643	134,290	316,515,021
White alone	103,744	4,235	107,979	232,943,055
All other races	25,903	408	26,311	83,571,966
Black or African American	5,023	12	5,035	39,908,095
American Indian	1,519	18	1,537	2,569,170
Other races	19,361	378	19,739	41,094,701
Hispanic ethnicity	43,960	2,632	46,592	54,232,205
Non-Hispanic ethnicity	85,687	2,011	87,698	262,282,816

### Percent of Total, 2015\*

White alone	80.0%	91.2%	80.4%	73.6%
All other races	20.0%	8.8%	19.6%	26.4%
Black or African American	3.9%	0.3%	3.7%	12.6%
American Indian	1.2%	0.4%	1.1%	0.8%
Other races	14.9%	8.1%	14.7%	13.0%
Hispanic ethnicity	33.9%	56.7%	34.7%	17.1%
Non-Hispanic ethnicity	66.1%	43.3%	65.3%	82.9%

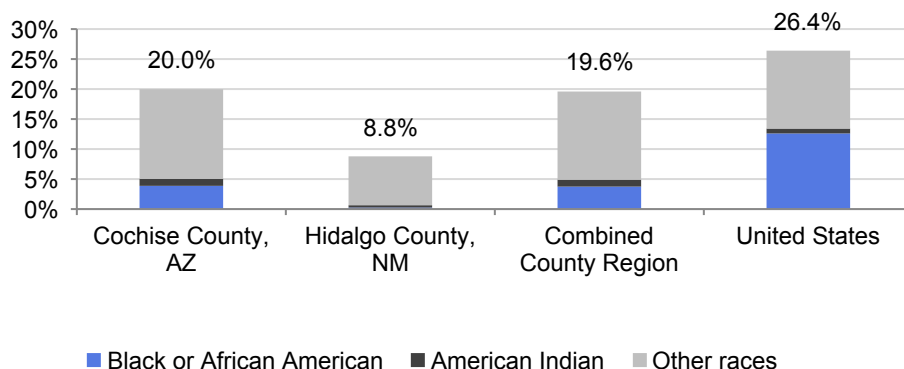
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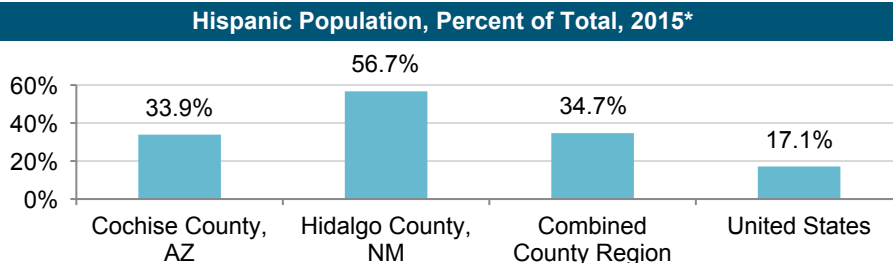
**Low Reliability:** Data with CVs > 40% are displayed in red to indicate that the estimate is considered very unreliable.

### Non-White Population by Race, Percent of Total, 2015\*

- United States has the largest share of non-whites (26.4%).



- Hidalgo County, NM has the largest share of hispanics (56.7%).



\* ACS 5-year estimates used. 2015 represents average characteristics from 2011-2015; 2010 represents 2006-2010.

CITATION: U.S. Department of Commerce. 2016. Census Bureau, American Community Survey Office, Washington, D.C., reported by Headwaters Economics' Populations at Risk, [headwaterseconomics.org/par](http://headwaterseconomics.org/par).



## Race & Ethnicity

### What do we measure on this page?

Race is self-identified by Census respondents who choose the race or races with which they most closely identify. Included in "Other Races" are "Asian," "Native Hawaiian or Other Pacific Islander," and respondents providing write-in entries such as multiracial, mixed, or interracial.

Ethnicity has two categories: Hispanic or Latino, and Non-Hispanic or Latino. The federal government considers race and Hispanic origin to be two separate and distinct concepts. Hispanics and Latinos may be of any race.

### Why is it important?

Race and ethnicity are strongly correlated with disparities in health, exposure to environmental pollution, and vulnerability to natural hazards.<sup>1</sup>

Research consistently has found race-based environmental inequities across many variables, including the tendency for minority populations to live closer to noxious facilities and Superfund sites, and to be exposed to pollution at greater rates than whites.<sup>7, 1</sup>

Many health outcomes are closely related to the local environment. Minority communities often have less access to parks and nutritious food, and are more likely to live in substandard housing.<sup>1</sup>

Minorities tend to be particularly vulnerable to disasters and extreme heat events. This is due to language skills, housing patterns, quality of housing, community isolation, and cultural barriers.<sup>8, 4</sup>

Blacks and Hispanics, two segments of the population that are currently experiencing poorer health outcomes, are an increasing percentage of the US population.<sup>1, 9</sup>

Research has identified measurable disparities in health outcomes between various minority and ethnic communities.

Across races, the rates of preventable hospitalizations are highest among black and Hispanic populations. Preventable hospital visits often reflect inadequate access to primary care. These types of hospital visits are also costly and inefficient for the health care system.<sup>5</sup>

Relative to other ethnicities and races, Hispanics and blacks are less likely to have health insurance, but rates of uninsured are dropping for both groups.<sup>10</sup>

Compared to other races, blacks have higher rates of infant mortality, homicide, heart disease, stroke, and heat-related deaths.<sup>5</sup>

Hispanics have higher rates of diabetes and asthma.<sup>5</sup>

American Indians have a distinct pattern of health effects different from blacks and Hispanics. Native populations are less likely to have electricity than the general population.<sup>2</sup> They have high rates of infant mortality, suicide and homicide, and nearly twice the rate of motor vehicle deaths than the U.S. average.<sup>5</sup>

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# Populations at Risk



## Combined County Region

### Educational Attainment

	Cochise County, AZ	Hidalgo County, NM	Combined County Region	United States
Total Population 25 years or older, 2015*	88,549	3,076	91,625	211,462,522
No high school degree	11,840	725	12,565	28,229,094
No high school degree, percent	13.4%	23.6%	13.7%	13.3%
No high school degree, change in percentage points**, 2010*-2015*	-1.8	1.2	-1.7	-1.6

\*\*For example, if the value is 3% in 2010\* and 4.5% in 2015\*, the reported change in percentage points is 1.5.

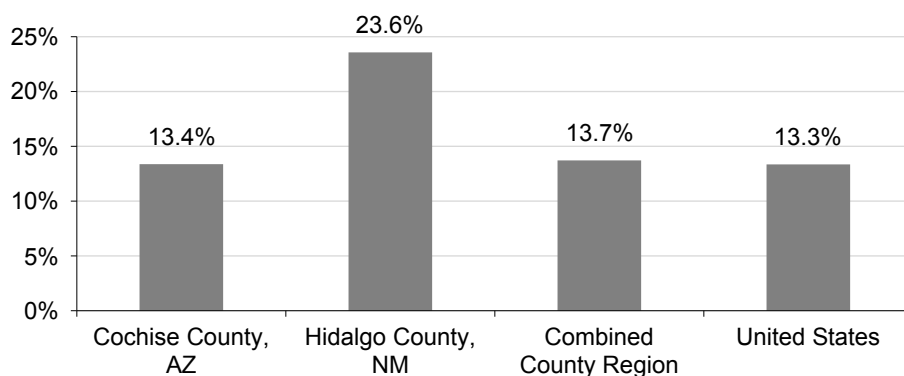
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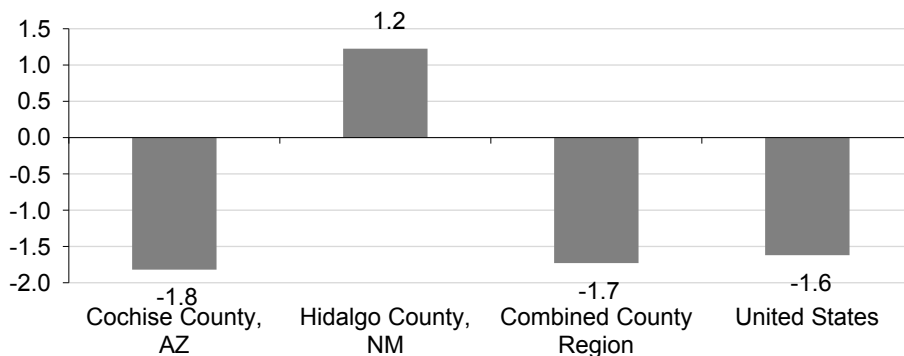
#### Population with Less than High School Education, Percent of Total, 2015\*

- Hidalgo County, NM has the largest share of people with less than a high school education (23.6%).



