

COMMUNITY HEALTH ASSESSMENT

Richmond City

2017

CENTRAL VIRGINIA REGION

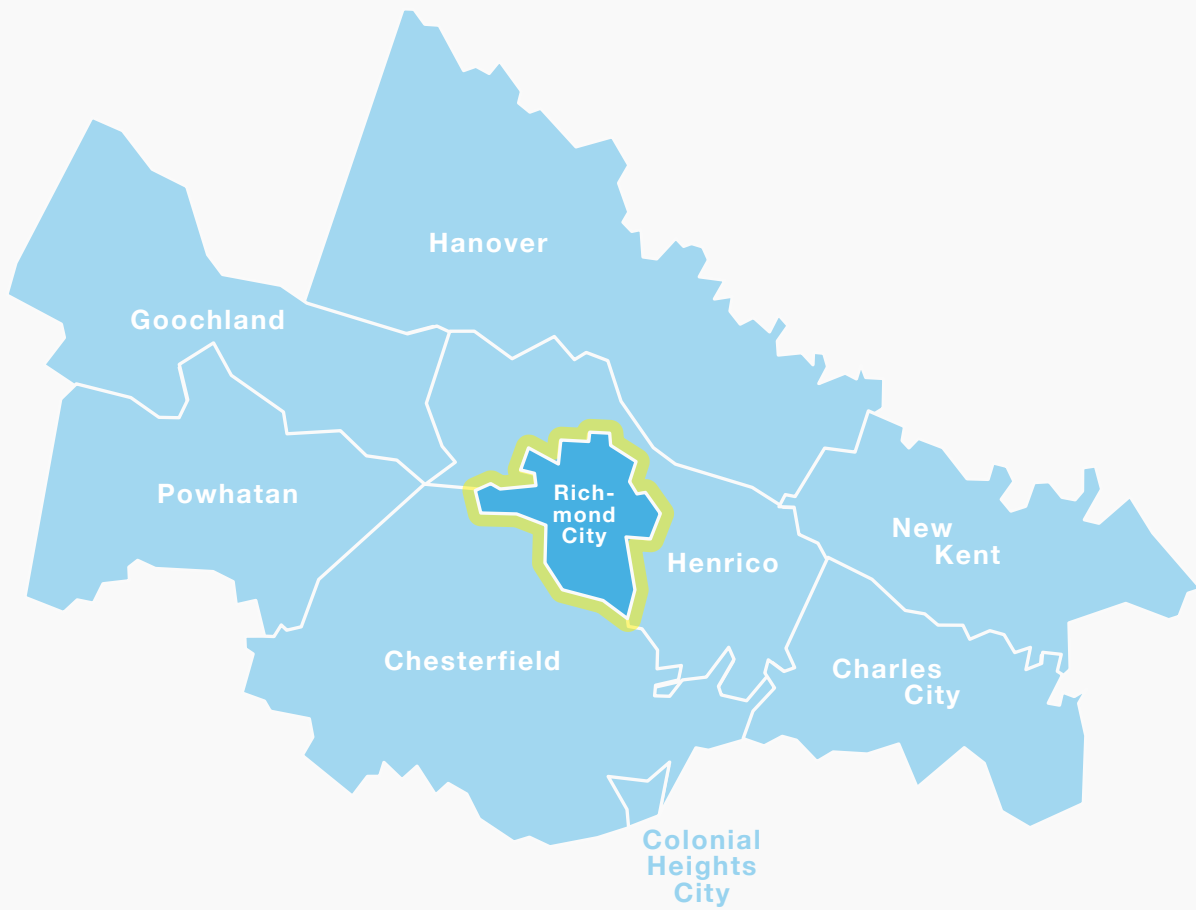







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EXECUTIVE SUMMARY

The Richmond City Health District engaged community partners to assess the current state of Richmond residents' health in pursuit of accomplishing our mission to "promote healthy living, protect the environment, prevent disease, and prepare the community for disasters."

Health is affected by an array of circumstances: the neighborhoods we live in, the foods we have access to, the education available to our children, the medical facilities near us, and much more. To best improve the health of the community, we must first understand the factors that influence our community's health. Once we have identified health concerns through engaging our partners and residents and utilizing data, we are then prepared to develop a plan to address these health issues to ultimately better serve the needs of communities throughout Richmond. Richmond City Health District, in collaboration with community partners, is working to assess and improve the health of Richmond residents in two major phases:

1. A community health assessment (CHA) to identify the health-related needs and strengths of Richmond
2. A community health improvement plan (CHIP) to determine major health priorities, overarching goals, and specific strategies to be implemented in a coordinated way across the city

This report discusses the findings from the CHA. These findings will inform the creation of the CHIP.

The assessments that collectively make up the CHA were conducted to fulfill several overarching goals, specifically:

- To examine the current health status across Richmond as compared to state and national indicators
- To explore the current health concerns among Richmond residents within the social context of their communities
- To identify community strengths, assets, and resources to inform funding and programming priorities of Richmond.

The following priority health issues were identified through this process:



PROCESS

One of the major strengths of Richmond City is the high level of collaboration and engagement between Richmond's residents and service providers. Many coalitions and other collaborative programs have thrived in Richmond over several years; these partnerships provided spaces to access key stakeholders with a wealth of knowledge developed through years of programmatic data collection and lived experience. These partnerships were utilized in the development of this community health assessment for the City of Richmond.

