

Expanding the Lens of Health Equity

Rex Anson-Dwamena
Acting Division Director, Social Epidemiology

Heather Anderson, MPH
Division Director, Primary Care & Rural Health
Director, State Office of Rural Health

Office of Health Equity

The Office of Health Equity is committed to ensuring all Virginians have fair and quality health care in every corner of the state.

3 Divisions

Multicultural Health and Community Engagement

Social Epidemiology

Primary Care & Rural Health



Virginia State Office of Rural Health (VA-SORH)

Mission:

To address and rectify health disparities affecting the rural residents of the Commonwealth of Virginia

The VA-SORH is dedicated to:

- Fostering collaboration and leveraging resources across and within various levels of government, communities, and non-profit organizations
- Collecting and disseminating information to stakeholders
- Providing technical assistance
- Assisting the coordination of rural health interests statewide
- Recruitment and retention of health professionals in rural and medically underserved areas



Virginia State Office of Rural Health

VA-SORH Innovative Rural Programming Awards

- Healthy Moms & Babies
- Food Access & Nutrition
- Workforce Development
- Behavioral Health
- Telehealth

Rural Healthcare Workforce Incentive Programs

- State Loan Repayment Program (SLRP)
 - Tobacco Region Revitalization Commission
- Behavioral Health Loan Repayment Program (BHLRP)
- Conrad 30 Waiver Program (J-1)
- Nursing Preceptor Incentive Program (NPIP)

VA-SORH Partnerships & Collaborations

- Virginia Rural COVID-19 Response & Relief Program
 - (COVID-19 Rural Health Disparities Grant)
- Conference Sponsorships
 - Virginia Association of Free & Charitable Clinics
 - United Way of Southwest Virginia- Rural Resiliency Summit
- Development of the Statewide Telehealth Pan

Rural Hospital Programs

- Small Rural Hospital Improvement Grant Program (SHIP)
- SHIP COVID-19 Testing & Mitigation
- Medicare Rural Hospital Flexibility Program (FLEX)



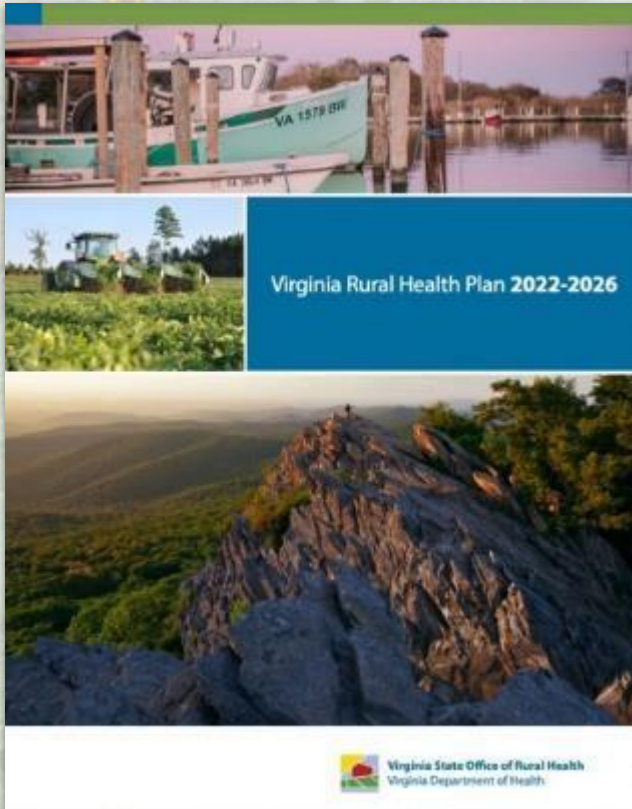
Virginia State Office of Rural Health

Supports the work of the Virginia Primary Care Office

- The PCO assures the availability of quality health care to low income, uninsured, isolated, vulnerable and special needs populations and to meet these populations' unique health care needs.
 - HPSAs
 - MUA/MUPS
 - Provides incentives for providers to work in shortage areas



Virginia State Rural Health Plan 2022-2026



Question: *What is most important to a rural community?*

Goals:

- Community-informed lens
- Asset-based approach
- Define rurality
- Identify priority VA-SORH metrics

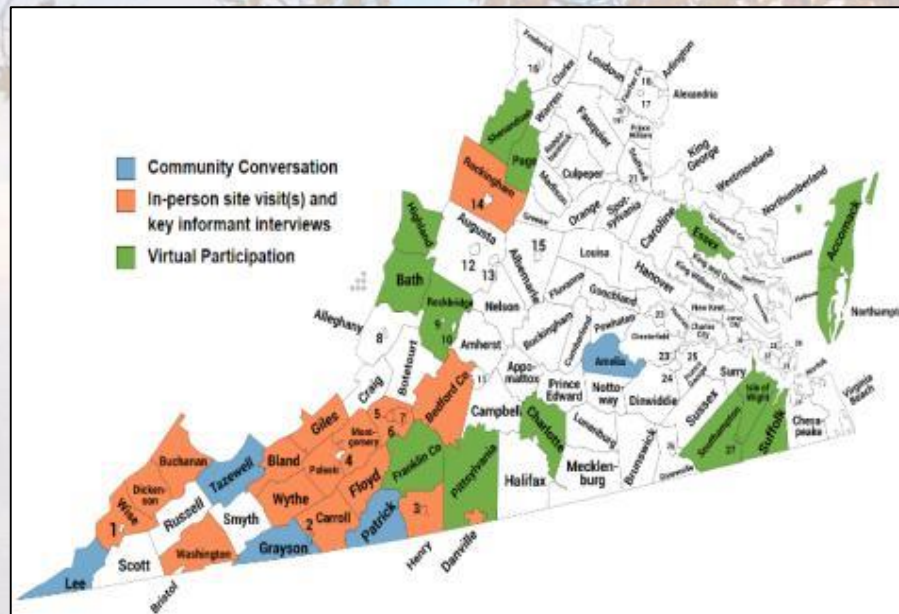


Outreach-Community Informed Lens

Where to go?



- RWJF's Community Health Rankings
- ARC's Economic Distress Index
- OHE's Health Opportunity Index
- Lived Experience



Developing Plan Framework:

Qualitative data analysis identified recurring topics

Themes created the framework of the VRHP

Identified community/regional leading and promising practices



Virginia State Rural Health Plan 2022-2026

Recurring Topics

- Education as the Backbone in Rural Virginia
- Healthy Housing
- Broadband Internet Supporting Rural Virginia
- Transportation
- Nutrition and Food Security
- Healthy Moms and Babies
- Access to Health Care Services
- Behavioral Health, Substance Use Disorder and Recovery
- Healthy Minds and Bodies
- Built and Natural Environment
- Aging in Place and Addressing Social Isolation
- Elevating Rural Workforce Development and Employment
- Financial Proficiency: Leveraging Individualized Resources



Virginia State Rural Health Plan 2022-2026

Natural and Built Environments

Natural Environment

How our communities are planned, designed and built can have a major influence on our health. Influential factors, such as the natural and built environment, encompass objective and subjective features of the physical environment in which people live, work and play. Such factors contribute to the conditions and opportunities that enable individuals to live long and healthy lives.



The term "natural environment" can be defined as non-human-made surroundings and conditions, in effect, all living and nonliving things (1). Access to nature has been related to lower levels of mortality and illness, higher levels of outdoor physical activity, restoration from stress, a greater sense of well-being, and greater social capital (2). Given the importance of contact with nature for well-being, the American Public Health Association supports the protection and restoration of nature in the environments where people live, work, and play. Rural Virginia's natural assets, such as outdoor recreation, supports a high quality of life, attracts tourists, and sustains the well-being of Virginia residents and guests.

