

UNEVEN OPPORTUNITIES

A Study of How Conditions for Wellness Vary Across the
Metropolitan Washington Region

**Briefing for Access for All (AFA) Advisory Committee
Transportation Planning Board
Metropolitan Washington Council of Governments
Washington, D.C.
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- Jong Hyung Lee, MS

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- Kaiser Permanente
- Northern Virginia Health Foundation
- Potomac Health Foundation.

Metropolitan Washington region among the healthiest (and wealthiest) in the nation

Fig. 1: Female life expectancy, 2014

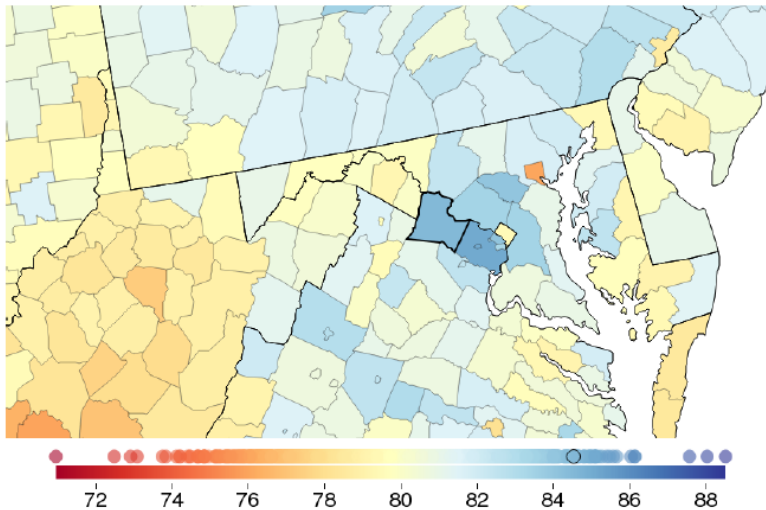
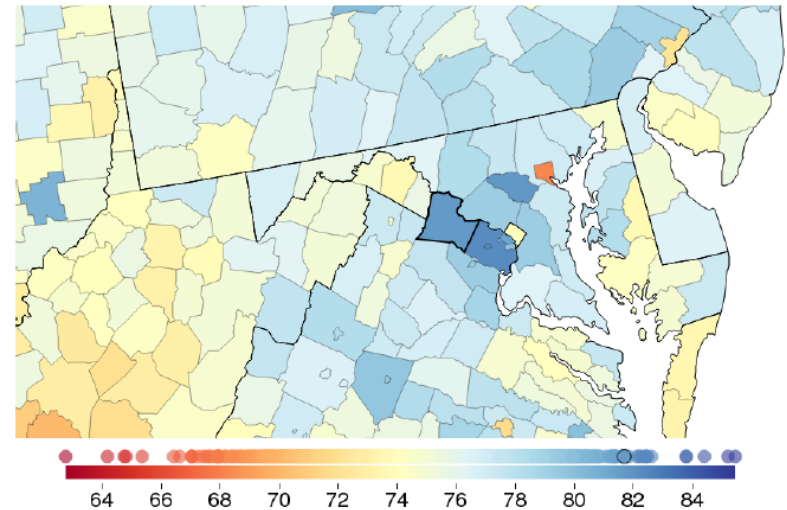
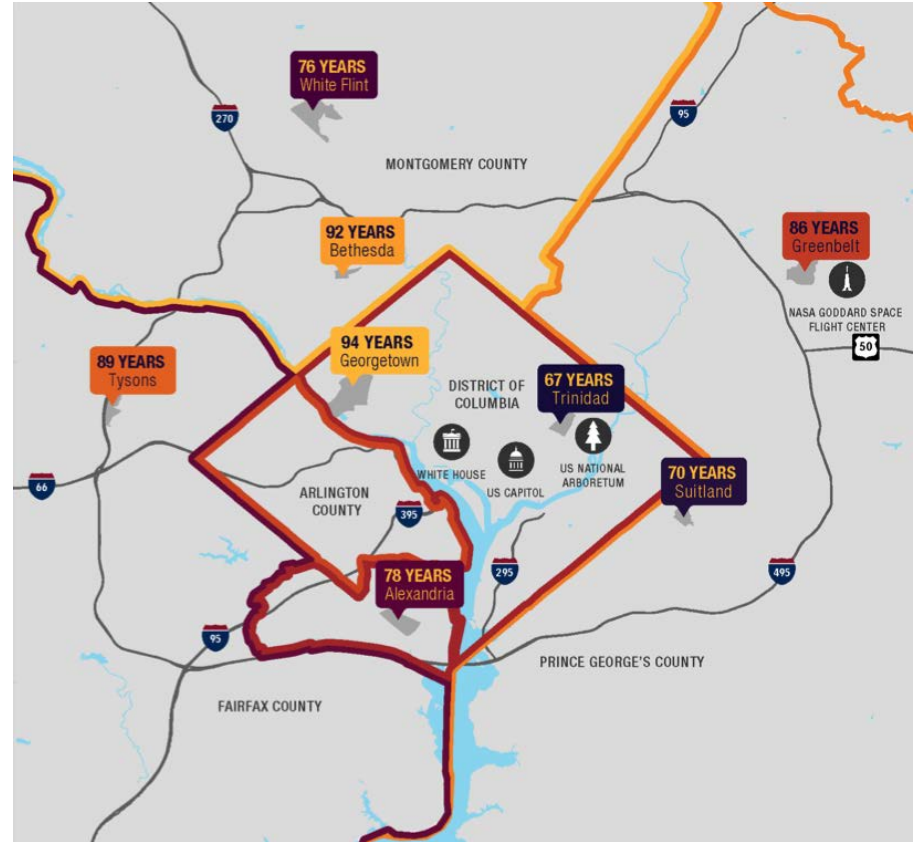
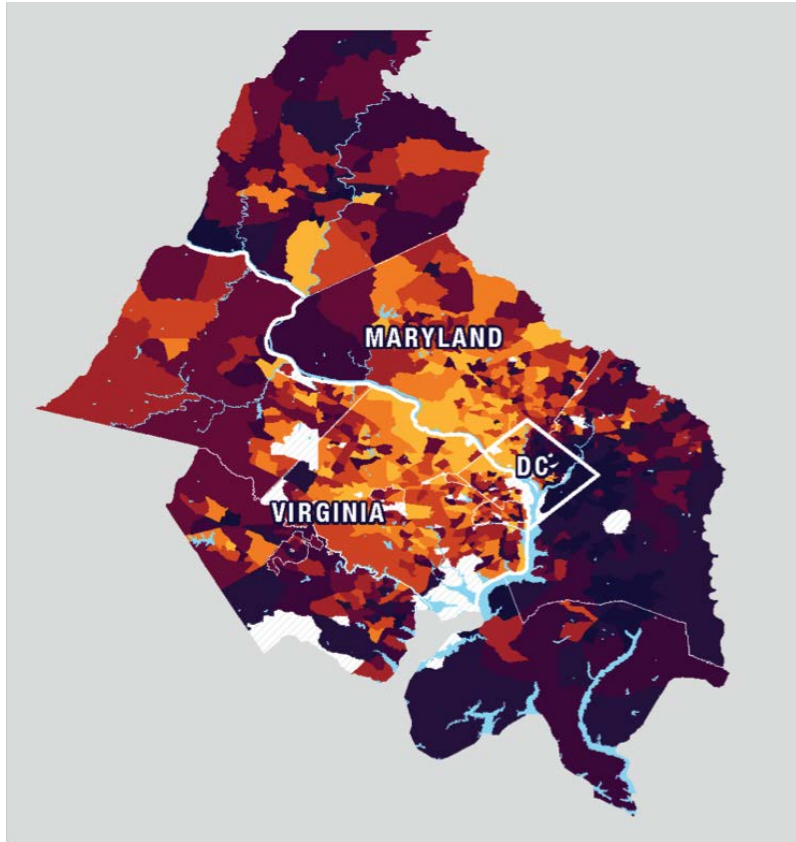