Collaborative projects and assessments referenced throughout the CHA with respect to the identified community health priorities include:

The Capital Region Collaborative's Resident Survey Results and Healthy Community Workgroup Report

The Capital Region Collaborative evolved from discussions between ChamberRVA and the Richmond Regional Planning District Commission to launch a regional effort to engage government, business, and community stakeholders in prioritizing and implementing actions that will enhance the quality of life in the Richmond Region.

Through a series of 10 focus groups, 85 public conversations, and telephone and online surveys, more than 8,000 voices came together and identified eight priorities for the region – education, workforce preparation, job creation, social stability, healthy community, coordinated transportation, the James River, and quality place. Since identifying these priority areas, the Capital Region Collaborative have developed work groups open to the public to achieve the region's shared vision.

Bon Secours Community Health Needs Assessment

The Bon Secours Health System serves the larger Richmond, Virginia metropolitan area and includes four hospital facilities whose patients largely consist

of Richmond's residents. As a non-profit hospital system, Bon Secours is held to conduct a community health needs assessment (CHNA) and adopt an implementation strategy to maintain their 501(c)(3) status under the Affordable Care Act.

The CHNA process included an online survey to assess community needs and three community conversations within city limits. The CHNA quantitative and qualitative data, along with input from the Advisory Board, was shared with the Bon Secours Richmond administration, who then identified four needs to address: access to care for uninsured individuals with chronic disease conditions, mental health, education, and transportation. Bon Secours Richmond leadership developed an Implementation Plan with input and collaboration from community partners.

City of Richmond Prescription Drug/Heroin 2016 Needs Assessment

This needs assessment was conducted by Richmond Behavioral Health Authority/Friends of Prevention Coalition as part of the Substance Abuse Block Grant/Partnership for Success grant in 2016 to identify needs and assets related to prevention of Heroin use in City of Richmond. The FOPC collected data from October 2015- November 2016 utilizing assessments, quantitative data sources, and survey data from young adults and middle and high school students. The results of this needs assessment implicated prescription drug misuse and heroin misuse, specifically among 10-25 year olds in the City of Richmond, as two priority areas for future efforts.

The Virginia State Health Commissioner Dr. Marissa Levine declared the rising opioid crisis as a public health emergency in 2016. As a result of this declaration, a focus on opioid prevention as risen to the top of Richmond's priority list.

Taskforces

The Richmond City Health District leads or partners with the following initiatives at work in the city. The work and planning undertaken by these taskforces connect to the priority health issues described in this community health assessment.

- Food Access and Equity Taskforce
- Northside Strong
- Youth Violence and Prevention
- Opioid Taskforce
- Active RVA
- Greater Richmond Coalition for Healthy Children
- RVA Breastfeeds
- Friends of Prevention (Smoking Cessation)
- Trauma Informed Care Network
- Doing It RVA Coalition

DEMOGRAPHICS

Demographic Data Profile

The health of a community is largely connected to the demographics and social aspects of its residents, which can be a useful indicator of health concerns. Demographic studies of population are based on factors such as age, race, sex, economic status, education levels, and employment rates, among others. The physical environment in which individuals live, work, play and grow old also has a great impact on their health and quality of life. These cultural and environmental conditions are also referred to as “Social Determinants of Health.”

Race and Ethnicity Demographics

Racial disparities can result in poorer health outcomes for African Americans and other minority groups. For example, life expectancy, death rates and infant mortality rates are all less favorable among African American populations as compared to other ethnic populations. In 2009, African Americans in the United States had the highest mortality rates from heart disease and stroke as compared to any other ethnic group. Additionally, infants born to African Americans have the highest infant mortality rates, more than twice the rate for whites in 2008. While certain health indicators such as life expectancy and infant mortality have been slowly improving, many minority race groups still experience disproportionately greater burden of preventable disease, death, and disability.¹ In the City of Richmond nearly half the population identifies as African American.² The health disparities between races in Richmond are consistent with the national data. In Richmond, African Americans are more likely to have preventable hospital stays than their Caucasian counterparts (56.4 per 1,000 vs. 36.8 per 1,000), indicating a lack of accessible high-quality primary care facilities. Additionally, Richmond’s African American residents have a higher incidence rate of all types of cancer than any other race (510.5 per 100,000 compared to 255.1 for Asian/Pacific Islander and 420.3 for Caucasian). Richmond-born African American babies are more than twice as likely to be born with low birth weight than Caucasian babies (14.0% vs 6.9%).³

Total Population	White	African American	American Indian/ Alaskan Native	Asian	Native Hawaiian/ Pacific Islander	Hispanic	Other
220,289	40.6%	48.4%	0.6%	2.5%	0.2%	6.5%	1.4%

Table 1. Population by Race/Ethnicity for Richmond City, 2017 (County Health Rankings)

Age Demographics

Older adults are at higher risk for developing chronic illnesses such as Diabetes Mellitus, Arthritis, Congestive Heart Failure and Dementia, and this proves to be a burden on the

¹ [Minorityhealth.hhs.gov](http://minorityhealth.hhs.gov), HHS Disparities Action Plan