#### Population with Less than High School Education, Change in Percentage Points, 2010\*-2015\*

- The largest change in the share of people with less than a high school degree occurred in Cochise County, AZ, which went from 15.2% to 13.4%.



\* ACS 5-year estimates used. 2015 represents average characteristics from 2011-2015; 2010 represents 2006-2010.

CITATION: U.S. Department of Commerce. 2016. Census Bureau, American Community Survey Office, Washington, D.C., reported by Headwaters Economics' Populations at Risk, [headwaterseconomics.org/par](http://headwaterseconomics.org/par).





## Educational Attainment

### What do we measure on this page?

This page describes levels of educational attainment, which refers to the highest degree or level of schooling completed by people 25 years and over.

### Why is it important?

High school completion is used as a proxy for overall socioeconomic circumstances. Lack of education is strongly correlated with poverty and poor health.

People without a high school degree are more than twice as likely to live in inadequate housing compared to those with some college education.<sup>5</sup>

A study in California found the lack of a high school degree was the factor most closely related to social vulnerability to climate change.<sup>4</sup>

Thirty-eight percent of Americans without a high school degree do not have health insurance, compared to 10 percent with a college degree.<sup>7</sup>

The rate of diabetes is much greater for those without a high school degree. Incidence of this disease is more than double the rate of those who attended education beyond high school.<sup>5</sup>

Binge drinking is most severe among those without a high school degree. This demographic group had the highest risk of binge drinking across all measured categories (such as income, race, ethnicity, or disability status).<sup>5</sup>

# Populations at Risk



## Combined County Region

### Language Proficiency

	Cochise County, AZ	Hidalgo County, NM	Combined County Region	United States
Population 5 years or older, 2015*	121,324	4,331	125,655	296,603,003
Speak English "not well"***	5,937	203	6,140	13,442,592
Speak English "not well"***, percent	4.9%	4.7%	4.9%	4.5%
Speak English "not well"***, change in percentage points**, 2010*-2015*	-0.4	0.1	-0.4	-0.2

\*\*For example, if the value is 3% in 2010\* and 4.5% in 2015\*, the reported change in percentage points is 1.5.

\*\*\* Includes "not well" and "not well at all".

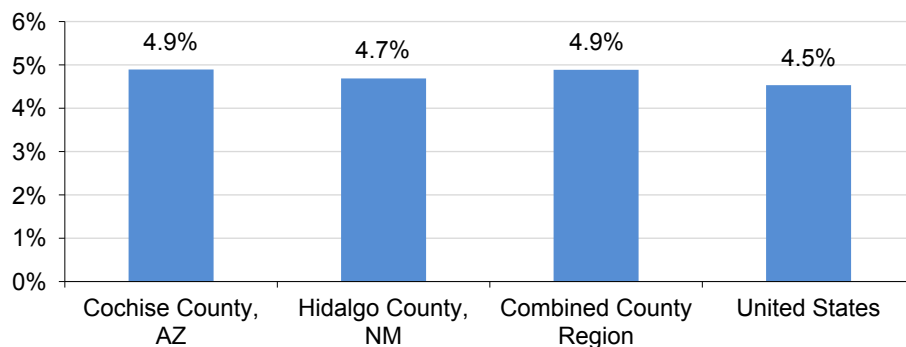
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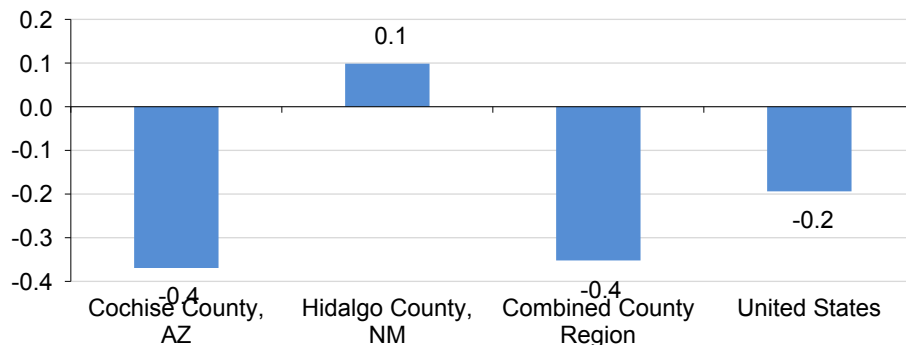
#### People Who Speak English "Not Well", Percent of Total, 2015\*

- Cochise County, AZ has the largest share of people who speak English "not well" (4.9%).



#### People Who Speak English "Not Well", Change in Percentage Points, 2010\*-2015\*

- The largest change in the share of people who speak English "not well" occurred in Cochise County, AZ, which went from 5.3% to 4.9%.



\* ACS 5-year estimates used. 2015 represents average characteristics from 2011-2015; 2010 represents 2006-2010.

CITATION: U.S. Department of Commerce. 2016. Census Bureau, American Community Survey Office, Washington, D.C., reported by Headwaters Economics' Populations at Risk, [headwaterseconomics.org/par](http://headwaterseconomics.org/par).



## Language Proficiency

### What do we measure on this page?

This page reports the results of self-rated English-speaking ability questions in the American Community Survey.

### Why is it important?

Many aspects of life in the US assume basic fluency in English. Thus, people with limited language skills are at risk for inadequate access to health care, social services, or emergency services.

A person's ability to take action during an emergency is compromised by language and cultural barriers.<sup>4</sup>

Poor English skills can make it harder to follow directions or interact with agencies.<sup>4</sup>

Lack of language skills can also instill lack of trust for government agencies.

In many industries, poor English skills can make it harder for people to get higher wage jobs.<sup>1</sup>

Language barriers make it harder to obtain medical or social services; and make it more difficult to interact with caregivers.<sup>1</sup>

Limited English skills may result in isolation from other segments of the US population, and social isolation is a health risk.<sup>1</sup> However some minority communities can be very tightly-knit and not isolated, so this risk factor cannot be generalized across all populations.

# Populations at Risk



## Combined County Region

### Individuals in Poverty

	Cochise County, AZ	Hidalgo County, NM	Combined County Region	United States
Total population for whom poverty status is determined, 2015*	118,115	4,523	122,638	308,619,550
People in poverty	21,102	1,054	22,156	47,749,043
People in "deep-poverty"***	10,216	266	10,482	21,125,395
Both in poverty and over 65	2,574	106	2,680	4,058,359

#### Percent of Total, 2015\*

People in poverty	17.9%	23.3%	18.1%	15.5%
People in "deep-poverty"***	8.6%	5.9%	8.5%	6.8%
Both in poverty and over 65	2.2%	2.3%	2.2%	1.3%

#### Change in Percentage Points, 2010\*-2015\*

For example, if the value is 3% in 2010\* and 4.5% in 2015\*, the reported change in percentage points is 1.5.

People in poverty	2.1	0.7	2.1	1.7
People in "deep-poverty"***	1.8	-4.8	1.5	0.8
Both in poverty and over 65	0.4	0.3	0.3	0.1

\*\* Deep poverty is defined by the Census as earning less than half of the federal poverty level.

