

# Health Equity in Virginia Video Transcript

**Cheryle:** Talk a little bit about how education income and poverty play a part in health

**Michael:** Education income and poverty actually play critical roles in health. For one, individuals with limited education oftentimes have limited access to information and the ability to understand information about being healthy. In addition, people with limited education, low income often have limited neighborhoods that they can choose from to live in and oftentimes those communities have limited access to opportunities to be healthy. For example, low income communities oftentimes lack grocery stores with healthy foods at an affordable price. They also oftentimes lack places for people to be physically active. There may be concerns about crime that also limit physical activity. Also, such communities oftentimes have underperforming schools that start people out kind of at a disadvantage. And so these factors together really affect whether someone has the opportunities to be healthy through a number of ways. For example, in addition to access to knowledge, there's also limited access to healthcare providers in many low income communities. There's also times when the stresses of living in a low income community related to limited income, and having to really decide between paying rent and buying healthy foods and sending kids to healthy schools. Things like that really build up the stress levels beyond what other people may experience. And that stress, over a long time, may increase the risk of heart problems, diabetes, depression, anxiety and other health problems.

**Cheryle:** Virginia has a couple things going on. One, we have a growing immigrant population. We have, of course like most of the nation, the recession and issues to deal with there. How is all of that impacting people's health? What are you seeing there?

**Michael:** Well, we see that first of all immigration status. Actually when immigrants first come to Virginia, or the U.S., their health is on average better than Americans. Because oftentimes when they come to the U.S., they have a strong social network that really protects them from many of the challenges that others experience. But the longer they are in the U.S., their health starts to deteriorate and we see that after about five years or so, when the social networks start to break down, people start to take on American behaviors which oftentimes are unhealthy. Then also experiencing discrimination because of race and ethnicity or because of immigration status. In terms of the recession, we're seeing big impacts on health as well from people losing their jobs and losing their health insurance, so they lack access to quality healthcare but also people are losing because they lose their jobs and they lose their houses. They may end up living in a community that has limited resources to be healthy. As well as the stress of the recession and people losing jobs and being fearful of losing their job, that increased level of stress can have impacts on various parts of the body and influence physical and mental health.

**Cheryle:** One of the things that's discussed in the annual report is the percentage of African-Americans living in poverty. Talk about that and again touch on how it is impacting their health. What are you seeing? Are you seeing a decrease in healthy living for a lot of African-Americans?

**Michael:** Yes, well the report, which is available on our website does, talk about poverty levels among different racial and ethnic groups. African-Americans in Virginia are twice as likely to live in poverty than White Virginians. African-American children are three times more likely to live in poverty and Latinos are one and half times more likely to live in poverty. And so we see then in terms of health outcomes, the impact of this higher levels of poverty and all the other factors that are related to that. Life expectancy for African-Americans is about four or five years shorter than it is for Whites in Virginia. Infant mortality rate is about two and a half times higher for African-Americans. There are many other health outcomes that we see that disproportionately affect African Americans that are strongly related to disproportionate level of poverty, of discrimination, of reduced opportunities to be healthy, that ultimately impact the various. aspects of life that ultimately influence health.

**Cheryle:** Our rural neighbors are not immune from the situation too. They're having some challenges. Talk about their challenges and maybe what solutions might exist for them.

**Michael:** Yes, definitely in rural communities, we see many of the same health inequities. Rural communities for one, tend to have a higher poverty rates than non-rural communities in the state. There's often fewer healthcare providers in rural communities so there's limited access to quality healthcare. There's also oftentimes great driving distances for people to reach healthy stores, to reach job opportunities and so those are other barriers for people to be as healthy as possible. And we see that in terms of many of the health outcomes that across multiple health outcomes - heart disease, diabetes, obesity, things like that. We see rates that are higher in rural communities in Virginia. And so, some of the solutions that relate to improving health in rural communities as well as in other low income and racial and ethnic minority communities really focus on. One, increase in access to quality healthcare, increasing the availability of information that's both appropriate in terms of language and in reading ability to help people make healthy decisions. But then ultimately to look at what are the other factors where a person lives that influences their opportunities to be healthy. So a lot of efforts focus. on making sure that there are safe places for people to be physically active in communities or working with the private sector to bring in grocery stores and other resources that can promote health as well addressing crime and then also looking at issues around improving educational opportunities for disadvantaged communities from preschool all the way through the spectrum. As well as creating job opportunities and really working with families to help strengthen those families that are facing higher levels of challenges and often fewer resources to do that. That's a critical factor as well. And so what this really points to is that it's a statewide issue that everybody needs to come together and begin to address across multiple sectors so that we can address all of those health, education, community factors that really determine who has the opportunity to be healthy. So we, certainly, within our office that's one of our priorities in terms of trying to help promote health equity for all Virginians.

**Cheryle:** And all this information can be found on the report?

**Michael:** Correct. The report is available on the website and has all of the statistical data as well as recommendations that have been put forth to help promote health equity in Virginia.