Fig. 2: Male life expectancy, 2014



Source: Institute for Health Metrics and Evaluation, 2016.

Life expectancy varies by 27 years across the region



Maryland

Washington, D.C.

66.7 94.3

*27.6

Charles County

74.5 82.9

*8.4

Frederick County

74.5 87.5

*13.0

Montgomery County

75.5 92.2

*16.7

Prince George's County

70.3 86.1

*15.8

Virginia

Arlington County

78.4 88.0

*9.6

Alexandria City

77.9 87.0

*9.1

Fairfax County

77.9 89.5

*11.6

Loudoun County

78.5 89.4

*10.9

Prince William County

70.8 87.5

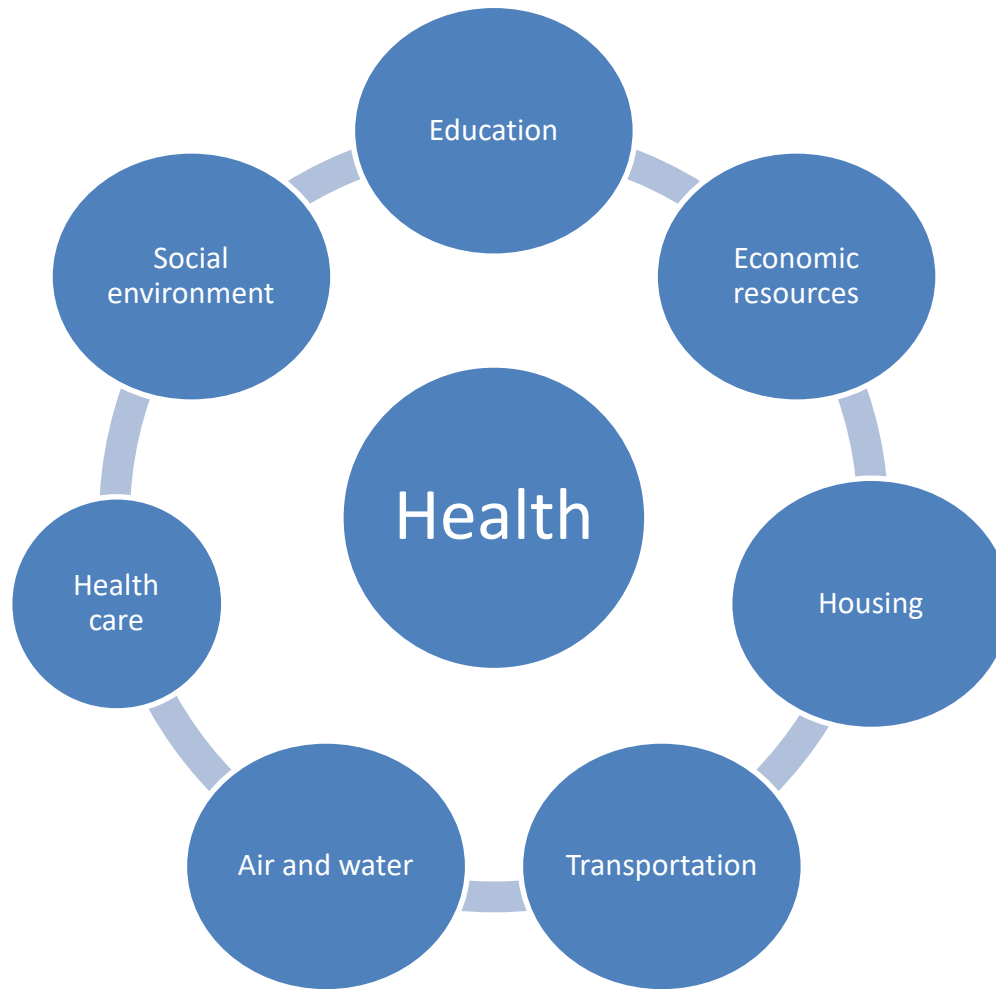
*16.7

60 70 80 90 100

LIFE EXPECTANCY AT BIRTH (YEARS)

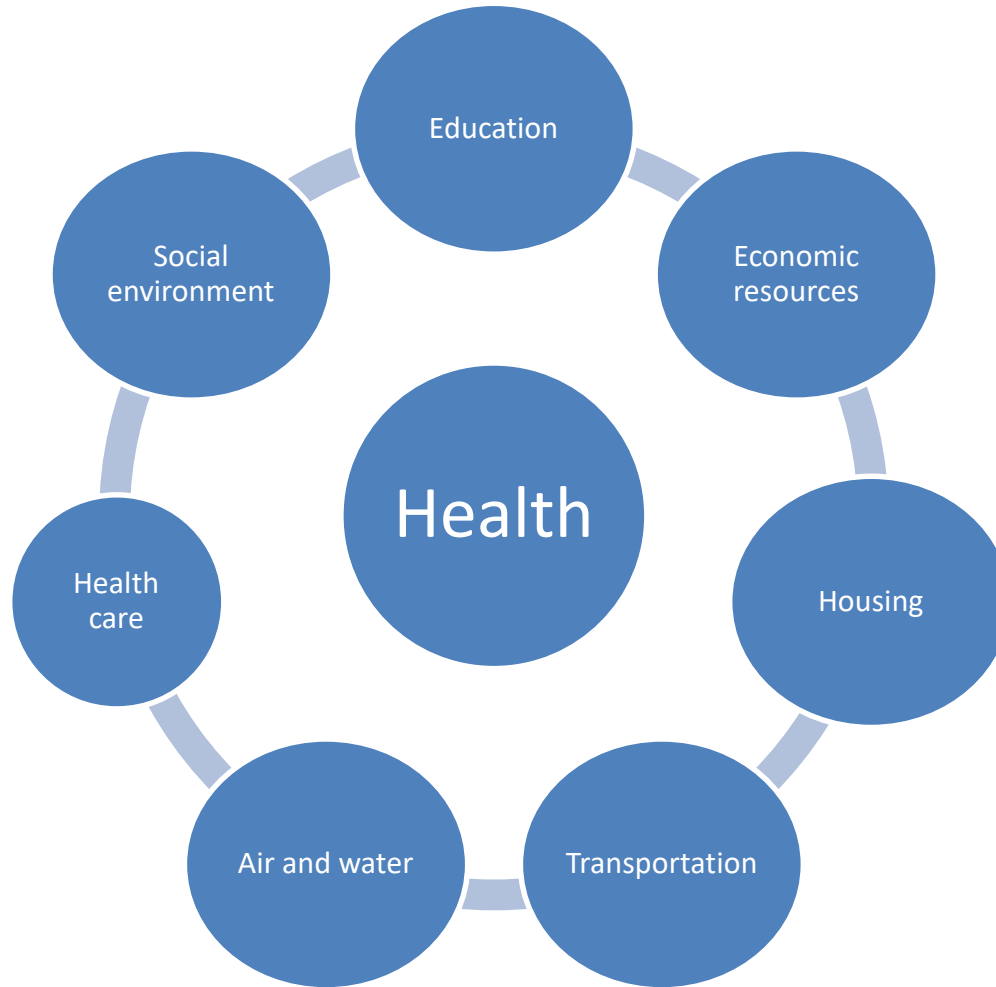
*Range

What shapes health?