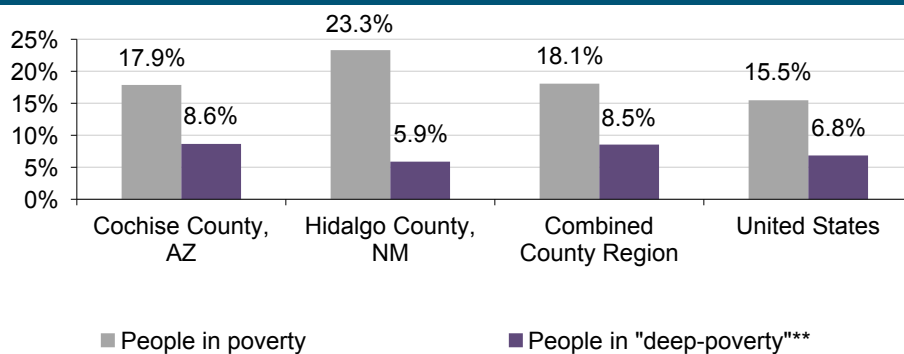
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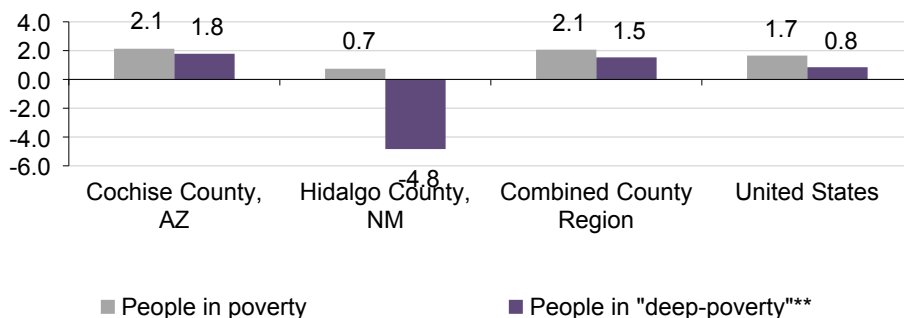
#### People in Poverty, Percent of Total, 2015\*

- Cochise County, AZ has the largest share of people in "deep poverty" (8.6%).



#### People in Poverty, Change in Percentage Points, 2010\*-2015\*

- The largest change in the share of people in "deep poverty" occurred in Hidalgo County, NM, which went from 10.7% to 5.9%.



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## Individuals in Poverty

### What do we measure on this page?

This page describes the number of people living below the poverty line, those in deep poverty, and individuals 65 and older in poverty. Poverty status is determined for all people except those institutionalized, in military group quarters, in college dormitories, and unrelated individuals less than 15 years old. The total population in the poverty table is slightly smaller than the overall population.

Following the Office of Management and Budget's Directive 14, the Census Bureau uses a set of income thresholds that vary by family size and composition to define who is poor. If the total income for a family or an unrelated individual falls below the relevant poverty threshold, the family or an unrelated individual is classified as being "below the poverty level."

### Why is it important?

Low income is one of the strongest predictors for compromised health and ability to recover from disruptions.<sup>1</sup> This is true across many types of risk, including general health as well as risks from extreme weather, climate change, and environmental stresses.

Natural disasters disproportionately impact the poor because of factors such as inadequate housing, social exclusion, a diminished ability to evacuate, lack of property insurance, and more acute emotional stress.<sup>2,11</sup> Low-income people also are more likely to be overlooked during emergency response following disasters.<sup>11</sup>

Low-income people are more likely to live or work in areas with greater exposure to environmental hazards such as particulate matter or ozone. They also are more likely to work outdoors, with greater exposure to climate-related risks.<sup>2</sup>

The relationship between lower income and poor health outcomes is most pronounced for the poorest. Additional income for the poorest tends to improve health outcomes more than for those in other income groups.<sup>12</sup>

A lack of resources is only part of the reason for poor health outcomes. Income inequality within a community also is associated with poor health outcomes.<sup>12</sup>

Residents living in low-income neighborhoods tend to have worse physical and mental health -such as asthma, depression, diabetes, heart conditions, and emotional stress- compared to higher-income areas.<sup>1,5</sup>

People with lower income have higher rates of preventable hospitalizations, usually related to insufficient access to primary health care.<sup>5</sup>

The poor are least likely to have health insurance<sup>5,10</sup>, and poor health outcomes related to environmental risks like air pollution are exacerbated for those who do not have health insurance.<sup>2</sup>

Those who are disabled and living in poverty have even greater risk from environmental hazards.

Lack of mobility makes evacuation difficult.<sup>1,2</sup>

In 2009, households with at least one person with a disability had a 20 percent higher chance of living in inadequate housing compared to households without a disabled person.<sup>5</sup>

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# Populations at Risk



## Combined County Region

### Families in Poverty

	Cochise County, AZ	Hidalgo County, NM	Combined County Region	United States
Total families for whom poverty status is determined, 2015*	32,200	1,177	33,377	77,260,546
Families in poverty	4,366	204	4,570	8,761,164
Families with children in poverty	3,280	159	3,439	6,700,783
Single mother families in poverty	1,863	108	1,971	3,991,032

#### Percent of Total, 2015\*

Families in poverty	13.6%	17.3%	13.7%	11.3%
Families with children in poverty	10.2%	13.5%	10.3%	8.7%
Single mother families in poverty	5.8%	9.2%	5.9%	5.2%

#### Change in Percentage Points, 2010\*-2015\*

For example, if the value is 3% in 2010\* and 4.5% in 2015\*, the reported change in percentage points is 1.5.

Families in poverty	1.8	-3.2	1.6	1.3
Families with children in poverty	1.4	-2.0	1.3	0.8
Single mother families in poverty	1.0	-5.1	0.8	0.4

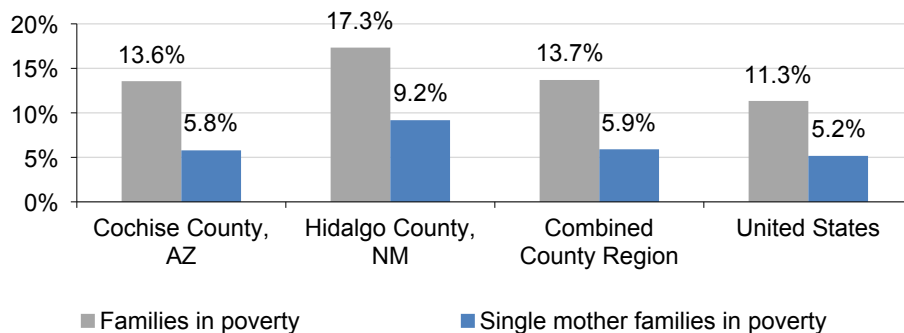
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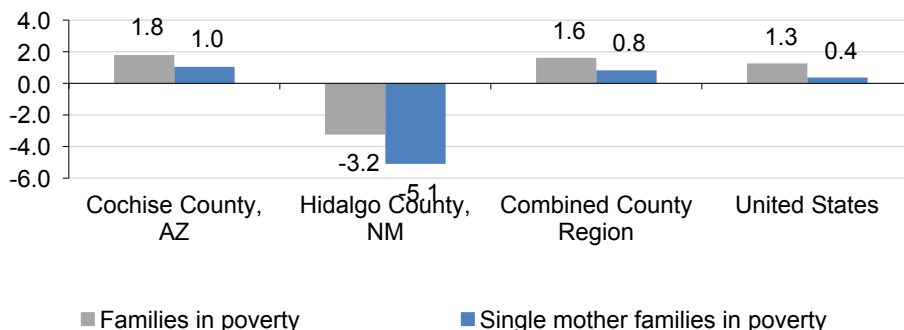
#### Families in Poverty, Percent of Total, 2015\*

- Hidalgo County, NM has the largest share of single mother families in poverty (9.2%).



#### Families in Poverty, Change in Percentage Points, 2010\*-2015\*

- The largest change in the share of single mother families in poverty occurred in Hidalgo County, NM, which went from 14.3% to 9.2%.



\* ACS 5-year estimates used. 2015 represents average characteristics from 2011-2015; 2010 represents 2006-2010.

CITATION: U.S. Department of Commerce. 2016. Census Bureau, American Community Survey Office, Washington, D.C., reported by Headwaters Economics' Populations at Risk, [headwaterseconomics.org/par](http://headwaterseconomics.org/par).



## Families in Poverty

### What do we measure on this page?

This page describes the number of families living below the poverty line, and separately reports families with children and single mother families with children.

The Census defines a family as a group of two or more people who reside together and who are related by birth, marriage, or adoption.

The Census Bureau uses a set of income thresholds that vary by family size and composition to define who is poor. If the total income for a family or an unrelated individual falls below the relevant poverty threshold, then the family or an unrelated individual is classified as being "below the poverty level."

### Why is it important?

Families in poverty may lack the resources to meet their basic needs. Their challenges cross the spectrum of food, housing, health care, education, vulnerability to natural disasters, and emotional stress.

