

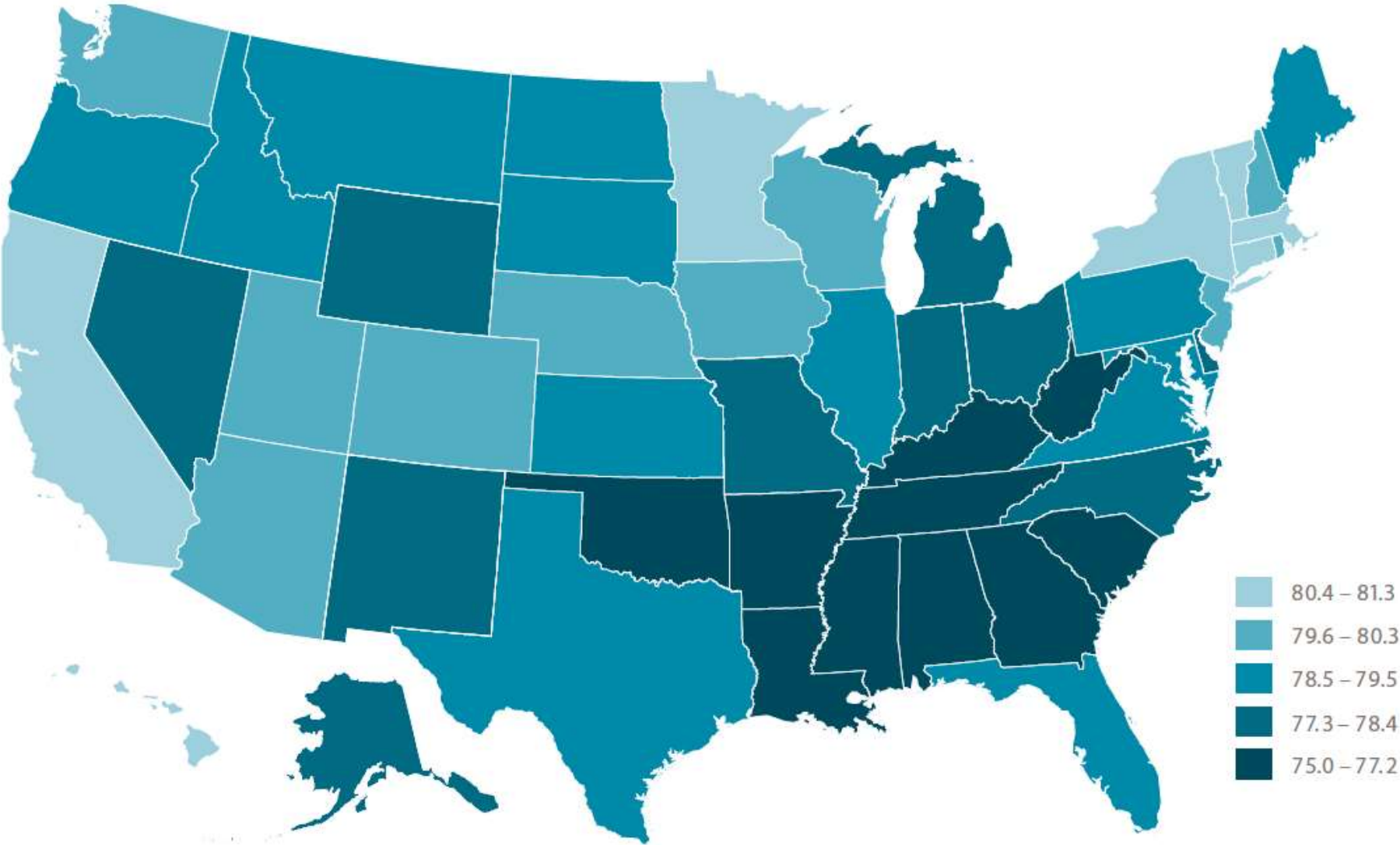
POPULATION HEALTH IN VIRGINIA

How policy shapes community health and wellbeing

The Virginia Oral Health Summit
Richmond, Virginia
November 2, 2017

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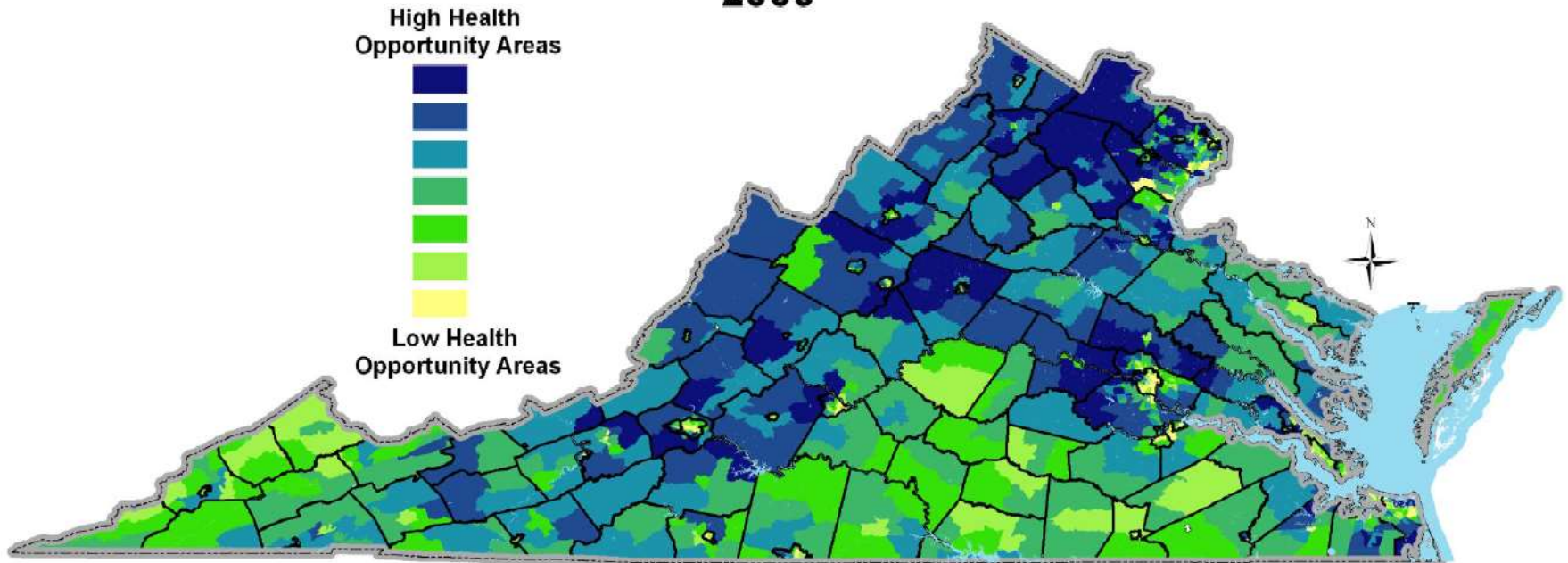
LIFE EXPECTANCY AT BIRTH (YEARS) BY STATE (2010)