Protecting and preserving Virginia's natural environment, also helps meet important goals for water quality, wildlife habitat, recreation, and overall quality of life.



The preservation of Virginia's natural environment, especially in rural areas has created desirable destinations, contributing to the economic vitality of the region. A great example of this balance between preservation and economic

development, includes The Crooked Road Heritage Music Trail. The Crooked Road is a 330 mile driving trail through the mountains of Southwest Virginia that connects nine major venues and over 60 affiliated venues and festivals that visitors can enjoy every day of the year. The Crooked Road began as an idea in January 2003. The concept of a heritage music route was partially evolved from conversations, musicians, music venues, and tourism organizations along the proposed route. As a result, "The Crooked

Road" emerged, which currently runs through nineteen counties, four cities, over 50 towns, five regional planning districts, two tourism organizations, and a large number of music venues. The Crooked Road Virginia Heritage Music Trail, is also a 501(c)(3) non-profit organization founded in 2004 whose mission is to support economic development in Southwest Virginia by promoting the region's rich heritage of traditional music (3).



Blount County of Rural Music Center

Built Environment

Built environment significantly affects the public's health. The connection between health and the built environment can be dated back to the 19th century at the height of the industrial revolution, where physical space became limited, living conditions worsened and life expectancy decreased (4). Even today with the prevalence of chronic diseases, there remains an important connection between population health and the built environment. The built environment includes all of the physical parts of where we live and work (e.g., houses, buildings, streets, open spaces, and infrastructure). The health of individuals and communities is closely tied to the built environment. Neighborhood amenities such as recreational facilities, libraries, playgrounds and sidewalks offer individuals opportunities to exercise, play, exercise and enjoy the neighborhood in which they live (5). There is some evidence to support these forms of community engagement contributing to physical health, mental health and human development (5). Communities that feel like they live close to parks or mountains, have a beautiful neighborhood, or have a safe neighborhood, on average, spend more time walking outside. The evidence indicates that improving multiple aspects of neighborhood roads and sidewalks for pedestrianism and cyclists, and installing play equipment in parks may increase physical activity levels in adults and children (5).

Intersection between Health & Built Environment Case Study: Water Fluoridation

Community water fluoridation is consistently found to be one of the most effective means of preventing tooth decay. According to a 2016 Journal of Public Health Dentistry article every \$1 spent on fluoridation saves \$38

Plan Development

- Overview
- Leading Practices and Approaches
 - Focus: Virginia
- Opportunities for Growth
 - Policy recommendations
 - Pilot program(s)
 - Funding



-
- A wide, gravelly path leads through a vast green field towards a small white building and distant hills under a blue sky with clouds.

A wide-angle photograph of a coastal or estuarine landscape. In the foreground, a body of water reflects the sky and clouds. The water is surrounded by green, marshy vegetation. The horizon is low, showing a line of trees or distant land. The sky is blue with scattered white clouds.

HRSA County Designations

Metro

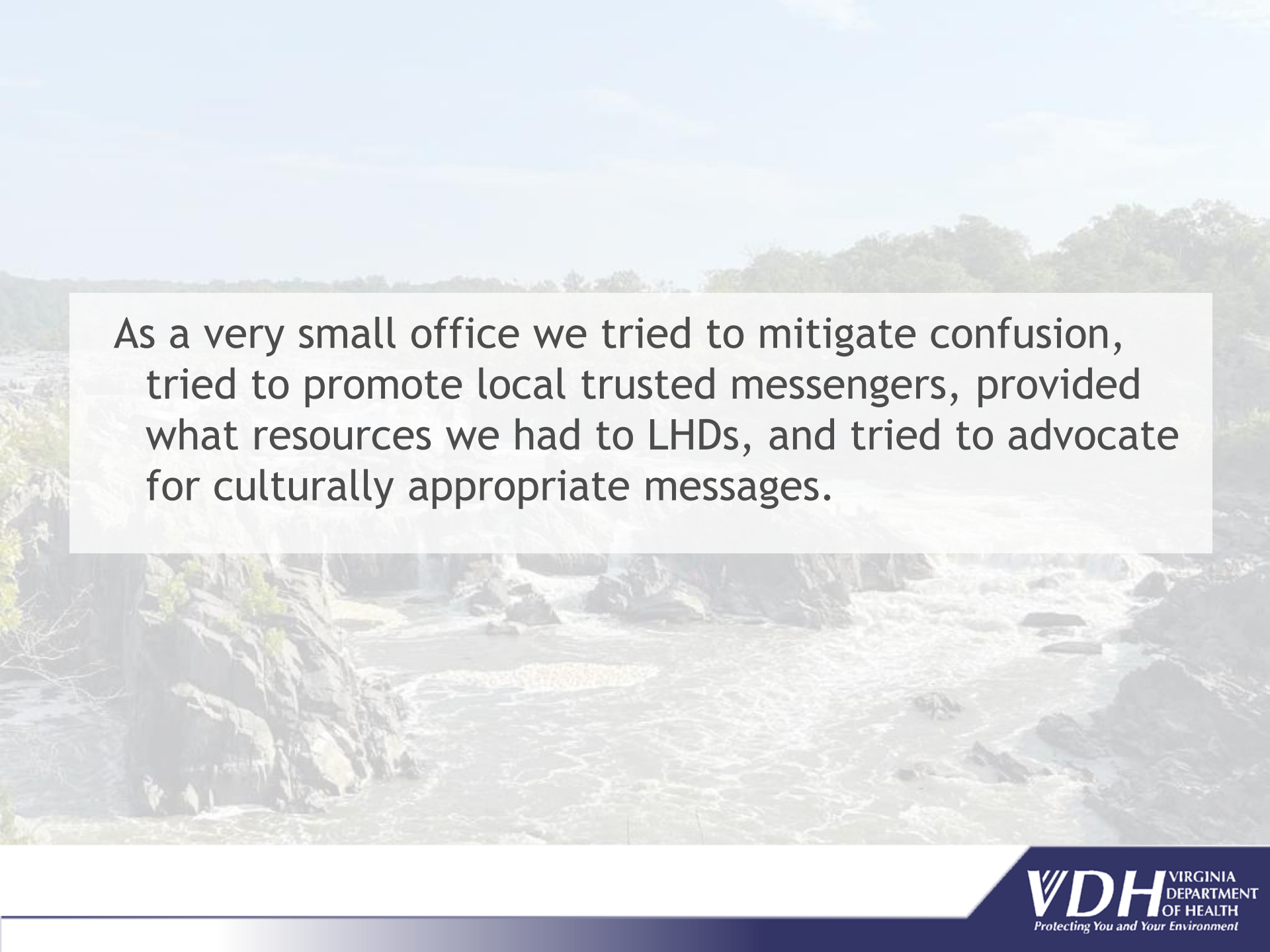
Non-Metro

This map of Virginia displays all 133 counties and independent cities, each labeled with its name. The map is color-coded according to HRSA designations: Metro areas are shaded light gray, and Non-Metro areas are shaded green. Metro areas include Loudoun, Fairfax, Arlington, Alexandria, Prince William, Stafford, Culpeper, Madison, Rockingham, Harrisonburg, Staunton, Albemarle, Charlottesville, Louisa, Spotsylvania, King George, Westmoreland, Stafford County, and parts of Loudoun and Fairfax. Non-Metro areas include all other counties and cities, such as Shenandoah, Warren, Fauquier, Manassas, Loudoun, Fairfax, Arlington, Alexandria, Prince William, Stafford, Culpeper, Madison, Rockingham, Harrisonburg, Staunton, Albemarle, Charlottesville, Louisa, Spotsylvania, King George, Westmoreland, Stafford County, and many others.