To save money, families with low incomes often have to make lifestyle compromises such as unhealthy foods, less food, substandard housing, or delayed medical care.<sup>1</sup>

Lack of financial resources makes families in poverty more vulnerable to natural disasters. This is due to inadequate housing, social exclusion, and an inability to re-locate or evacuate.<sup>11, 2</sup>

Inadequate shelter exposes occupants to increased risk from storms, floods, fire, and temperature extremes.<sup>2</sup> Households with low incomes are more likely to have unhealthy housing such as leaks, mold, or rodents.<sup>5</sup>

The expense of running fans, air conditioners, and heaters makes low-income people hesitant to mitigate the temperature of their living spaces.<sup>1, 2</sup> Furthermore, those in high-crime areas may not want to open their windows.<sup>2</sup>

Families in poverty are disproportionately affected by higher food prices, which are expected to rise in response to climate change.<sup>1</sup>

Children in poor families, on average, receive fewer years of education compared to children in wealthier families.<sup>12</sup>

Low-income residents are less likely to have adequate property insurance, so they may bear an even greater burden from property damage due to natural hazards.<sup>2</sup>

Living in poverty can lead to a lack of personal control over potentially hazardous situations such as increased air pollution or flooding. Impoverished families may be less likely to take proactive measures to prevent harm.<sup>11</sup>

CHANGES IN BOUNDARIES: Data describing change over time can be misleading when geographic boundaries have changed.

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# Populations at Risk



## Combined County Region

### Households Receiving Public Assistance

	Cochise County, AZ	Hidalgo County, NM	Combined County Region	United States
Total Households, 2015*	48,825	1,828	50,653	116,926,305
Households receiving:				
Supplemental Security Income (SSI)	2,683	186	2,869	6,269,127
Cash public assistance income	1,520	29	1,549	3,223,786
Food Stamp/SNAP	7,714	436	8,150	15,399,651

#### Percent of Total, 2015\*

Supplemental Security Income (SSI)	5.5%	10.2%	5.7%	5.4%
Cash public assistance income	3.1%	1.6%	3.1%	2.8%
Food Stamp/SNAP	15.8%	23.9%	16.1%	13.2%

#### Change in Percentage Points, 2010\*-2015\*

For example, if the value is 3% in 2010\* and 4.5% in 2015\*, the reported change in percentage points is 1.5.

Supplemental Security Income (SSI)	1.4	4.9	1.6	1.3
Cash public assistance income	0.7	-2.4	0.6	0.3
Food Stamp/SNAP	3.3	10.3	3.5	3.9

Median Household Income (MHI), 2015* (2016 \$s)	\$45,661	\$34,892	na	\$54,590
Change in MHI, 2010*-2015* (2016 \$s)	-\$3,747	-\$5,551	na	-\$2,567

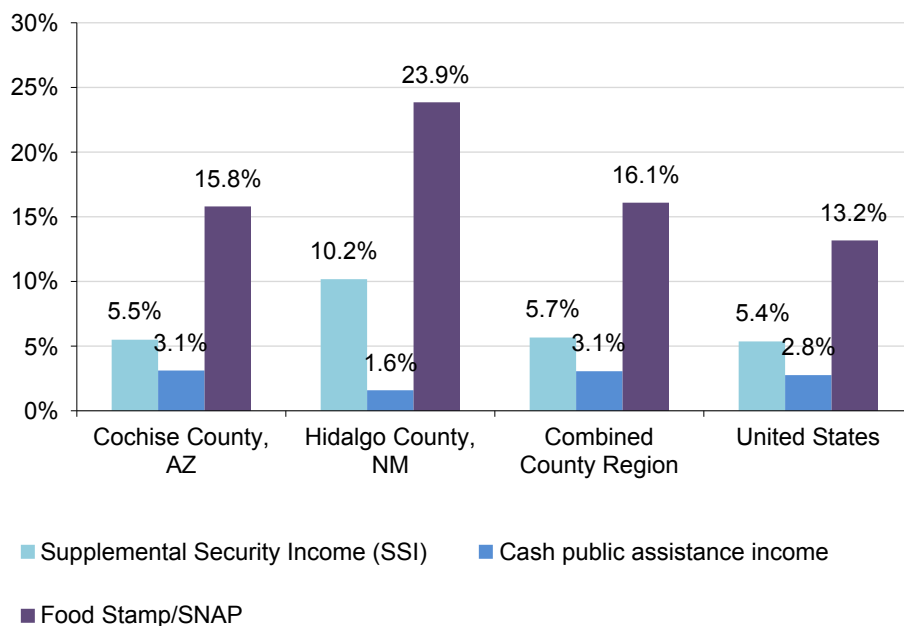
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#### Percent of Households Receiving Earnings, by Source, 2015\*

- Hidalgo County, NM has the largest share of households receiving Supplemental Security Income (10.2%).
- Cochise County, AZ has the largest share of households receiving cash public assistance (3.1%).
- Hidalgo County, NM has the largest share of households receiving Food Stamps/SNAP (23.9%).



\* ACS 5-year estimates used. 2015 represents average characteristics from 2011-2015; 2010 represents 2006-2010.

CITATION: U.S. Department of Commerce. 2016. Census Bureau, American Community Survey Office, Washington, D.C., reported by Headwaters Economics' Populations at Risk, [headwaterseconomics.org/par](http://headwaterseconomics.org/par).





## Households Receiving Public Assistance

### What do we measure on this page?

This page describes the number of households receiving public assistance.

Supplemental Security Income, or SSI, provides financial assistance to people with limited income who are aged, blind, or disabled. Unlike Social Security benefits, which are determined by the recipient's lifetime earnings, SSI benefits are not based on prior work.<sup>13</sup>

Cash public assistance can be from the Federal program, Temporary Assistance for Needy Families (TANF), or various state-level cash assistance programs. It does not include separate payments received for hospital or other medical care (vendor payments) or SSI or noncash benefits such as the Supplemental Nutrition Assistance Program.

The Supplemental Nutrition Assistance Program, or SNAP, (formerly known as food stamps), provides benefits to those who are unemployed, have no or low incomes, are elderly, are disabled with low incomes, or are homeless. The income threshold for SNAP varies with household size and other factors. SNAP benefits can be used to purchase grocery items such as breads, cereals, fruits, vegetables, meats, and dairy products.<sup>14</sup>

Median income can be used to identify areas of high or low income, but care should be taken to consider regional differences in cost of living.

### Why is it important?

The number of households receiving public assistance are indicative of households living in poverty or with insufficient resources.

In 2011, families receiving public assistance spent 77 percent of their household budget to meet the basic necessities of housing, food, and transportation.<sup>15</sup>

Payments associated with economic hardship are associated with lower household income and educational attainment, higher poverty and unemployment. They are often high in communities that are losing population.<sup>16</sup>

# Populations at Risk



## Combined County Region

### Labor Participation

	Cochise County, AZ	Hidalgo County, NM	Combined County Region	United States
Total Population 16 to 64 years, 2015*	78,809	2,877	81,686	206,605,832
People that did not work	21,460	798	22,258	51,898,368
People that did not work, percent	27.2%	27.7%	27.2%	25.1%
People that did not work, change in percentage points**, 2010*-2015*	-0.1	5.7	0.1	2.7

\*\*For example, if the value is 3% in 2010\* and 4.5% in 2015\*, the reported change in percentage points is 1.5.

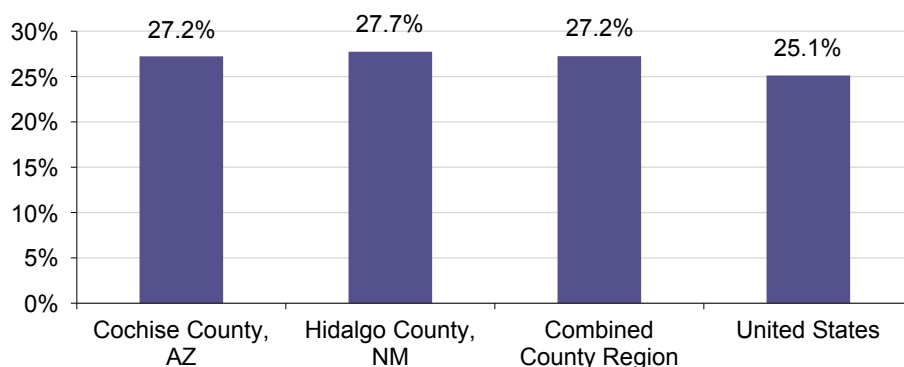
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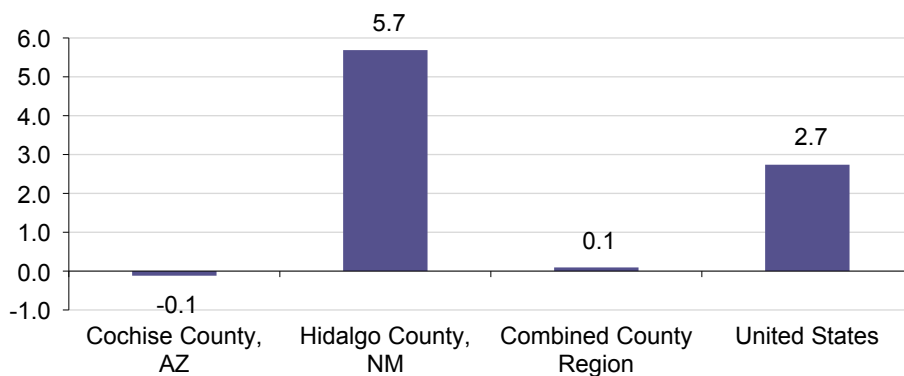
#### People that Did Not Work, Percent of Population (16-64 Years), 2015\*

- Hidalgo County, NM has the largest share of the population that did not work (27.7%).