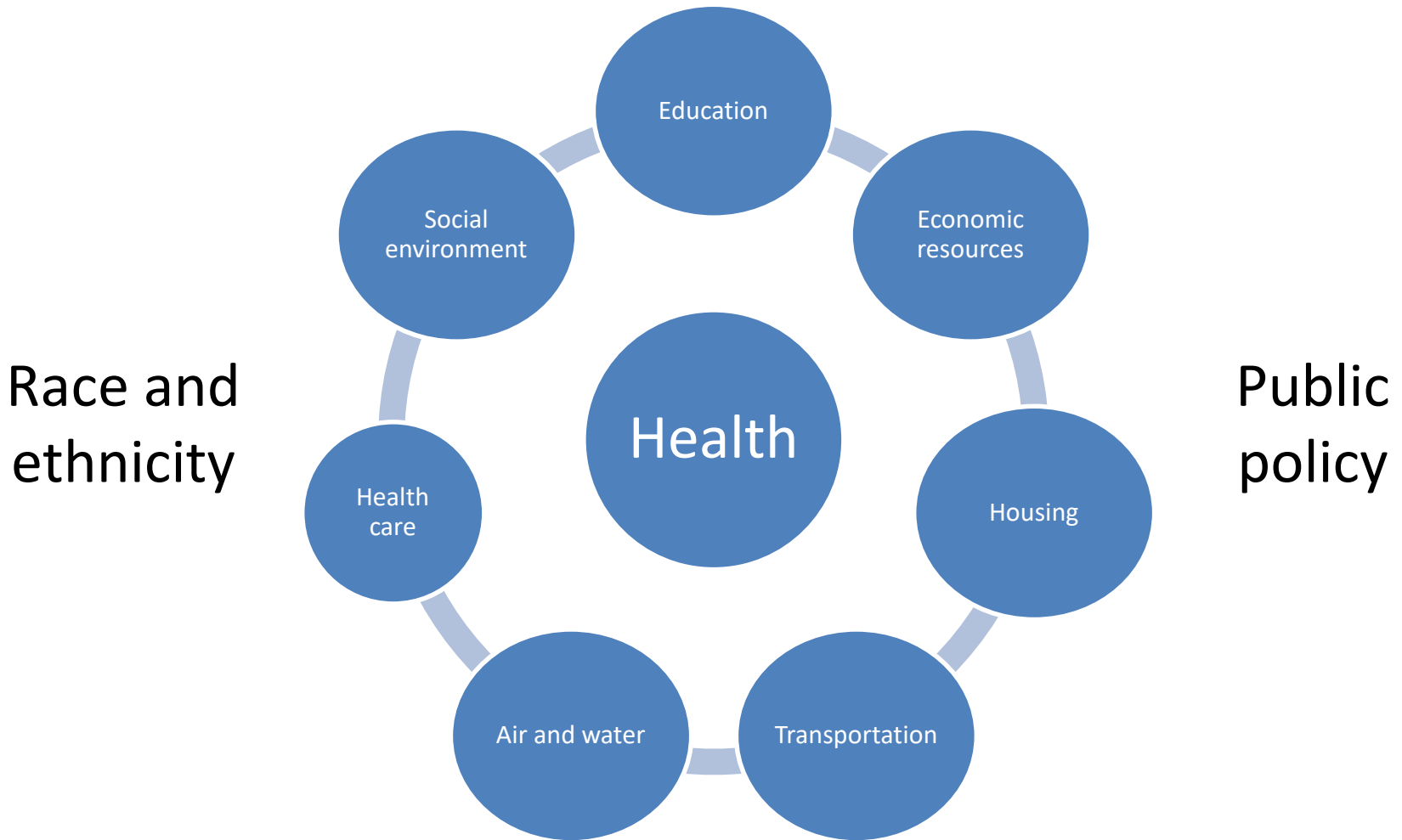


What shapes health?

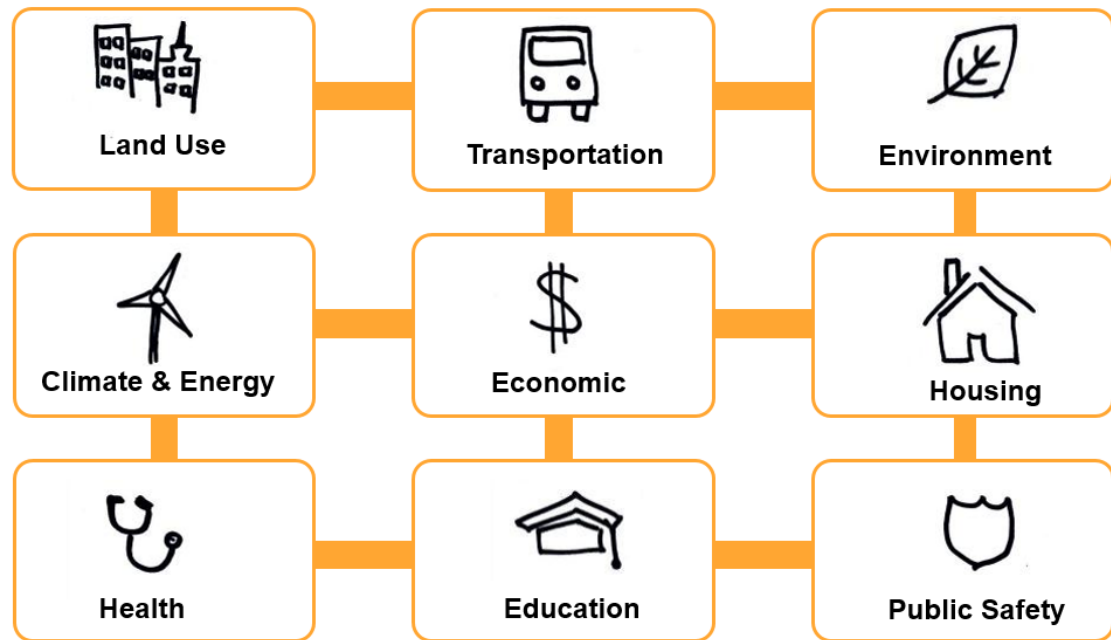
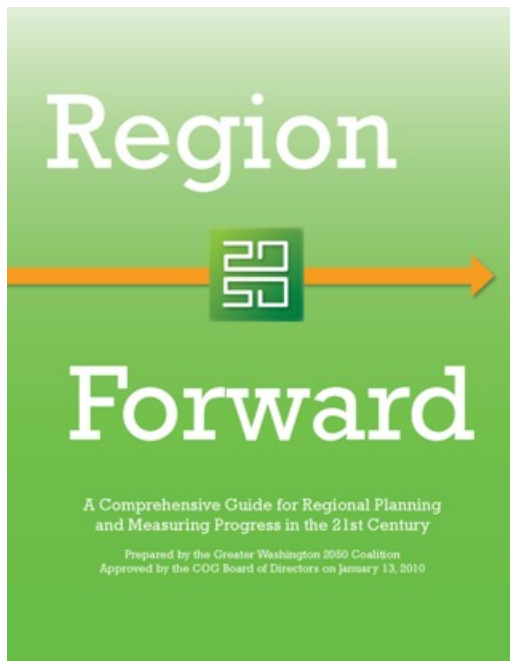
Race and
ethnicity



What shapes health?



