POPULATION HEALTH IN VIRGINIA
How policy shapes community health and wellbeing

The Virginia Oral Health Summit
Richmond, Virginia
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LIFE EXPECTANCY AT BIRTH (YEARS) BY STATE (2010)
Health Opportunity Index

Virginia
Health Opportunity Index (HOI) *
By Census Tracts
2009 **
Life expectancy by census tract, metropolitan Richmond
Life expectancy by census tract, Richmond City
GILPIN COURT VS. ETHIOPIA

Likening Richmond’s poorest neighborhoods to developing countries may not be as off-base as you’d think, at least when it comes to life expectancy. Virginia Commonwealth University researchers released data this spring showing the disparities in life expectancies among the city’s neighborhoods. By cross-referencing the researchers’ findings with World Health Organization data, it’s possible to compare the city to countries around the world. Life span in some neighborhoods may be lower than you think. —Mark Robinson

Source: Richmond Magazine, June 2015
WHO Conceptual Model

Health Outcomes

- Length of Life (50%)
- Quality of Life (50%)

Health Factors

- Health Behaviors (30%)
  - Tobacco Use
  - Diet & Exercise
  - Alcohol & Drug Use
  - Sexual Activity
- Clinical Care (20%)
  - Access to Care
  - Quality of Care
- Social & Economic Factors (40%)
  - Education
  - Employment
  - Income
  - Family & Social Support
  - Community Safety
- Physical Environment (10%)
  - Air & Water Quality
  - Housing & Transit

Policies & Programs

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County Health Rankings model © 2014 UWPHI
Why the Differences?

• **Education and income** are directly linked to health: Communities with weak tax bases cannot support high-quality schools and jobs are often scarce in neighborhoods with struggling economies.

• **Unsafe or unhealthy housing** exposes residents to allergens and other hazards like overcrowding.

• **Stores and restaurants selling unhealthy food** may outnumber markets with fresh produce or restaurants with nutritious food.

• **Opportunities for residents to exercise, walk, or cycle** may be limited and some neighborhoods are unsafe for children to play outside.

• **Proximity to highways, factories, or other sources of toxic agents** expose residents to pollutants.

• **Access to primary care doctors and good hospitals** may be limited.

• **Unreliable or expensive public transit** can isolate residents from good jobs, health and child care, and social services.

• **Residential segregation and features that isolate communities** (e.g., highways) can limit social cohesion, stifle economic growth, and perpetuate cycles of poverty.
Place matters
The built environment
A Study in Contrasts: Why Life Expectancy Varies In Northern Virginia

A Report by the Center on Society and Health
Virginia Commonwealth University

Supported by the Northern Virginia Health Foundation

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Steven A. Cohen, DrPH, MPH

Center on Society and Health
Northern Virginia Health Foundation

JUNE 2016
Life expectancy, Fairfax County, by census tract
Seminary Hill vs. Beauregard, Alexandria

**Demographic Characteristics**
- Black population (%): Beauregard 2001.05 - 52.8, Seminary Hill 2002.02 - 4.5
- Foreign born (%): Beauregard 2001.05 - 51.2, Seminary Hill 2002.02 - 9.6
- No education beyond high school (%): Beauregard 2001.05 - 28.4, Seminary Hill 2002.02 - 5.0

**Life Expectancy**
- Beauregard 2001.05: 79
- Seminary Hill 2002.02: 84

**Median Household Income**
- Beauregard: $44,624
- Seminary Hill: $186,705

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Before the Civil War this neighborhood was home to free blacks and enslaved individuals, along with European immigrants and Jewish residents. The area served as a city electoral district (1871-1905) and is still called Jackson Ward. By the early 20th century it had become one of the premier centers of African American business, social, and residential life in the United States. Black-owned businesses such as the St. Luke Penny Savings Bank, the Southern Aid Insurance Company, the Richmond Planet newspaper, and Miller's Hotel (later Eggleston Hotel) thrived during legalized racial segregation. In the 1950s the new interstate highway bisected Jackson Ward. In 1978 the area became a National Historic Landmark.
“The Harlem of the South”