#### People that Did Not Work, Change in Percentage Points, 2010\*-2015\*

- The largest change in the share of the population that did not work occurred in Hidalgo County, NM, which went from 22.0% to 27.7%.



\* ACS 5-year estimates used. 2015 represents average characteristics from 2011-2015; 2010 represents 2006-2010.

CITATION: U.S. Department of Commerce. 2016. Census Bureau, American Community Survey Office, Washington, D.C., reported by Headwaters Economics' Populations at Risk, [headwaterseconomics.org/par](http://headwaterseconomics.org/par).



## Labor Participation

### What do we measure on this page?

This page shows the share of the working age population that did not work. This value differs from the unemployment rate, which is more narrowly defined as the share of individuals who did not work and were actively seeking work.

### Why is it important?

In general, robust participation in the labor force is indicative of vibrant local and regional economic development.<sup>17</sup> Not working can limit access to health insurance and health care, and has been linked with impaired health. Low labor force participation may indicate a high proportion of discouraged workers no longer seeking employment, but it can also indicate a high proportion of students or retirees.

Low labor force participation is closely associated with high unemployment, although labor force participation can be low in places like retirement destinations that are otherwise economically successful.<sup>18</sup>

Compared to labor force participation, unemployment figures may under-represent the magnitude of economic burden, because they do not include those who have stopped seeking work, those who are involuntarily employed part-time, or people with disabilities that prevent them from working.<sup>17</sup>

Unemployed people are a subset of those who are not in the labor force. Research relating work status to social outcomes focuses on the unemployed.

Unemployment is strongly linked with adverse health outcomes such as cardiovascular disease, suicide, compromised mental health, and alcohol use. Unemployed people have higher rates of hospitalizations, medication use, and health care visits.<sup>19</sup>

Being without a job limits lifestyle choices and is linked with behaviors that contribute to poor health, such as disrupted social relationships, unhealthy diet, increased alcohol use, and greater stress.<sup>17,19</sup>

High, persistent joblessness within a community, places an additional burden on social services, and resources may be more scarce because they are spread thinly.<sup>17</sup>

# Populations at Risk



## Combined County Region

### Housing Affordability

	Cochise County, AZ	Hidalgo County, NM	Combined County Region	United States
Total owner-occupied, mortgaged homes, 2015*	18,956	388	19,344	48,414,291
Mortgage cost >30% of household income	5,705	169	5,874	15,648,374
Total renter-occupied units, 2014*	15,639	585	16,224	42,214,214
Rent >30% of household income	6,841	193	7,034	20,210,842

#### Percent of Total, 2015\*

Mortgage cost >30% of household income	30.1%	43.6%	30.4%	32.3%
Rent >30% of household income	43.7%	33.0%	43.4%	47.9%

#### Change in Percentage Points, 2010\*-2015\*

For example, if the value is 3% in 2010\* and 4.5% in 2015\*, the reported change in percentage points is 1.5.

Mortgage cost >30% of household income	-1.6	28.4	-0.9	-5.1
Rent >30% of household income	6.9	0.481947288	6.7	0.9

#### Median Monthly Housing Costs in 2016 \$s

Mortgage cost, 2015*	\$1,181	\$915	na	\$1,511
Change in mortgage cost, 2010*-2015*	-\$92	\$54	na	-\$167
Gross rent, 2015*	\$812	\$469	na	\$940
Change in gross rent, 2010*-2015*	\$27	\$36	na	\$14

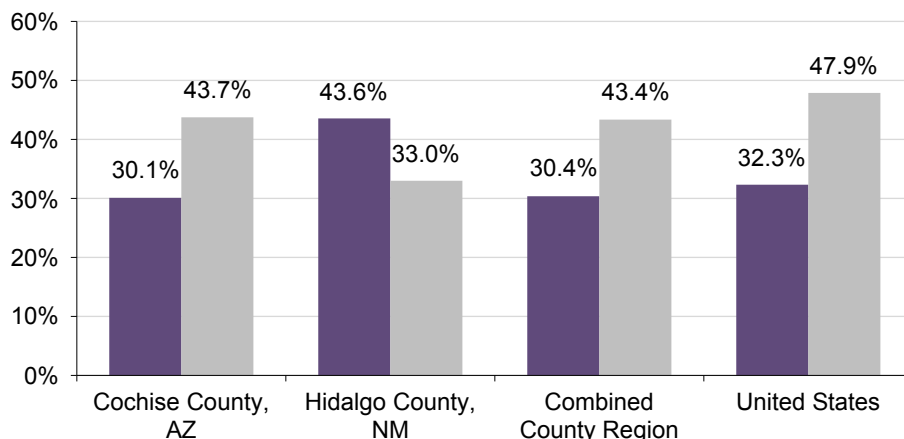
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#### Housing Costs as a Percent of Household Income, 2015\*

- Hidalgo County, NM has the largest share of unaffordable housing for homeowners, with 43.6% spending over 30% of household income on mortgage costs.
- United States has the largest share of unaffordable housing for renters, with 47.9% spending over 30% of household income on rental costs.



■ Mortgage cost >30% of household income    ■ Rent >30% of household income

\* ACS 5-year estimates used. 2015 represents average characteristics from 2011-2015; 2010 represents 2006-2010.

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## Housing Affordability

### What do we measure on this page?

This page describes whether housing is affordable for homeowners and renters.

The use of the ratio of income to housing costs was formalized in the US Housing and Development Act. The 30 percent threshold was established in 1981, is used currently to determine rent prices for most rent assistance programs.<sup>20</sup>

"Mortgage cost" is defined as the sum of payment for mortgages, real estate taxes, insurances, utilities, fuels, mobile home costs, and/or condominium fees.

"Gross rent" is defined as the amount of the contract rent plus the estimated average monthly cost of utilities and fuels if these are paid for by the renter.

### Why is it important?

The government considers families with housing costs exceeding 30 percent of income to be "housing-cost burdened."<sup>20,21</sup> Families who are housing cost burdened may need to make financial sacrifices in other aspects of their life, which may lead to negative health and social outcomes.

The 30 percent ratio reflects both housing cost and income. In areas with high housing prices, even families with high incomes can approach or exceed the 30 percent threshold.

High housing costs may create financial difficulty in paying for other necessities such as food, health care, and transportation.<sup>21</sup> Thus families may have to sacrifice, compromise, or delay other essential needs.<sup>1</sup>

Families living in affordable housing are more stable and less likely to move frequently. This stability is linked to several positive health outcomes in children and young adults, such as improved emotional and behavioral problems, fewer pregnancies, reduced drug use, and a lower risk for depression.<sup>1</sup>

Housing costs do not affect all income groups equally. For low-income families, the money that remains after household expenses may not be sufficient to cover their needs. But for high wage-earners, paying a high proportion of their income for housing may not pose any financial burden.<sup>20</sup>

Housing cost burden is more common for renters. In 2006, 46 percent of U.S. renters had housing costs that exceeded 30 percent of their income.<sup>20</sup> Cost-burden renters are especially prevalent in large cities.<sup>22</sup> The high proportion of household costs for renters has further increased over the past 25 years.

To live in more affordable housing, some people may opt to live outside of metropolitan areas, which lowers housing cost but increases transportation cost.