Regional plan for metropolitan Washington region



Geographic area examined

District of Columbia

- All wards (8)

Maryland

- Charles County
- Frederick County (plus the City of Frederick)
- Montgomery County (plus Gaithersburg, Rockville, and Takoma Park)
- Prince George's County (plus Bladensburg, Bowie, College Park, and Greenbelt)

Virginia

- Arlington County
- City of Alexandria
- Fairfax County (plus Fairfax City and Falls Church City)
- Loudoun County
- Prince William County (plus Manassas and Manassas Park cities)



Census tract indicators

Education

- Preschool enrollment
- High school education
- Some college education
- Lack of English

Economic and household resources

- Income
- Poverty
- Income inequality
- Low food access
- Marital status
- Single-parent households
- Unemployment
- Public assistance

Health care

- Primary care/dental/mental health provider
- Insurance coverage (private/public)
- Uninsured adults/children

Housing

- Older age (pre-1950)
- Poor housing conditions
- Overcrowding
- Vacant housing
- Renter-occupied housing
- Median home value/rent
- Housing cost burden
- Housing stability/moves
- Housing opportunity index

Transportation

- Commuting modality
- Travel time to work
- No access to vehicle

Air and water quality

- Cancer risk
- Environmental hazards
- Respiratory risk

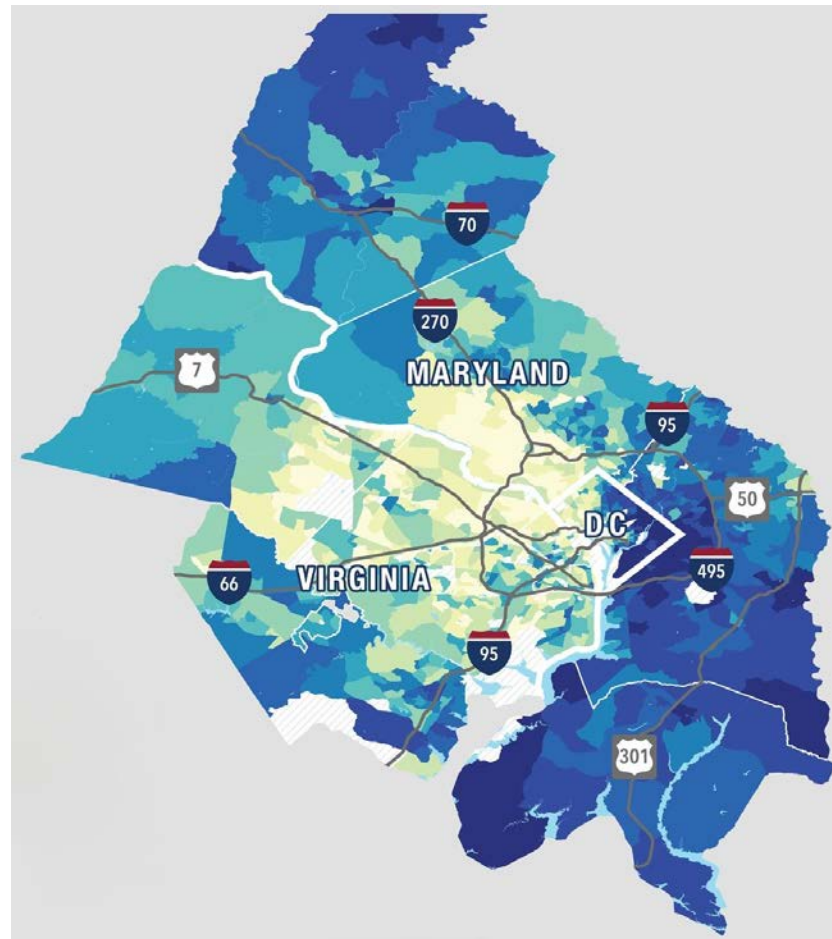
Healthy Places Index (HPI) Uses

- Prioritization of investments, resources, and programming in neighborhoods where health needs are greatest
- Program planning and service delivery
- Community profiles and needs assessments
- Understanding community needs (in conjunction with resident experience)
- Research
- Providing data for grant applications

