Public Health
Advisory Commission
of Alexandria, VA

PUBLIC HEALTH ADVISORY COMMISSION
Thursday, December 15, 2022
5:30 – 7:00 p.m.
Alexandria Health Department
Virtual Via Zoom

I. Establishment of Quorum

II. Approval of the October 2022 minutes

III. Updates from the Chair

IV. Health Department Update

V. Sub Committees

VI. Trends in Health Outcomes and Factors in Alexandria- Richard Merritt

VII. Public Comments

VIII. Adjournment

Commission Members
Chair **Andrew Romero**
Vice-Chair **Patricia Rodgers**
Dr. Jessica Hill
Allison Miner
Dr. Michael Trahos
Richard Merritt
JeanAnn Mayhan
Lisa Chimento
Melissa Riddy
Brian Hricik
Jacob Weinberg
Anita McClendon
Sylvia Jones
Jerome Cordts

Alexandria Health Dept. Staff
Natalie Talis, Population Health Mgr.
Dr. David Rose Health Director
Casey Colzani Executive Secretary, Staff Liaison

Andrew Romero, Chair
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4480 King Street, Alexandria, VA 22302
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Minutes of the Thursday, October 20, 2022
PHAC Meeting
5:30 – 7:00 p.m.
Virtual via Zoom
Alexandria Health Department

Present In-Person	
Present- Virtual	Chair - Andrew Romero (AR), Patricia Rodgers (PR) Richard Merritt (RM), JeanAnne Mayhan (JM), Anita McClendon (AMC), Sylvia Jones (SJ) Allison Minor (AM), Brian Hricik (BH) Dr. Jessica Hill (JH) Melissa Riddy (MR), Lisa Chimento (LC), Jacob Weinberg (JW), Dr. Michael Trahos (MT),
Absent (Excused)	
Absent (Unexcused)	
AHD Representatives	Casey Colzani (CC), Dr. Anne Gaddy (AG)
Guests	Jonathan Krall, Annemarie Yoder, Cedar Dvorin, Jennifer Olson, Jenny Yung

I. Establishment of a Quorum

- Meeting called to order at 5:32 pm by Chair Andrew Romero (AR) role taken.

II. Approval of the September 2022 Minutes

- Melissia Riddy (MR) motioned to approve minutes, Dr. Michael Trahos (MT) second. All in favor, motion passed, minutes approved

III. Updates from the Chair

- Patricia Rodgers has resigned from her vice-chair position. Andrew Romero will be reaching out to members to gauge interest.
- Per Bylaws approved earlier this year, officer positions are up for a vote in December. Will make future plans regarding officer positions with consideration on individuals term limits.

IV. Budget Items for the City Manager

- Dr David Rose (DR) discussed the process of the budget cycle for the Health Department. Looking at infrastructure and resilience for the department. AHD is still looking at similar items that PAHC supported last year. Community Engagement, Informatics, Population Health/CHIP.
- No Full-time FTE's were approved last year. Only contractual staff.
- Currently AHD is still internally discussing its priorities for budget requests. City Budget Retreat is over the next weekend and will have more guidance after that retreat.
- PHAC will have future opportunities to provide more targeted support
- AR suggested several edits to the letter from last year. Including:
    i. Staffing Support, competitive wages, and full-time FTE's to support department work
    ii. Health Equity
    iii. Informatics- staff and technology
    iv. Support for Population Health and CHIP work
- Jean Mayhan (JM)Motioned to approve letter and send to City Manager, Lisa Chimento (LC) second. All in favor, motions passed

V. Medicare for All Update-

- Jacob Weinberg (JW) provided two options for letters to send to council to support Grassroots Alexandria and its Medicare for All legislation. Group reviewed both letters together.
- The first letter more specifically supports universal healthcare and asks council to meet with Grassroots Alexandria.
- The Second letter asks city council to meet with Grassroots Alexandria to discuss their resolution.
- No support for either letter. Commissioners have high concerns about endorsing specific legislation or supporting a request for legislation that they have not had time to review. Further concerns about endorsing specific legislation when there is further access of care/medical reimbursement concerns.
- Will have further discussion at the next meeting.