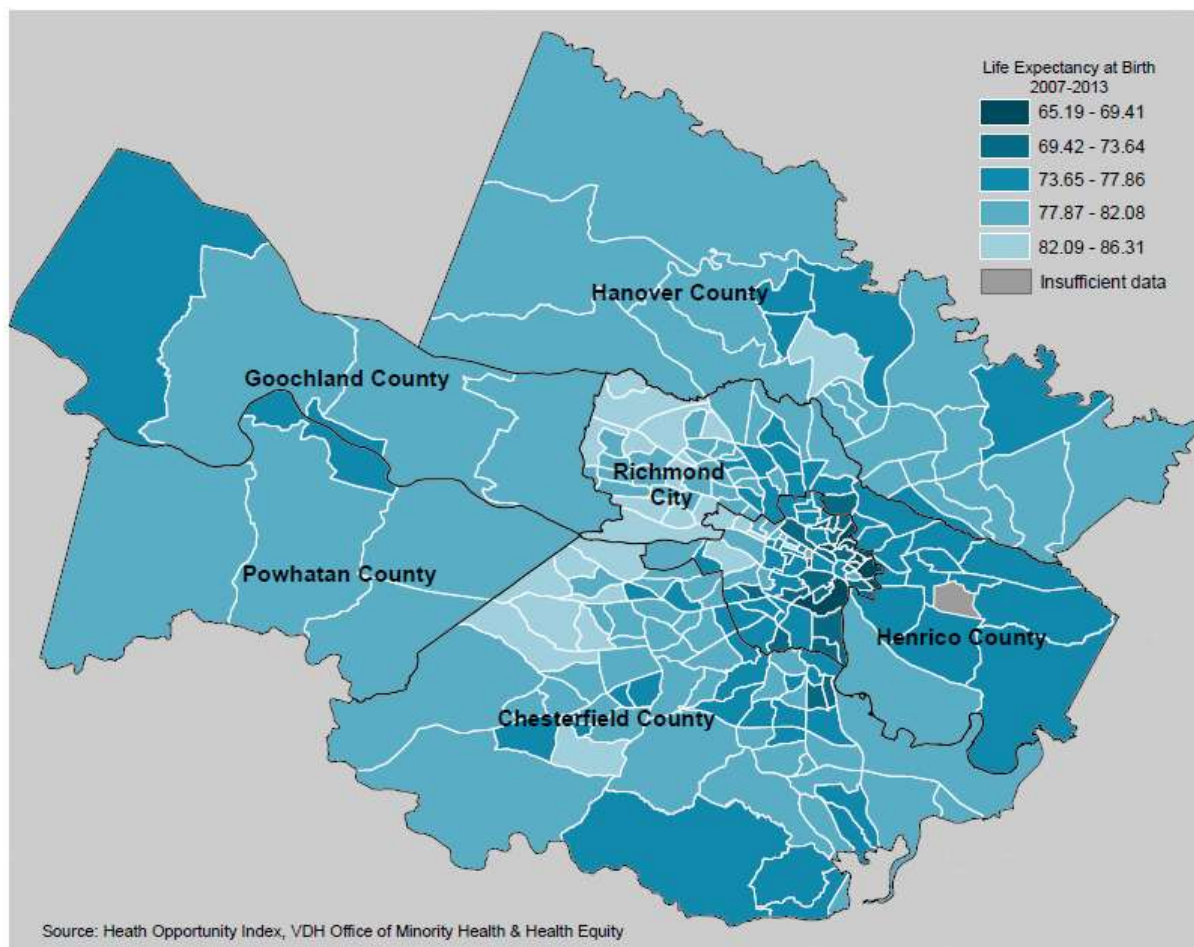
Health Opportunity Index

Virginia

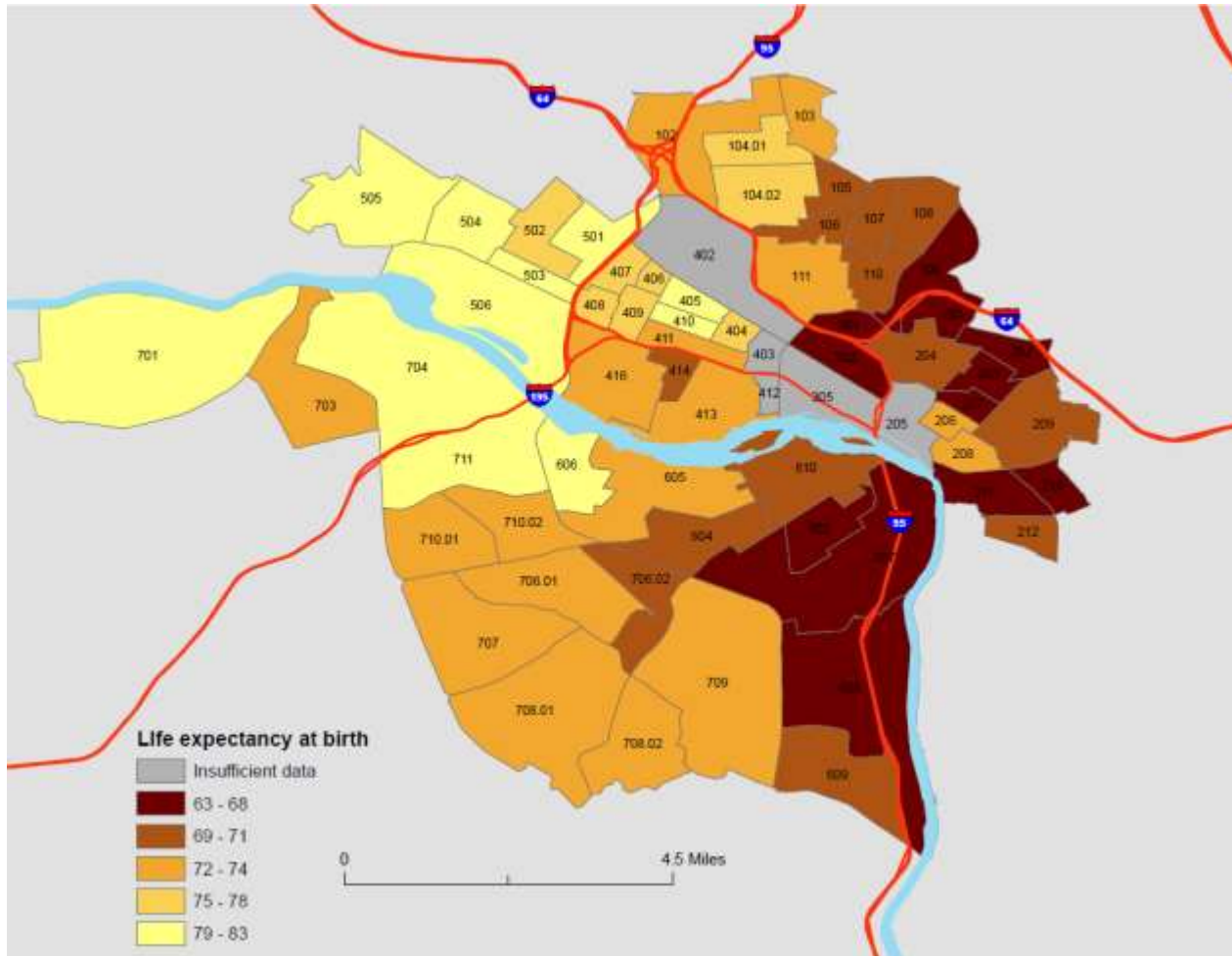
Health Opportunity Index (HOI) *
By Census Tracts
2009 **