Determinants of life expectancy in the metropolitan Washington region



Healthy Places Index (HPI) scores across the metropolitan region

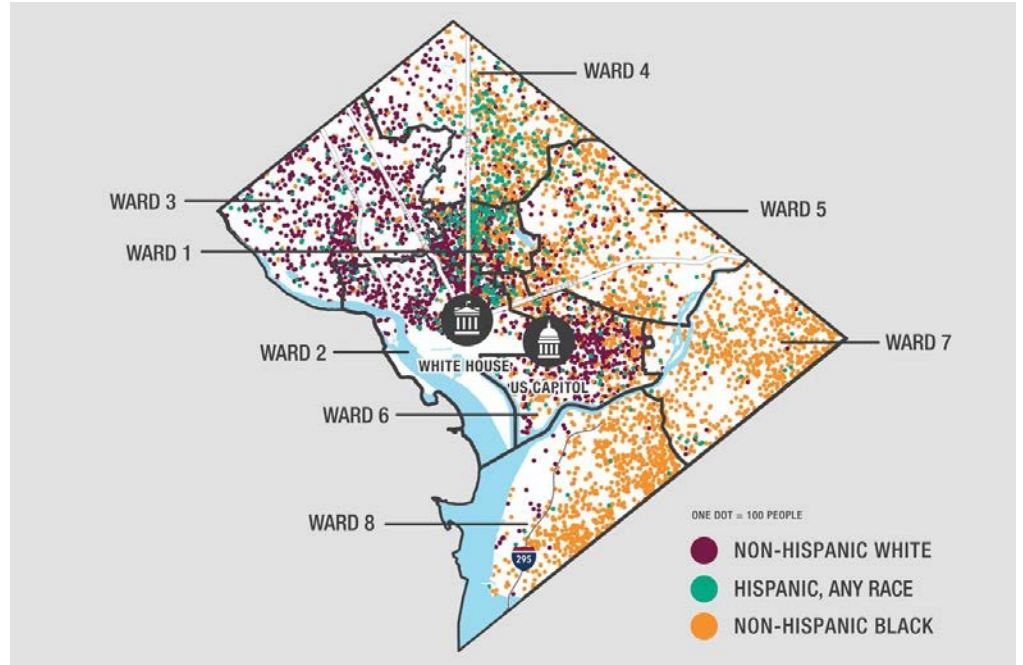


District of Columbia

Healthy Places Index (HPI) scores



Distribution of population by race and ethnicity



District of Columbia

Healthy Places Index (HPI) scores

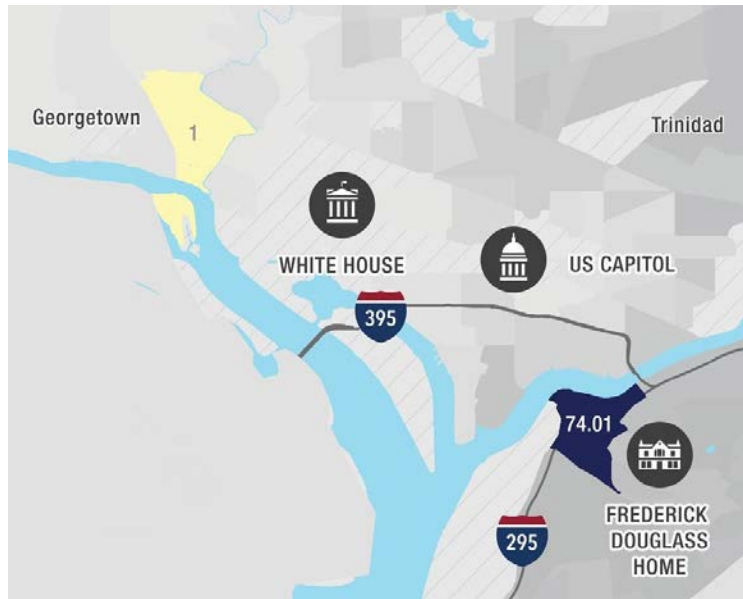
Distribution of population by race and ethnicity



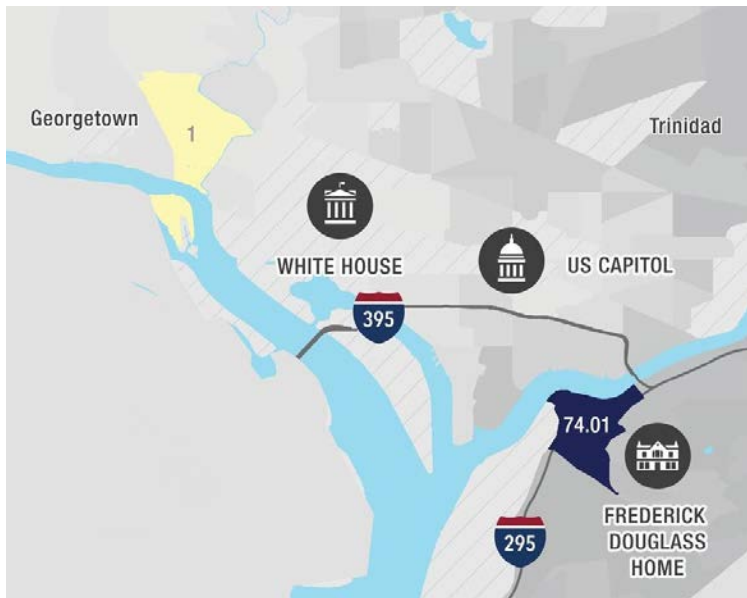
	High Opportunity	Low Opportunity
SOME COLLEGE EDUCATION	01 97%	01 20%
HIGH SCHOOL EDUCATION	02 100%	02 70%
MEDIAN HOUSEHOLD INCOME	03 \$191,607	03 \$22,949
UNEMPLOYMENT	04 1%	04 39%
ADULT POVERTY RATE	05 4%	05 51%
PUBLIC ASSISTANCE	06 0%	06 55%
MODERATE HOUSING COST BURDEN	07 19%	07 63%
UNINSURED ADULTS	08 1%	08 29%

History makes the difference





	TRACT 1 Georgetown	TRACT 74.01 Anacostia
Healthy Places Index	76	3
Life expectancy	86 years	67 years
High school graduation	100%	67%
Some college education	95%	21%
Median household income	\$170,338	\$14,813
Unemployment	5%	25%
Adult poverty	4%	51%
Child poverty	0%	74%
Public assistance	1%	76%
Children in single-parent households	6%	95%
Private health insurance	96%	16%
Median home value	\$945,600	\$287,500
Median monthly rent	\$1,974	\$460
Severe housing cost burden	8%	25%
Poor rental conditions	22%	45%
Commuting to work		
by motor vehicle	39%	30%
by public transit	25%	67%
by walking or cycling	33%	3%
Mean travel time to work	25 minutes	43 minutes