² www.countyhealthranking.org

³ Be Healthy RVA

DEMOGRAPHICS

health care system. The first of the “baby boomer generation” (adults born between 1946 and 1964) turned 65 in 2011 and this is resulting in an aging population nationwide. It is estimated that by the year 2030, 37 million older adults nationwide will be managing at least one chronic condition. Chronic conditions are the leading cause of death among older adults. Additionally, older adults experience higher rates of hospitalization and low-quality care.⁴

The City of Richmond shows a higher percentage of 19-64 year olds compared to Virginia overall. Richmond’s adults 65 years of age and older experience higher rates of hypertension, ischemic heart disease, stroke, Alzheimer’s Disease and dementia, osteoporosis, and arthritis.³

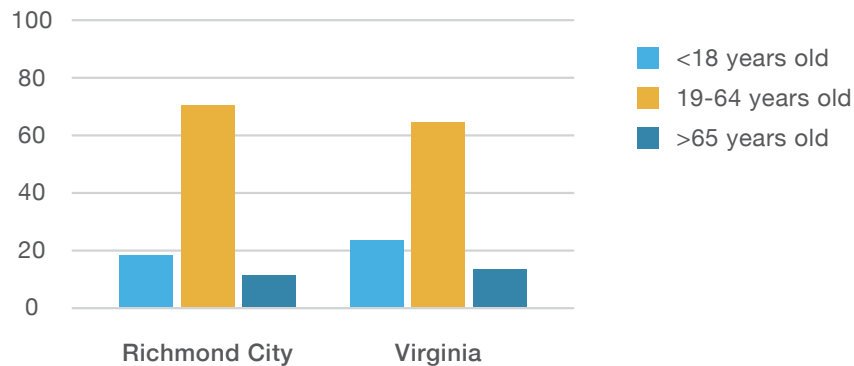


Figure 1. Richmond City Age Distribution by % in Population (ACS)

Income Demographics

Income level impacts health outcomes; with limited income, adults and children have less access to preventative care, healthy foods, and fitness opportunities. An association exists between unemployment and mortality rates, especially for causes of death that are attributable to high stress (cardiovascular diseases, mental and behavioral disorders, suicide, and alcohol and tobacco consumption related illnesses).⁵

In 2014, unemployment rates for Richmond residents demonstrate slightly higher but similar rates of unemployment compared to Virginia unemployment rates.

The percentage of unemployment over the past ten years is depicted in the graphics below.⁶

⁴ www.healthypeople.gov, Foundation Health Measures; General Health Status

⁵ Backhans and Hemmingsson, 2011, Lundin et al., 2014, Garcy and Vagero, 2012, Browning and Heinesen, 2012 Montgomery et al., 2013 Davalos et al., 2012 Deb et al., 2011 and Strully, 2009

⁶ Virginia Labor Market Information www.virginialmi.com

DEMOGRAPHICS

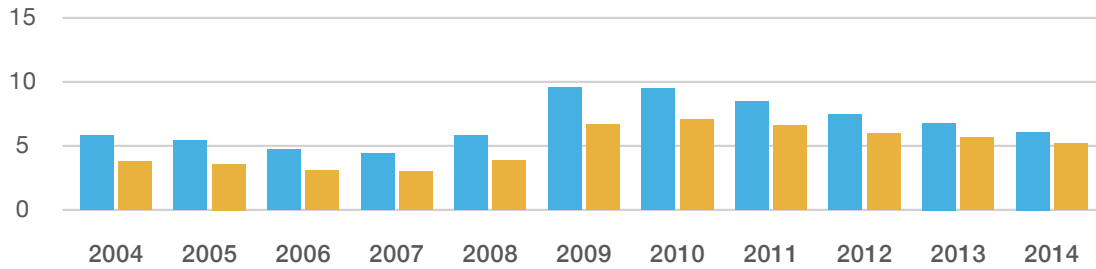


Figure 2. Percentage Unemployment Over Ten Years (Virginia Labor Market Information)

■ Richmond City
■ Virginia

The median household income for the City of Richmond (\$39,249) is dramatically lower than the Virginia state median (\$63,907). The median household income for the United States (\$53,046) is lower than Virginia. Median household incomes in the City of Richmond for African American’s (\$29,575) is lower when compared to Caucasians (\$55,051). This finding mirrors the racial disparities found in income in the state and the nation overall.⁷

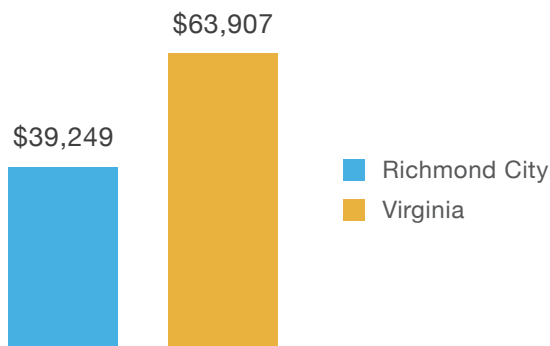


Figure 3. Median Household Income

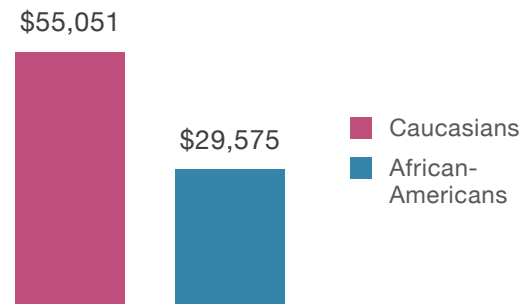


Figure 4. Median Household Income in Richmond City, by Race

Education Demographics

As highlighted in the previous section, income can impact health outcomes for individuals and communities. A direct correlation exists between low levels of education and high poverty rates.