Life expectancy by census tract, metropolitan Richmond

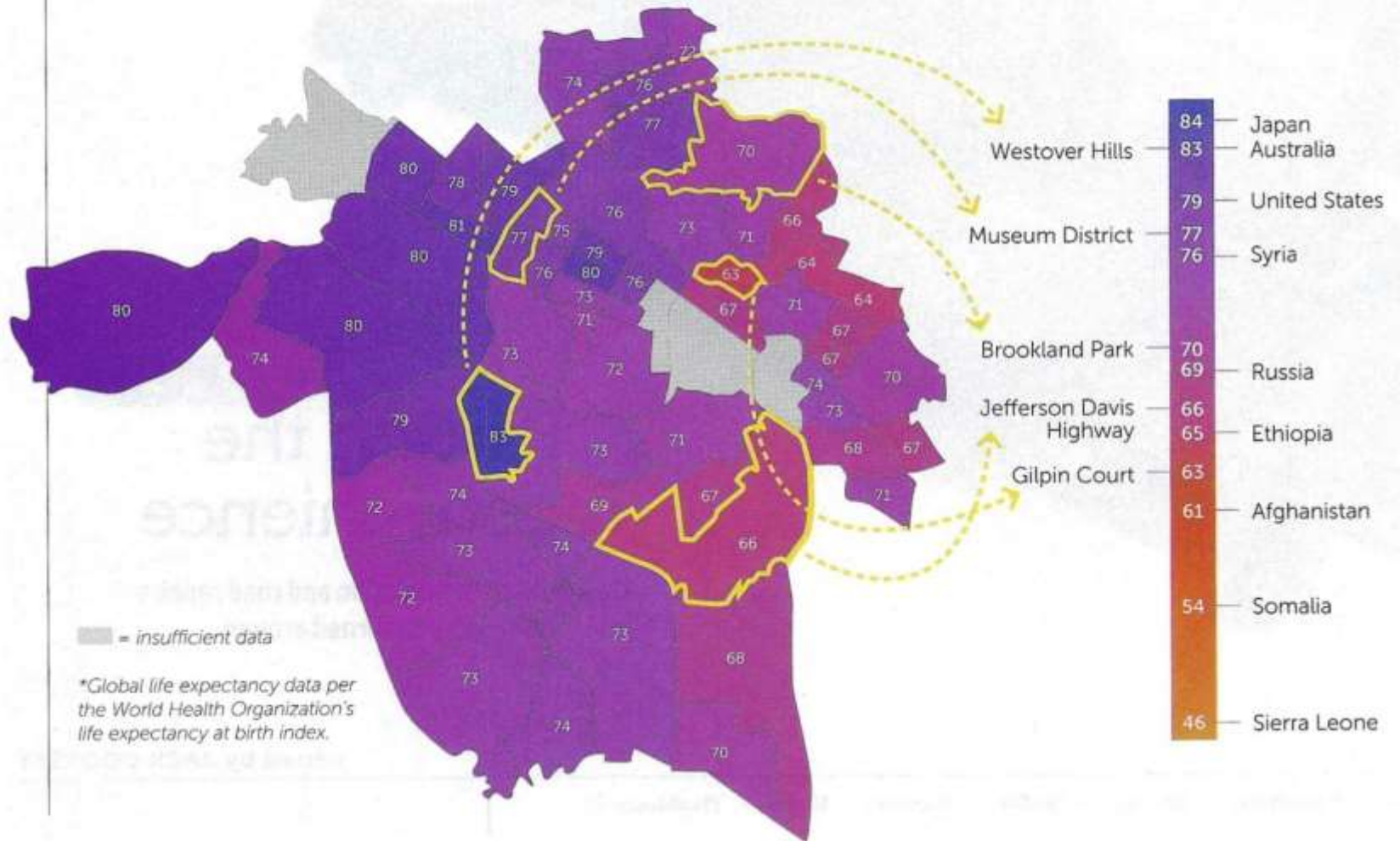


Life expectancy by census tract, Richmond City



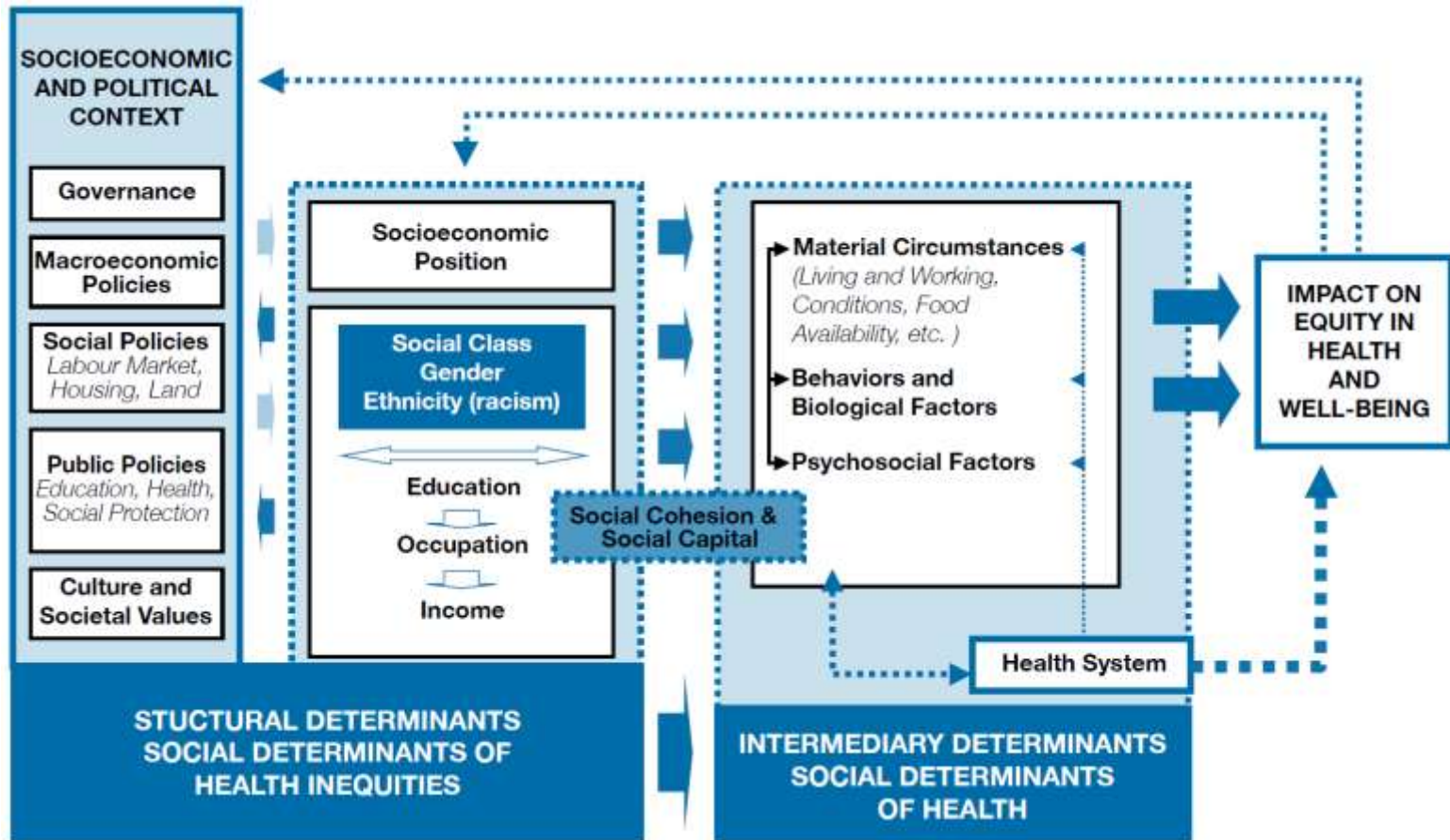
GILPIN COURT VS. ETHIOPIA

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**

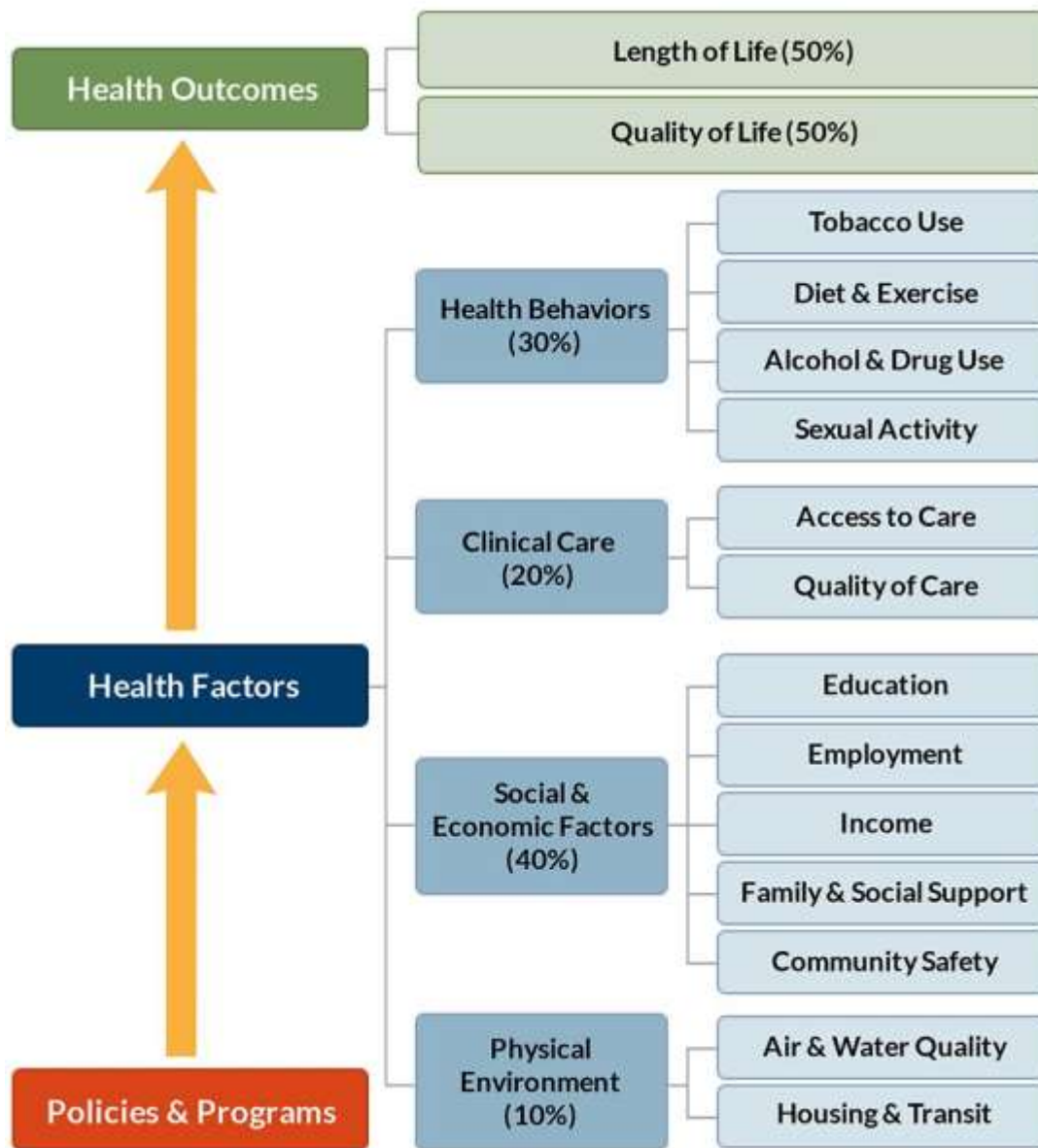


Source: *Richmond Magazine*, June 2015

WHO Conceptual Model



From: *A Conceptual Model for Taking Action on the Social Determinants of Health*. Geneva: World Health Organization, 2010



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

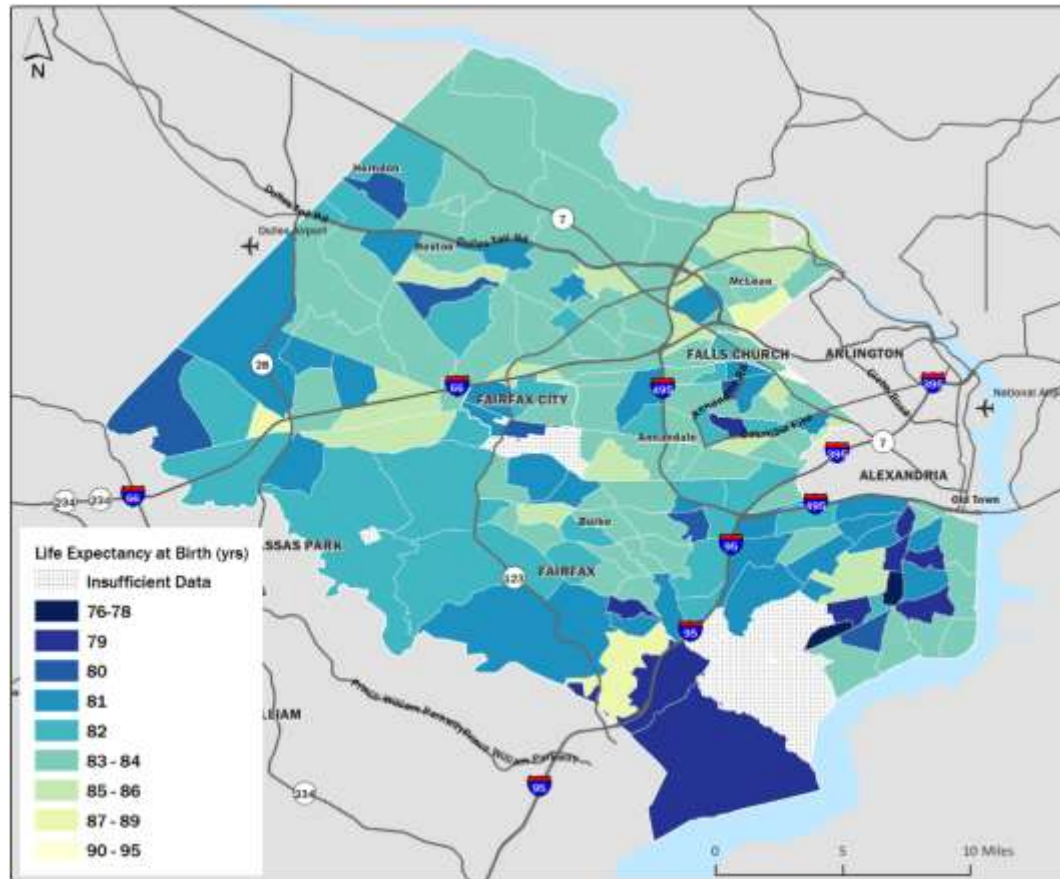


Steven H. Woolf, MD, MPH
Derek A. Chapman, PhD
Jong Hyung Lee, MS
Lauren Kelley, MPH
Steven A. Cohen, DrPH, MPH



JUNE 2016

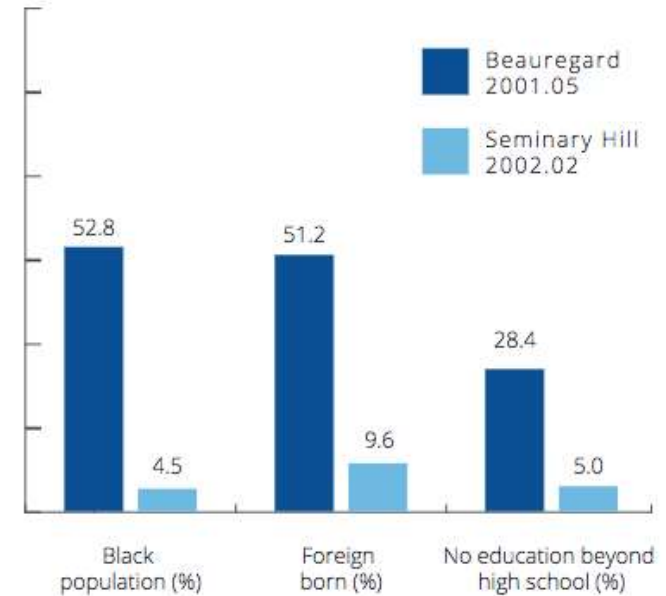
Life expectancy, Fairfax County, by census tract