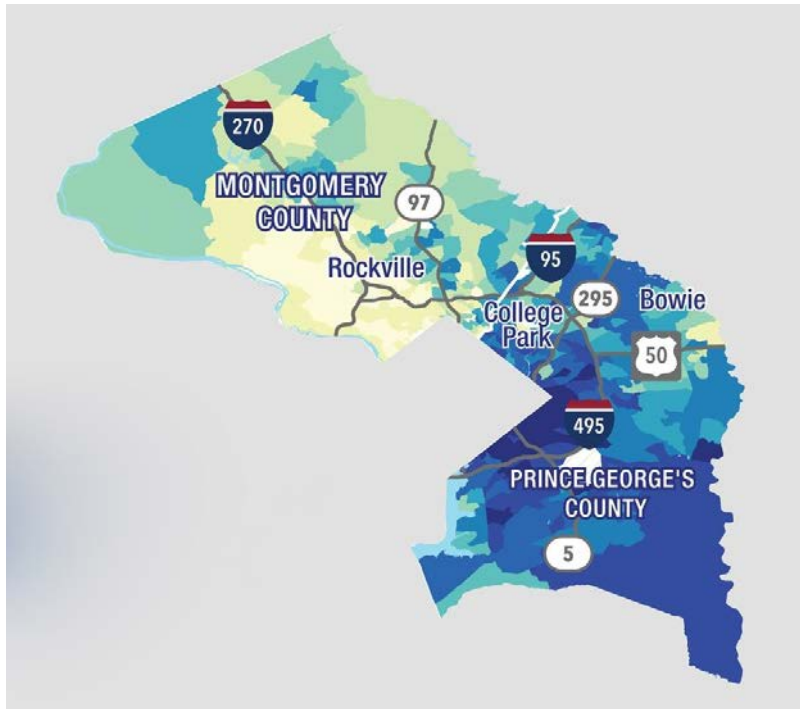
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Vehicle ownership

