

America's Public Health Crisis: Declining Life Expectancy & its Systemic Causes

February 25, 2019



Institute for Public Health Innovation



Michael O. Royster, MD, MPH, FACPM
Vice President
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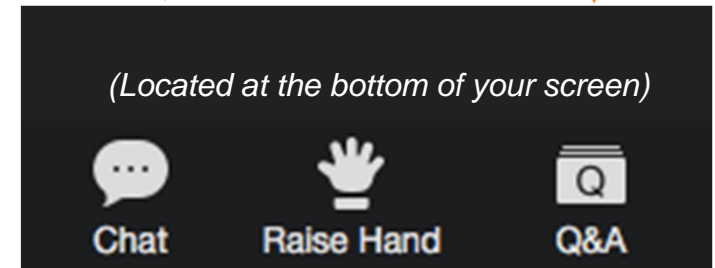


Kady R. Pecorella, MA
Program and Communications Associate
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Housekeeping

- Today's webinar is scheduled to last 1.5 hours including Q&A
- A recording of the webinar will be available online – attendees will receive a link following the webinar
- All participants are muted
- Questions can be submitted via the Zoom “Q&A” or “Chat” screen at any time
- Questions will be addressed during the Q&A session at the end of the webinar

Ask a Question using either the “Chat” or “Q&A” function as pictured below



Workshop Objectives

At the end of this workshop, participants will be able to:

- ✓ Describe the temporal and demographic trends in life expectancy in the U.S.;
- ✓ Discuss the magnitude of the racial/ethnic inequities in life expectancy in the U.S.
- ✓ Identify policy solutions to improve life expectancy and reduce inequities

Institute for Public Health Innovation

- ❖ An independent non-profit that **builds partnerships** across sectors and **cultivates innovative solutions** to improve health and well-being **for all people and communities** throughout VA, DC, and MD.



- Infrastructure and Capacity
- Convener and Backbone
- Innovation/Incubation Hub
- Training and Technical Assistance
- Policy and Systems Change



Speakers



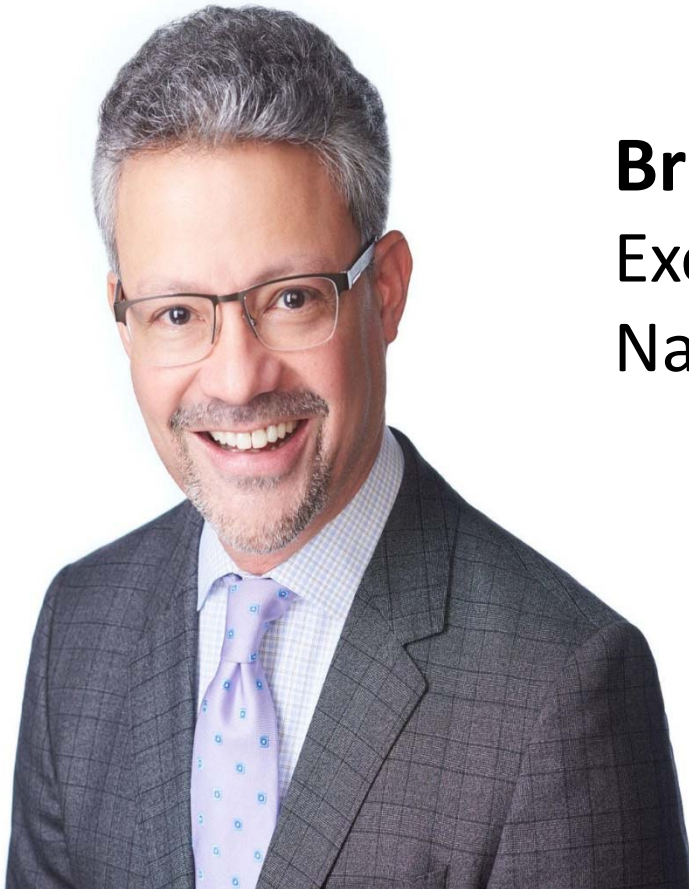
Steven H. Woolf, M.D., M.P.H., FACPM

Director Emeritus, Center on Society & Health

Professor, Dept of Family Medicine & Population Health

Virginia Commonwealth University

Speakers



Brian D. Smedley, Ph.D.

Executive Director

National Collaborative for Health Equity

Understanding the Decline in the Health of Americans

America's Public Health Crisis:
Declining Life Expectancy & its Systemic Causes
Institute for Public Health Innovation Webinar
February 25, 2019

Steven H. Woolf, MD, MPH
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U.S.

U.S. Life Expectancy Falls Further



'We are losing too many Americans, too early and too often, to conditions that are preventable,' CDC head says