Seminary Hill vs. Beauregard, Alexandria



DEMOGRAPHIC CHARACTERISTICS



LIFE EXPECTANCY



Beauregard
2001.05

79

Seminary Hill
2002.02

84

MEDIAN HOUSEHOLD INCOME

\$186K

— Seminary Hill
\$186,705

\$44K

— Beauregard
\$44,624

“The Harlem of the South”

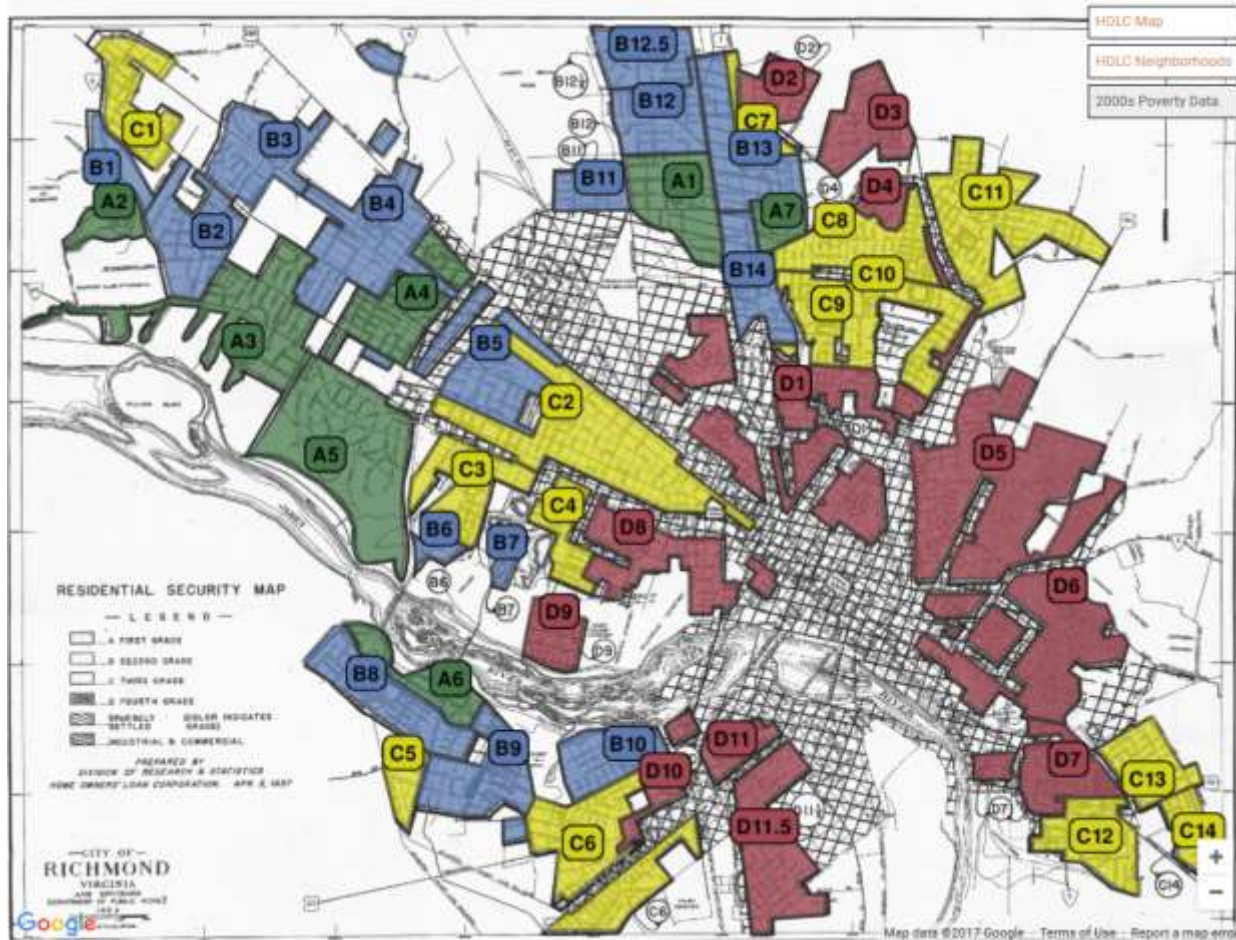


Eggleston Hotel



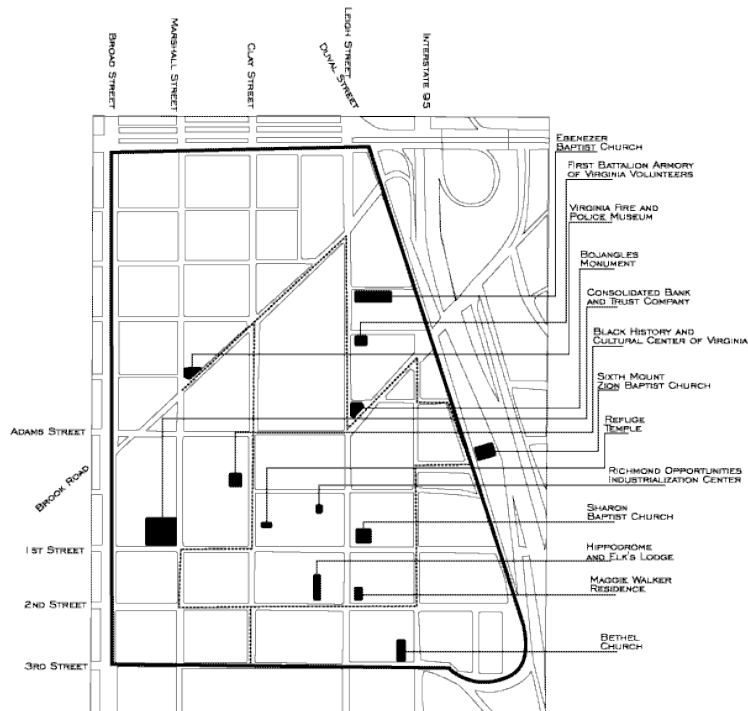
Hippodrome Theater

Redlining map, Richmond, 1937



Digital Scholarship Lab, University of Richmond

Divided by the Richmond-Petersburg Turnpike (Interstate 95)



Segregation by design



RICHMOND-PETERSBURG TURNPIKE AUTHORITY,
CONTRACT NUMBER A-4-G,
CONTRACTOR, E. G. BOWLES-
WILEY N. JACKSON CO.
PHOTO NO. 2, STA. 1796 50,
DATE, MARCH 5, 1957. SOUTH ON CL.
STRUCTURE A-26.