What did we learn?

- Rural is different within the various regions of the state
- However, during COVID messages got mixed up and confused
 - There is a genuine mis-trust of the government and its representatives
 - Rural felt left out and certainly left behind



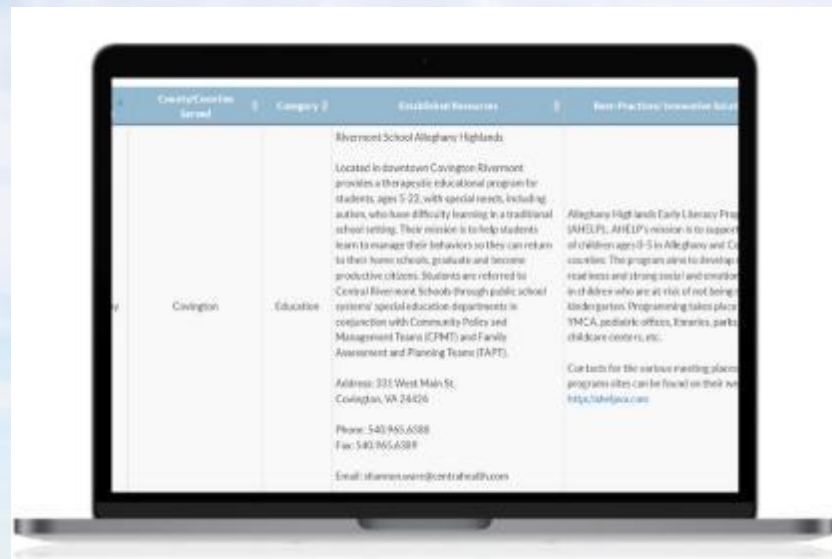
As a very small office we tried to mitigate confusion, tried to promote local trusted messengers, provided what resources we had to LHDs, and tried to advocate for culturally appropriate messages.



VRHP Resource Online Toolkit

- Virtual
 - Housed on VA-SORH website
- Option to search by Statewide, Health District, County/Counties
- Category
 - Established Resources
 - Best Practices, Innovative Solutions
 - How-to Guide, Instrument
- Updated continuously
- Submission of additional resources
 - Anyone can submit information about new/available resources

Link: <https://www.vdh.virginia.gov/health-equity/rvi-all-categories/>



Category	Established Resources	Best-Practices/ Innovative Solutions
Education	<p>Rivermont School Alleghany Highlands</p> <p>Located in downtown Covington Rivermont provides a therapeutic educational program for students, ages 5-22, with special needs, including autism, who have difficulty learning in a traditional school setting. Their mission is to help students learn to manage their behaviors so they can return to their home schools, graduate and become productive citizens. Students are referred to Central Rivermont Schools through public school systems' special education departments in conjunction with Community Policy and Management Teams (CPMT) and Family Assessment and Planning Teams (FAPT).</p> <p>Address: 331 West Main St. Covington, VA 24426</p> <p>Phone: 540.955.6388 Fax: 540.966.6388</p> <p>Email: sharon.ward@cedtsdofva.com</p>	<p>Alleghany Highlands Early Literacy Program (AHELP)</p> <p>AHELP's mission is to support families of children ages 0-5 in Alleghany and Covington counties. The program aims to develop school readiness and strong social and emotional skills in children who are at-risk of not being ready for kindergarten. Programming takes place in the YMCA, pediatric offices, libraries, parks, schools, childcare centers, etc.</p> <p>Contacts for the various meeting places and programs sites can be found on their website: http://ahelpva.com</p>

Health Equity Data

Why HOI?

HOI is an innovative tools to advance health equity.

Helps health professionals and policymakers understand how to measure overall health opportunity.

Can be used detect multiple health disparities within the same census geography.

Helps to identify specific social determinants that drive poor health opportunity and multiple disparities out of control.

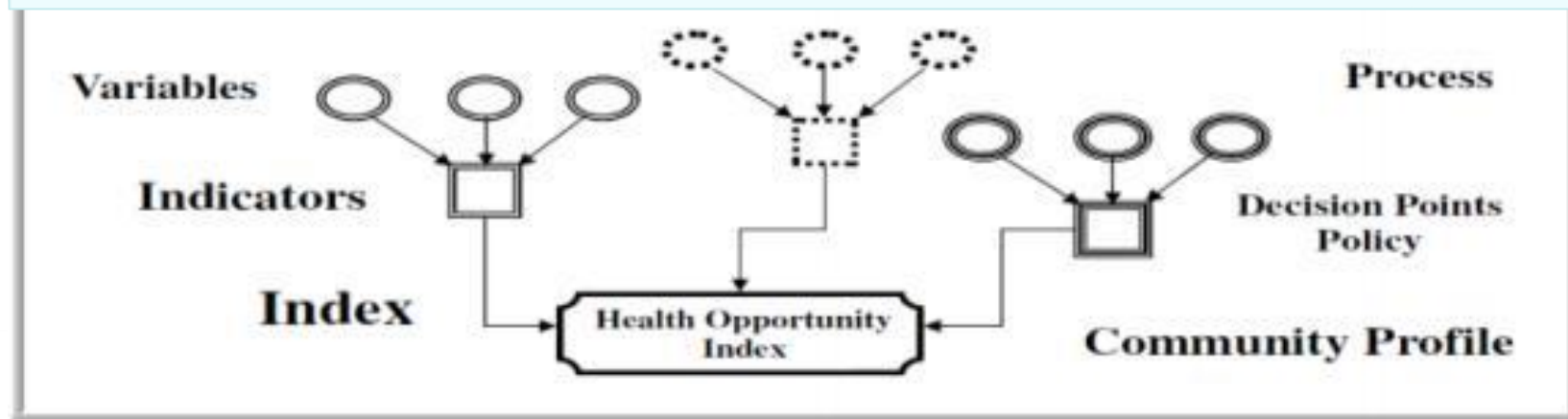
Structure

30+ Variables

13 Indicators

4 Profiles

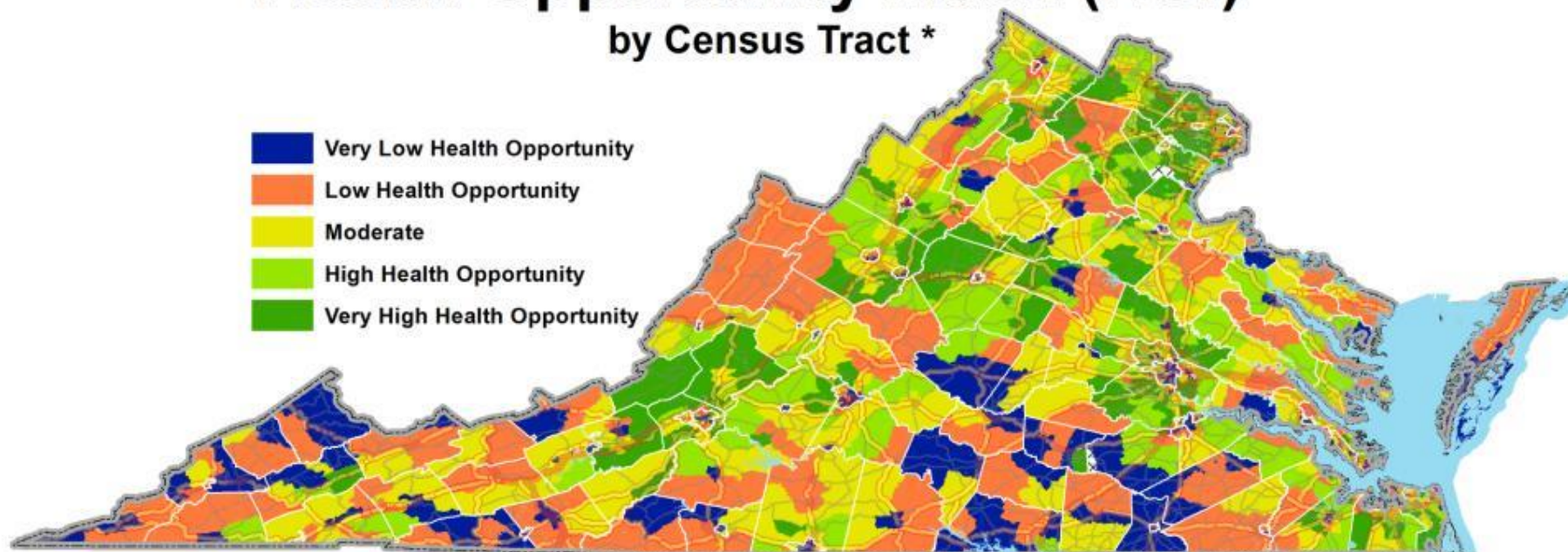
1 Health Opportunity Index



Virginia

Health Opportunity Index (HOI)