The Healthy People 2020 goal for Educational Level/Graduation Rates aims for at least 82.4% graduation rate for students attending public schools with a regular diploma 4 years after starting the 9th grade. While African Americans living in Virginia overall are reaching the Healthy People 2020 Graduation goal, the African American population in the City of Richmond is falling below that goal. The Hispanic population is also falling significantly below this goal:

⁷ US Census Bureau. (2013) “Selected Economic Characteristics,” 2009-2013 American Community Survey 5-Year Estimates. US Department of Commerce. Web.

DEMOGRAPHICS

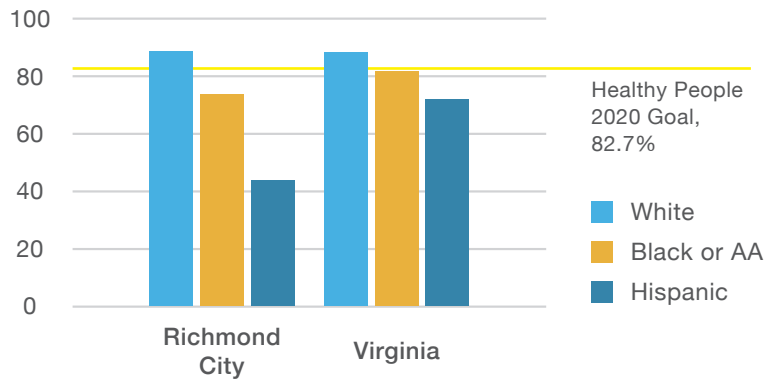


Figure 5. High School Diploma or Equivalent, 2009-2013 (VA Department of Labor and Industry)

Uninsured Population

High rates of health insurance coverage positively impact a community’s overall health status. Access to healthcare services improves quality of life, school, and work productivity and overall mortality rates.⁸ The Healthy People 2020 goal for Health Insurance aims for 100% of the population to have some form of health insurance coverage. The City of Richmond has a higher percentage of uninsured adults compared to Virginia. The percentages of uninsured children show a much lower degree of variance.⁹

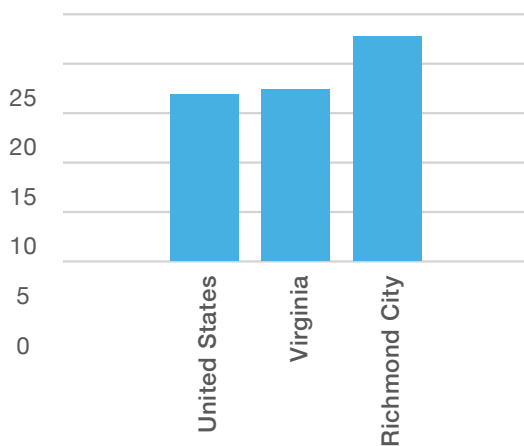


Figure 6. Percentage of Uninsured Adults, 2013 (healthypeople.gov)

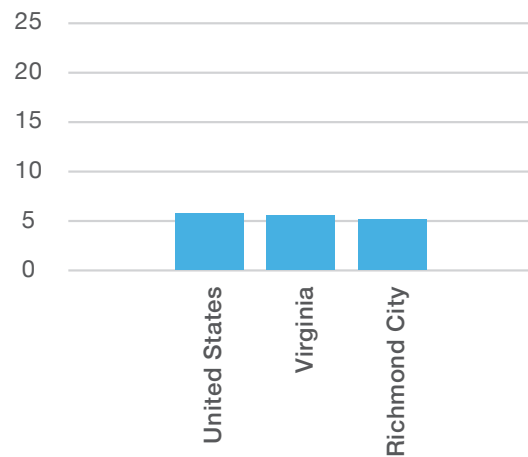


Figure 7. Percentage of Uninsured Children, 2013 (County Health Rankings)

⁸ www.healthypeople.gov, Access to Health Services

⁹ www.countyhealthrankings.org

HEALTH PRIORITIES

PHYSICAL ACTIVITY

The Capital Region Collaborative (see Process section for full description of the Capital Region Collaborative) identified “healthy community” as one of eight priority areas for the region. As a result of responses from the Capital Region Collaborative’s community survey and data emphasizing the need to prioritize physical activity in the region, the healthy community workgroup was convened. Physical activity was identified as an area of focus for the region with a strategy to support, expand, and promote programs that offer opportunities for physical activity.

An active lifestyle translates into a healthier and higher quality of life. Moderate, daily physical activity can aid individuals in maintaining a healthy weight, prevent some chronic diseases (such as diabetes and heart disease), and promote a sense of wellbeing.

For businesses, a healthier workforce can yield lower healthcare costs and increased productivity and morale, and for students there is also a positive correlation between physical activity, wellness and success in school.

Conversely, sedentary behavior is a serious public health issue; inactivity has similar outcomes as smoking (over 5 million deaths worldwide each year). It is particularly urgent in low-income communities where fewer affordable fitness resources exist. It is imperative that we address this problem not only from a public health perspective but across all societal sectors—from the education system to transportation planning—in order to make activity a routine part of daily life.