In 2006, housing cost burden was more prevalent for racial and ethnic minorities and was lowest for whites.<sup>20</sup>

Financial insecurity for a home -such as foreclosure, eviction, or uncertainty about one's ability to afford housing- is a source of emotional stress.<sup>23</sup> This effect is heightened by people's emotional attachment to their home and their neighborhood.<sup>24</sup>

# Populations at Risk



## Combined County Region

### Rental & Mobile Homes

	Cochise County, AZ	Hidalgo County, NM	Combined County Region	United States
Total Housing Units, 2015*	48,825	1,828	50,653	116,926,305
Rental Units	15,639	585	16,224	42,214,214
Mobile Homes	10,249	709	10,958	6,740,970

#### Percent of Total, 2015\*

Rental Units	32.0%	32.0%	32.0%	36.1%
Mobile Homes	21.0%	38.8%	21.6%	5.8%

#### Change in Percentage Points, 2010\*-2015\*

For example, if the value is 3% in 2010\* and 4.5% in 2015\*, the reported change in percentage points is 1.5.

Rental Units	1.0	3.2	1.1	3.5
Mobile Homes	0.3	12.0	0.8	-0.2

Median Home Value (MHV), 2015* (2016 \$s)	Cochise County, AZ	Hidalgo County, NM	Combined County Region	United States
Median Home Value (MHV), 2015* (2016 \$s)	\$145,771	\$79,217	na	\$180,922
Change in MHV, 2010*-2015* (2016 \$s)	-\$24,774	-\$20,754	na	-\$26,506

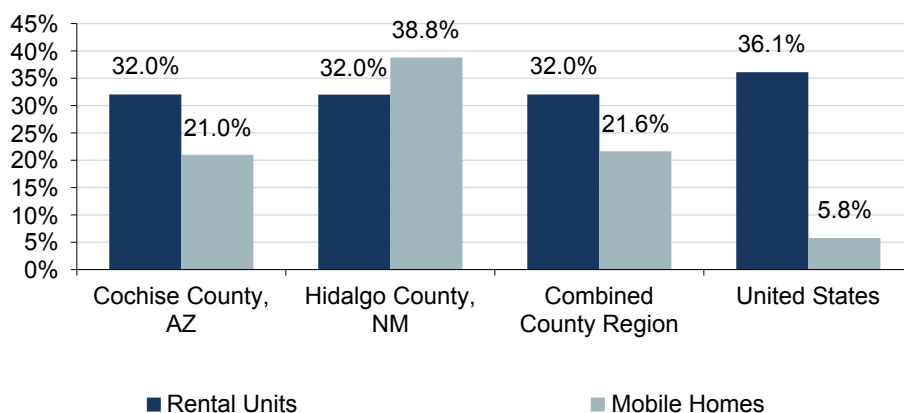
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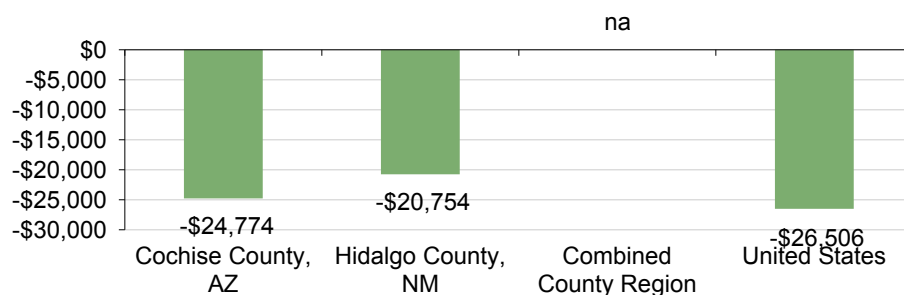
**Low Reliability:** Data with CVs > 40% are displayed in red to indicate that the estimate is considered very unreliable.

#### Rental Units and Mobile Homes as a Percent of Total Housing Units, 2015\*

- United States has the largest share of rental units (36.1%).
- Hidalgo County, NM has the largest share of mobile homes (38.8%).



#### Change in Median Home Value, 2010\*-2015\* (2016 \$s)



\* ACS 5-year estimates used. 2015 represents average characteristics from 2011-2015; 2010 represents 2006-2010.

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## Rental & Mobile Homes

### What do we measure on this page?

This page reports the numbers of housing units that are either rental units or mobile homes, and provides median home value.

### Why is it important?

In general, home ownership contributes to well-being and stability. However, each type of living situation has its own risks and health concerns.

Home ownership is often associated with mental health benefits such as high self-esteem, a sense of control over one's living situation, and financial stability.<sup>23</sup>

The financial stress associated with losing one's home is heightened by people's emotional attachment to their home and their neighborhood.<sup>24</sup>

Homeowners typically pay a greater overall housing cost, but renters pay a larger proportion of their income. The high proportion of household costs for renters has further increased over the past 25 years.<sup>25</sup>

Rental homes are generally not maintained as well as those that are owned. Substandard housing conditions like dampness, mold, and exposure to toxic substances or allergens are linked with compromised health outcomes.<sup>23</sup>

Areas with high-density residences, such as urban areas, tend to have a greater proportion of renters.<sup>1</sup> High density living conditions and large, multistory apartment buildings exacerbate heat-related health stresses.<sup>4</sup>

Mobile homes are more likely to be damaged in extreme weather, which poses a risk for both the structure and the occupants.<sup>4,11</sup>



### Potentially Vulnerable Households

	Cochise County, AZ	Hidalgo County, NM	Combined County Region	United States
Total Households, 2015*	48,825	1,828	50,653	116,926,305
People > 65 years & living alone	5,872	315	6,187	15,169,183
Single female households	5,872	315	6,187	15,169,183
with children < 18 years	4,058	179	4,237	9,894,317
Households with no car	2,581	202	2,783	10,628,474

#### Percent of Total, 2015\*

People > 65 years & living alone	12.0%	17.2%	12.2%	13.0%
Single female households	12.0%	17.2%	12.2%	13.0%
with children < 18 years	8.3%	9.8%	8.4%	8.5%
Households with no car	5.3%	11.1%	5.5%	9.1%

#### Change in Percentage Points, 2010\*-2015\*

For example, if the value is 3% in 2010\* and 4.5% in 2015\*, the reported change in percentage points is 1.5.

People > 65 years & living alone	1.2	0.0	1.2	-0.1
Single female households	1.2	0.0	1.2	0.2
with children < 18 years	0.2	-5.0	0.0	0.0
Households with no car	-1.1	1.4	-1.0	-11.7

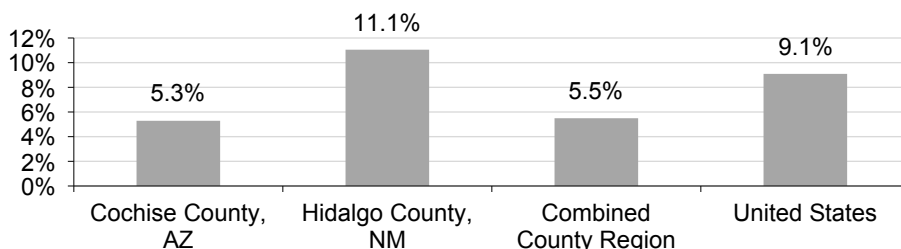
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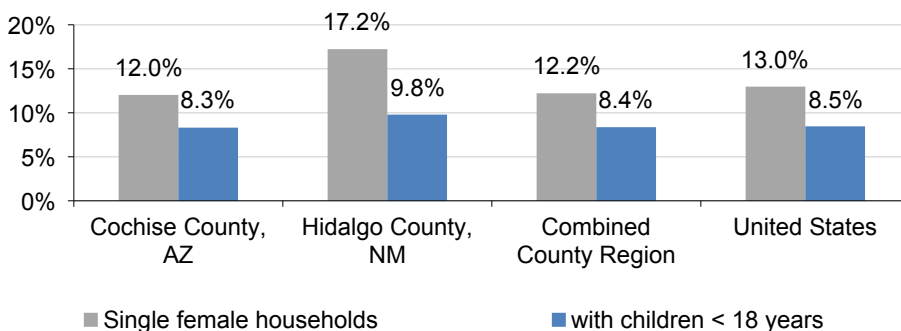
#### People > 65 Yrs and Living Alone as a Percent of Total Households, 2015\*

- Hidalgo County, NM has the largest share of households with people over 65 living alone (17.2%).



#### Single Female Households as a Percent of Total Households, 2015\*

- Hidalgo County, NM has the largest share of single female households (17.2%).
- Hidalgo County, NM has the largest share of single female households with children < 18 years (9.8%).



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## Potentially Vulnerable Households

### What do we measure on this page?

This page describes household types that are associated with increased hardship, including the elderly living alone, single female households, single female households with children, and households without a car.