VI. Public Comment

- Jonathan Krall, with Grassroots Alexandria- Addressed commission- explained that the group had discussed with City Council. They were asked to go to the commissions to line up support. Believes that increased coverage will lend solutions to the access issues.
- Annemarie Yoder, Cedar Dvorin, Jennifer Olson, and Jenny Yung- attended virtually also in support of Medicare For All. Cedar Dvorin also discussed that PHAC provided much support for the resolution on Medicaid expansion written by Grassroots Alexandria

VII. Adjournment

- JM motioned for meeting adjournment, LC second. All in favor, meeting adjourned at 7:05 p.m.

DRAFT

UPDATED 12/3/22

TRENDS IN HEALTH OUTCOMES AND HEALTH FACTORS

IN THE CITY OF ALEXANDRIA

(As identified through data provided via the last four annual reports—2019-2022 -- by the County Health Rankings & Roadmaps (CHR&R) Program)

Prepared for the Alexandria Public Health Advisory Commission

I. Important Takeaways from the 2022 County Health Rankings and Roadmaps Report

CHR&R is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Its primary goals are to improve health outcomes for all and to close the health gaps between those with the most and least opportunities for good health. The work is rooted in a deep belief in **health equity**, the idea that everyone has a fair and just opportunity to be as healthy as possible, regardless of race, ethnicity, gender, income, location, or any other factor. Advancing or achieving health equity means eliminating unjust and avoidable differences in access and opportunities to the key determinants of health, such as a quality education, healthy housing, access to health care, a living wage, wealth accumulation, etc. **Health disparities** are differences in health outcomes such as length of life and quality of life that are largely the result of generations, if not centuries of systemic unfairness and discrimination in the allocation of resources, opportunities and power that are essential to good health and well-being. 2022 marks its twelfth anniversary of operation.

The annual County Health Rankings reports are unique in their ability to measure the health of nearly every county (and major city) in all 50 states. Localities are ranked within each state on the basis of two key measures: **health outcomes** (length of life (50%) and quality of life (50%) and weighted **health factors**: health behaviors (30%), clinical care (20%), social and economic factors (40%) and the physical

environment (10%)

(See model at www.countyhealthrankings.org/our-approach)

• CHRR uses the Health Outcomes measure to identify the "healthiest" counties/cities within each state. On that basis, the City of Alexandria was ranked fifth as the healthiest county or city in the Commonwealth of Virginia. Fairfax County was ranked fourth, Loudon County third,

Arlington County second and the City of Falls Church received top billing as first. So, while it is accurate to say that Alexandria is the fifth healthiest jurisdiction in the Commonwealth, it is also accurate to say that Alexandria only ranks no higher than fifth as the healthiest jurisdiction in Northern Virginia.

• The very first County Health Ranking in 2010 ranked Alexandria seventh healthiest in Virginia, and over the next eleven years, Alexandria never achieved a ranking higher than fifth. Examining CHHR reports over previous five years, i.e., 2018 – 2022, neighboring jurisdictions such as Arlington, Fairfax, and Loudon Counties and the City of Falls Church have all been designated as the healthiest in the state at least once, and none – except the City of Alexandria – have ranked lower than fourth since 2018.