By *Betsy McKee*



Nov. 29, 2018 12:07 PM



Life expectancy declines again, a dismal trend not seen since World War I

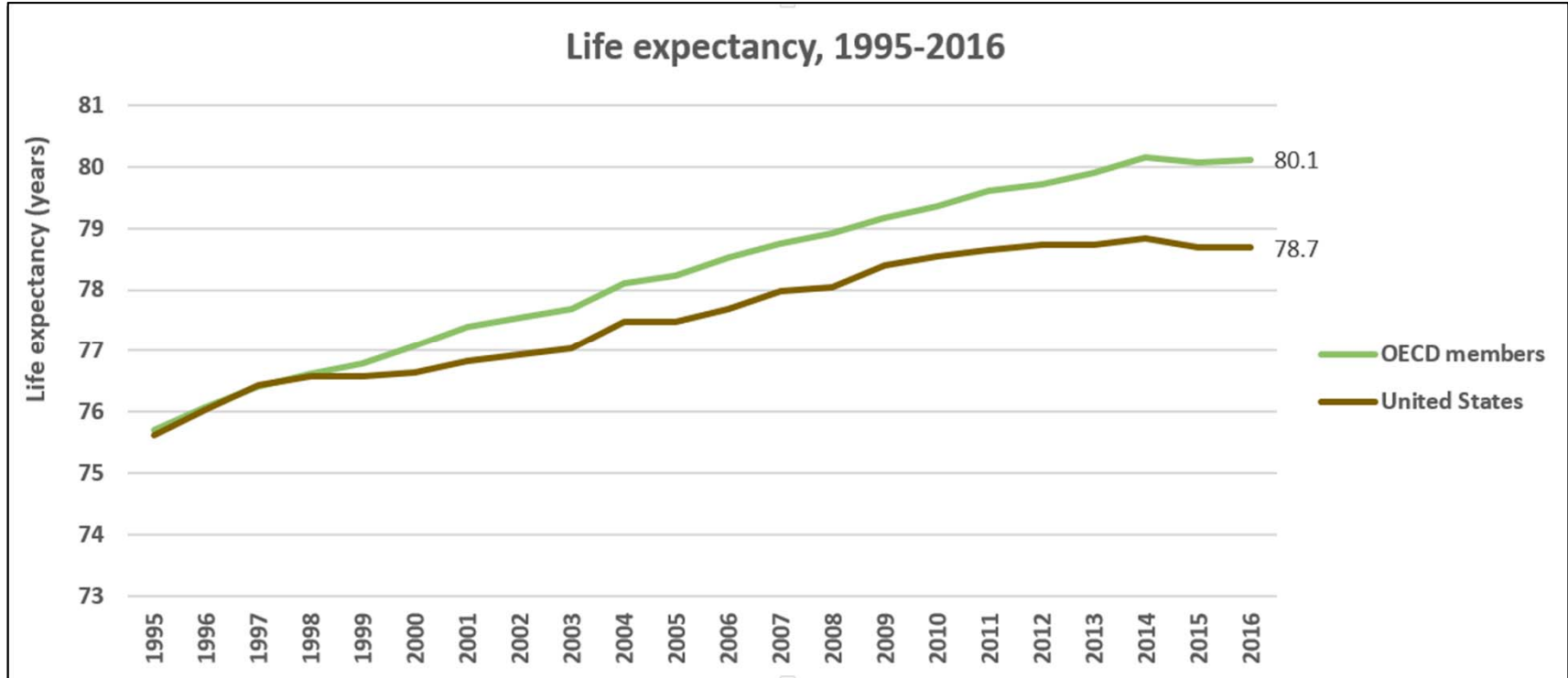


U.S. life expectancy declines again, a dismal trend not seen since World War I

washingtonpost.com

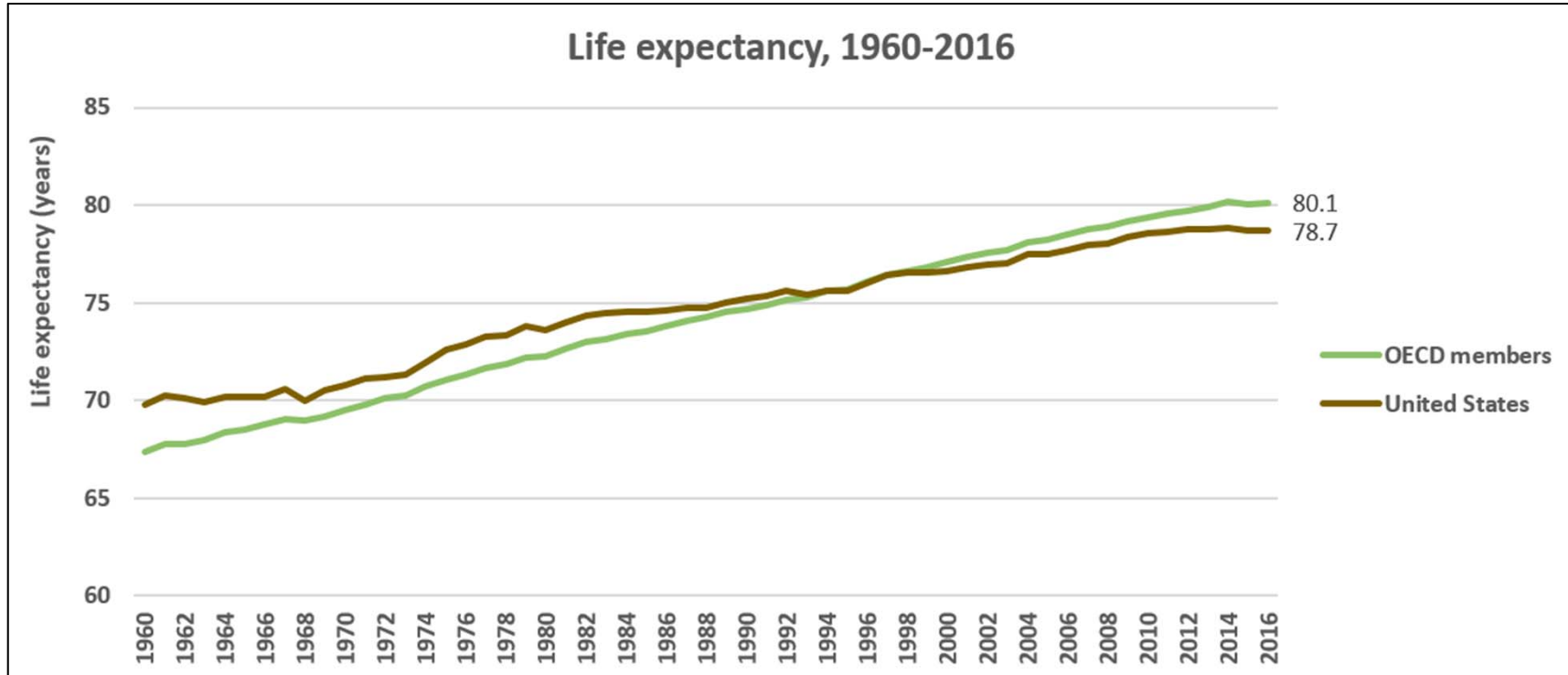


The decline in US health



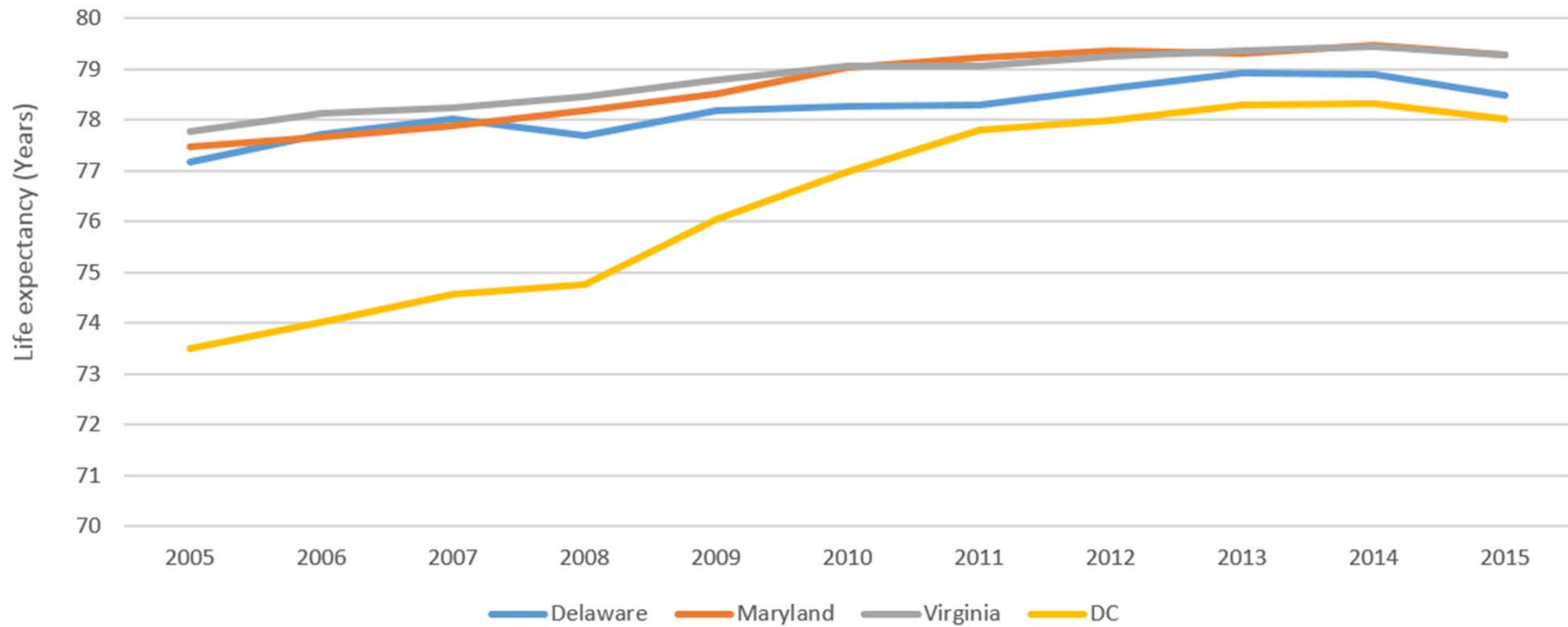
Source: The World Bank. <https://data.worldbank.org/indicator/sp.dyn.le00.in>

The decline in US health

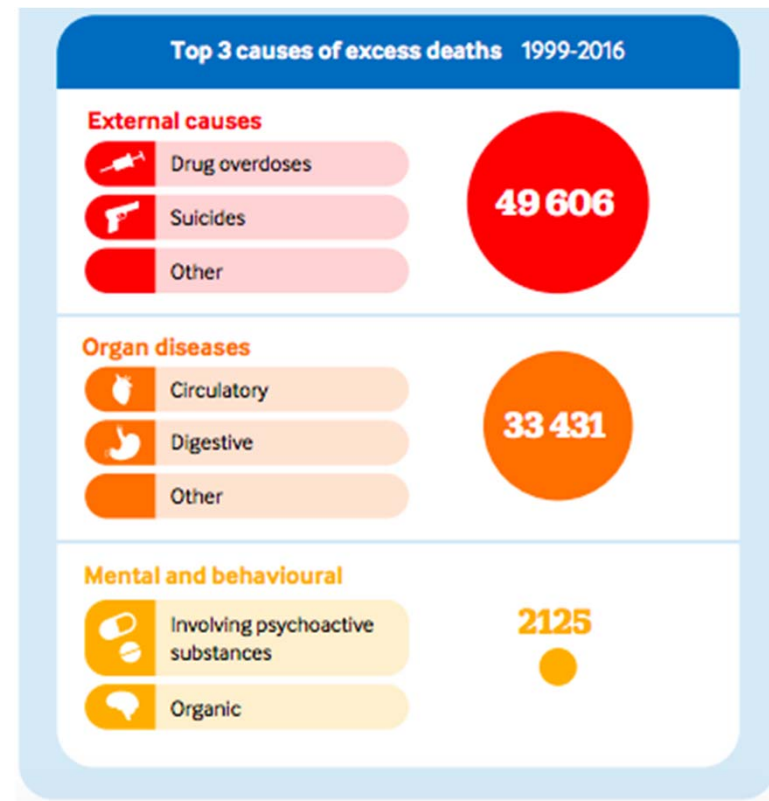
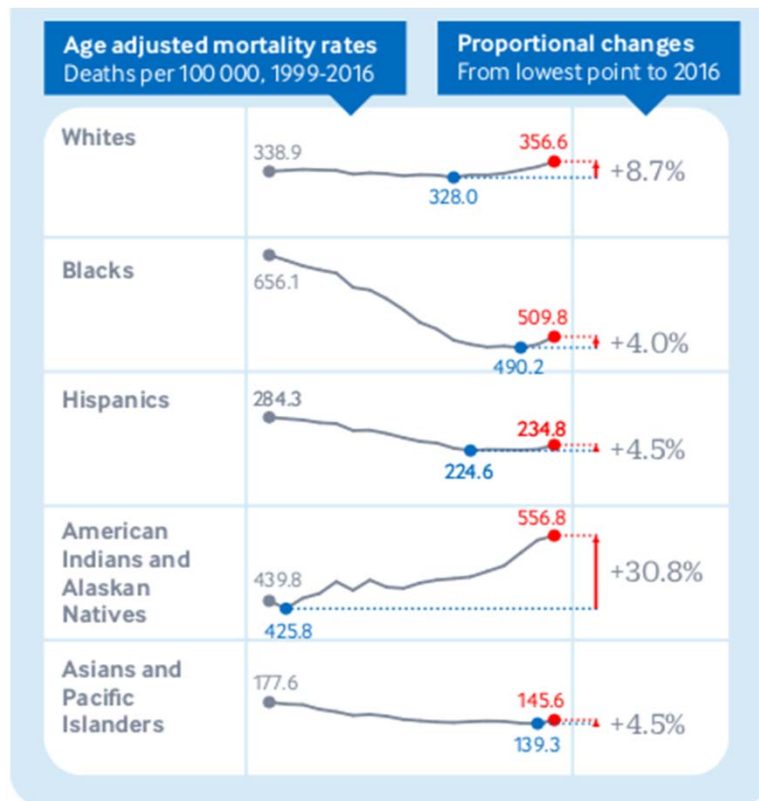


Source: The World Bank. <https://data.worldbank.org/indicator/sp.dyn.le00.in>

Life expectancy in the mid-Atlantic region 2005-2015

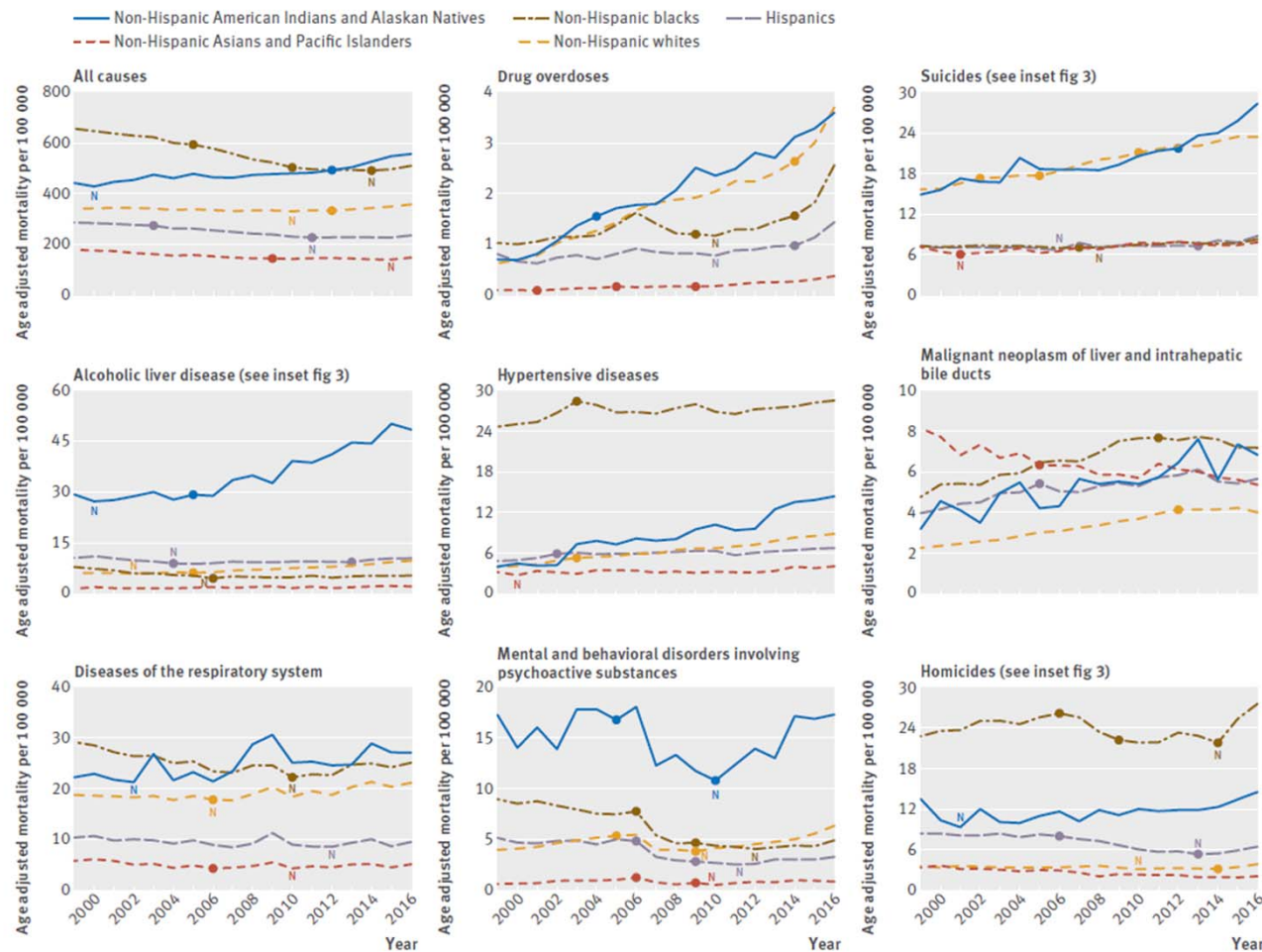


Midlife mortality rates rising across racial and ethnic groups, 1999-2016



Source: Woolf et al. *BMJ* 2018;362:k3096.