by Census Tract *



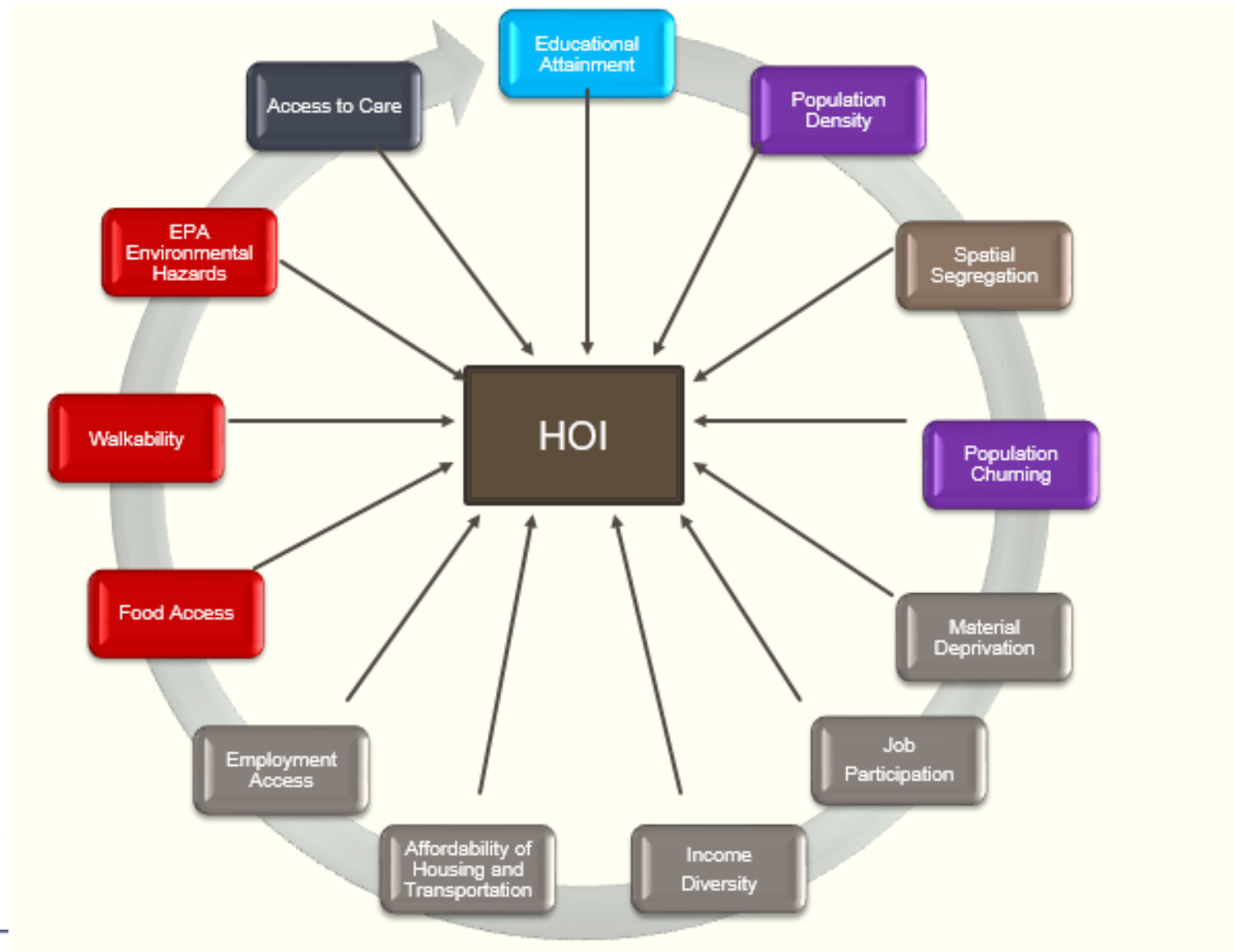
* Health opportunity Index (HOI) – The HOI is a composite measure comprising 4 components that reflect a broad array of social determinants of health. The 4 components include: 1. Consumer Opportunity Profile 2. Economic Opportunity Profile 3. Wellness Disparity Profile 4. Community Environmental Profile (Note: the 4 components were derived from 13 initial indices)

The HOI was developed to assist the public, businesses, policy makers, communities, healthcare organizations and public health professionals in identifying key social and economic factors (also known as social determinants of health) that affect the health outcomes of the residents of Virginia communities. The set of factors chosen to be included within the HOI was designed to capture the processes by which "opportunities to be healthy" emerge; upon determination of the community HOI score it can suggest where specific interventions may aid in developing a healthy community. Not only does the HOI assist in identifying such areas, it can facilitate a positive attitude toward change within the local community