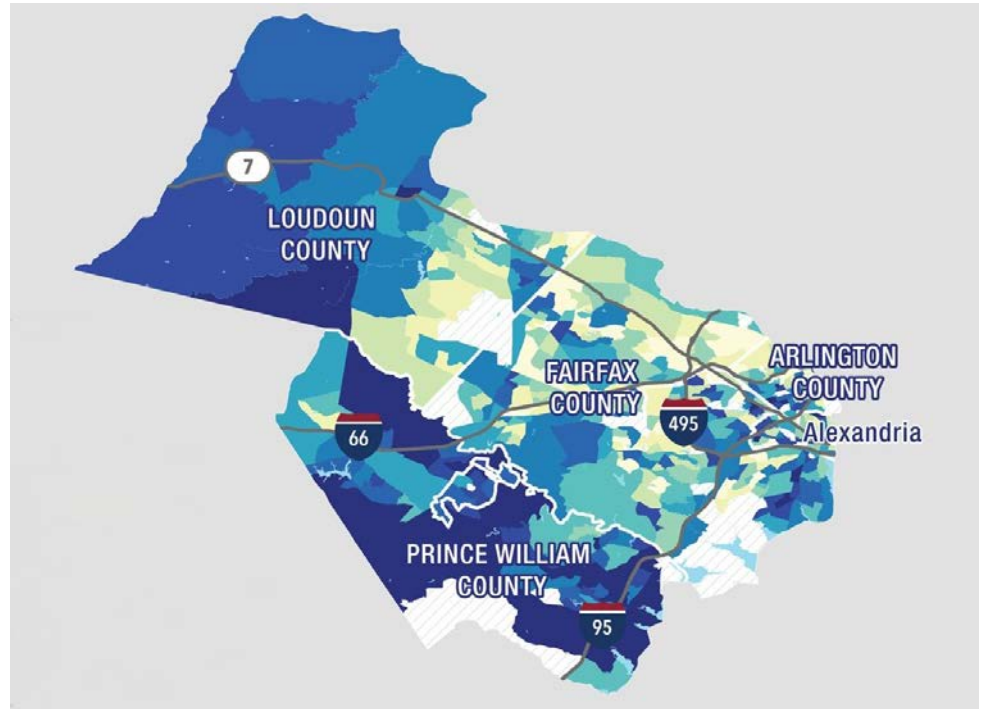
72% vs 26%

Uneven opportunity in the suburbs

Suburban Maryland

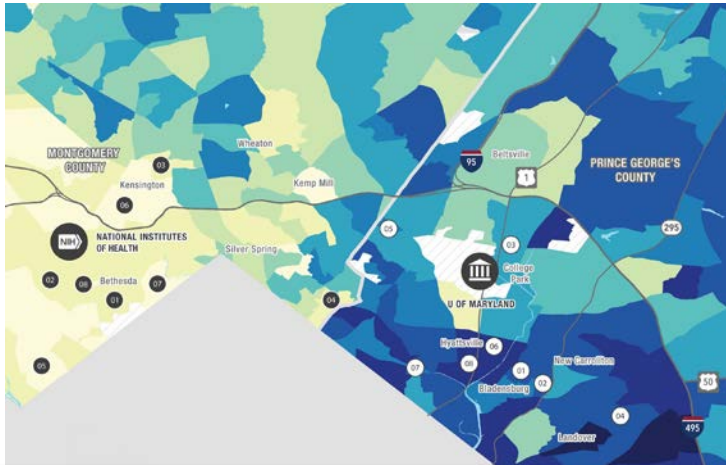


Northern Virginia

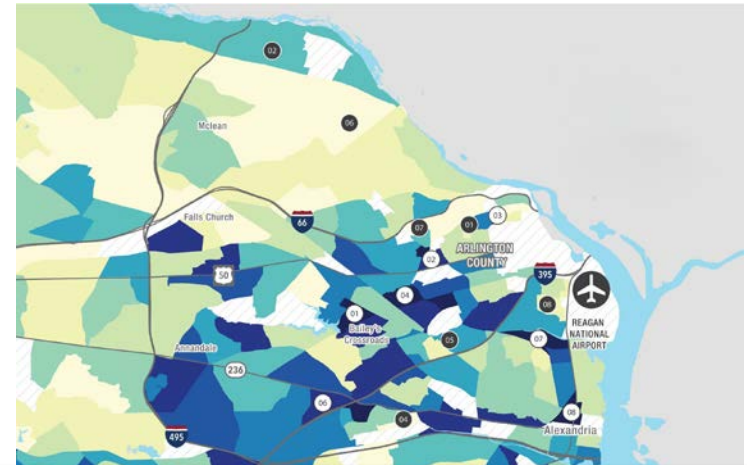


Short distances to large gaps

Suburban Maryland



Northern Virginia



		High Opportunity	Low Opportunity
SOME COLLEGE	01	97%	01 21%
MEDIAN HOUSEHOLD INCOME	02	\$245,208	02 \$36,386
ADULT POVERTY	03	0%	03 39%
PUBLIC ASSISTANCE	04	<1%	04 37%
MEDIAN HOME VALUE	05	\$991,200	05 \$67,200
OVERCROWDED	06	0%	06 21%
UNINSURED ADULTS	07	<1%	07 59%
LIFE EXPECTANCY	08	92 years	08 73 years

		High Opportunity	Low Opportunity
SOME COLLEGE	01	100%	01 24%
MEDIAN HOUSEHOLD INCOME	02	\$244,013	02 \$38,125
CHILD POVERTY	03	0%	03 66%
ADULT POVERTY	04	0%	04 23%
PRIVATE HEALTH INSURANCE	05	99%	05 39%
UNINSURED ADULTS	06	<1%	06 54%
MODERATE HOUSING COST BURDEN	07	12%	07 58%
LIFE EXPECTANCY	08	88 years	08 78 years

Policy implications

- Access to opportunity in the region is uneven
- Health care is a necessary but insufficient solution to addressing these health inequities
- Many solutions are a “win-win”: they can improve public health while also stimulating the economy and the growth of the region
- Strategies should be targeted to communities in need