Eggleston Hotel

Hippodrome Theater
Redlining map, Richmond, 1937
Divided by the Richmond-Petersburg Turnpike (Interstate 95)
Mosby Court
Sixth Mount Zion Baptist Church
Sixth Mount Zion Baptist Church
Policies matter
HOLC map, 1937

Life Expectancy at Birth, 2002-11

Source: http://dsl.richmond.edu/holc/pages/home
Concentrated Poverty in Richmond

Source: Housing Opportunities Made Equal of Virginia: Where You Live Makes All The Difference: An Opportunity Map of the Richmond Region

Center on Society and Health
RICHMOND, VIRGINIA

Short Distances to Large Gaps in Health

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## Gilpin Court vs Westover Hills, 2009-13

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Gilpin Court (Tract 301)</th>
<th>Westover Hills (Tract 606)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Population 16+ years that are unemployed</td>
<td>19.1</td>
<td>2.2</td>
</tr>
<tr>
<td>% of insured population with private health insurance</td>
<td>10.7</td>
<td>84.6</td>
</tr>
<tr>
<td>% of total population with no health insurance</td>
<td>16.7</td>
<td>5.8</td>
</tr>
<tr>
<td>% of families whose income in the past 12 months is below the federal poverty level</td>
<td>73.2</td>
<td>1.1</td>
</tr>
</tbody>
</table>

Source: 5-year estimates from the 2009-2013 American Community Survey
Trammel, Virginia
Remote Area Medical Volunteers Treat Patients

10 IMÁGENES

Remote Area Medical
Reach Across America

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Rising mortality rates among middle-aged non-Hispanic whites in Virginia

Mortality rates (per 100,000), non-Hispanic whites, ages 40-54 years, Virginia, 1995-2014

Suicide

Accidental drug overdose
Rising alcohol-related deaths among middle-aged non-Hispanic whites, Virginia

Mortality rates (per 100,000), non-Hispanic whites, ages 40-54 years, Virginia, 1995-2014
Economic distress in Virginia

Percent of Total Population in Poverty in Virginia Counties, 2010

- Less than 11.9 percent
- 12.0 to 15.2 percent
- 15.3 to 16.8 percent
- 16.9 percent or more

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Suicides in Virginia
“Health in All” Policies

• Transportation
• Land use
• Built environment
• Taxes
• Housing
• Agriculture
• Environmental justice
• Etc.

Health and illness
Connecting the Dots
The determinants of wellbeing
Community investment and population health
The Return on Investment

- More tax revenues
- Community economic development
- Lower demand for social services
- Lower crime rates
- Improved health
- Better jobs
Collective Impact

<table>
<thead>
<tr>
<th>The Five Conditions of Collective Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Common Agenda</strong></td>
</tr>
<tr>
<td>All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.</td>
</tr>
<tr>
<td><strong>Shared Measurement</strong></td>
</tr>
<tr>
<td>Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.</td>
</tr>
<tr>
<td><strong>Mutually Reinforcing Activities</strong></td>
</tr>
<tr>
<td>Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.</td>
</tr>
<tr>
<td><strong>Continuous Communication</strong></td>
</tr>
<tr>
<td>Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.</td>
</tr>
<tr>
<td><strong>Backbone Support</strong></td>
</tr>
<tr>
<td>Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.</td>
</tr>
</tbody>
</table>

Working at the Intersection of
Community Development
and Health

Watch Our Video
Learn About the Network
Live Well San Diego is an initiative of the County of San Diego to improve health, safety and well-being for all residents. It represents a shared vision that can only be accomplished through collaboration with partners in every sector. This vision also calls on every resident to take action to improve their own health, safety and well-being, as well as that of their families and neighbors.
“Live Well San Diego”
How Progress Will Be Measured