### Why is it important?

Older adults are more likely to have compromised health and are less able to overcome disease. Living alone exacerbates health risks, and many health outcomes are worsened by social isolation.

Social isolation is strongly linked to poor health such as premature death, smaller chances of survival after a heart attack, depression, and greater levels of disability from chronic diseases.<sup>2</sup>

People 65 and older are particularly vulnerable to heat-related illness,<sup>4</sup> which is exacerbated by social isolation.

Households headed by women face challenges related to income, education, and food security. These factors make it more difficult to respond to health, environmental, or climate risks.

Female-headed households are more likely to be living in poverty. This is most prevalent among black, Hispanic, and Native American households.<sup>26</sup>

In 2014, 35 percent of female-headed households were food insecure, compared to 14 percent of all households.<sup>27</sup> Single mothers may be burdened by providing basic needs such as food and housing, which can make the urgency of other risks seem less important.<sup>28</sup>

Single-mother families are disproportionately exposed to hazardous levels of air pollution.<sup>4</sup>

Single mothers tend to be less educated and less affluent than the general population, which puts them at greater risk during natural disasters.<sup>28</sup>

Access to a car is linked with higher wages and more financial stability, and can help families relocate or evacuate in the event of emergencies.

People who own cars are more likely to be employed, work longer hours, and earn more than those who do not.<sup>29</sup>

Access to a car has measurable benefits for those receiving public assistance. Welfare recipients with access to a car were more likely to work more hours and get higher-paying jobs, and had a greater chance of leaving welfare.<sup>30</sup>

During emergencies, natural disasters, and extreme weather events, people who do not have a car are less likely to evacuate or have access to emergency response centers.<sup>4</sup>

During heat waves, people without a car are less able to go to community cooling centers or cooler areas.<sup>4</sup>

Pedestrian fatalities are more than twice as likely in poor urban neighborhoods than in wealthier parts of cities.<sup>31</sup>

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# Populations at Risk



## Combined County Region

### Potentially Vulnerable People

	Cochise County, AZ	Hidalgo County, NM	Combined County Region	United States
Total civilian noninstitutionalized population, 2015*	116,692	4,523	121,215	311,516,332
People w/ disabilities	19,739	790	20,529	38,601,898
People w/o health insurance	13,385	782	14,167	40,446,231

#### Percent of Total, 2015\*

Percent of people w/ disabilities	16.9%	17.5%	16.9%	12.4%
Percent of people w/o health insurance	11.5%	17.3%	11.7%	13.0%

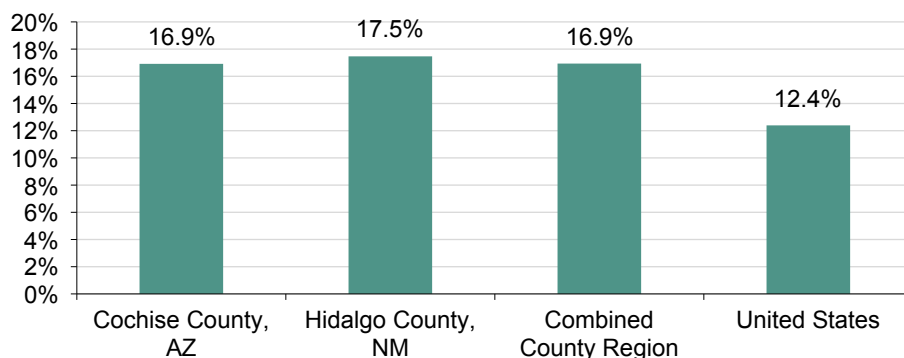
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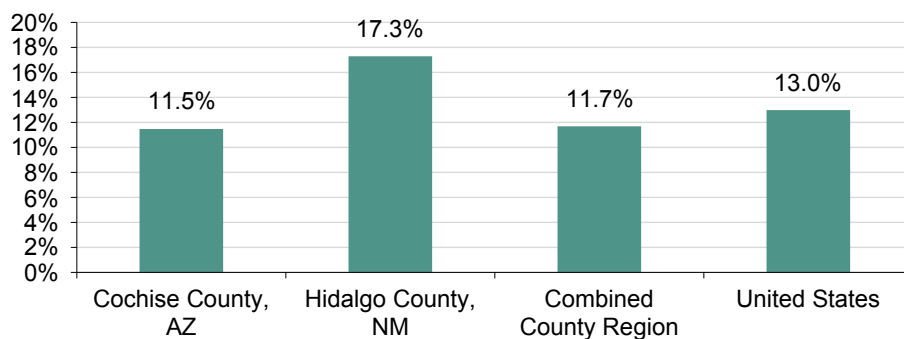
#### People with Disabilities, Percent of Total, 2015\*

- Hidalgo County, NM has the largest share of the noninstitutionalized population that is disabled (17.5%).



#### People without Health Insurance, Percent of Total, 2015\*

- Hidalgo County, NM has the largest share of the noninstitutionalized population without health insurance (17.3%).



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## Potentially Vulnerable People

### What do we measure on this page?

This page describes groups of people that are associated with increased hardship, including people with disabilities and people without health insurance.

### Why is it important?

Disabled people are subject to health complications that make environmental risks more consequential.

Disabled people are less likely to have health insurance, compared to the non-disabled population.<sup>5</sup>

Being confined to a bed raises heat mortality.<sup>2</sup>

Extreme weather events or natural disasters may result in limited access to medical care. This is particularly consequential for those who already have compromised health.<sup>3</sup>

People who lack health insurance are disadvantaged by several different mechanisms. They may avoid or delay diagnoses, treatment, and/or medication and thus may increase their odds of poor health. They do not have a regular place of care, and they are not benefitting from the standard of care that is afforded many Americans.

Households living in poverty are more likely to be uninsured. More than one quarter of uninsured households live in poverty.<sup>10</sup>

People with lower educational attainment are more likely to be uninsured.<sup>5</sup>

People without health insurance are less likely to have a regular source of care, and less likely to receive preventive, primary, and specialty care services.<sup>32,33</sup> This risk is particularly evident among racial and ethnic minorities.<sup>5</sup>

People without health insurance are more likely to use the hospital emergency department for standard health care needs.<sup>5</sup>

About 25% of uninsured adults report having either delayed or gone without care in the past year because of costs.<sup>33</sup>

Uninsured people are more likely to skip medications due to the costs, and some providers are less likely to prescribe medications to uninsured patients.<sup>34,34</sup>

People who do not have health insurance suffer greater health consequences from air pollution compared to those with insurance.<sup>4</sup>

# Populations at Risk



## Combined County Region

### Benchmarks

Indicators 2015*	Combined County Region	United States	Ratio of Combined County Region vs. United States
Percent of Population under 5	6.4%	6.3%	1.03
Percent of Population over 65	19.0%	14.1%	1.35
Percent of Population Non-White (all other races)	19.6%	26.4%	0.74
Percent of Population Hispanic	34.7%	17.1%	2.03
Percent of Population without a High School Diploma	13.7%	13.3%	1.03
Percent of Population that speak English "Not Well"	4.9%	4.5%	1.09
Percent of Population in "Deep Poverty"	8.5%	6.8%	1.25
Percent of Families Below Poverty	13.7%	11.3%	1.21
Percent of Families that are Single Mother Households and Below Poverty	5.9%	5.2%	1.13
Percent of Households Receiving Food Stamps (SNAP)	16.1%	13.2%	1.22
Percent of Population that "Did Not Work"	27.2%	25.1%	1.08
Percent of Rentals where Gross Rent Exceeds 30% of Household Income	43.4%	47.9%	0.91
Percent of Housing that are Mobile Homes	21.6%	5.8%	3.72
Percent of Households that are Single Female with Children under 18	8.4%	8.5%	0.99
Percent of Households with No Car	5.5%	9.1%	0.60
Percent of Population over 65 and Living Alone	40.5%	33.0%	1.23
Percent of Population with Disabilities	16.9%	12.4%	1.36
Percent of Population without Health Insurance	11.7%	13.0%	0.90

-1 0 1 2 3

**High Reliability:** Data with coefficients of variation (CVs) < 12% are in black to show that the sampling error is small.

**Medium Reliability:** Data with CVs between 12 & 40% are in orange. These values should be interpreted with caution.

**Low Reliability:** Data with CVs > 40% are displayed in red to indicate that the estimate is considered very unreliable.

