Health and Wellness Action Team: Evidence-Based Practices to Promote Health

October 1, 2014
Peter Paul Development Center
1708 North 22nd Street
Richmond, VA – 23223
Poverty in Richmond, VA

Richmond, VA

Percent of Families Below 100% of Poverty Line
- 0.0 - 6.7
- 6.8 - 17.0
- 17.1 - 28.3
- 28.4 - 47.5
- 47.6 - 89.3
Educational Attainment in Richmond, VA

Richmond, VA

Percent of Adults without a High School Diploma, 2012

- 0.8 - 6.3
- 6.4 - 11.9
- 12.0 - 20.6
- 20.7 - 32.0
- 32.1 - 48.8
Life Expectancy in Richmond, VA
Demographic Profile for RRHA Communities

HUD Family Report, June 2014
Creighton Overview

- Number of individuals 1,324
- Number of units 504 (501 occupied)
- Average household size 2.6
- Average annual income $8,485
- Average Total Tenant Payment $199/month
Household Size

- 1 Person: 30%
- 2 Person: 23%
- 3 Person: 14%
- 4 Person: 14%
- 5+ Person: 20%
Vulnerable Populations

- Elderly: 9%
- Disabled: 23%
- Households with Children: 63%
- Female Headed Household with Children: 61%
Income to Poverty Ratio

- Extremely Low Income, Below 30% Median: 90%
- Very Low Income, 50% of Median: 1%
- Low Income, 80% of Median: 8%
Household Income

- 43%: $0-$5000
- 28%: $5,000 - $10,000
- 15%: $10,001 - $15,000
- 15%: $15,001 +
Sources of Income

- Any wages: 33%
- Any Welfare: 57%
- Any SSI/SS Pension: 39%
- Any other income: 36%
Creighton Court Needs Assessment (Preliminary Data)
## Health Conditions

<table>
<thead>
<tr>
<th>Resident Health Conditions</th>
<th># Adults</th>
<th># Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ADD/ADHD</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>2. Allergies</td>
<td>38</td>
<td>34</td>
</tr>
<tr>
<td>3. Alzheimer's Disease or Dementia</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Ambulatory (relating to walking) or other physical disabilities</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>5. Arthritis</td>
<td>26</td>
<td>1</td>
</tr>
<tr>
<td>6. Asthma</td>
<td>31</td>
<td>37</td>
</tr>
<tr>
<td>7. High Blood Pressure/Hypertension</td>
<td>49</td>
<td>0</td>
</tr>
<tr>
<td>8. Cancer</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>9. High Cholesterol</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>10. Depression</td>
<td>34</td>
<td>3</td>
</tr>
<tr>
<td>11. Diabetes</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>12. Fatigue/Low Energy</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>13. Heart Diseases</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>14. Lead Poisoning</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15. Lung Diseases</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>16. Overweight or Obesity</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>17. Other</td>
<td>15</td>
<td>4</td>
</tr>
</tbody>
</table>
Resident Feelings of Safety at Night

- I never feel safe: 34%
- I occasionally feel safe: 22%
- I feel safe most of the time: 17%
- I always feel safe: 27%
VCU Health Systems Data

Enterprise Analytics, compiled by the Office of Health Innovation

April 2014
## Top 10 diagnoses

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>27%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>26%</td>
</tr>
<tr>
<td>COPD</td>
<td>15%</td>
</tr>
<tr>
<td>Asthma</td>
<td>12%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>15%</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>4%</td>
</tr>
<tr>
<td>Mental health and substance abuse</td>
<td>4%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>3%</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>5%</td>
</tr>
<tr>
<td>Drug use</td>
<td>2%</td>
</tr>
</tbody>
</table>

Data source: Enterprise Analytics, compiled by the Office of Health Innovation
April 2014
Community Health Needs Assessment

Bon Secours, Richmond Community Hospital, 2010
# Health Concerns

## Top 5 Important Community Health Concerns Identified by Survey Respondents

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Obesity</td>
<td>76%</td>
<td>107</td>
</tr>
<tr>
<td>Diabetes</td>
<td>67%</td>
<td>95</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>63%</td>
<td>89</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>60%</td>
<td>84</td>
</tr>
<tr>
<td>Childhood Obesity</td>
<td>56%</td>
<td>79</td>
</tr>
</tbody>
</table>

## Prevention Quality Indicator Hospital Discharges, 2010

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Study Region</th>
<th>Virginia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top 5 PQI Discharges by Diagnosis</td>
<td>8,640</td>
<td>81,070</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>2,237</td>
<td>19,062</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1,470</td>
<td>11,166</td>
</tr>
<tr>
<td>Bacterial Pneumonia</td>
<td>1,163</td>
<td>14,845</td>
</tr>
<tr>
<td>Urinary Tract Infection</td>
<td>1,157</td>
<td>10,331</td>
</tr>
<tr>
<td>Adult Asthma</td>
<td>964</td>
<td>6,313</td>
</tr>
</tbody>
</table>
Richmond Community Hospital
Priorities

Two priorities were identified:

• Adult and childhood obesity
• Mental Health
Concerns from the Informed Neighbors Corps

- Substance abuse
  - Need for confidential programs and services
  - Prevention education for youth
  - Intervention programs for youth and adults
  - Substance abuse counseling including peer counseling
- Crime and public safety
- Trauma informed mental health care
- Asthma
- Services and resources inside the community
  - Pharmacy
  - Fresh produce
  - Green space and recreational facilities
  - Access to urgent care for children and pregnant women
Evidence-Based Practices
Wraparound Models

- The Chicago Family Case Management Demonstration
- Housing Opportunity and Services Together (HOST)
- Bridges - Trauma Informed Community Building
- Mercy Housing
Relocation

• Chicago Family Case Management Demonstration, “Hard to House”
• Enhanced mobility counseling
• Relocation rights contract
• Service engagement
Physical and Mental Health

- Clinical mental health counseling
- Substance abuse treatment
- Hot Spotters
Socio-economic health

- Opportunity Chicago: Transitional jobs program
- Financial literacy training
Youth

Best Practices
• Support services

Other potential topics
• Early Childhood home visitation model
• Rewards program (Chicago Pathways to Reward)
• Asthma
• Chronic disease prevention (obesity, diabetes)
• Violence (Sexual health and safety)
• Food insecurity