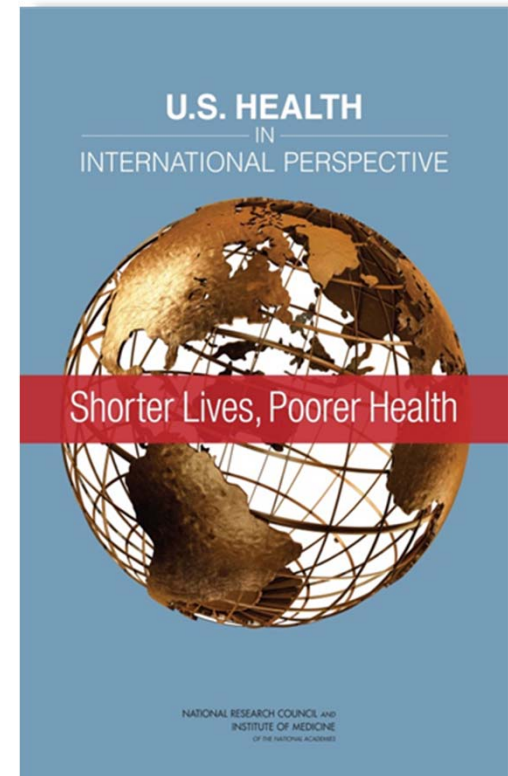
Age-adjusted all-cause and cause-specific mortality rates, US adults aged 25-64 years, 1999-2016



Source: Woolf et al. *BMJ* 2018;362:k3096.

The US health disadvantage

- Birth outcomes
- Injuries and homicides
- Adolescent pregnancy and sexually transmitted infections
- HIV and AIDS
- **Drug-related mortality**
- Obesity and diabetes
- Heart disease
- Chronic lung disease
- Disability



Source: Woolf SH, Aron L, eds. *U.S. Health in International Perspective: Shorter Lives, Poorer Health*. National Research Council, Committee on Population, Division of Behavioral and Social Sciences and Education, and Board on Population Health and Public Health Practice, Institute of Medicine. Washington, DC: The National Academies Press, 2013.

WHY ARE DEATH RATES RISING IN VIRGINIA'S WHITE POPULATION?

The Role of Stress-Related Conditions



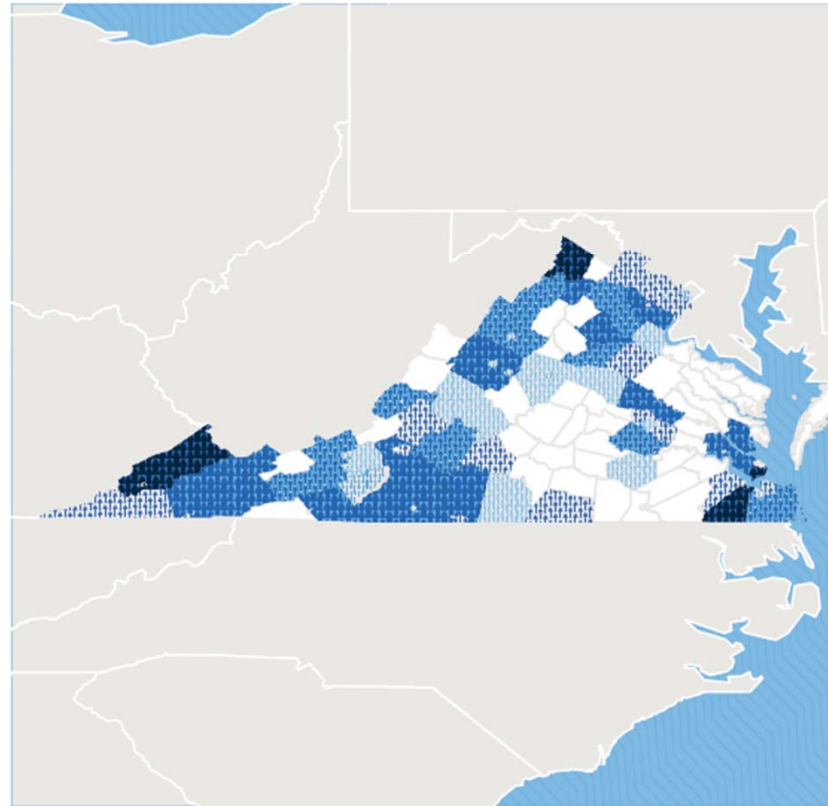
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Steven H. Woolf, MD, MPH¹
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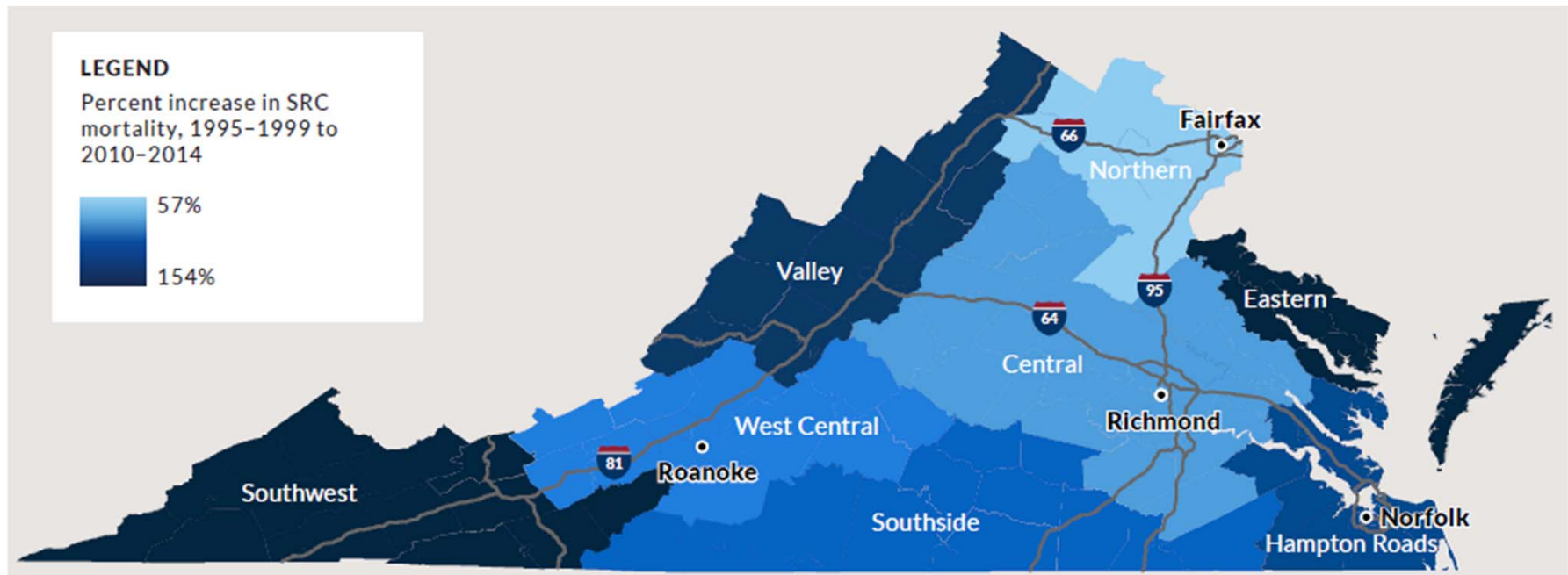
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March 2018



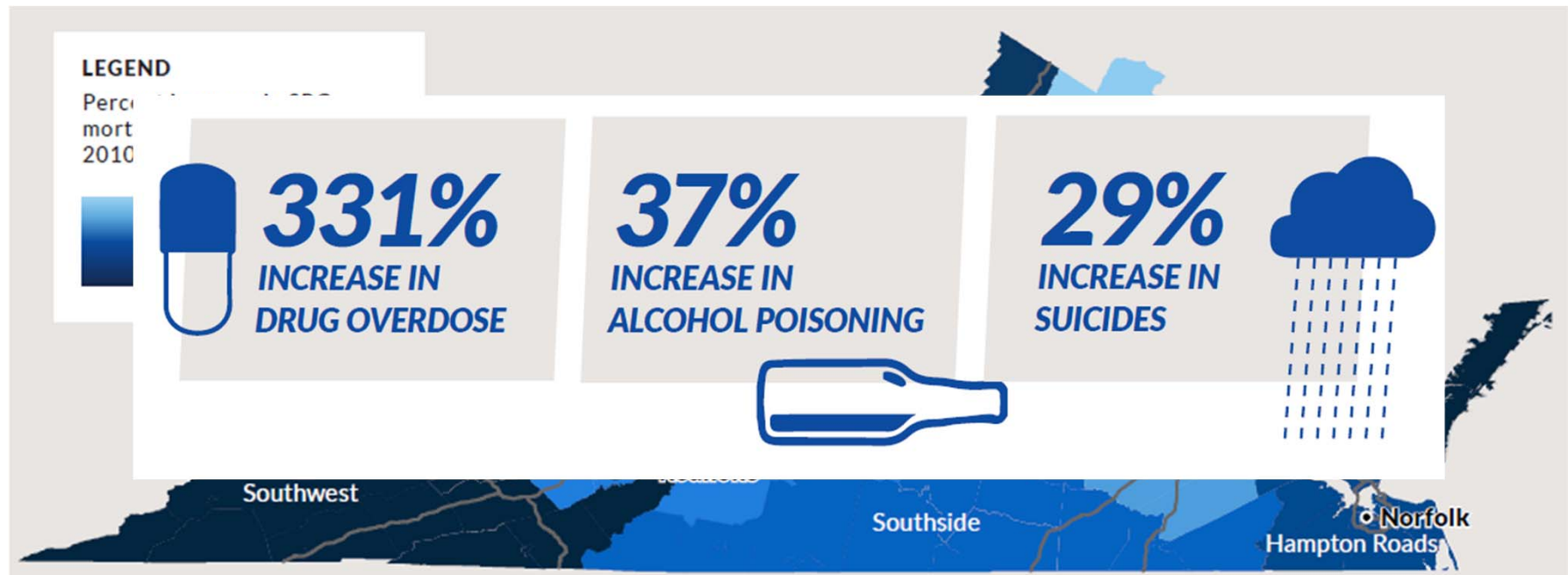
Relative increase in mortality from “stress-related conditions”* between 1995–1999 and 2010–2014, Virginia



*Stress-related conditions: Accidental drug overdoses, alcohol intoxication, alcoholic liver disease, suicides

Source: Woolf SH, Chapman DA, Buchanich JM, et al. *Why Are Death Rates Rising in Virginia’s White Population? The Role of Stress-Related Conditions*. Richmond: Center on Society and Health, Virginia Commonwealth University, 2018.