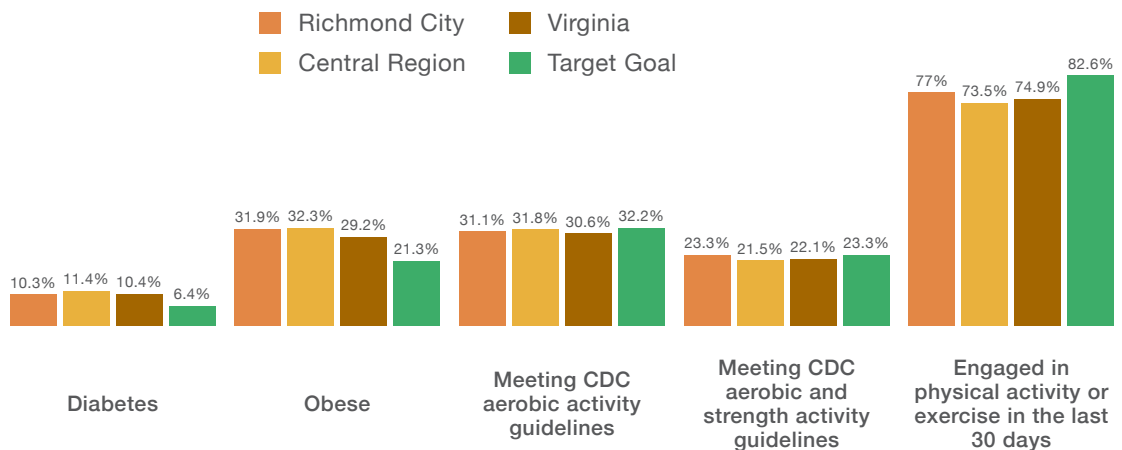


Figure 8. Comparison of Richmond City, Central Region and Virginia Data Versus American College of Sports Medicine (ACSM) American Fitness Index Target Goals (Virginia Department of Health, Division of Policy and Evaluation, Behavioral Risk Factor Surveillance Survey, 2015)

It should be noted that while Richmond’s data concerning physical activity when compared to the state isn’t significant, the regional numbers emphasize the need for physical activity to be prioritized on the regional level.

HEALTH PRIORITIES

Sports Backers, a local non-profit with a mission to “inspire people from all corners of the Richmond community to live actively,” has guided a collective network of partners and led the process of community engagement. Active RVA was established—a coalition of multiple stakeholders to promote physical activity in the region. Active RVA works to build capacity, leverage resources, and ensure an even playing field in underserved parts of the community.

Active RVA's priorities:

- **Aligning the strengths of partners.** There are hundreds of businesses, nonprofits, community groups, and individual leaders who contribute every day in small or big ways to making Richmond more active. Active RVA matches up their strengths so that, together, we make a bigger impact.
- **Changing policy changes opportunity.** The rules, standards, and regulations written into our counties' and cities' codes can facilitate and incentivize active living... or they can create barriers. Active RVA is working to get more of the former and less of the latter.
- **Building a culture that celebrates every active lifestyle.** Getting active doesn't just mean running or going to the gym. It looks a little different for each of us and we can learn from and celebrate every sport, hobby, or routine.
- **Leveraging the best of what we have.** From our rivers to our trails, and our gyms to our schools, our community has a lot already going for it. We can feature and grow what our best resources have to offer.

NUTRITION

The Capital Region Collaborative healthy community workgroup also identified increasing access to, opportunities for, and knowledge of nutrition as an area of importance for the region based on quantitative and qualitative data gathered by the CRC (see Process section for information on the Capital Region Collaborative).

The City of Richmond is littered with “food deserts”, where low-income people with no or infrequent access to vehicles, especially children and elderly people, suffer from the lack of availability of fresh food. Lack of healthy food access is exacerbated by the presence of unhealthy food available at corner stores and fast food restaurants. In a survey administered by the Richmond City Health District in 2016, respondents noted that reasons they might avoid shopping for healthy food at a corner store because it is “too expensive,” “is not fresh,” “store is not clean” and “my area is not safe.” Fast food and processed snacks are high in fat, salt and sugar or high fructose corn syrup and chemicals, and relatively devoid of nutritional value. Regular consumption of these foods leads to high incidence of obesity, diabetes, high blood pressure and heart disease. This puts low-income residents at higher risk for disease, and ultimately strains the local health care system.

How does this affect the City of Richmond and why should we focus on changing this?