Mosby Court



Sixth Mount Zion Baptist Church



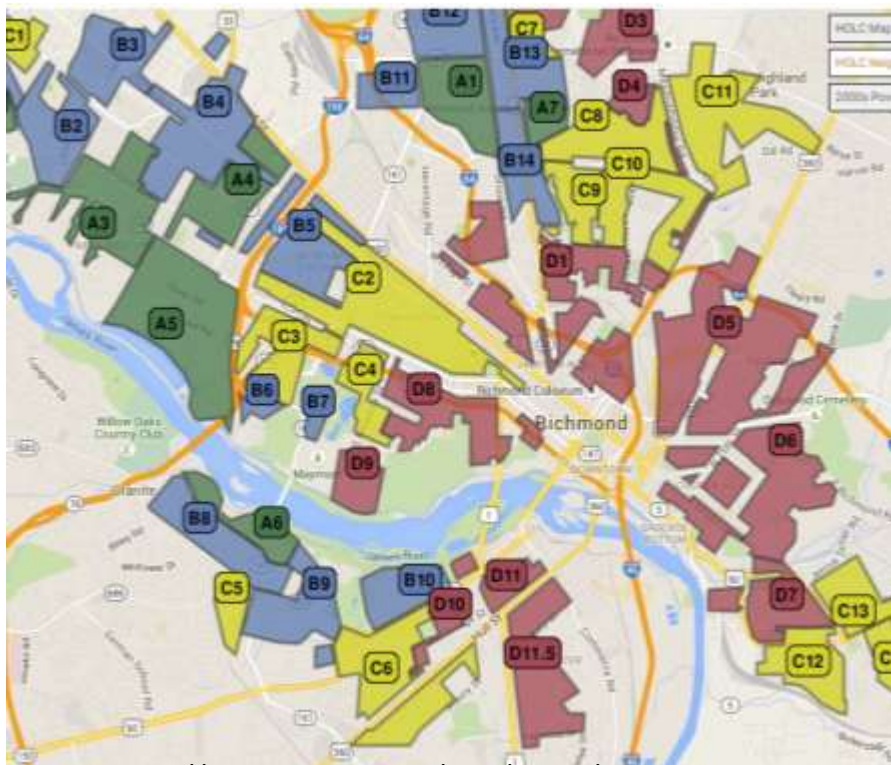
Sixth Mount Zion Baptist Church



Policies matter



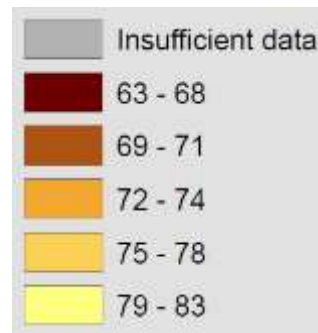
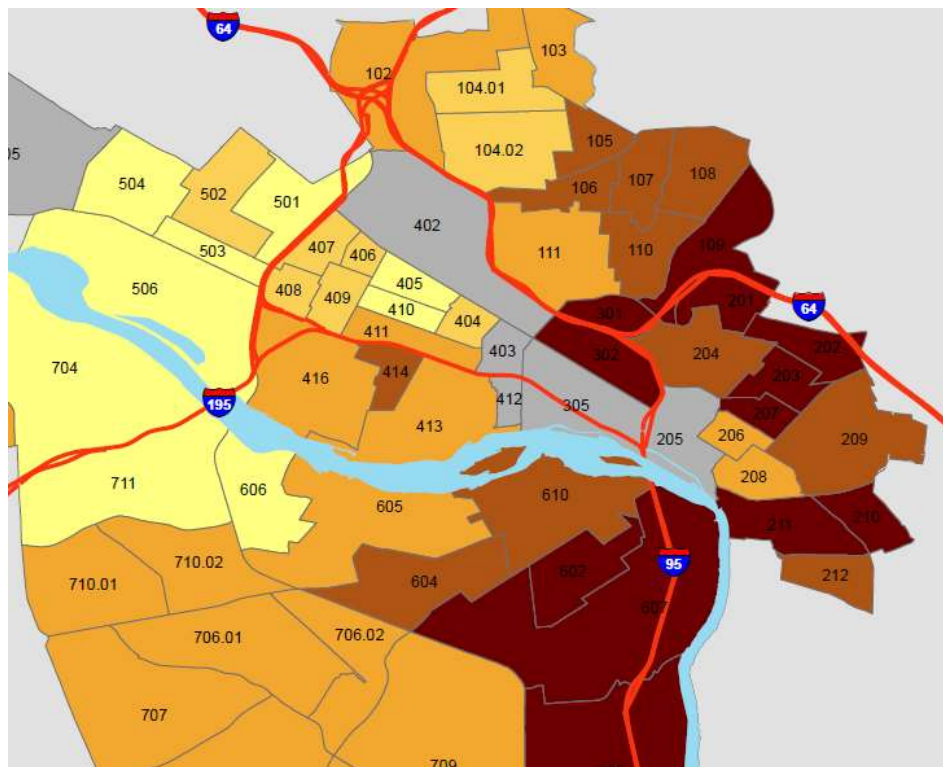
HOLC map, 1937



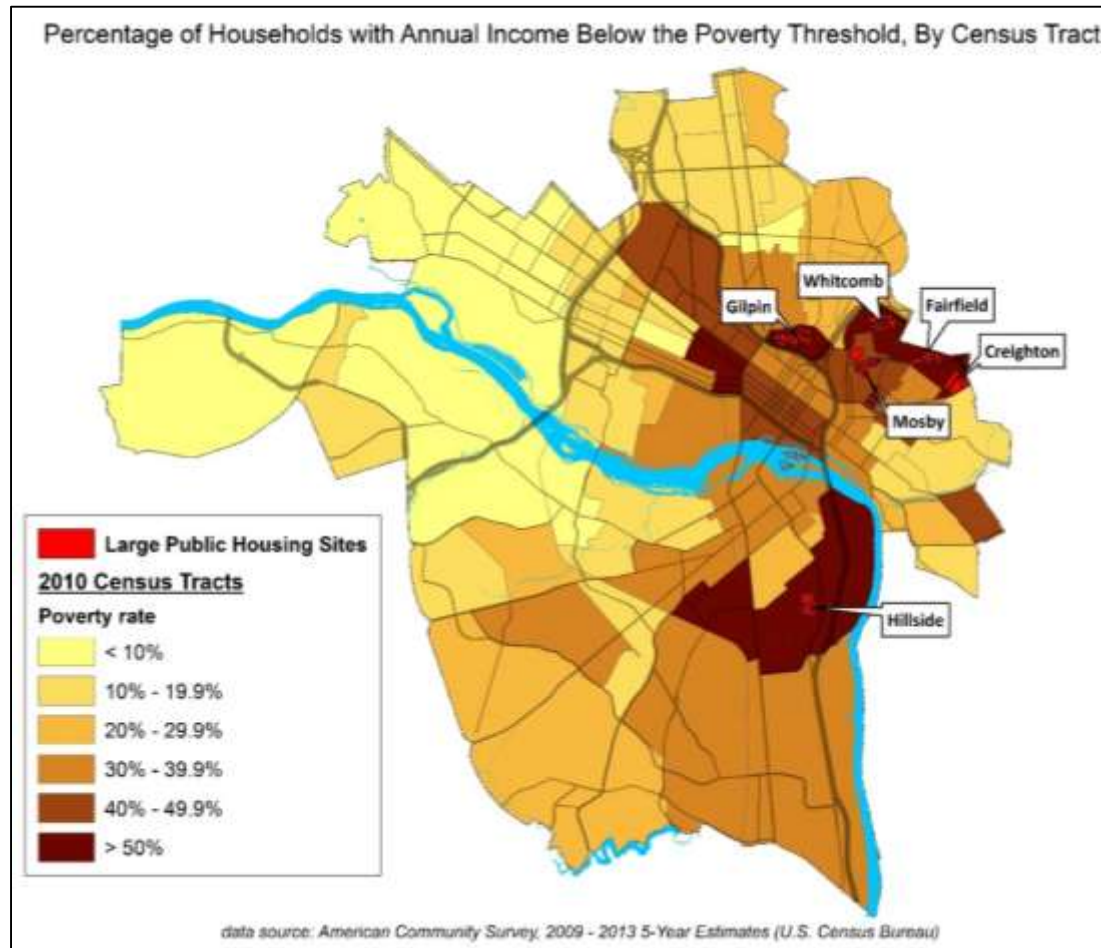
Source: <http://dsl.richmond.edu/holc/pages/home>



Life Expectancy at Birth, 2002-11



Concentrated Poverty in Richmond



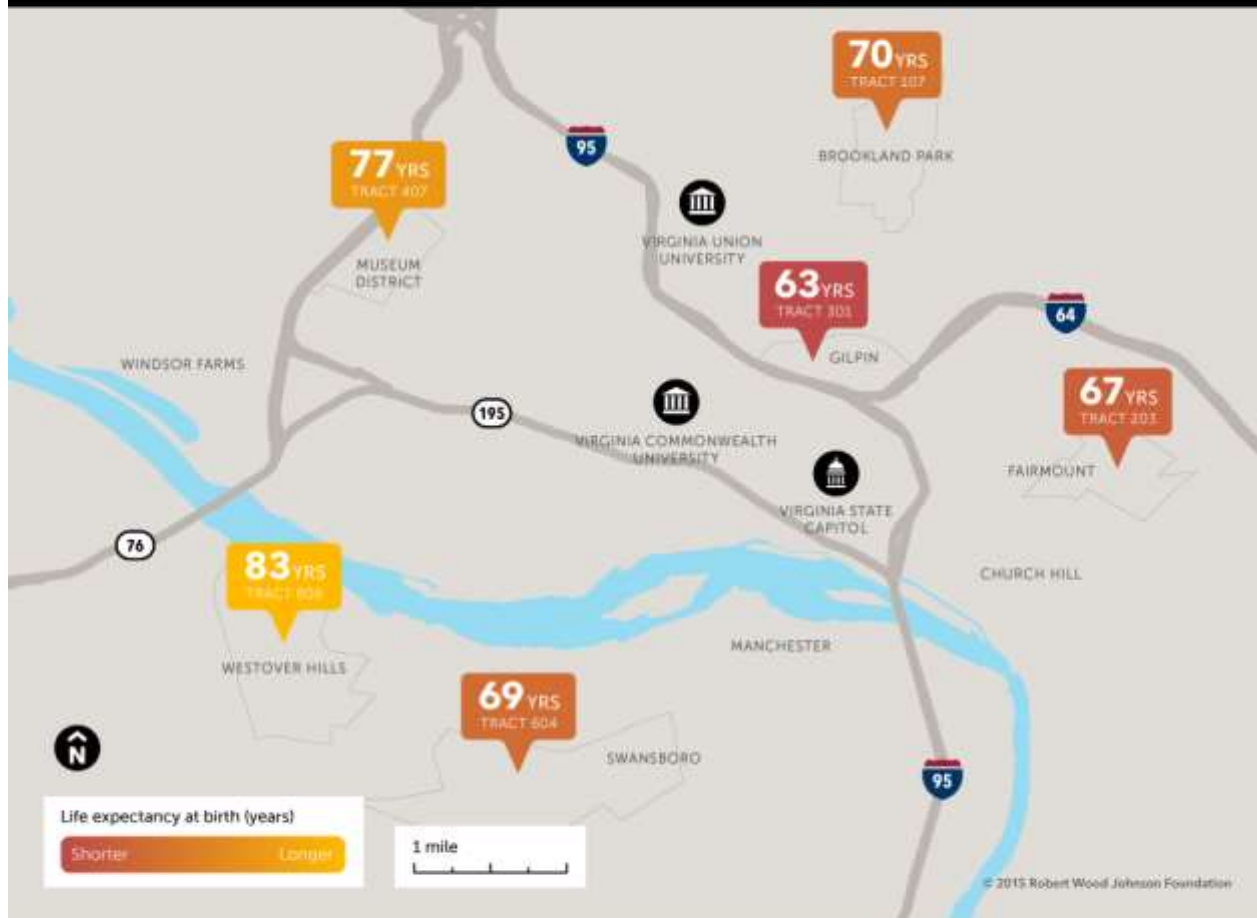
Source: Housing Opportunities Made Equal of Virginia: *Where You Live Makes All The Difference: An Opportunity Map of the Richmond Region*