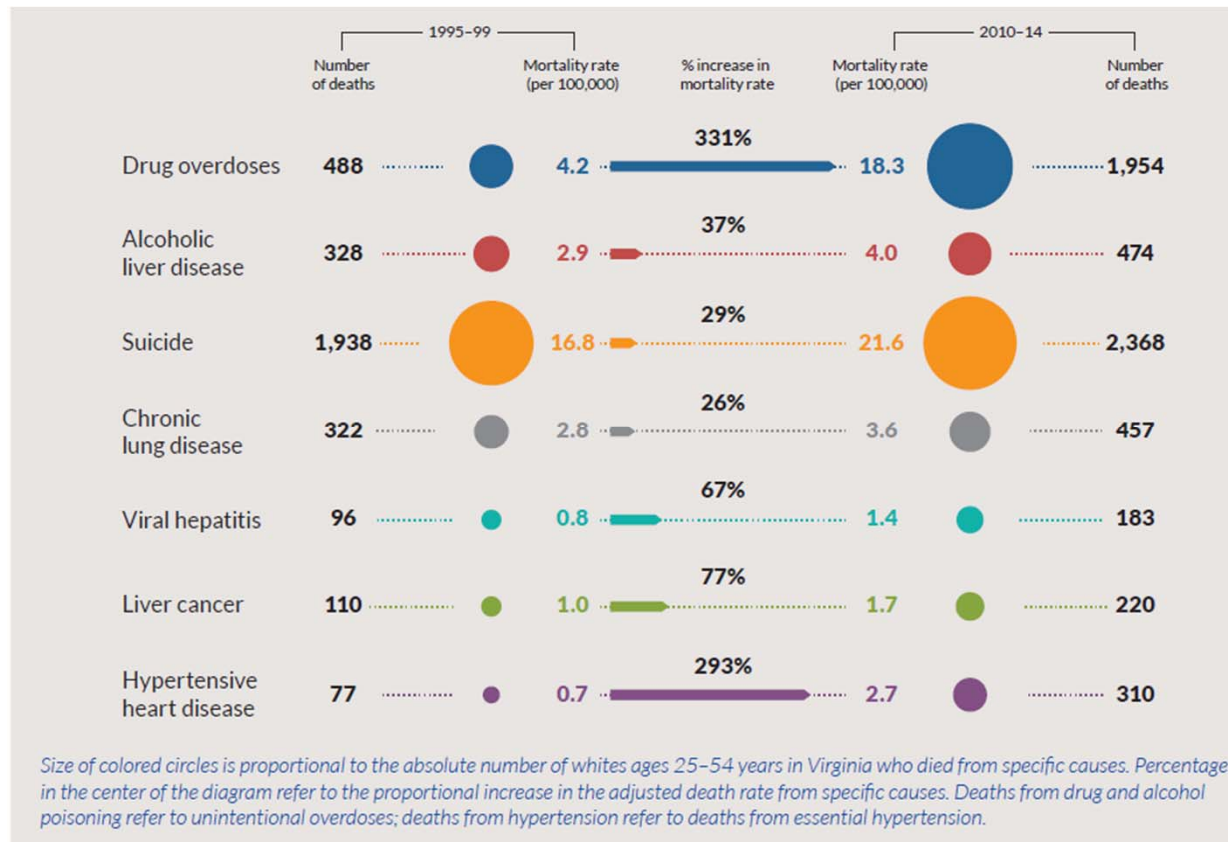
Relative increase in mortality from “stress-related conditions”* between 1995–1999 and 2010–2014, Virginia



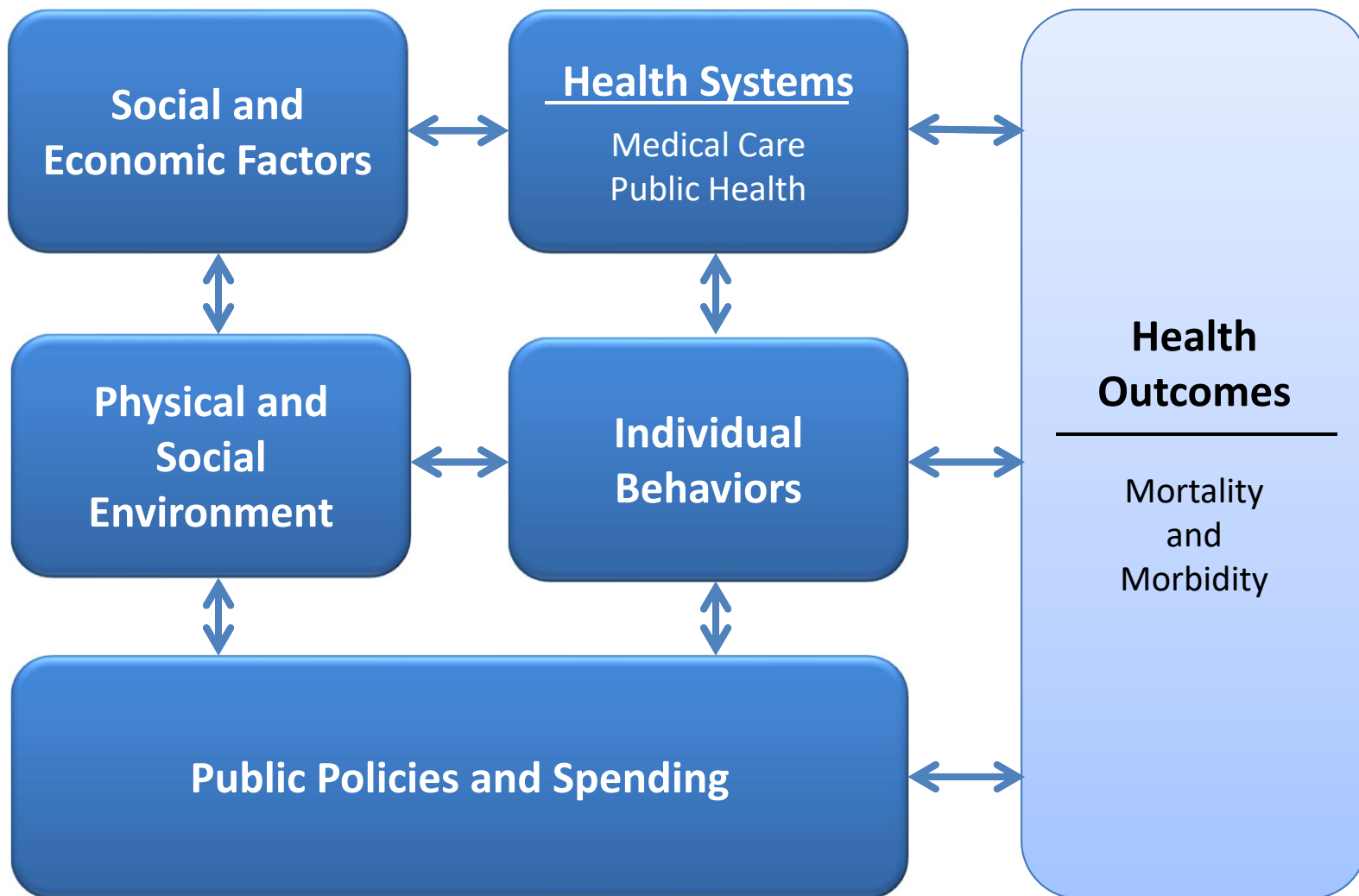
*Stress-related conditions: Accidental drug overdoses, alcohol intoxication, alcoholic liver disease, suicides

Source: Woolf SH, Chapman DA, Buchanich JM, et al. *Why Are Death Rates Rising in Virginia’s White Population? The Role of Stress-Related Conditions*. Richmond: Center on Society and Health, Virginia Commonwealth University, 2018.

Increases in deaths among whites ages 25-54 years, Virginia, 1995-2014



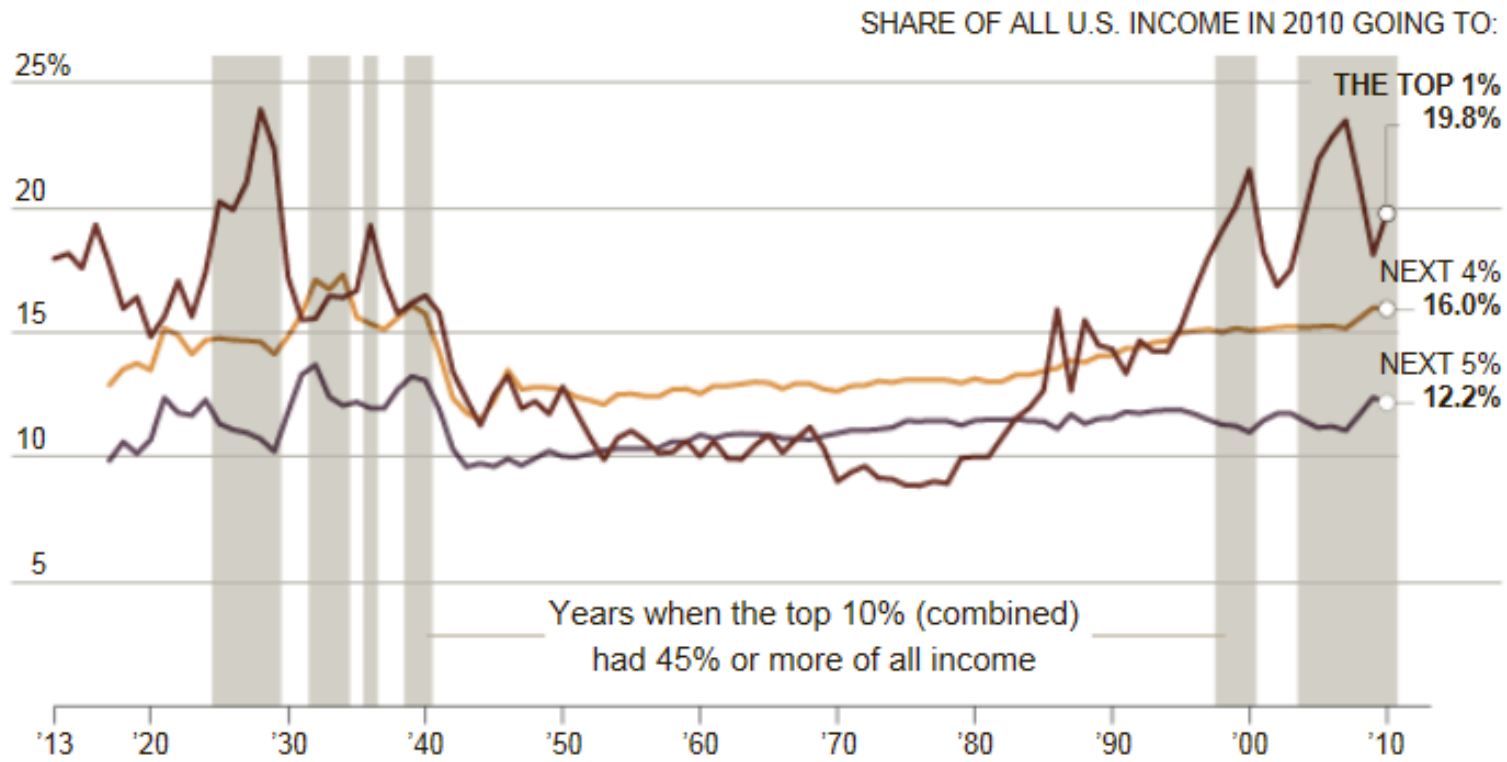
Source: Woolf SH, Chapman DA, Buchanich JM, et al. *Why Are Death Rates Rising in Virginia's White Population? The Role of Stress-Related Conditions*. Richmond: Center on Society and Health, Virginia Commonwealth University, 2018.