Healthy People 2020: Five Elements of SDOH



Health Opportunity Index

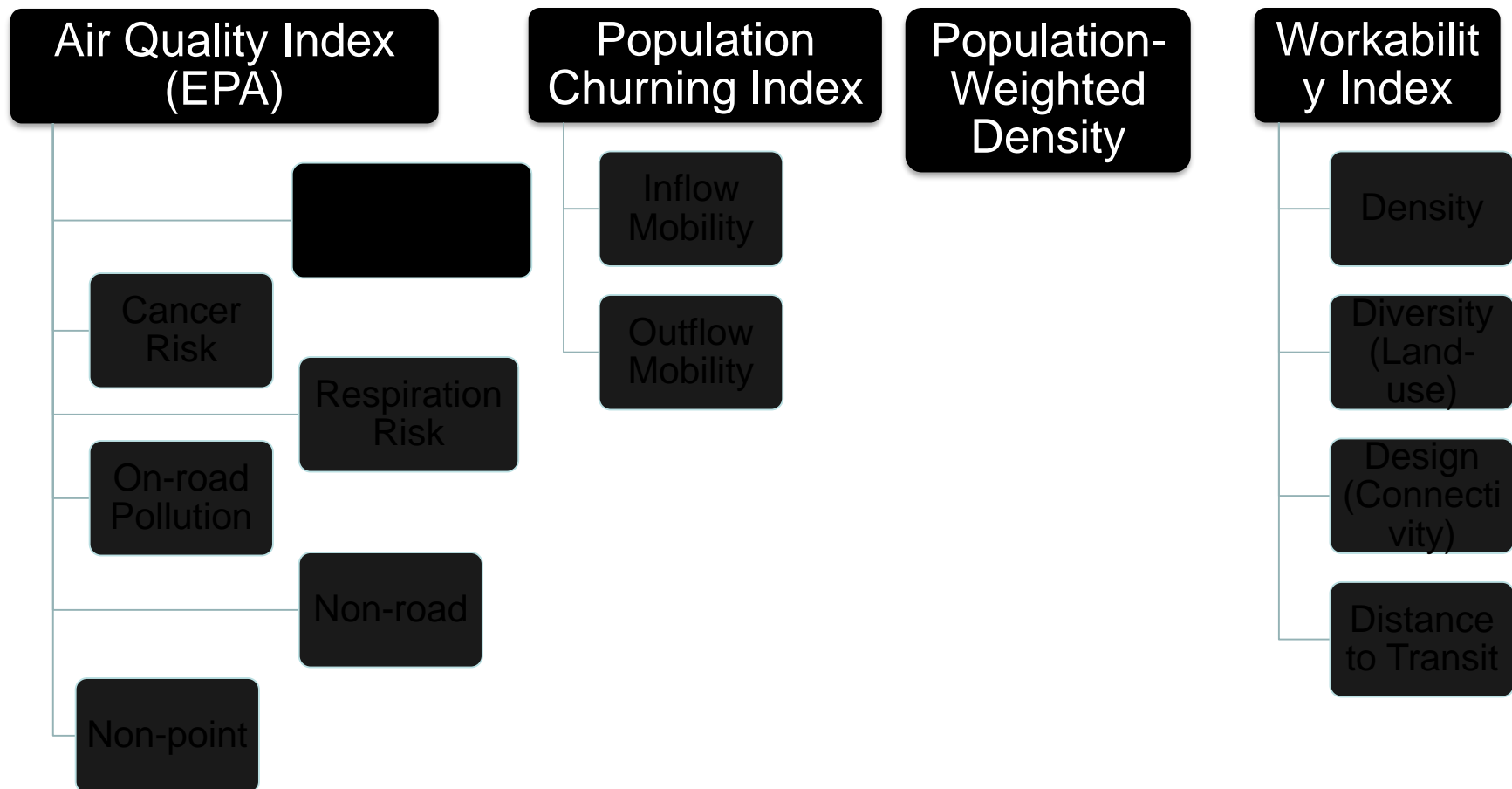


Health Opportunity Index

Consumer
Opportunity Profile

Wellness Disparity
Profile

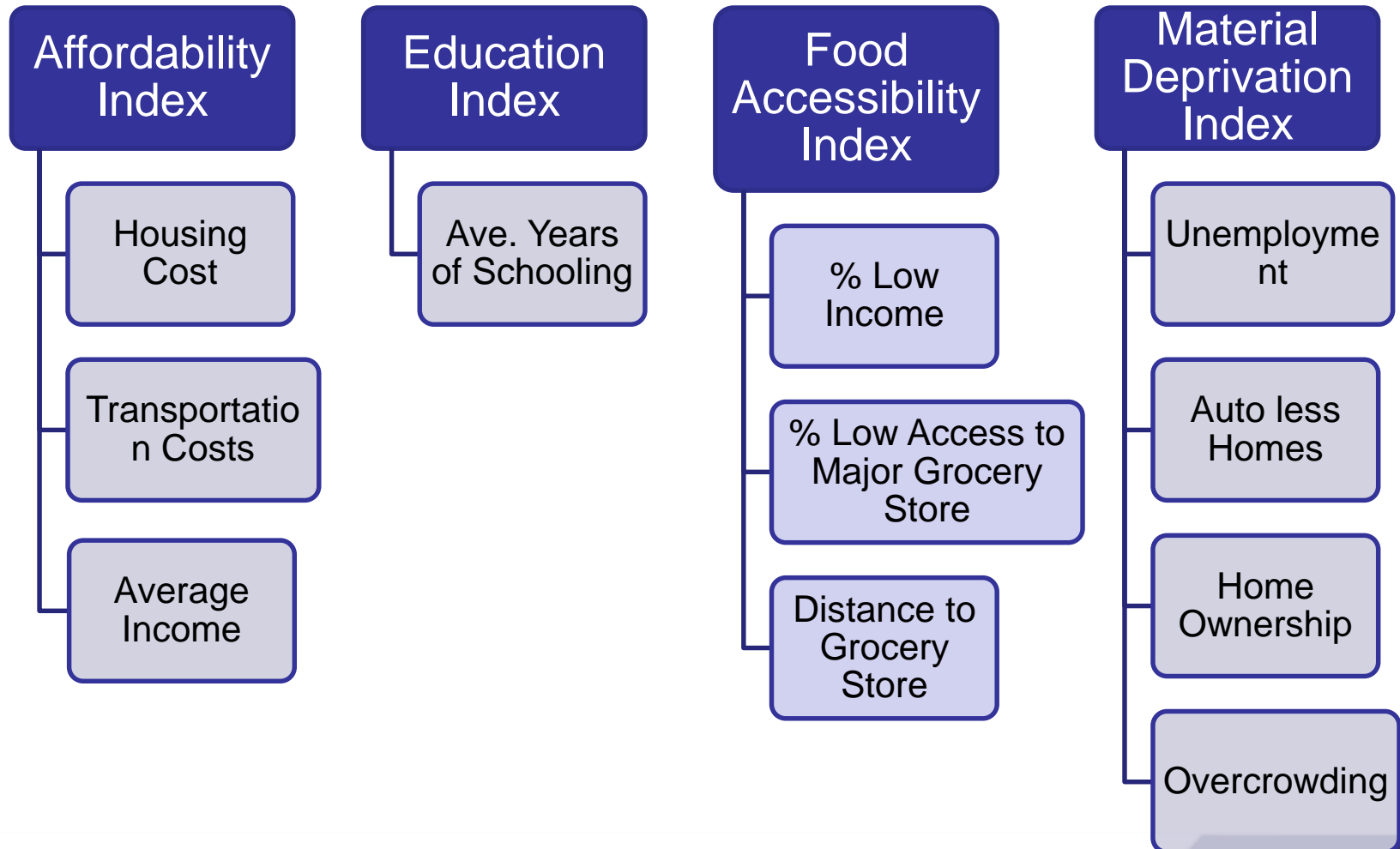
Community Environmental Profile



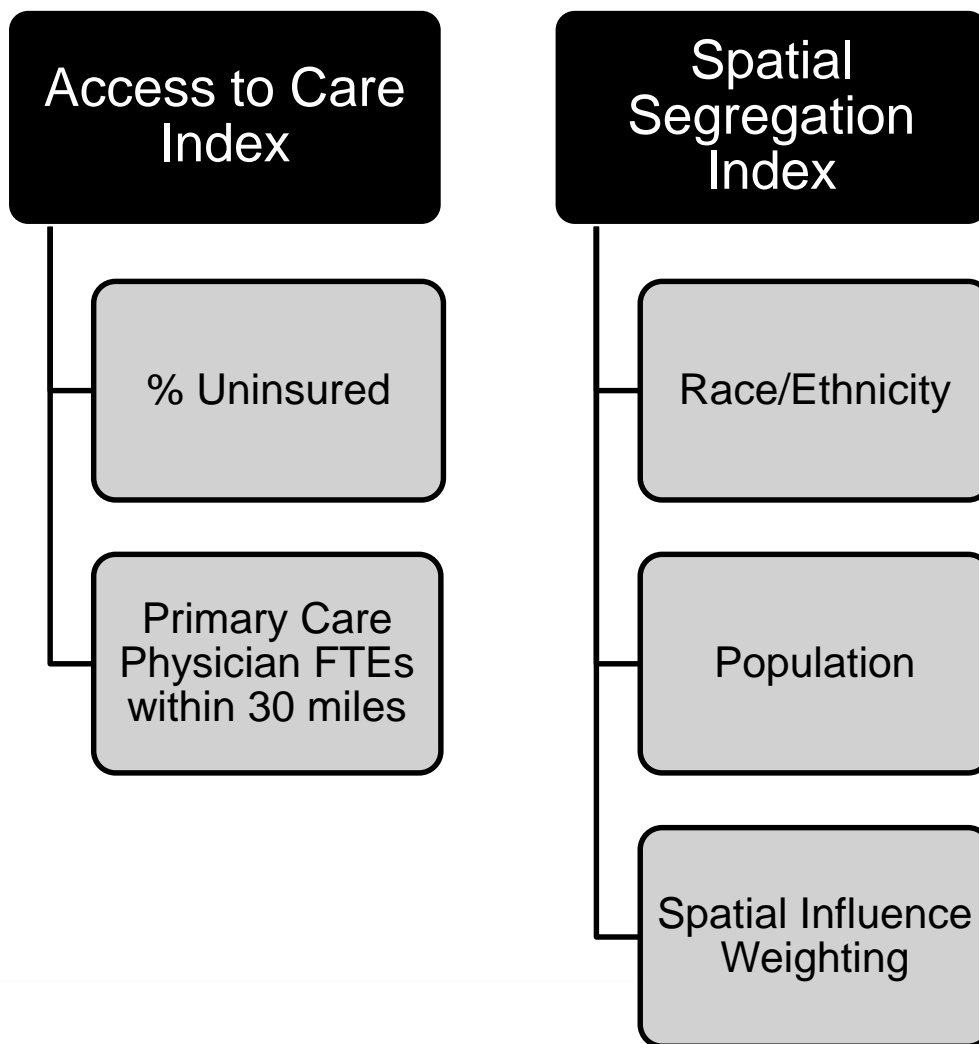
