Introduction to Health Equity in Richmond
ORIGINS OF HEALTH DISPARITIES IN RICHMOND AND AROUND THE COUNTRY
How Federal Policies Shaped Richmond

National Housing Act of 1934

- Federal Housing Administration
  - Insured Loans made by banks
    - Encourage Homeownership
    - Economic Growth
- Home Owners Loan Corporation
Richmond and HOLC

Home Owners Loan Corporation

Grade
- D
- C
- B
- A
Home Owners Loan Corporation

A = areas were “hot spots…where good mortgage lenders…are willing to make their maximum loans.”

B = areas were not as desirable but “still good.”

C = areas had reached “the transition period” where they were in decline due to factors such as age, obsolescence, and change of style and infiltration of a lower grade population. Any threat of infiltration of foreign-born, negro or lower grade population? If so, indicate these by nationality and rate of infiltration like this: “Negro-rapid”

D = areas had fully declined and were "characterized by detrimental influence in a pronounced degree."
Richmond and HOLC
Wagner-Steagall Act, 1937

- Established a permanent public housing program in the United States

- Built largely at the most undesirable locations

- Income requirements ensured that only low-income residents move in, guaranteeing the concentration of poverty

HOLC, 1937 compared to Concentrated Poverty, 2012 in Richmond, VA

Source: Chapman, Derek A. Short Distances to Large Gaps in Health. VCU Center on Society and Health. August 19, 2015.
POLICY, INTERGENERATIONAL POVERTY, AND HEALTH OUTCOMES TODAY
Percent of Population below poverty line, 2009-2013

Source: U.S. Census Bureau 2009-2013 American Community Survey
Education, Percent with No High School Diploma, 2009-2013

Source: U.S. Census Bureau 2009-2013 American Community Survey
Percent of Households With No Vehicle, 2009-2013

Source: U.S. Census Bureau 2009-2013 American Community Survey
Low Birth Weight
Life Expectancy in Richmond

5 miles = 20 years
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
* Health opportunity Index (HOI) – The HOI is a composite measure comprising 13 indices that reflect a broad array of social determinants of health
Opportunity Along I-64

- Short Pump
- Deep Run
- Staples Mill Area
- Bryan Park
- Jackson Ward
- Gilpin Court
- Creighton Court
- Whitcomb Court
- Sandston
ADDRESSING HEALTH INEQUITIES IN RICHMOND
10 GREAT U.S. PUBLIC HEALTH ACHIEVEMENTS of the 20th Century

- Vaccination
- Motor-vehicle safety
- Safer workplaces
- Control of infectious diseases
- Decline in deaths from coronary heart disease and stroke
- Safer and healthier foods
- Healthier mothers and babies
- Family planning
- Fluoridation of drinking water
- Recognition of tobacco use as a health hazard

Getting every newborn vaccinated on schedule helps prevent about 48,000 deaths and 20 million cases of disease, saves nearly $14 billion in direct costs, and saves society $69 billion.
Mortality and Top 10 Causes of Death, USA, 1900 vs. 2010
(Rates per 100,000)

1900

All Causes: 1,719.1

Other, 620.1

Cancer, 64.0
Heart disease, 137.4
Senility, 50.2
Accidents, 72.3
Nephropathies, 88.6
Cerebrovascular disease, 106.9
Diphtheria, 40.3
Gastrointestinal infections, 142.7
Tuberculosis, 194.4
Pneumonia or Influenza, 202.2

2010

All Causes: 798.7

Other, 201.3

Cancer, 185.9
Heart disease, 192.9
Cerebrovascular disease, 41.8

Mortality from all causes **declined 54%** between 1900 and 2010.

*Data Source: Centers for Disease Control*

*UNC Carolina Population Center*
Social Determinants of Health

Population Health

Physical Environment
- Environmental quality
- Built environment

Socio-Economic Factors
- Education
- Employment
- Income
- Family/social support
- Community safety

Health Care
- Access to care
- Quality of care

Health Behaviors
- Tobacco use
- Diet & exercise
- Alcohol use
- Unsafe sex

Source: Authors’ analysis and adaption from the University of Wisconsin Population Health Institute’s County Health Rankings model ©2010, http://www.countyhealthrankings.org/about-project/background
Robert Wood Johnson Foundation (RWJF) County Health Rankings

http://www.countyhealthrankings.org/
Richmond City’s Health Ranking from 2014-2015
out of 133 counties in Viriginia

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Richmond City</th>
<th>Trend</th>
<th>Error Margin</th>
<th>Top U.S. Performers</th>
<th>Virginia Rank (of 133)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Life</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Premature death</td>
<td>10,902</td>
<td>~</td>
<td>10,394-11,410</td>
<td>5,317</td>
<td>6,362</td>
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<tr>
<td>Quality of Life</td>
<td></td>
<td></td>
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<tr>
<td>Poor or fair health</td>
<td>16%</td>
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<td>13-20%</td>
<td>10%</td>
<td>14%</td>
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<tr>
<td>Poor physical health days</td>
<td>3.6</td>
<td></td>
<td>2.9-4.3</td>
<td>2.5</td>
<td>3.2</td>
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<tr>
<td>Poor mental health days</td>
<td>3.3</td>
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<td>2.5-4.1</td>
<td>2.4</td>
<td>3.1</td>
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<tr>
<td>Low birthweight</td>
<td>11.9%</td>
<td></td>
<td>11.4-12.3%</td>
<td>6.0%</td>
<td>8.3%</td>
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Social & Economic Factors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Richmond City</th>
<th>Trend</th>
<th>Error Margin</th>
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<th>Virginia Rank (of 133)</th>
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</thead>
<tbody>
<tr>
<td>High school graduation</td>
<td>59%</td>
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<td></td>
<td></td>
<td>82%</td>
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<tr>
<td>Some college</td>
<td>64%</td>
<td></td>
<td>62-67%</td>
<td>70%</td>
<td>68%</td>
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<tr>
<td>Unemployment</td>
<td>8.5%</td>
<td></td>
<td>4.4%</td>
<td>5.9%</td>
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<tr>
<td>Children in poverty</td>
<td>37%</td>
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<td>31-42%</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>Inadequate social support</td>
<td>24%</td>
<td></td>
<td>20-29%</td>
<td>14%</td>
<td>18%</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>65%</td>
<td></td>
<td>62-68%</td>
<td>20%</td>
<td>30%</td>
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<tr>
<td>Violent crime</td>
<td>763</td>
<td></td>
<td>64</td>
<td>212</td>
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<tr>
<td>Injury deaths</td>
<td>81</td>
<td></td>
<td>76-87</td>
<td>49</td>
<td>53</td>
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</tbody>
</table>

The Health Impact Pyramid

- Counseling and Education
- Clinical Interventions
- Long-Lasting Protective Interventions
- Changing the Context to Make Individuals’ Default Decisions Healthy
- Socioeconomic Factors

Increasing Population Impact → Increasing Individual Effort Needed
Increasing job opportunities, providing education and training for better jobs, investing in our schools, improving housing, integrating neighborhoods, giving people more control over their work-these are as much health strategies as diet, smoking, and exercise.”

-David Williams, PhD.,
Norman Professor of Public Health,
Department of Society, Human Development and Health
Harvard University School of Public Health