\* ACS 5-year estimates: 2015 represents average characteristics from 2011-2015; 2010 represents 2006-2010.

CITATION: U.S. Department of Commerce. 2016. Census Bureau, American Community Survey Office, Washington, D.C., reported by Headwaters Economics' Populations at Risk, [headwaterseconomics.org/par](http://headwaterseconomics.org/par).



## Benchmarks

### What do we measure on this page?

This page shows a quick comparison for most of the indicators covered in this report to highlight how the region differs from the selected benchmark geography.

The ratio of the region to the benchmark geography is a percentage calculated by dividing the figure from the region by the figure from the benchmark.

### Why is it important?

These indicators are all measures of a population more likely to experience adverse outcomes from disruptions due to extreme weather events, climate change, pollution, or limited health care access.

Particularly high percentages for any of these indicators may highlight populations that are at higher risk and in need of outreach from disaster planning, public health, or social service organizations.



### Literature Cited

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- 1 - County of Los Angeles Public Health, Health Atlas for the City of Los Angeles (Los Angeles, CA, June 2013). <http://healthyplan.la.wordpress/wp-content/uploads/2013/10/Health-Atlas-for-the-City-of-Los-Angeles-July-2013-FINAL-SMALL.pdf>
- 2 - Richard G. Wilkinson and Michael Gideon Marmot, Social determinants of health: The solid facts (World Health Organization, 2003). [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0005/98438/e81384.pdf](http://www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf)
- 3 - John M. Balbus and Catherine Malina, "Identifying vulnerable subpopulations for climate change health effects in the United States," *Journal of Occupational and Environmental Medicine* 51, no. 1 (2009): 33-37.
- 4 - Heather Cooley, Eli Moore, Matthew Heberger, and Lucy Allen, Social Vulnerability to Climate Change in California (California Energy Commission Pub. # CEC-500-2012-013, 2012).
- 5 - Centers for Disease Control and Prevention, "CDC Health Disparities and Inequalities Report — United States, 2011," *Morbidity and Mortality Weekly Report* 60 Suppl. (January 14, 2011). <http://www.cdc.gov/mmwr/pdf/other/su6001.pdf>
- 6 - Michelle L. Bell, Antonella Zanobetti, and Francesca Dominici, "Who is more affected by ozone pollution? A systematic review and meta-analysis," *American Journal of Epidemiology* (2014): kwu115.
- 7 - Evan J. Ringquist, "Assessing evidence of environmental inequities: A meta-analysis." *Journal of Policy Analysis and Management* 24, no. 2 (2005): 223-247.
- 8 - Alice Fothergill, Enrique G.M. Maestas, and JoAnne DeRouen Darlington, "Race, ethnicity and disasters in the United States: A review of the literature," *Disasters* 23, no. 2 (1999): 156-173.
- 9 - Sandra L. Colby and Jennifer M. Ortman. Projections of the Size and Composition of the US Population: 2014 to 2060 (U.S. Census Bureau, March 2015). <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf>
- 10 - Jessica C. Smith and Carla Medalia, Health Insurance Coverage in the United States: 2013 (U.S. Census Bureau, September 2014). <https://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-250.pdf>
- 11 - Alice Fothergill and Lori A. Peek, "Poverty and disasters in the United States: A review of recent sociological findings," *Natural Hazards* 32, no. 1 (2004): 89-110.
- 12 - North Carolina Institute of Medicine, Prevention for the Health of North Carolina: Prevention Action Plan (October 2009): Chapter 11 Socioeconomic Determinants of Health. <http://www.nciom.org/publications/?prevention>
- 13 - "Understanding Supplemental Security Income (SSI) Overview -- 2015 Edition," U.S. Social Security Administration. <https://www.ssa.gov/ssi/text-over-ussi.htm>
- 14 - "Facts about SNAP," USDA Food and Nutrition Service, last modified September 29, 2015, <http://www.fns.usda.gov/snap/facts-about-snap>
- 15 - Ann C. Foster and William R. Hawk, "Spending patterns of families receiving means-tested government assistance," U.S. Bureau of Labor Statistics, December 2013. <http://www.bls.gov/opub/btn/volume-2/spending-patterns-of-families-receiving-means-tested-government-assistance.htm>
- 16 - Lawson, M.M., R. Rasker, and P.H. Gude. 2014. The importance of non-labor income: an analysis of socioeconomic performance in western counties by type of non-labor income. *Journal of Regional Analysis and Policy* 44(2): 175-190.
- 17 - Joel A. Halverson and Greg Bischak, Underlying socioeconomic factors influencing health disparities in the Appalachian region (Washington, DC: Appalachian Regional Commission, 2008).
- 18 - Andreas Hornstein, "Why labor force participation (usually) increases when unemployment declines," *Economic Quarterly* 99, no. 1 (2013): 1-23.



### Literature Cited (cont.)

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- 19 - Robert L. Jin, Chandrakant P. Shah, and Tomislav J. Svoboda, "The impact of unemployment on health: a review of the evidence," *Canadian Medical Association Journal* 153, no. 5 (1995): 529.
- 20 - Mary Schwartz and Ellen Wilson, "Who can afford to live in a home? A look at data from the 2006 American Community Survey," U.S. Census Bureau. <http://www.census.gov/housing/census/publications/who-can-afford.pdf>
- 21 - "Affordable Housing," U.S. Department of Housing and Urban Development. [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/affordablehousing/](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/affordablehousing/)
- 22 - Mike Maciag, "Where do people spend the most of their paycheck on housing?" *Governing Magazine* (February 20, 2014). <http://www.governing.com/topics/urban/gov-housing-affordability-burden-state-report.html>
- 23 - William M. Rohe and Mark Lindblad, "Reexamining the Social Benefits of Homeownership after the Housing Crisis" (presentation, Homeownership Built to Last: Lessons from the Housing Crisis on Sustaining Homeownership for Low-Income and Minority Families—A National Symposium, Cambridge, MA, April 2013).
- 24 - Craig Evan Pollack, Beth Ann Griffin, and Julia Lynch, "Housing affordability and health among homeowners and renters," *American Journal of Preventive Medicine* 39, no. 6 (2010): 515-521.
- 25 - Adam Reichenberger, "A comparison of 25 years of consumer expenditures by homeowners and renters," U.S. Bureau of Labor Statistics: Beyond the Numbers: Prices and Spending 1, no. 15 (October 2012). <http://www.bls.gov/opub/btn/volume-1/a-comparison-of-25-years-of-consumer-expenditures-by-homeowners-and-renters.htm>
- 26 - Anastasia R. Snyder, Diane K. McLaughlin, and Jill Findeis, "Household composition and poverty among female-headed households with children: Differences by race and residence," *Rural Sociology* 71, no. 4 (2006): 597-624.
- 27 - Nicholas T. Vozoris and Valerie S. Tarasuk, "Household food insufficiency is associated with poorer health," *Journal of Nutrition* 133, no. 1 (2003): 120-126.
- 28 - William Donner and Havidán Rodríguez, "Population composition, migration and inequality: The influence of demographic changes on disaster risk and vulnerability," *Social Forces* 87, no. 2 (2008): 1089-1114.
- 29 - Steven Raphael and Lorien Rice, "Car ownership, employment, and earnings," *Journal of Urban Economics* 52, no. 1 (2002): 109-130.
- 30 - Tami Gurley and Donald Bruce, "The effects of car access on employment outcomes for welfare recipients," *Journal of Urban Economics* 58, no. 2 (2005): 250-272.
- 31 - Mike Maciag, "Pedestrians dying at disproportionate rates in America's poorer neighborhoods," *Governing Magazine* (August 2014). <http://www.governing.com/topics/public-justice-safety/gov-pedestrian-deaths-analysis.html>
- 32 - Marsha Lillie-Blanton and Catherine Hoffman, "The role of health insurance coverage in reducing racial/ethnic disparities in health care," *Health Affairs* 24, no. 2 (2005): 398-408.
- 33 - Karlen E. Luthy, N.E. Peterson, J. Wilkinson, "Cost-efficient treatment for uninsured or underinsured patients with hypertension, depression, diabetes mellitus, insomnia, and gastroesophageal reflux," *Journal of the American Academy of Nurse Practitioners* 20, no. 3 (2008): 136-143.
- 34 - Edward P. Havranek, "Unseen consequences: The uninsured, factors, and cardiovascular Disease," *Journal of the American College of Cardiology* 61, no. 10 (2013): 1076-1077.