Source: Adapted from Woolf SH, Aron L, eds. *U.S. Health in International Perspective: Shorter Lives, Poorer Health*. Panel on Understanding Cross-National Health Differences Among High-Income Countries. National Research Council, Committee on Population, Division of Behavioral and Social Sciences and Education, and Board on Population Health and Public Health Practice, Institute of Medicine. Washington, DC: The National Academies Press, 2013.

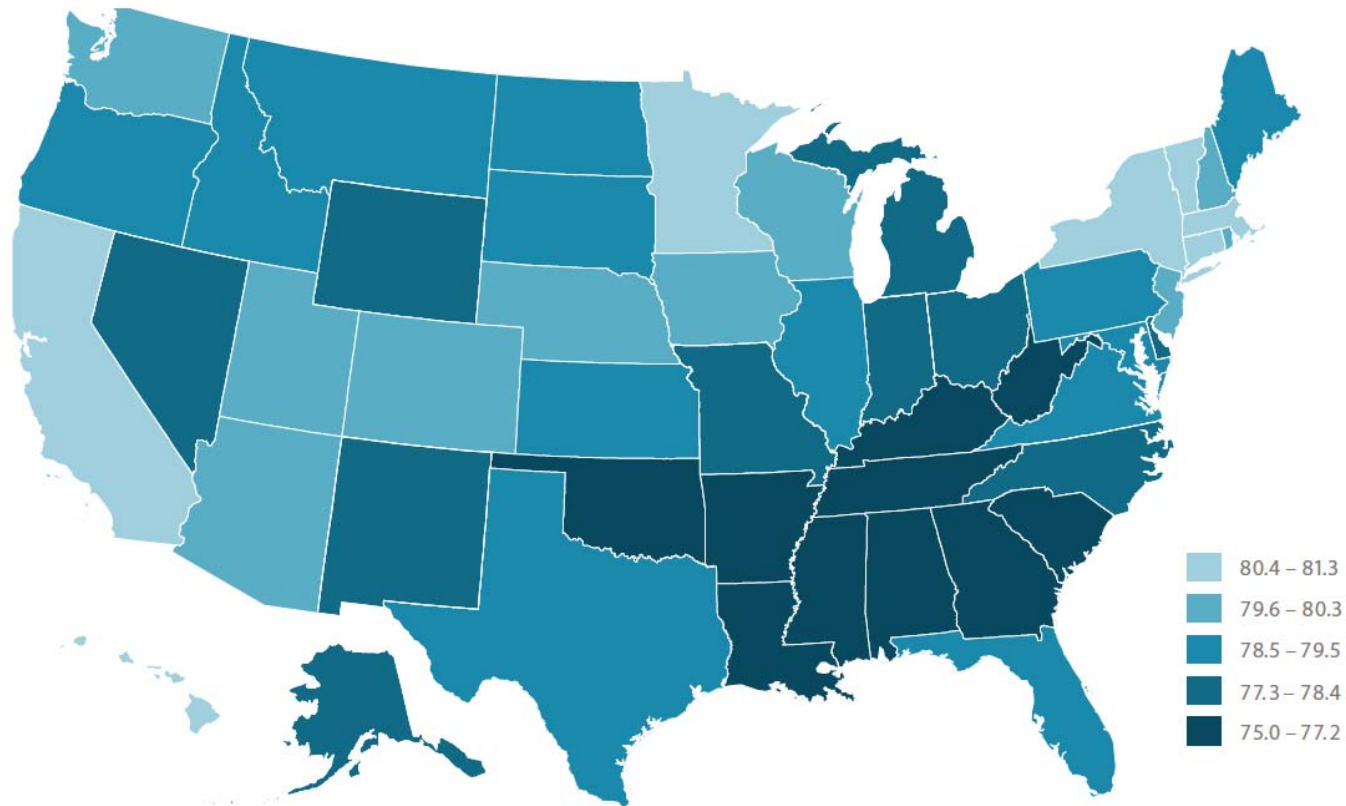


Growing Income Inequality



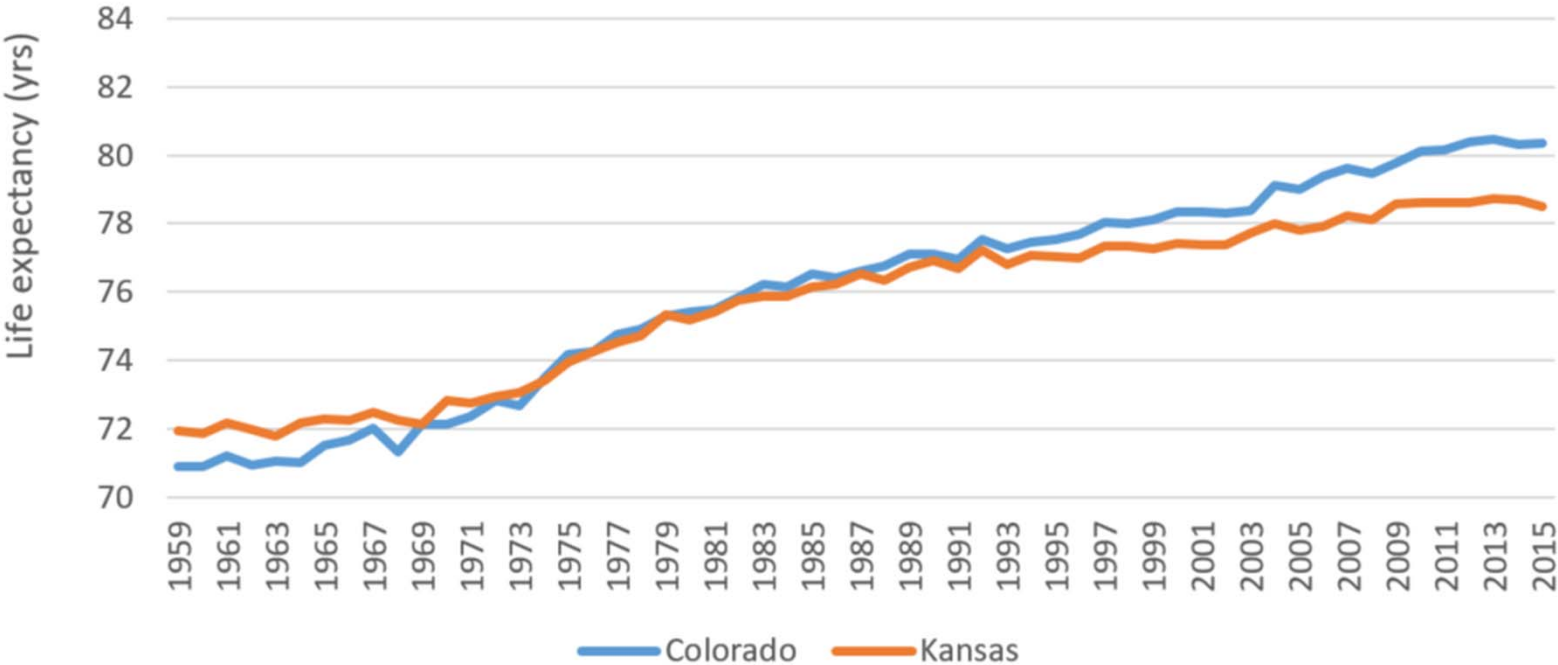
Source: <http://www.nytimes.com/interactive/2012/04/17/business/income-earned-by-the-wealthiest.html?ref=business>

Life expectancy: it depends on your state

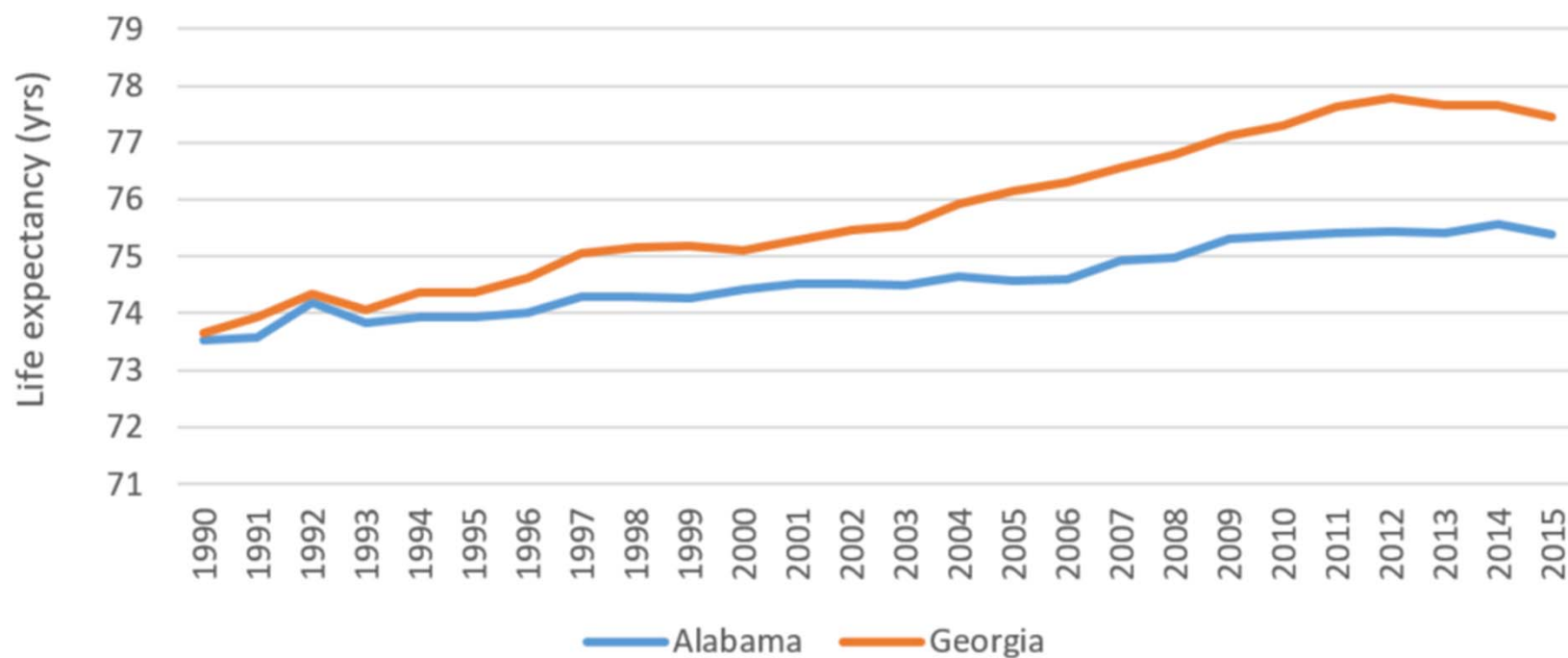


Woolf SH, Aron L, Chapman DA, et al. *The Health of the States: How U.S. States Compare in Health Status and the Factors that Shape Health—Summary Report*. Richmond, VA: Center on Society and Health, Virginia Commonwealth University, 2016.