Economic Opportunity Profile



Consumer Opportunity Profile



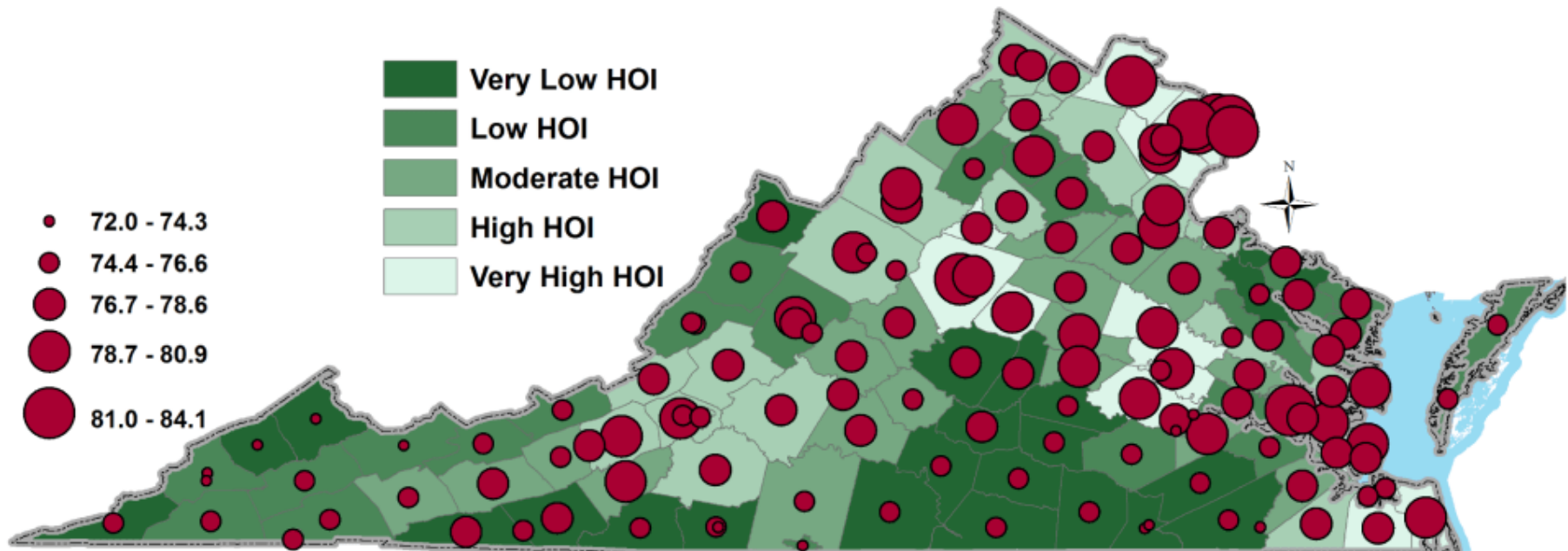
Wellness Disparity Profile



Virginia

Health Opportunity Index (HOI)

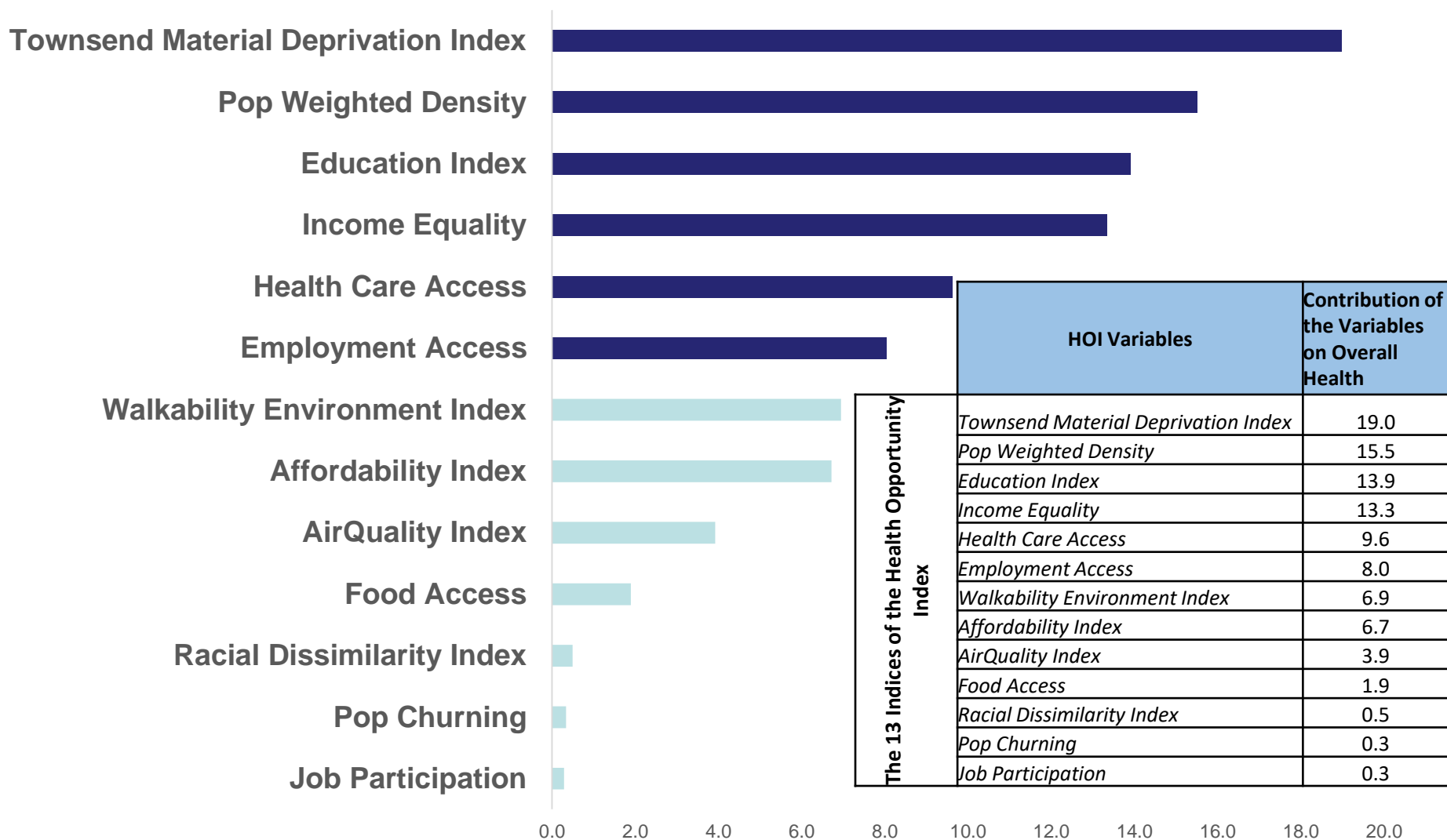
by County / City* overlaid with Life Expectancy at Birth