RICHMOND, VIRGINIA

Short Distances to Large Gaps in Health

Follow the discussion

#CloseHealthGaps



Gilpin Court vs Westover Hills, 2009-13

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

Source: 5-year estimates from the 2009-2013 American Community Survey

Trammel, Virginia



Remote Area Medical Volunteers Treat Patients

10 IMÁGENES

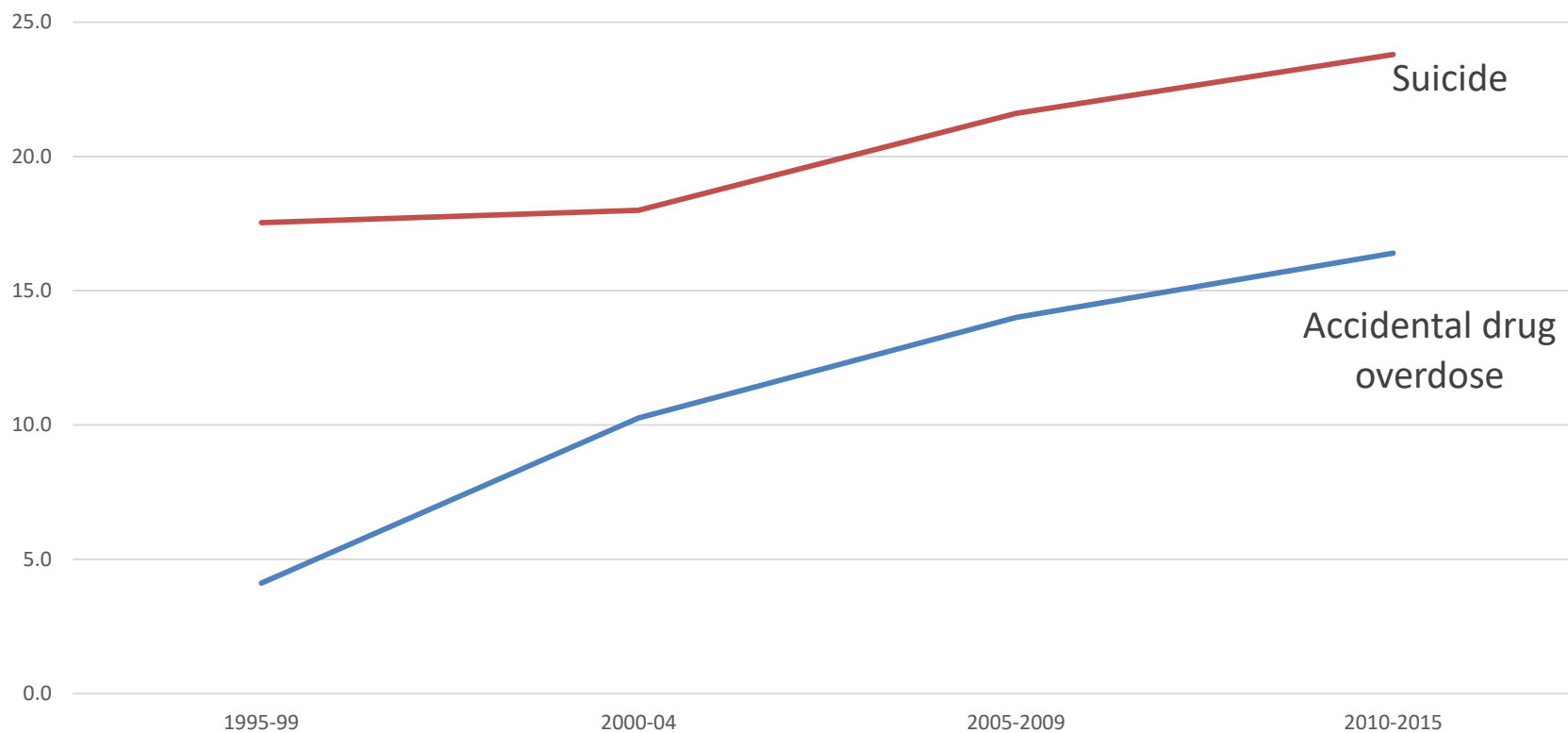


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imágenes

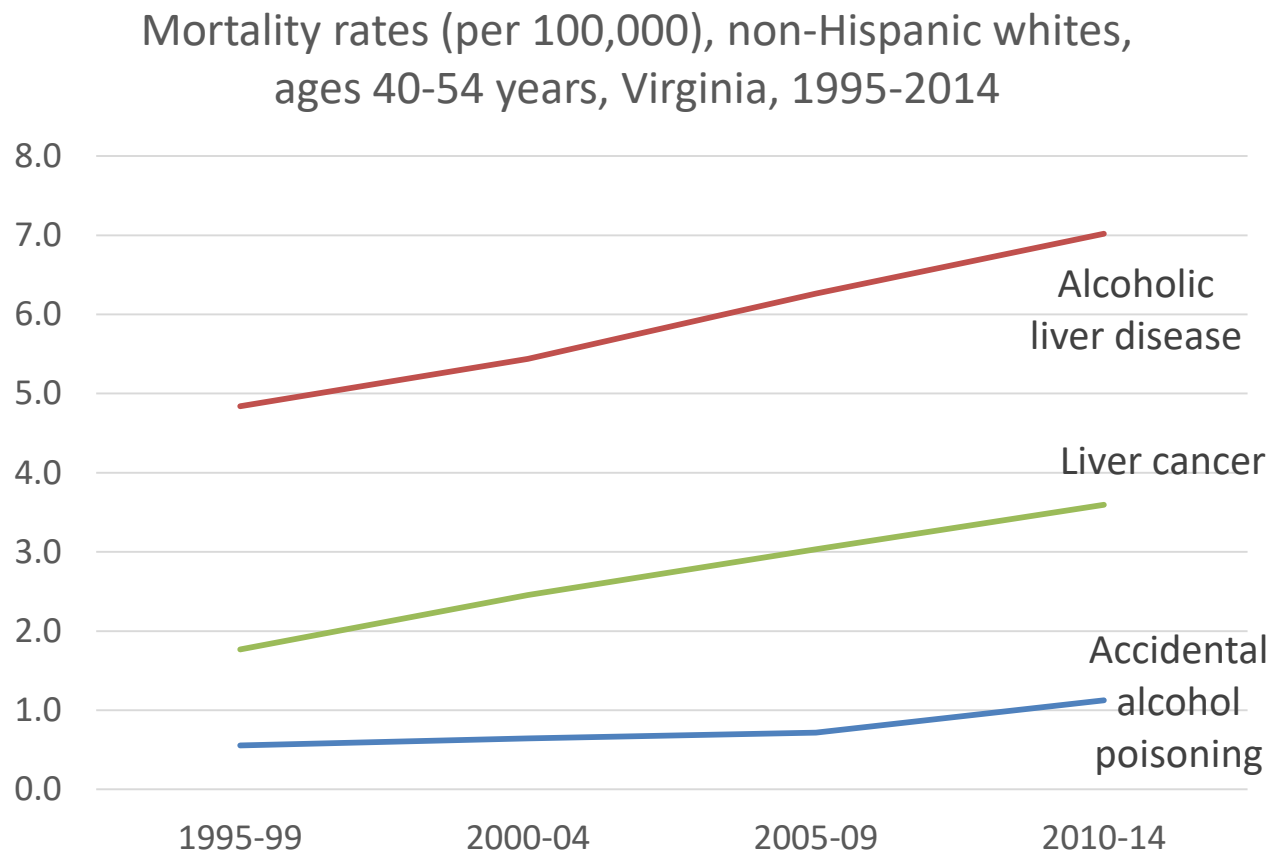


Rising mortality rates among middle-aged non-Hispanic whites in Virginia