Healthy food access is a regional issue, and increasing food access can work to solve some regional ills. Poverty, high health care costs and lack of available workforce hold the City of Richmond back from being as productive and successful as we can be. By addressing healthy food access, we can

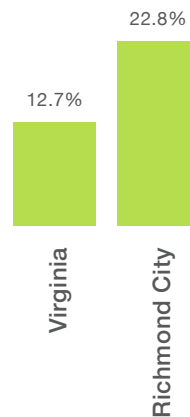


Figure 9. Food Insecurity in the Richmond Region (Feeding America, RRPDC, 2013)

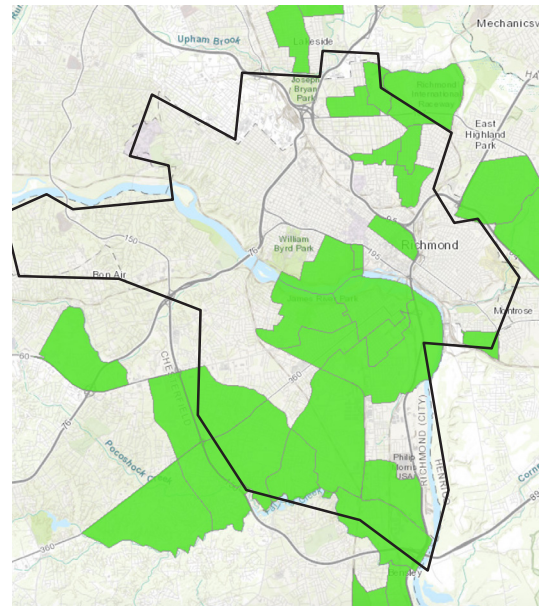


Figure 10. Richmond City Food Desert Map (USDA, 2015)

HEALTH PRIORITIES

Health District	Food Environment Index Factors that contribute to a healthy food environment, 0 (worst) to 10 (best)
Richmond	5.8
Virginia	8.3

Table 2. Food Environment Index in the Richmond Region (County Health Rankings)

begin to even the playing field for all residents, giving each a better chance of living a healthy lifestyle and thus better contributing to our region's success.

The Richmond Food Access and Equity Taskforce commissioned by the Richmond City Health District and facilitated by TMI consulting, engages community members experiencing food deserts with focus groups. The Food Access and Equity Taskforce is taking the lead in addressing issues raised by the community for needed policy changes to improve healthy food retail and urban agriculture, access to community gardens, and more nutrition education.

Thirteen community conversations were conducted in the City of Richmond with the goal of understanding respondents' attitudes and ideas on food deserts in their communities. The results from these conversations revealed a need to find better ways to connect with Richmond residents. As a result, Task Force is prioritizing the improvement of community engagement efforts. Building relationships and trust within the community is seen as the first step to partner with Richmond residents in effecting positive change.

Themes that emerged from Food Desert Focus Groups *120 respondents total in the City of Richmond, 13 focus groups*

The desire for better and more accessible food resources

Healthy food access is a thing of the past

Lack of clarity around which foods are healthy

Healthy food is unpalatable

Eating healthy is too difficult

The need and desire for food and cooking classes

MENTAL HEALTH

In 2016, mental health was reported as a key area of concern in the Richmond community through feedback from the Bon Secours Community Health Needs Assessment Survey (see Process section for full description) and town hall meetings.

According to the National Institute of Mental Health (NIMH), an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States, accounting for 25 percent of all years of life lost to disability and premature mortality.

Untreated mental health disorders are shown to have a serious impact on physical

health and are linked with the prevalence, progression, and outcome of some of the most pressing chronic diseases, including diabetes, heart disease, and cancer.¹

The Virginia Department of Health’s (VDH) Virginia Behavioral Risk Factor Surveillance System (BRFSS) asks participants if they have “ever been told that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression.” The data shows a higher percentage of respondents who have a depressive disorder residing in the City of Richmond compared to Virginia. The suicide rates have increased slightly in the City of Richmond from 2003 to 2013.

Health District	% Respondents who have a depressive disorder	% Respondents who reported poor mental health
Richmond	20.7%	13.7%
Virginia	16.5%	13.5%

Table 3. Mental Health in Richmond City, 2013 (VDH, BRFSS)

Health District	2003	2013
Richmond	0.108	0.128
Virginia	0.108	0.122

Table 4. Suicide Rates per 1,000 in Richmond City 2003-2013 (VDH, BRFSS)

¹ <http://www.vdh.virginia.gov/administration/vpfbw/documents/pdf/virginia's%20plan%20for%20well-being.pdf>

ACCESS TO CARE

Access to healthcare services was reported as another key area of concern in the Richmond community through feedback from the Bon Secours Community Health Needs Assessment survey and townhall meetings (see Process section for full description of the Bon Secours CHNA). As a result, access to health services emerged as a priority health issue for the City of Richmond.

High rates of health insurance coverage positively impact a community’s overall health status, including quality of life, school and work productivity and overall mortality rates.¹ The Healthy People 2020 goal for health insurance aims for 100% of the population to have some form of health insurance coverage. Compared to Virginia where 17% of adults are uninsured, in the City of Richmond, the percentage of uninsured adults is 20%.²

Access to health care services is also impacted by the availability of physicians. The rate of primary care providers per 100,000 residents in the City of Richmond is lower when compared to the rate in Virginia. The City of Richmond contains Medically Underserved Areas as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Chronic diseases and conditions—such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis—are among the most common, costly, and preventable of all health problems.³

	Primary Care	Dental Care	Mental Health
Richmond	101	122.4	250.8
Virginia	124.4	59.9	138.1

Table 5. Rate of Providers to Residents per 100,000, 2013 (County Health Rankings)

The three leading causes of death in the the City of Richmond are heart disease, cancer, and stroke. Diabetes is the 6th leading cause of death. Thirty percent (30%) of Richmonders are obese. The Healthy People 2020 goal is 25% or lower.⁴

Lack of health insurance coverage is a significant barrier to seeking needed health care services particularly in the management of a chronic condition.