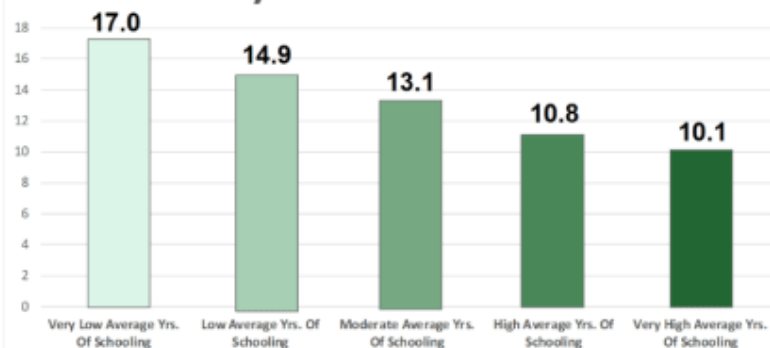
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Contribution of individual HOI Indices on Overall Health (Life Expectancy) in Portsmouth



Diabetes Diagnosis Rate per 1,000 by Education Index



Virginia

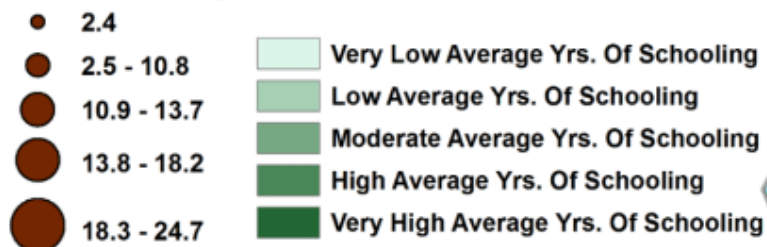
Portsmouth Health District

Education Index *

by Census Tract

Overlaid with Percent Diabetes Diagnosis **

Percent Diabetes Diagnosis



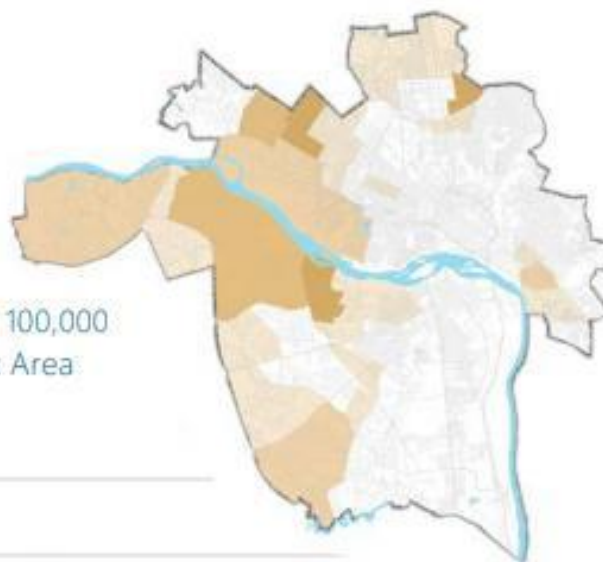
* The average number of years of schooling among adults in the community. It can range from zero (those with no formal schooling) to 20 (those with a doctorate/professional degree).

**aged ≥18 years who report ever been told by a doctor, nurse, or other health professional that they have diabetes other than diabetes during pregnancy.



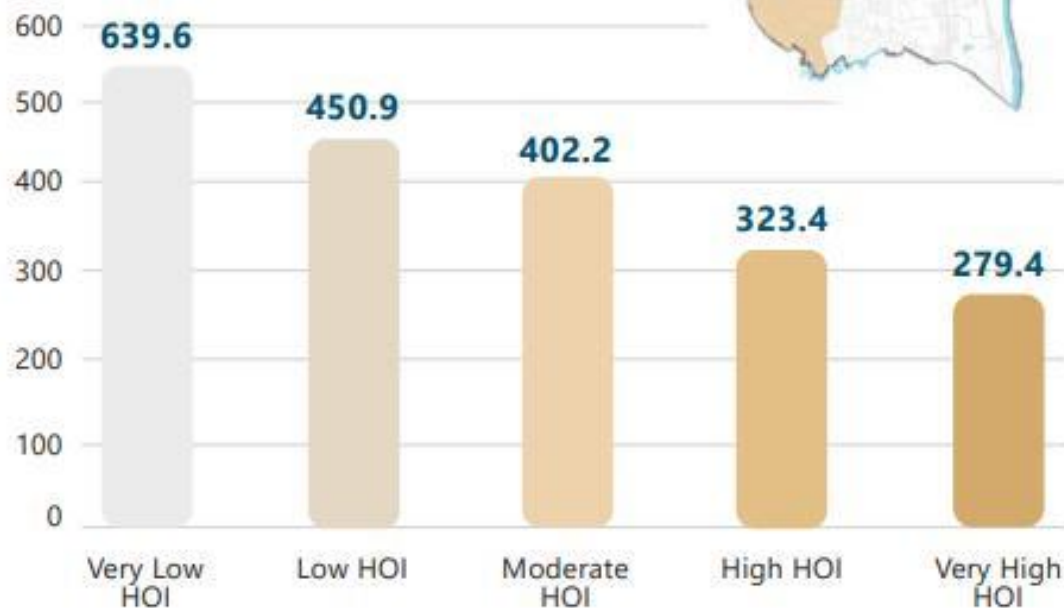
Vision Zero Richmond, VA

Health Outcomes



Fatality and Injuries Rate per 100,000
by Health Opportunity Index Area

Colors on map reflect graph

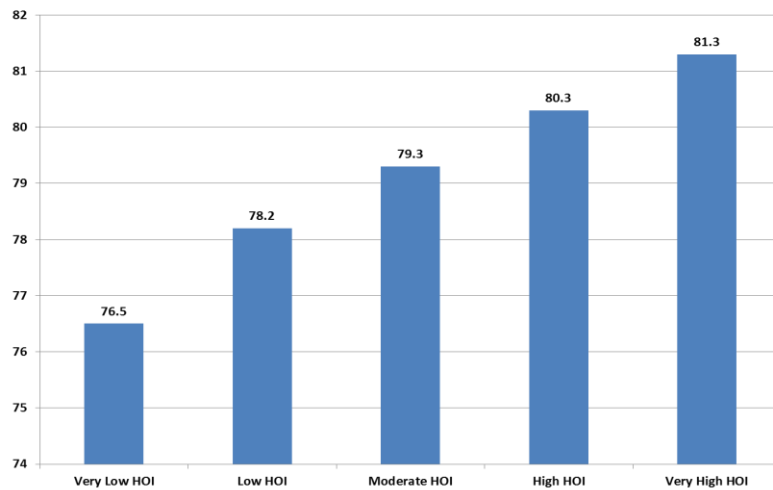


The Virginia Department of Health uses a Health Opportunity Index (HOI) as a composite measure of the social, economic, educational, demographic, and environmental factors that relate to a community's well-being. This includes indicators of neighborhood walkability and access to transportation; two factors directly relevant to Vision Zero. Areas in the City with a "very low" HOI experience a fatality and injury rate 2.65 times higher than areas with a very high HOI. Investments in transportation safety in these communities may contribute to the overall health outcomes of residents in areas with the greatest need. It will be necessary for the City and Vision Zero stakeholders to continue to determine which factors have the greatest influence on crash rates and the resulting injuries and fatalities in these specific communities.