Life expectancy, Colorado vs Kansas, 1959-2015

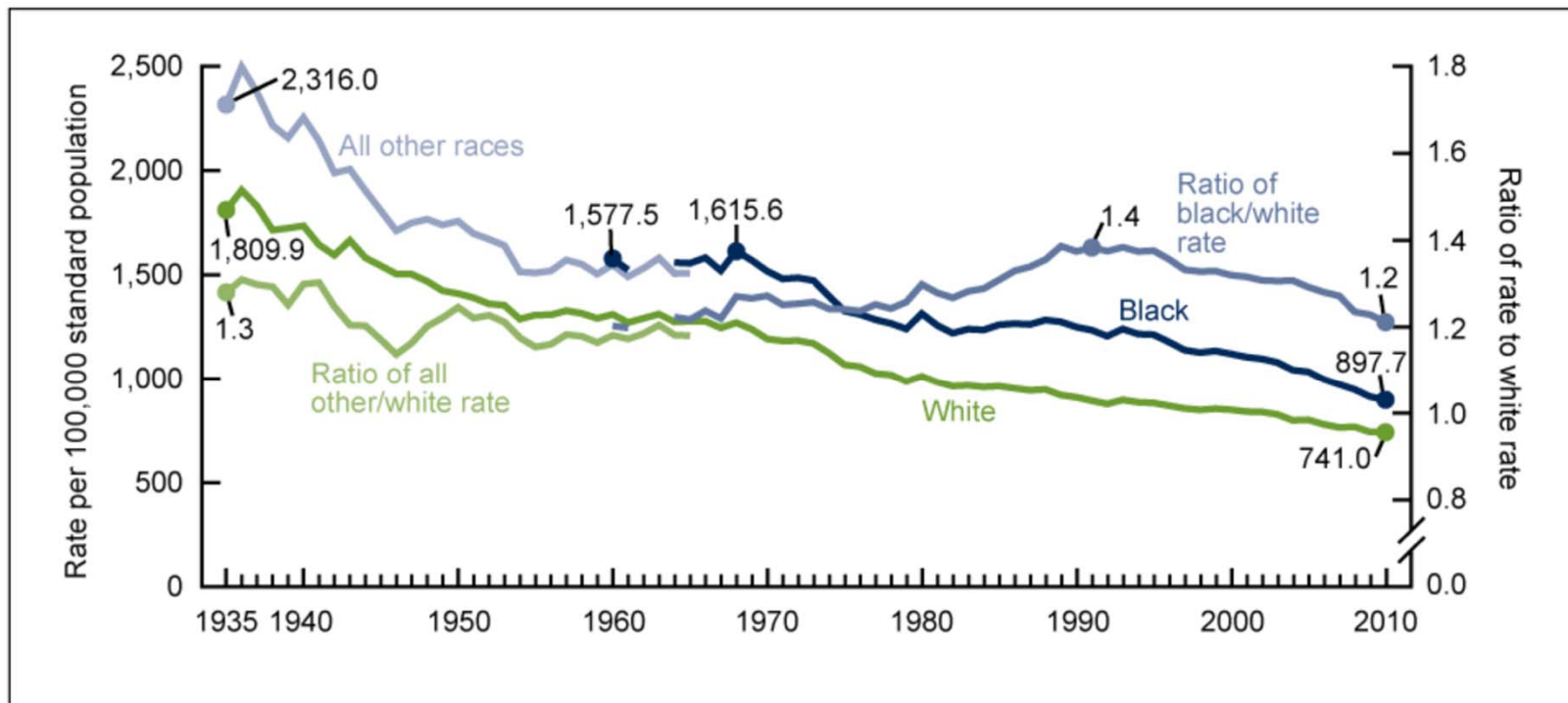


Life expectancy, Alabama vs Georgia, 1990-2015



Joining the club

Figure 5. Age-adjusted death rates and ratio of rates by race: United States, 1935–2010



NOTE: 2010 data are preliminary. Age-adjusted rates are per 100,000 U.S. standard population. Rates for 2001–2009 are revised and may differ from rates previously published.

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.

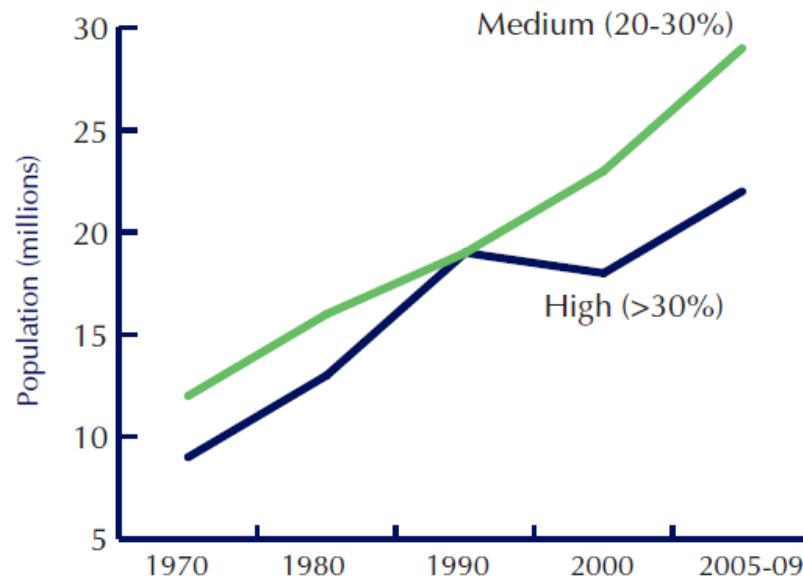
Addressing Upstream Causes of Stress:
Neighborhood Poverty Concentration and
Housing Mobility

Brian Smedley, Ph.D.

National Collaborative for Health Equity

www.nationalcollaborative.org

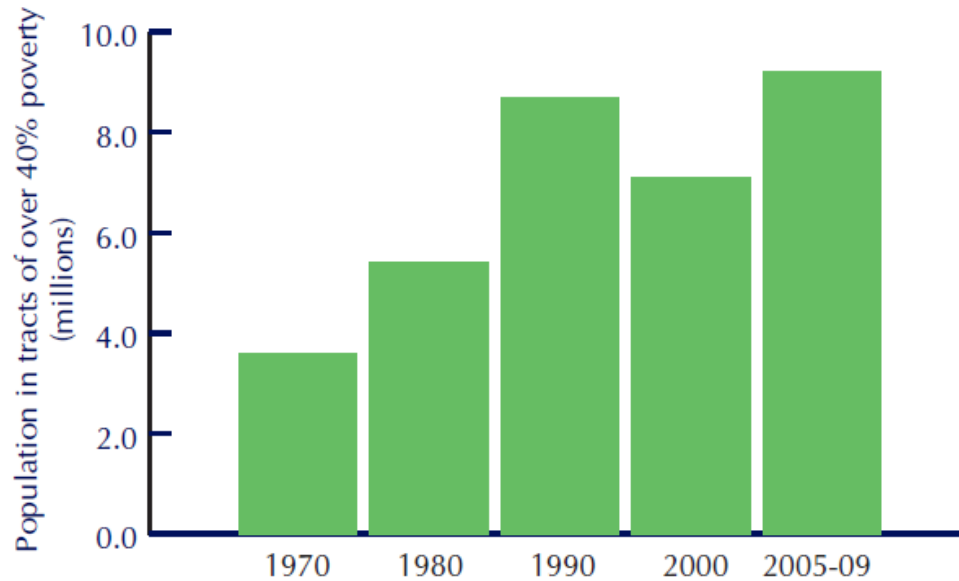
Steady rise in people in medium, high-poverty neighborhoods



Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.



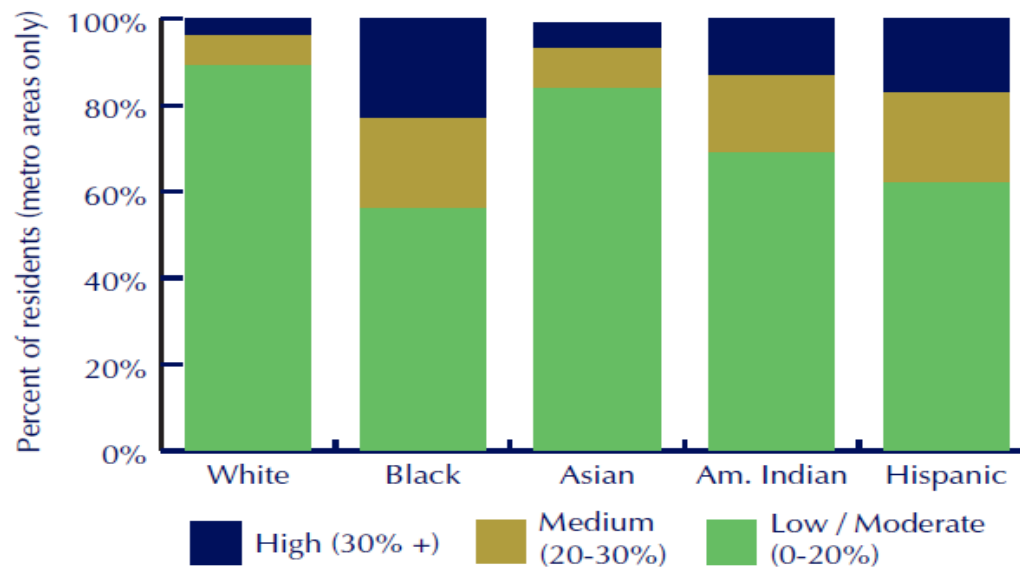
2000s: Population soars in extreme-poverty neighborhoods



Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.



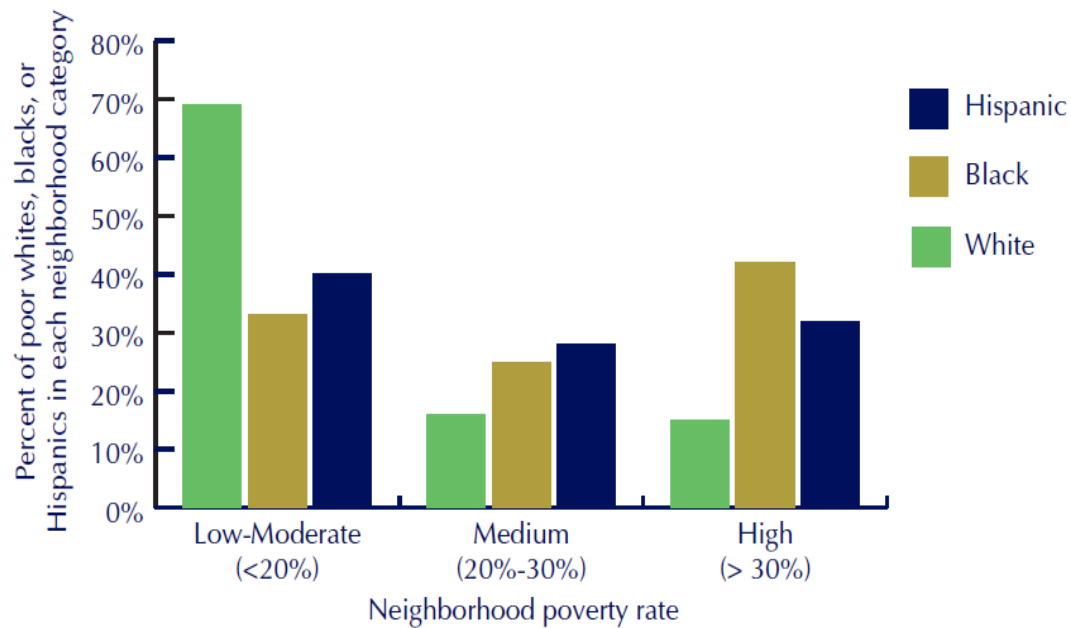
Blacks, Hispanics, Amer. Indians over-concentrated in high-poverty tracts



Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.