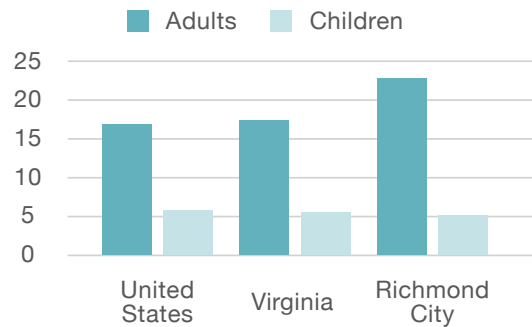


Figure 11. Percentage of Uninsured Adults and Children, 2013 (healthypeople.gov; County Health Rankings)

	Cancer	Heart Disease	Stroke	CLRD*	Injury	Alzheimer’s	Diabetes	Suicide
Richmond	31.8%	36.7%	9.4%	6.7%	6.5%	3.1%	3.8%	2.1%
Virginia	34.6%	32.7%	7.9%	7.7%	6.7%	3.9%	3.9%	2.5%

Table 6. Burden of Disease - Percentages of Death Attributed to Top 8 Causes (VDH Annual Report, 2013)

*Chronic Lower Respiratory Disease

¹ www.healthypeople.gov Access to Health Services
² www.countyhealthrankings.org, Richmond City, 2013
³ http://www.cdc.gov/chronicdisease/overview/index.htm
⁴ https://www.healthypeople.gov/2020/topicsobjectives/topic/diabetes

OPIOID USE

Due to the rising incidence of deaths due to opioid usage in Virginia, Dr. Marissa Levine, Virginia State Health Commissioner, declared the rising opioid crisis as a public health emergency in 2016. As a result of this declaration, a focus on opioid prevention has risen to the top of our city’s health priority list.

In response to the rise of fatal opioid and heroin overdoses in and around Richmond, the Friends of Prevention Coalition (FOPC) in partnership with Richmond Behavioral Health Authority (RBHA) conducted a needs assessment for the City of Richmond surrounding the use of heroin and prescription drug misuse (see Process section for description of this assessment). There were a total of 309 deaths in the City of Richmond from all drugs. When reviewed further, it was found that 130 deaths (42%) were attributed to heroin overdoses, 105 deaths (34%) to prescription opioids, leaving 24% to all other drugs.¹ Heroin use is a growing problem in

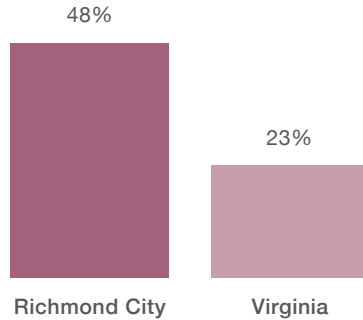


Figure 12. Deaths due to Illegal Drugs (OCME, 2013)

Richmond City, as the mortality rates have been consistently higher than surrounding counties for all drug use including heroin and opiates.² Richmond police data reports that lethal overdoses have seen the most drastic increases among white males from 2014-2015. The Tri-Ethnic Center for Prevention Research at Colorado State University has developed a model that identifies the nine dimensions and levels of community readiness—key factors

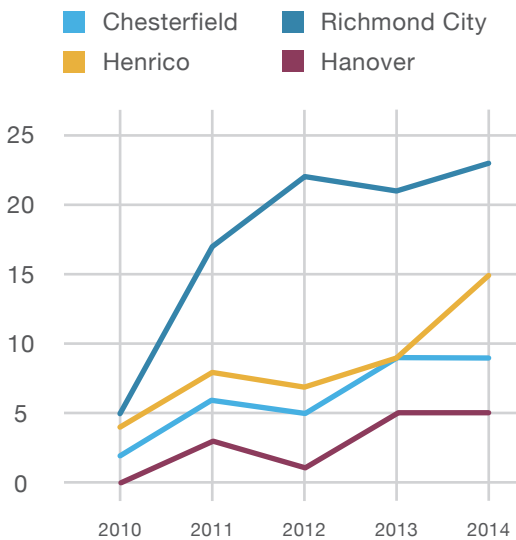


Figure 13. Fatal Heroin Overdose by County (OCME)

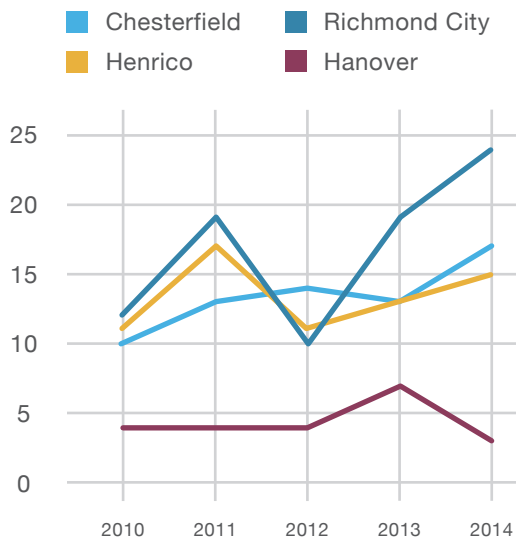


Figure 14. Fatal Opioid Overdose by County (OCME)