- Transformational change in areas that have suffered multi-generational disinvestment requires cross-sectoral partnerships

Strategies to reduce geographic disparities in health and opportunity

Address root causes by improving economic and social conditions for populations in need

- Policy action by government and the private sector to improve jobs, increase wages, reduce poverty, and promote economic mobility
- Reforms and investments to improve education
- Cross-racial alliance building to address common causes (e.g., discrimination)

Strengthen the public health system

- Investments in public health agencies
- Health needs and health impact assessments of policies across sectors

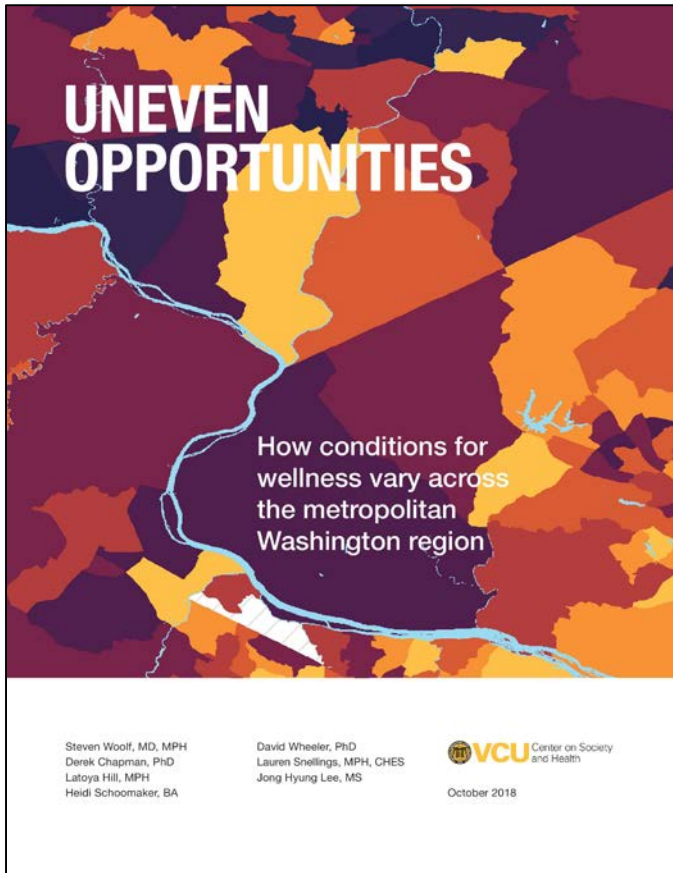
Invest in communities

- Economic development by business, investors, and philanthropy, and the promotion of new industry in marginalized communities
- Investments in affordable housing and transportation
- Civic engagement and cross-sector partnerships to leverage resources

Ensure access to quality health care services

- Improved access to affordable health insurance and attention to provider shortage areas
- Protecting the quality and cultural competence of health care services

Available resources



- Main report
- Technical appendix
- Map sets for 10 jurisdictions
- Data file

Questions?