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

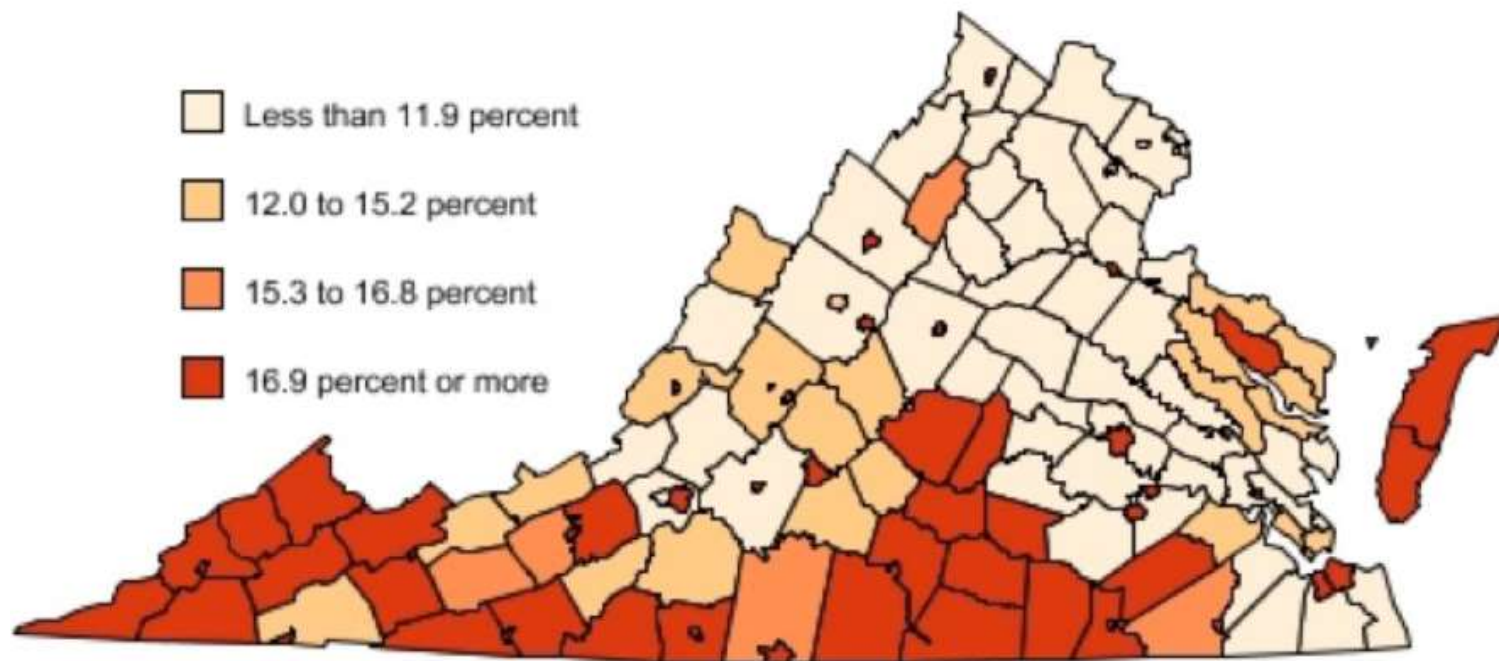


Rising alcohol-related deaths among middle-aged non-Hispanic whites, Virginia

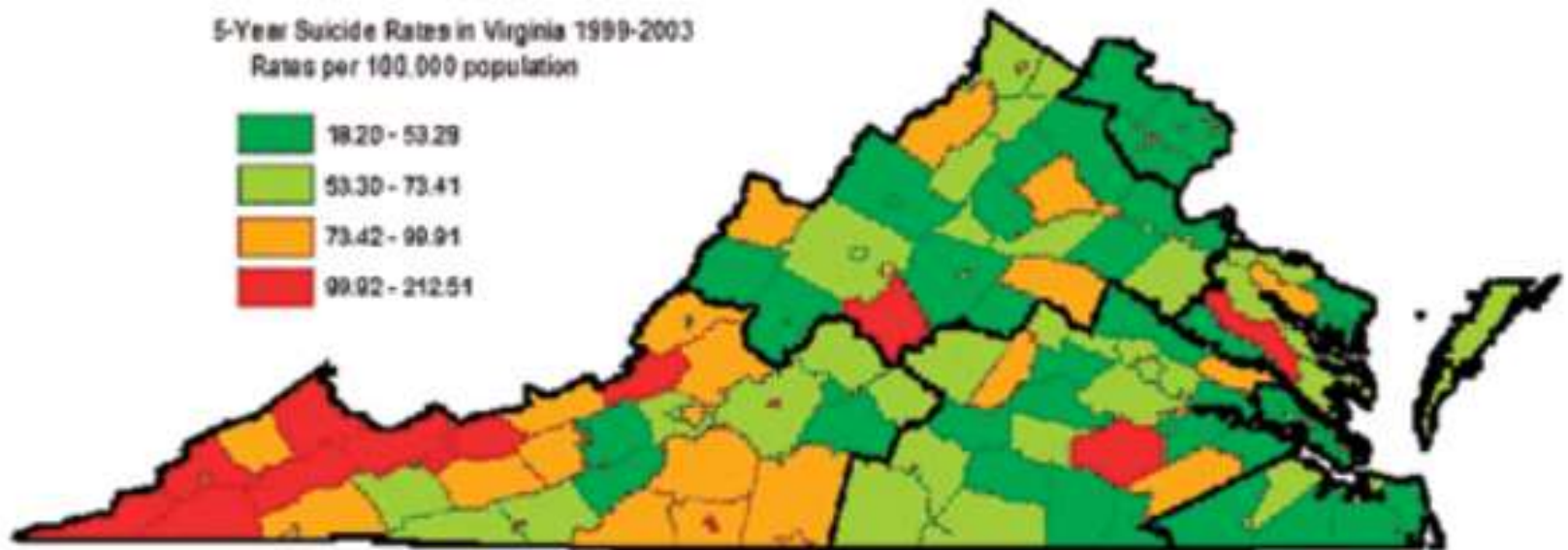


Economic distress in Virginia

Percent of Total Population in Poverty in Virginia Counties, 2010

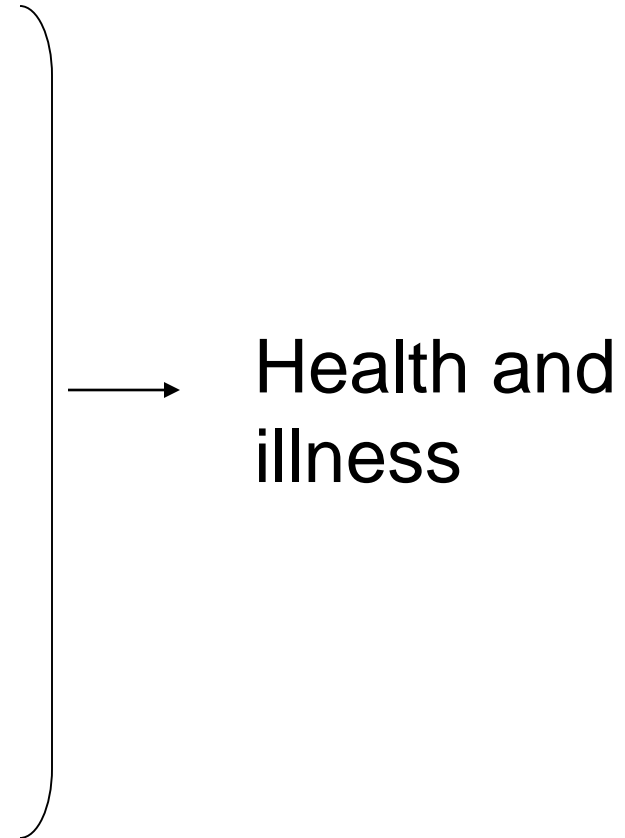


Suicides in Virginia

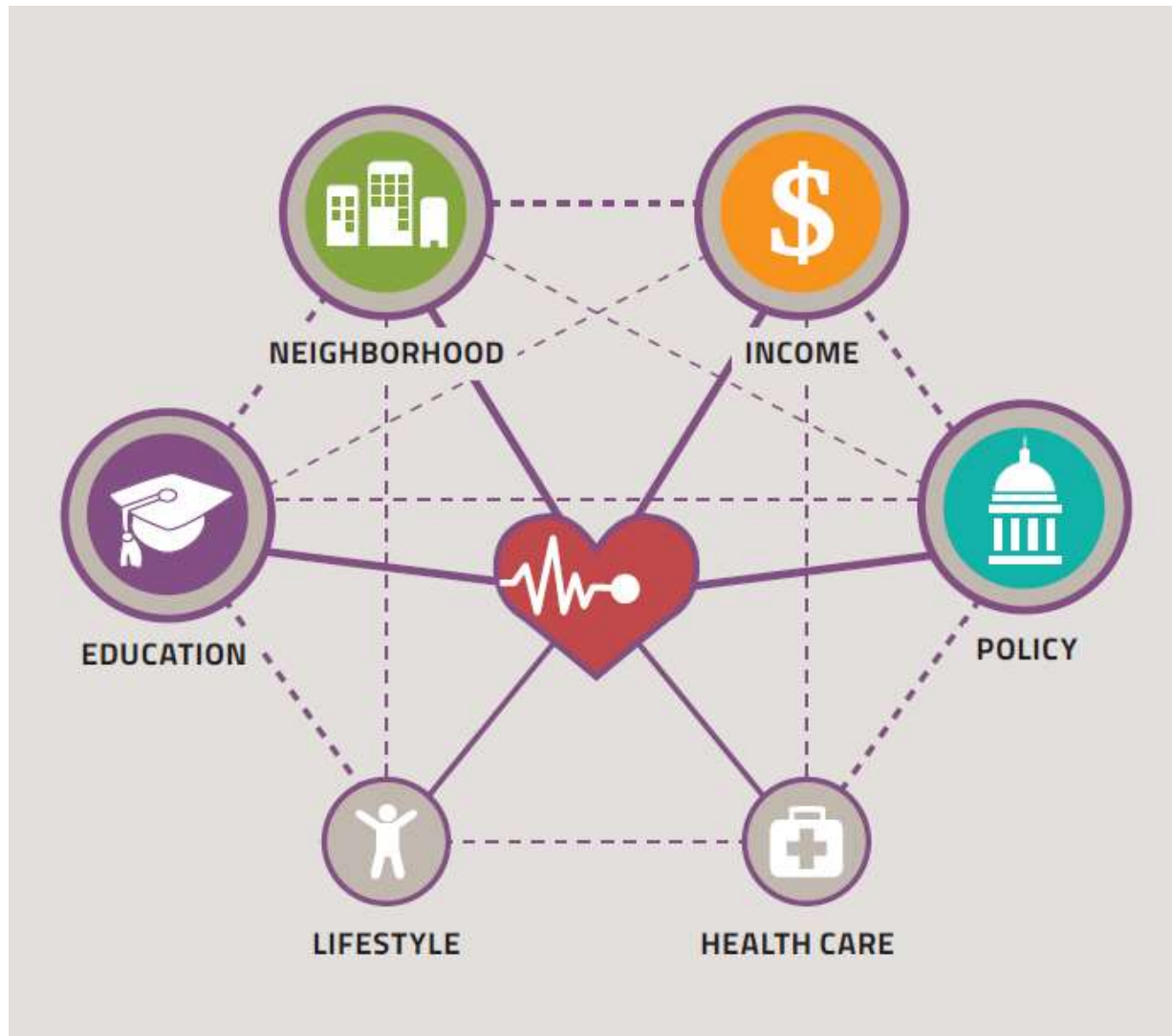


“Health in All” Policies

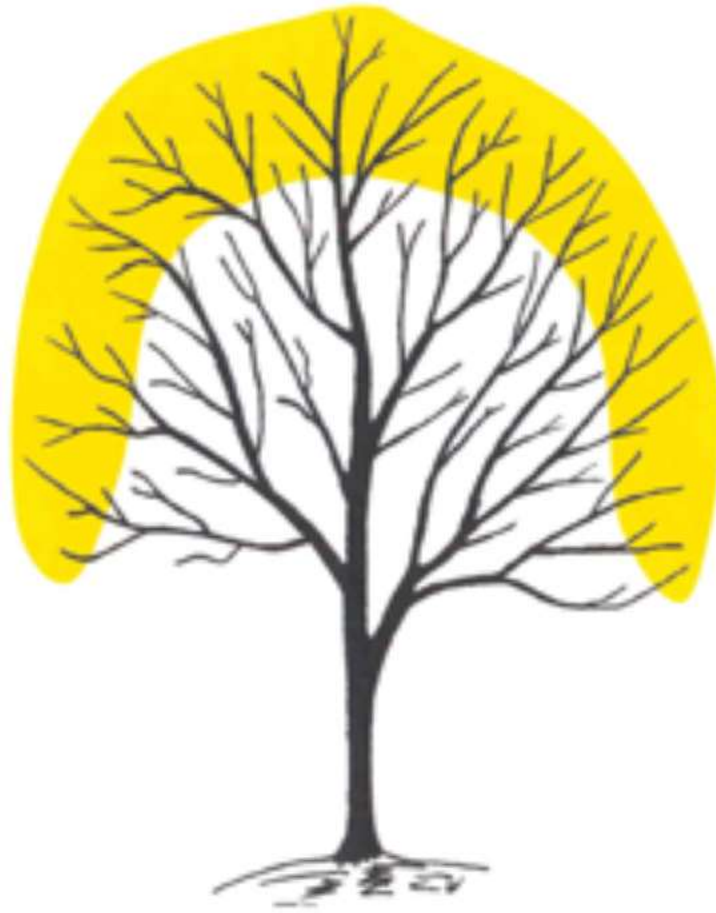
- Transportation
- Land use
- Built environment
- Taxes
- Housing
- Agriculture
- Environmental justice
- Etc.