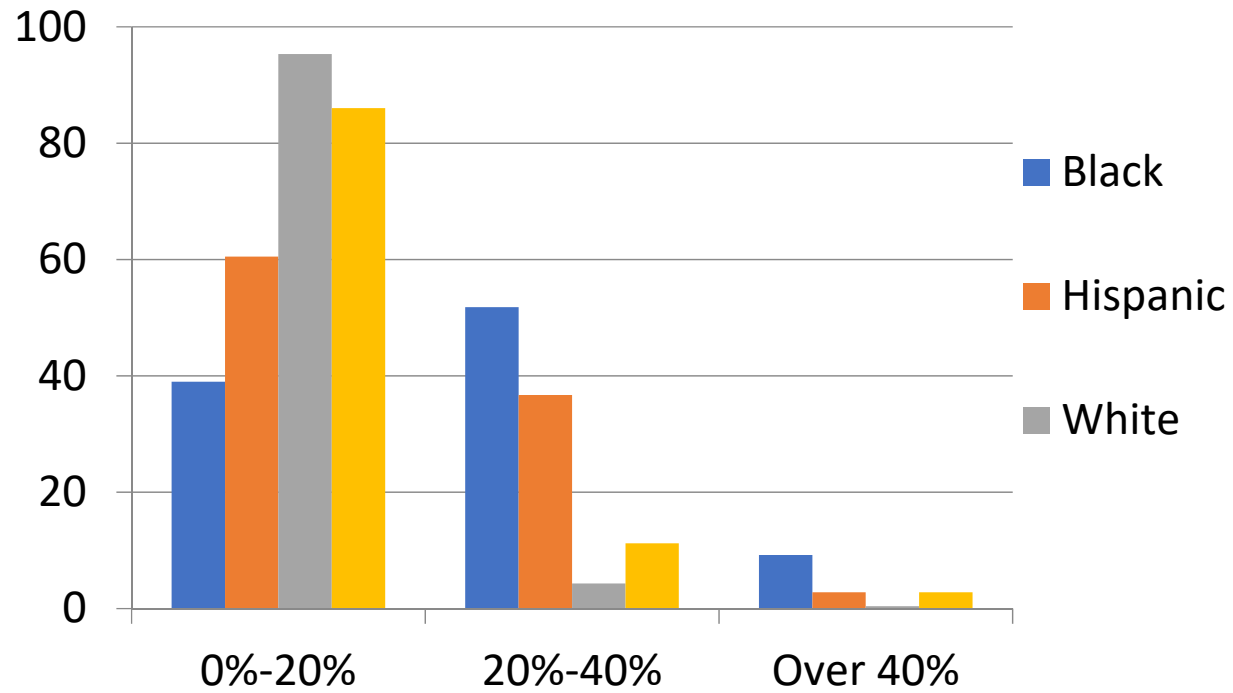
Most poor blacks, Hispanics live in medium-high poverty tracts



Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.

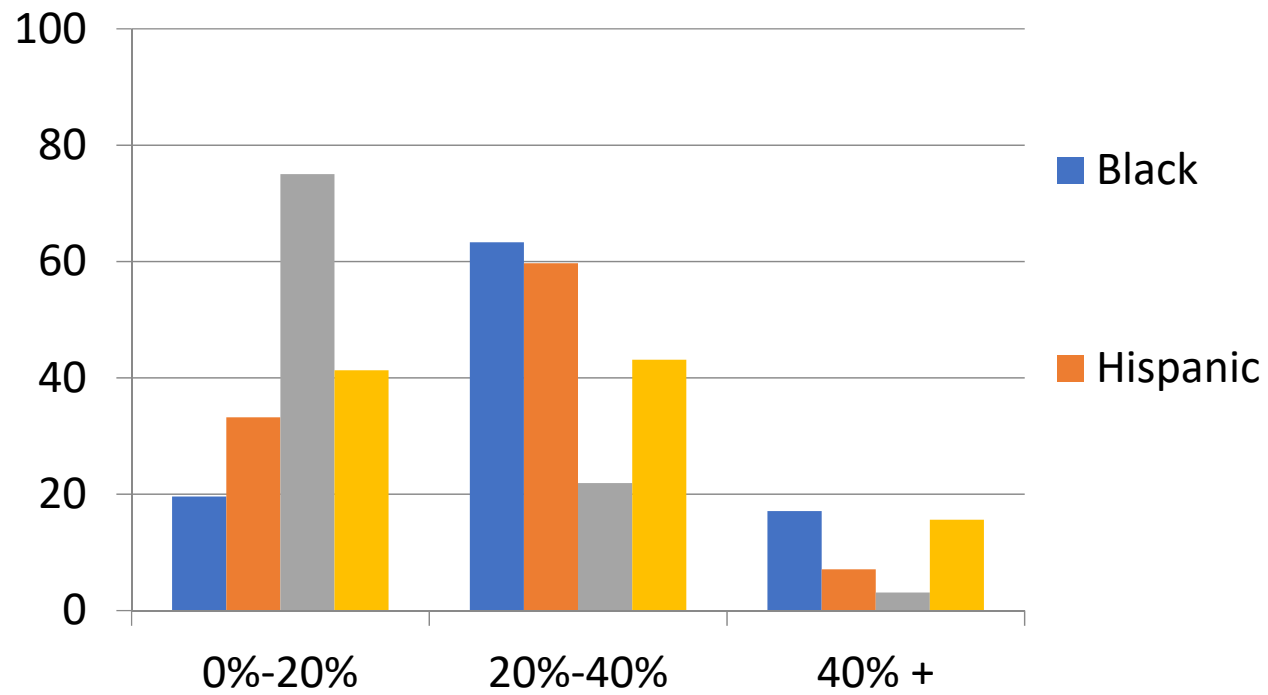
Metro Detroit: Poverty Concentration of Neighborhoods of All Children