1 VISION
that all San Diego County residents are Healthy, Safe and Thriving

5 AREAS OF INFLUENCE
- Health
- Knowledge
- Standard of Living
- Community
- Social

TOP 10 LIVE WELL SAN DIEGO INDICATORS
- Life Expectancy
- Education
- Unemployment Rate
- Income
- Security
- Physical Environment
- Built Environment
- Vulnerable Populations
- Community Involvement
# Live Well San Diego

## Expanded Indicators Dashboard

### HEALTH - Enjoying good health and expecting to live a full life

#### Life Expectancy & Quality of Life

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>San Diego County</th>
<th>California</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Expectancy</td>
<td>Measure of length and duration of life expected at birth</td>
<td>81.5 yrs (2010)</td>
<td>80.8 yrs (2010)</td>
<td>78.7 yrs (2010)</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>Percent of population that is sufficiently healthy to be able to live independently (not including those who reside in nursing homes or other institutions)</td>
<td>95.3% (2011)</td>
<td>94.7% (2011)</td>
<td>94.2% (2011)</td>
</tr>
</tbody>
</table>

**What Can We Do to Improve Life Expectancy and Quality of Life?**

Chronic diseases are now the major cause of death and disability worldwide. There are 3 behaviors that contribute to 4 chronic diseases that cause over 50 percent of all deaths. To learn more about chronic disease in San Diego County and what you can do about it go to: [http://www.sdcounty.ca.gov/sdc/live_well_san_diego/indicators/live_well_san_diego_indicators_resources.html](http://www.sdcounty.ca.gov/sdc/live_well_san_diego/indicators/live_well_san_diego_indicators_resources.html)

### KNOWLEDGE - Learning throughout the lifespan

#### Education

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</thead>
<tbody>
<tr>
<td>High School Diploma or Equivalent</td>
<td>Percent of population with a High School Diploma or equivalent</td>
<td>84.3% (2011)</td>
<td>81.1% (2011)</td>
<td>85.9% (2011)</td>
</tr>
<tr>
<td>Less Than A High School Diploma or Equivalent</td>
<td>Percent of population with less than a High School Diploma or equivalent</td>
<td>15.7% (2011)</td>
<td>18.9% (2011)</td>
<td>14.1% (2011)</td>
</tr>
<tr>
<td>Bachelor's Degree</td>
<td>Percent of population with a Bachelor's Degree</td>
<td>33.0% (2011)</td>
<td>30.3% (2011)</td>
<td>28.5% (2011)</td>
</tr>
<tr>
<td>Graduate or Professional Degree</td>
<td>Percent of population with a Graduate or Professional Degree</td>
<td>12.4% (2011)</td>
<td>11.1% (2011)</td>
<td>10.6% (2011)</td>
</tr>
<tr>
<td>School Enrollment</td>
<td>Percent of combined gross enrollment of school aged population</td>
<td>89.7% (2011)</td>
<td>89.8% (2011)</td>
<td>89.0% (2011)</td>
</tr>
</tbody>
</table>

### STANDARD OF LIVING - Having enough resources for a quality life

#### Unemployment Rate

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</tr>
</thead>
<tbody>
<tr>
<td>Unemployment Rate</td>
<td>Percent of the total labor force that is unemployed (actively seeking employment and willing to work)</td>
<td>9.1% (2011)</td>
<td>10.1% (2011)</td>
<td>8.7% (2011)</td>
</tr>
</tbody>
</table>

#### Income

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<th>United States</th>
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</thead>
<tbody>
<tr>
<td>Spending Less Than 1/3 of Income on Housing</td>
<td>Percent of population spending less than 1/3 of income on housing</td>
<td>48.9% (2011)</td>
<td>50.2% (2011)</td>
<td>60.2% (2011)</td>
</tr>
</tbody>
</table>
Contact Information

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