¹VDH, 2015
²VDH, 2010-2014

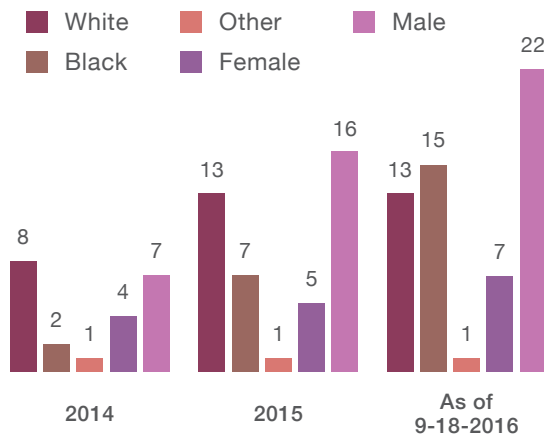


Figure 15. Richmond City Police Report Lethal Overdose Demographic Information (OCME)

influencing a community’s preparedness to take action on an issue. When scored using this model, Richmond City is at Vague Awareness.

Next steps for the coalition include graduating the Richmond community from the Vague Awareness Stage to the Pre-Planning Stage. This will include utilizing various media outlets to raise awareness (radio, television, and social media), holding town hall meetings and facilitating community conversations/presentations. The Centers for Disease Control’s Young Adult Survey emphasized the need for community education based on the perceived ease of access to heroin and the low awareness of safe storage and disposal of prescription drugs. Those addicted to prescription opioids are 40x more likely to also be addicted to heroin.³ Understanding the impact of substance misuse and addiction on public health and the increased risk for long-term medical consequences, it is evident that identifying resources that aim to prevent misuse and intervening early

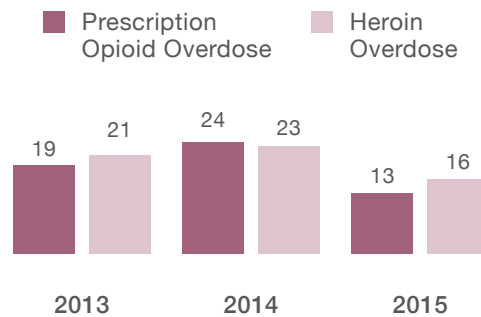


Figure 16. Number of Fatal Overdoses for City of Richmond (OCME)

with those already misusing substances is the beginning of an effective prevention plan. One such program is the Prescription Monitoring Programs. PMPs are systems that maintain controlled prescription drug data to promote the appropriate and legitimate use of controlled substances, while deterring misuse, abuse, and diversion.

What is next for the Friends of Prevention Coalition?

- Engage in strategic planning with community partners
- Facilitate community conversations/informational sessions
- Collaborate with the City of Richmond Heroin Task Force
- Enlist as a distribution site for deactivation pouches
- Solicit various media outlets to enhance community awareness
- Expand training in Prescription Monitoring Programs/addiction disease management

³ CDC, 2014

CONCLUSION

Richmond, Virginia is a dynamic city in the midst of a cultural transformation. An influx of diverse new businesses, revitalization of historic neighborhoods, and the explosive growth of Virginia Commonwealth University have changed the city's landscape over the past decade.

However, beneath this process lies systemic marginalization and concentrated intergenerational poverty among a disproportionate percentage of the city's African-American population. Richmond's history of "Jim Crow" segregation and discrimination and years of racially motivated housing practices and planning decisions have resulted in entrenched education, health, and housing disparities. With a poverty rate of 25.6% and a child poverty rate of 38.9% (including 18 census tracts where child poverty exceeds 80%), many residents experience poor health and social outcomes and scarce employment opportunities. 58% of households with children are single parent-led, and many lack resources to practice preventive health care or pursue positive social and recreational opportunities. Citywide, 36.7% of African-American residents are obese, compared to 23.6% of White residents, and African-American and Latino low-income residents experience disproportionate rates of heart disease, cancer, and diabetes. Income level serves as an even greater determinant for obesity: individuals who make less than \$35,000/yr. have an obesity rate of 39.8%, compared with 19% for those with incomes above \$75,000.

According to US Census data, 48% of Richmond qualifies as a food desert, but "fitness deserts" also abound in the lower-income neighborhoods of the Richmond region. Residents in these vulnerable parts of town do not have access to fitness facilities and often lack sidewalks or safe routes to walk, run or ride a bike. Approximately 30 percent of Richmond's population is impacted by the lack of resources and opportunities for physical activity. Concentrated poverty, especially in East End neighborhoods surrounding Richmond's six major public housing

communities, has resulted in a physical landscape which is often isolated and generally replete with deterioration, abandoned industrial and commercial sites, and limited green space or recreational areas. In addition, each of the Census tracts which contain a public housing community in Richmond is a designated Health Profession Shortage Area (more than 3,500 people per 1 primary care physician). An analysis conducted by the Virginia Commonwealth University Center for Society and Health has shown that residents of large public housing complexes in Richmond have a life expectancy of up to 20 years less than residents of more affluent neighborhoods.

Richmond City Health District has identified the following five areas to build and grow within Richmond's diverse communities: physical activity, nutrition, access to care, mental health services, and opioid use prevention. One of Richmond's many strengths is the residents and service providers who have demonstrated commitment to growing and improving their communities. RCHD will continue its role in leading and participating in efforts in the collective impact model to create change collaboratively with residents.