Source: Diversitydata.org, 2011

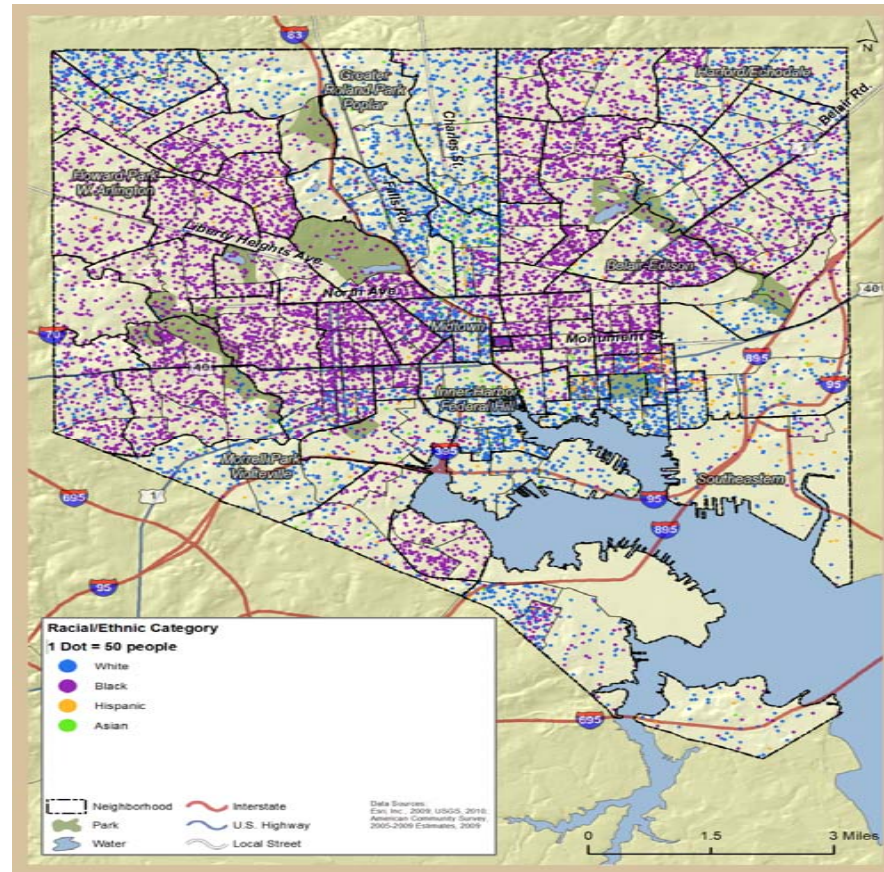


Metro Detroit: Poverty Concentration of Neighborhoods of Poor Children

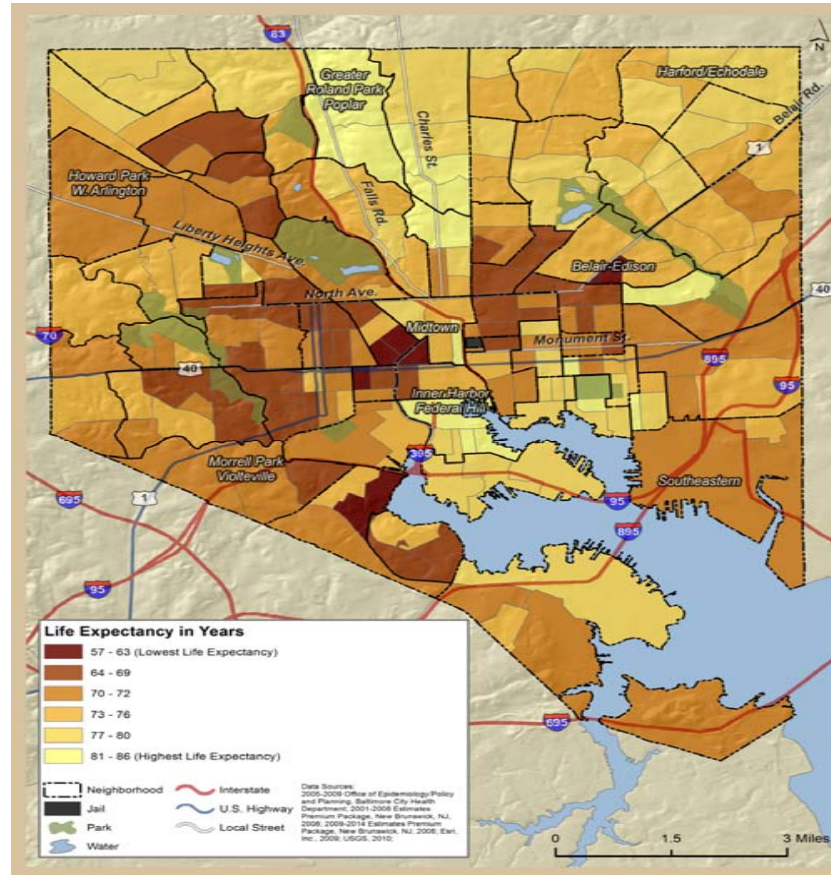
Source: Diversitydata.org



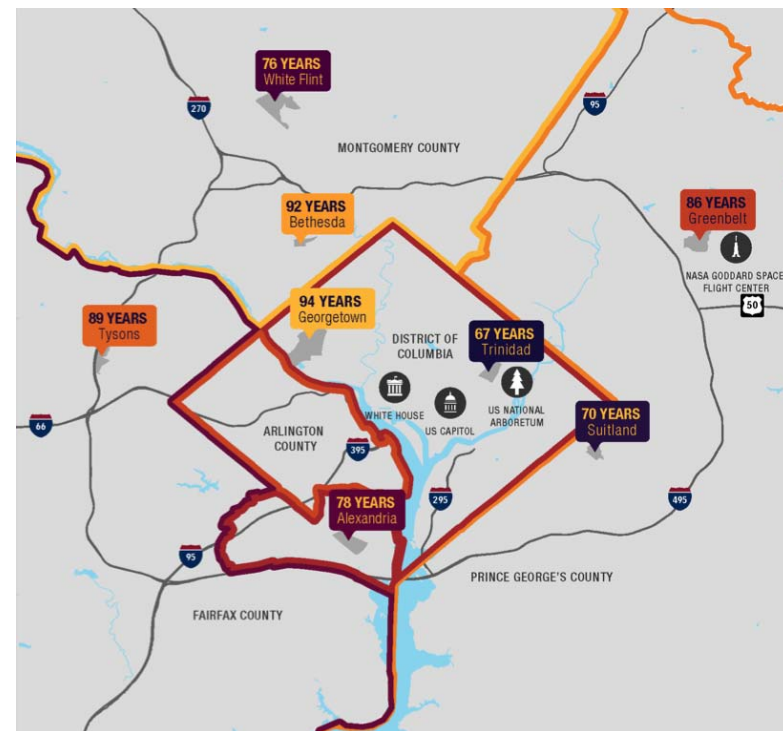
Racial and Ethnic Distribution, Baltimore, 2005-2009



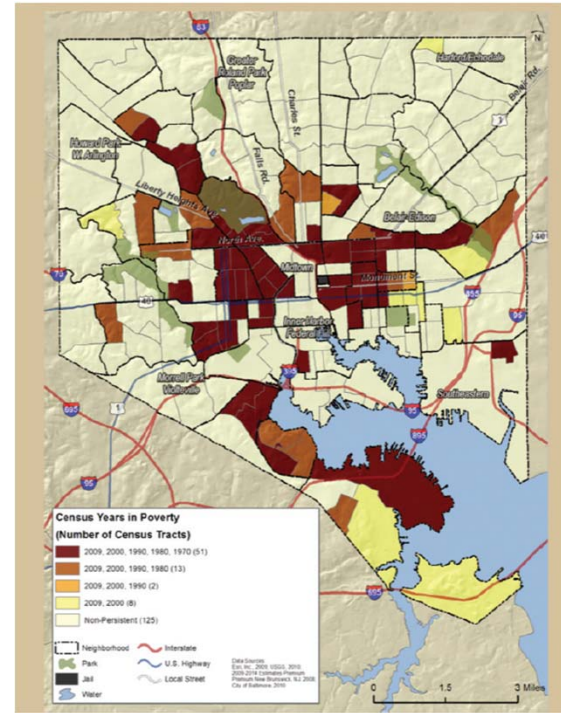
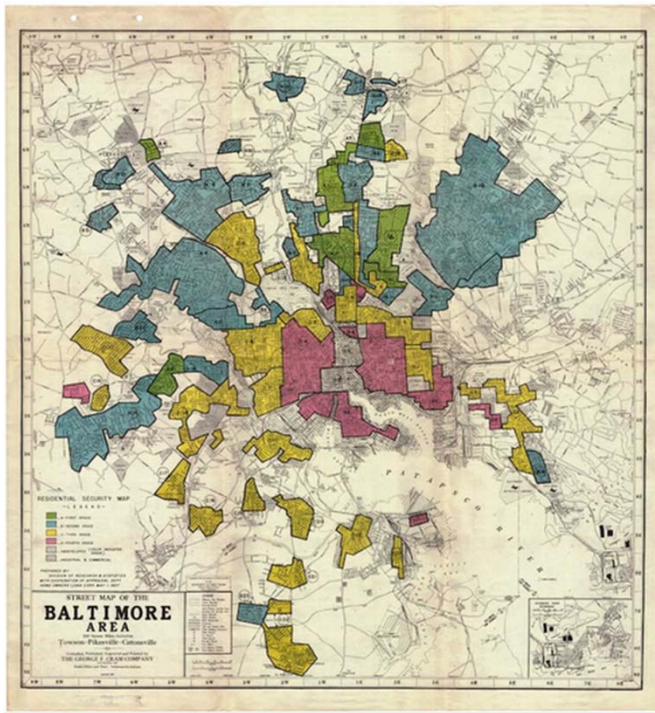
Life Expectancy by Census Tract, Baltimore, 2005-2009



Short distances to large gaps in health



From redlining to persistent poverty



Myth of de facto segregation arising from the unintended consequences of economic forces

Federal, state, and local governments systematically imposed residential segregation with

- undisguised racial zoning,
- public housing that purposefully segregated previously mixed communities,
- subsidies for builders to create whites-only suburbs,
- tax exemptions for institutions that enforced segregation, and
- support for violent resistance to African Americans in white neighborhoods.

How Does Neighborhood Poverty Concentration Affect Low-Income Residents' Outcomes?

Neighborhoods shape life opportunities, health, and well-being of low-income families in several ways. These mechanisms can be broadly classified under four rubrics:

- 1) Social interactive
- 2) Environmental
- 3) Geographical
- 4) Institutional

G. C. Galster, "The Mechanism(s) of Neighborhood Effects Theory, Evidence, and Policy Implications," paper for presentation at the ESRC Seminar "Neighborhood Effects: Theory & Evidence" (Scotland, UK: St. Andrews University, 2010).

Social Interactive Mechanisms

- **Social norms, attitudes, and processes**, such as peer influences on behaviors, aspirations, and attitudes, and social norms conveyed by neighborhood role models and other social pressures.
- **Neighborhood social networks** also shape outcomes through access to information and resources (e.g., information about job opportunities).
- **Social cohesion and control** is influenced by the strength of social ties and neighbors' ability to enforce order and act collectively to advance residents' interests (e.g., "collective efficacy").

Environmental Mechanisms

- High levels of **violence** can increase risk for **adverse childhood experiences, post-traumatic stress**, and direct harm to those youth who perpetuate or are victimized by violence.
- Neighborhood violence can also stoke **distrust** among neighbors, increase feelings of **stress and social isolation**, and increase risk for negative interactions with law enforcement.
- Similarly, aspects of the **physical environment** of neighborhoods, such as the presence of blight, litter, and graffiti may increase risk for negative emotional and cognitive states, such as a sense of powerlessness.
- And low-income neighborhoods and communities of color are particularly at risk for high levels of **environmental degradation and toxic exposures**, often brought about by polluting industries or decaying physical infrastructure.

Institutional Mechanisms

These include forces such as

- Stigmatization, whereby institutional or **private sector actors form and maintain stereotypes about a community and its residents**, which may influence patterns of investments and points of interface between neighborhood residents and vital markets.
- **Inequitable criminal and juvenile justice policies**, which disproportionately target high-poverty communities and communities of color and increase stress as a result of aggressive policing.
- **Inequitable educational systems**, which too often lack resources, staffing, and infrastructure to propel children to success.

Can Low-Income Families Benefit from Policies and Programs that Help Them Move Out of High-Poverty Neighborhoods?

Results from Housing Mobility Research

Moving to Opportunity - HUD

- 10-year randomized control trial to **test the effects of moving from high-poverty to low-poverty neighborhoods** among low-income families
- Tenant-based rental assistance allows the recipient to choose modestly priced private housing in neighborhoods that can offer ample educational, employment, and social opportunities.
- However, many households receiving Section 8 rental assistance are confronted by an array of barriers--market conditions, discrimination, lack of information and/or transportation, among others--that force them to rent housing in neighborhoods of intense poverty.

Moving to Opportunity - HUD

MTO began in the 1990s among 4600 low-income families with children living in high-poverty public housing projects. Families who volunteered to participate in the program were randomly assigned to 3 groups:

- **Experimental group** received housing vouchers that could be used only in low-poverty areas, as well as counseling to help them find units there.
- A second group received vouchers that could be used anywhere but no counseling.
- A **third (control) group did not receive vouchers** but remained eligible for any other government assistance to which they otherwise would have been entitled.
- The demonstration was implemented by public housing authorities in Baltimore, Boston, Chicago, Los Angeles, and New York City.

Moving to Opportunity – Long-term Evaluation

- Parents in families who moved to low-poverty areas had **lower rates of obesity and depression, and reported lower levels of stress.**
- **Lower-poverty neighborhood significantly improves college attendance rates and earnings** for children who were young (below age 13) when their families moved.
- These **children** are also more likely to **live in low-poverty neighborhoods** themselves as adults and are **less likely to become single parents.**
- The treatment effects are substantial: children whose families take up an experimental voucher to move to a lower-poverty area when they are less than 13 years old have an annual income that is **\$3,477 (31%) higher** on average relative to a mean of \$11,270 in the control group in their mid-twenties.
- In contrast, the same moves have, if anything, **negative long-term impacts on children who are more than 13 years old when their families move**, perhaps because of disruption effects.

Moving to Opportunity – Considerations

- **Housing mobility is NOT a panacea** – comprehensive strategies are needed to reduce stressful conditions in high-poverty neighborhoods
- **Wholesale dislocation is NOT effective** – history demonstrates that too often low-income communities have been forcibly removed with detrimental consequences.
- **People-based interventions such as housing mobility should be accompanied by place-based investments** to stimulate economic activity and improve community conditions in under-resourced communities.

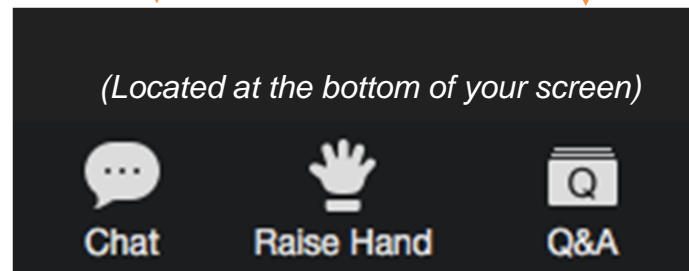
Affirmatively Furthering Fair Housing – U.S. Department of Housing and Urban Development (2015)

- Final AFFH rule requires all jurisdictions that receive HUD funds to go through a structured planning process every five years that explores the extent of racial and economic segregation.
- Examines disparities in access to opportunity in different neighborhoods.
- The process is accompanied by a robust community engagement process that includes stakeholders and advocates from a range of sectors.
- Leads to the development of concrete goals and strategies in the jurisdiction's Consolidated Plan and Public Housing Agency Plan

Questions?

- ✓ Type your questions in using the Q&A function (or the chat box) at the bottom of your screen

Ask a Question using either the “Q&A” function as pictured below (or chat)



THANK YOU FOR JOINING US!

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