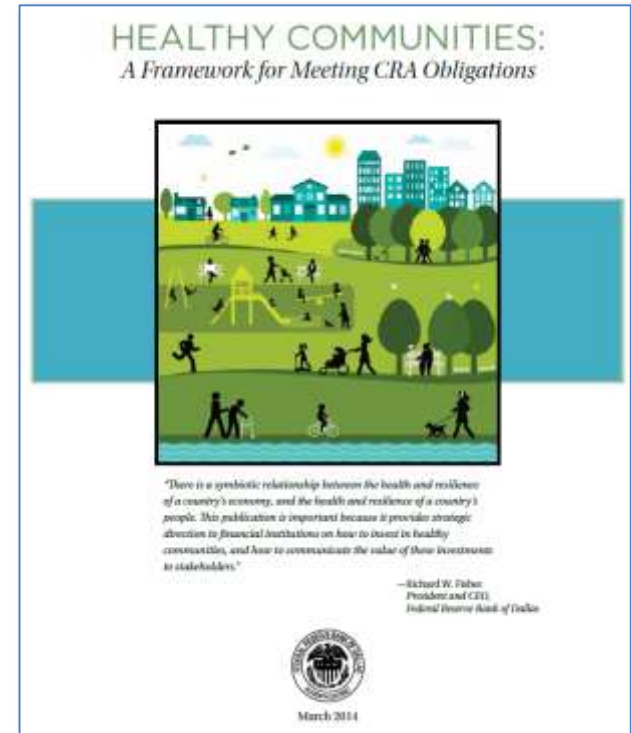
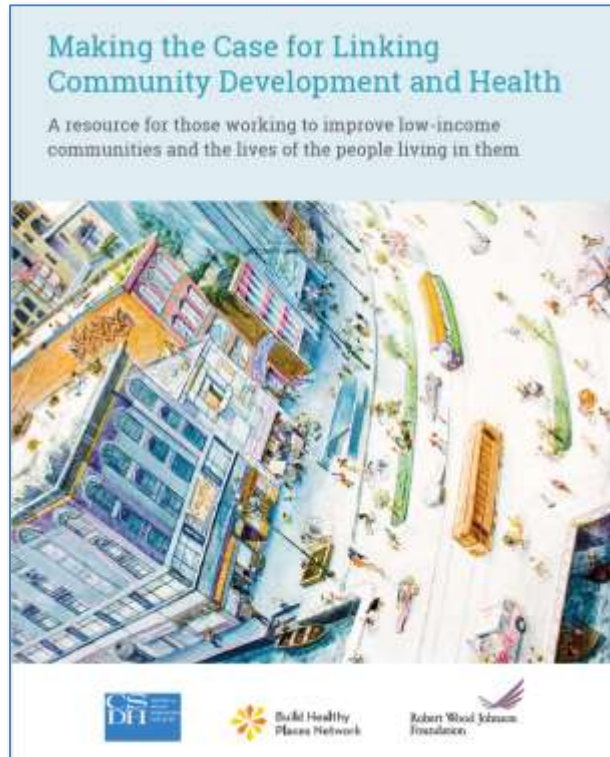
Connecting the Dots



The determinants of wellbeing



Community investment and population health



The Return on Investment



Collective Impact

The Five Conditions of Collective Impact

Common Agenda	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.
Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
Backbone Support	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.

Kania and Kramer, *Stanford Social Innovation Review*, Jan 21, 2013



Build Healthy
Places Network

[About the Network](#)

[Resources](#)

[MeasureUp](#)

[Stories](#)

[What's New](#)



Working at the Intersection of

Community Development

and Health

[Watch Our Video](#)



[Learn About the Network](#)



Center on Society and Health

Live Well San Diego website brought to you in Beta. Do you have ideas about how to make the site better? We would love your feedback. [Click here](#)



COLLABORATING WITH PARTNERS TO CREATE

HEALTHY CHANGE IN OUR COMMUNITIES

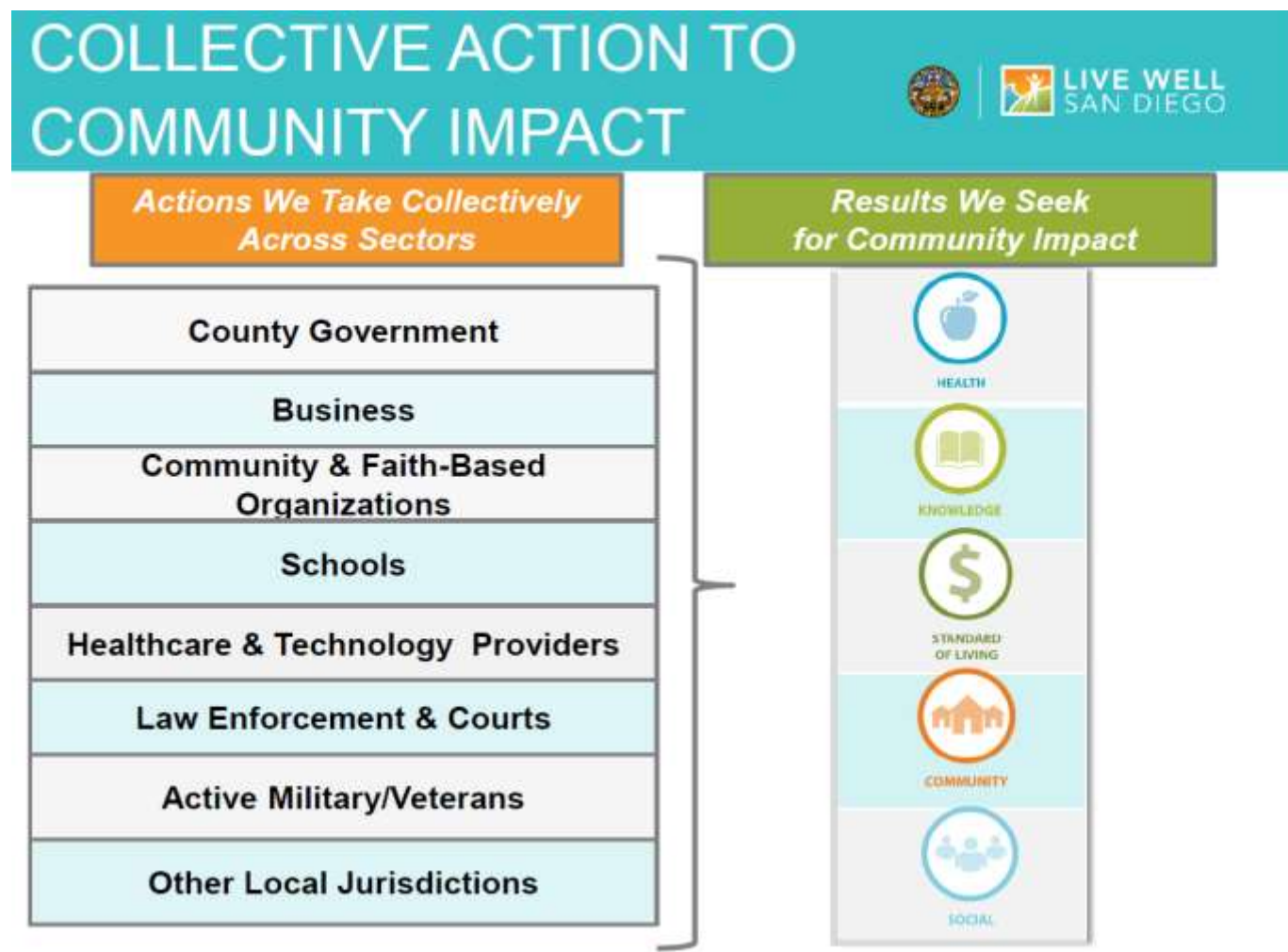
[Get to Know our Partners](#)

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 Partners and
County Employees Host Expo
Celebrating a Successful Year of

“Live Well San Diego”





How Progress Will Be Measured



LIVE WELL
SAN DIEGO






Live Well San Diego Expanded Indicators Dashboard



LIVE WELL
SAN DIEGO

Indicator	Description	<div>We want to increase this</div> <div>We want to decrease this</div>	<div>↑</div> <div>↓</div>	San Diego County	California	United States
HEALTH - Enjoying good health and expecting to live a full life						
Life Expectancy & Quality of Life						
Life Expectancy	Measure of length and duration of life expected at birth		↑	81.5 yrs (2010)	80.8 yrs (2010)	78.7 yrs (2010)
Quality of Life	Percent of population that is sufficiently healthy to be able to live independently (not including those who reside in nursing homes or other institutions)		↑	95.3% (2011)	94.7% (2011)	94.2% (2011)
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					
KNOWLEDGE - Learning throughout the lifespan						
Education						
High School Diploma or Equivalent	Percent of population with a High School Diploma or equivalent		↑	84.3% (2011)	81.1% (2011)	85.9% (2011)
Less Than A High School Diploma or Equivalent	Percent of population with less than a High School Diploma or equivalent		↓	15.7% (2011)	18.9% (2011)	14.1% (2011)
Bachelor's Degree	Percent of population with a Bachelor's Degree		↑	33.0% (2011)	30.3% (2011)	28.5% (2011)
Graduate or Professional Degree	Percent of population with a Graduate or Professional Degree		↑	12.4% (2011)	11.1% (2011)	10.6% (2011)
School Enrollment	Percent of combined gross enrollment of school aged population		↑	89.7% (2011)	89.8% (2011)	89.0% (2011)
STANDARD OF LIVING - Having enough resources for a quality life						
Unemployment Rate						
Unemployment Rate	Percent of the total labor force that is unemployed (actively seeking employment and willing to work)		↓	9.1% (2011)	10.1% (2011)	8.7% (2011)
Income						
Spending Less Than 1/3 of Income on Housing	Percent of population spending less than 1/3 of income on housing		↑	48.9% (2011)	50.2% (2011)	60.2% (2011)

Contact Information

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