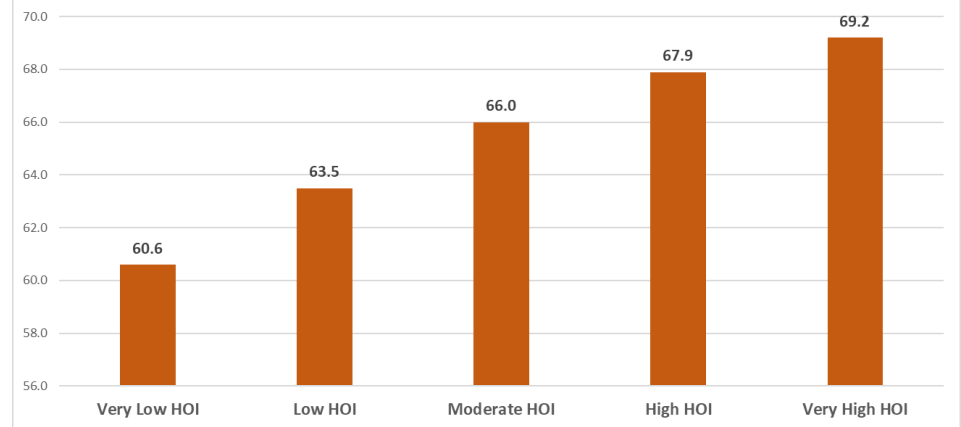
Source: Virginia Department of Health

Life Expectancy Vs Disability-Free Life Expectancy

Life Expectancy at Birth by HOI Quintiles



Disability-Free Life Expectancy, 2015-2019



What are we doing differently?



RURAL HEALTH DATA COMMONS

an innovative approach to inform health and well-being



UVA

BIOCOMPLEXITY
INSTITUTE



VDH VIRGINIA
DEPARTMENT
OF HEALTH

Link to the [Rural Health Data Commons](#).

What is a data commons?

An open knowledge repository that co-locates data from a variety of sources, builds and curates data insights, and provides tools designed to track issues over time and geography allowing governments and community stakeholders to learn continuously from their own data.

Features

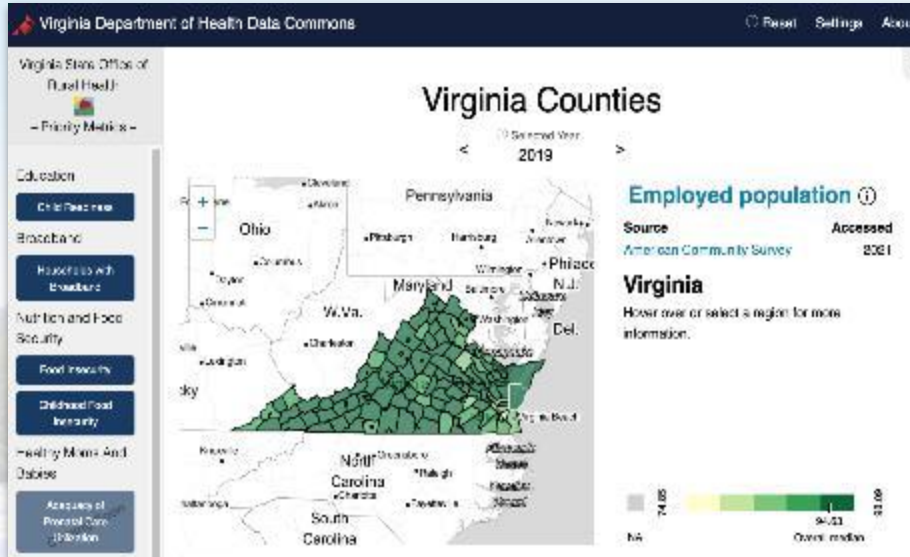
- Data sources, collected and created
- Maps reflecting multiple geographies
- Composite metrics
- Navigation and capability to statistically explore the data
- Data download via web or API

Intended Audience

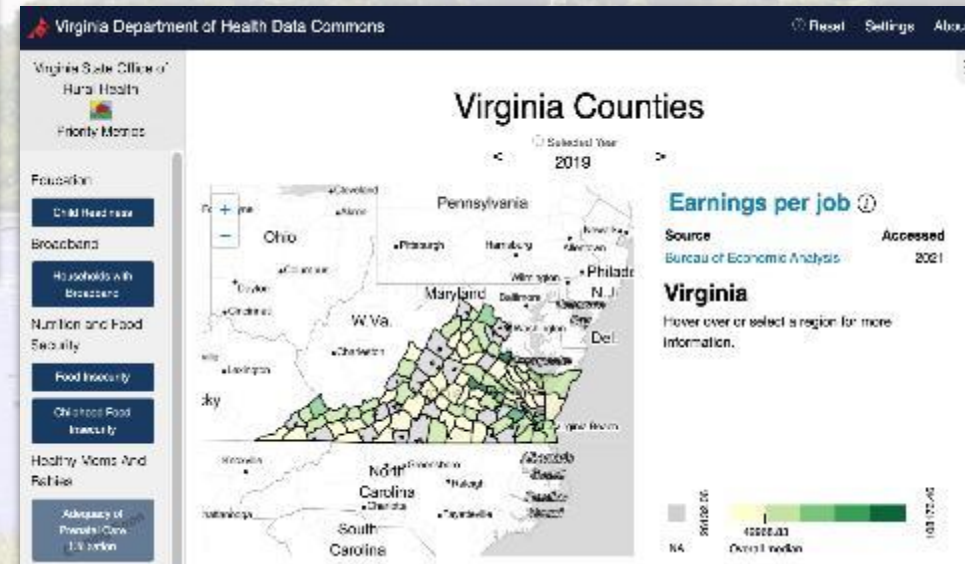
- General public
- Virginia government: elected officials and agency personnel
- Community stakeholders and leaders: local government, NGOs, business and industry
- Researchers: universities, institutes, think tanks
- Health professionals



Rural Data Commons: Workforce Metrics



Earnings per job- calculated based on the GDP and personal Income Table from the Bureau of Economic Analysis.



Civilian Employed Population- population self-reported as employed divided by total civilian workforce population.



Priority Metrics

1. Education

- Child Readiness via Third Grade Standards of Learning Reading Assessment

2. Broadband

- Percentage of Households with Broadband

3. Nutrition and Food Security

- Rates of Food Security
- Rates of Food Insecurity among Households with Children

4. Healthy Moms and Babies

- Adequacy of Prenatal Care Utilization via Kotelchuck Index

5. Access to Health Care Services

- Rates of Avoidable Hospitalizations per 100,000 Residents

6. Behavioral Health, Substance Use Disorder and Recovery

- Rates of Emergency Department Visits for Overdose (All drugs)

7. Employment/Workforce Development

- Earnings/Income per Job
- Employment Rates per Census Tract

A background image of a park or outdoor area. In the foreground, there is a light-colored gravel path. To the left of the path is a wooden fence made of horizontal slats. Behind the fence, there are several trees, some with green leaves and others bare. In the center-right background, there is a large, circular, metallic sculpture that looks like a globe or a mirror. The sky is blue with some white clouds.

Questions???