• In the 2022 CHR&R Report, which reflects data over the three-year period between 2018-2020, with regard to Health Outcomes the City of Alexandria performed considerably better than national and/or statewide benchmarks in the following areas:

	ALEXANDRIA	**VIRGINIA**	**U.S.**
Length of Life (YPLL – Yrs. Potential Life Lost)	3900	6700	7300
Poor or fair health	14%	16%	17%
Poor physical health days	3.1	3.7	3.9
Poor mental health days	3.7	4.2	4.5
Low birth weight	7%	8%	8%
Covid age-adjusted mortality	59	56	85
Premature age-adjusted mortality	200	330	360
Life expectancy	83.9	79.1	78.5
Adult smoking	12%	14%	16%
Adult obesity	28%	32%	32%
Social associations	21%	11.20%	16%
Median household income	$998,000	$79,200	$67,300
Living wage	$50.58	$41.81	$38.11
Suicides (#deaths/100,000)	9	13	14
School segregation	0.06	0.21	0.xx
Residential segregation/ Black/White	41	50	63
Firearm fatalities (#deaths/100,000)	6	13	12

- In contrast, over the same period Alexandria performed considerably poorer than national and/or statewide benchmarks in the following areas:

	ALEXANDRIA	VIRGINIA	U.S.
Excessive drinking	19%	17%	
Dentists	1,160:1	1,390:1	1,400:1
Mental health providers	260:01:00	480:01:00	350:01:00
Mammography screening	37%	44%	43%
High school graduation	75%	88%	86%
Air pollution – particulate matter	8.6	7.3	7.5
Disconnected youth	8%	5%	7%
Severe housing cost burden	14%	12%	
Severe housing problems	17%	14%	17%
School funding adequacy	-$1,941	-$186	$741
Child-care cost burden	30%	25%	25%

II. Tracking Measures of Health Outcomes and Health Factors in the City of Alexandria over last four CHR&R annual reports (2019-2022)

Note: first number(s) in column(s) are **City of Alexandria**; adjoining number(s) in brackets [ ] are **Virginia**

See Appendices A, B and C for descriptions of each Health Outcome and Health Factor measure and the sources and year(s) of data

	2019 (2011-15)	**2020** (2012-16)	**2021** (2013-17)	**2022** (2018-20)
I.HEALTH OUTCOMES				
A. Length of Life				
Premature Death* measured by Years of Potential Life Lost (YPLL)per 100,000	3900[6400]	3600[6400]	3700[6400]	3900[6700]
B. Quality of Life				
1. Poor or fair health	13%[16%]	15%[16%]	13%[17%]	14%[16%]
2. Poor physical health days	3.2[3.5]	3.4 [3.5]	3.0[3.5]	3.1[3.7]
3. Poor mental health days	3.2[3.5]	3.8 [3.8]	3.4[4.0]	3.7[4.]

4. Low birthweight	7%[8%]	7%[8%]	7%[8%]	7%[8%]
Additional Health Outcomes (Not included in overall ranking)				
1. Covid Age-Adjusted Mortality	NA	NA	NA	59[56]
2. Life Expectancy	83.6[79.4]	84.4[79.5]	84.1[79.5]	83.9[79.1]
3. Premature Age-Adjusted mortality	200[310]	190[320]	190[320]	200[330]
4. Child mortality	50[50]	50[50]	40[50]	40[50]
5. Infant mortality	4[6]	4[6]	4[6]	3[6]
6. Frequent physical distress	10%[11%]	10%[11%]	9%[11%]	9%[11%]
7. Frequent mental distress	10%[11%]	11%[12%]	11%[12%]	11%[13%]
8. Diabetes prevalence	7%[10%]	6[%[11%]	5%[11%]	9%[10%]
9. HIV prevalence	672[308]	646[305]	607[322]	848[329
II. HEALTH FACTORS				
(1) Health Behavior				
a. Adult Smoking	14%15%]	15%[16%]	12%[15%]	12%[14%]
b. Adult Obesity	22%	24%	24%[31%]	28%[32%]
c. Food environment index	NA[8.9]	NA[8.9]	NA[8.8]	NA[8.8]
d. Physical inactivity	14%[22%]	16%[23%]	16%[22%]	22%[25%]
e. Access to exercise options	100[82]	100[82]	100[82]	100[78]
f. Excessive drinking	21%[17%]	22%[17%]	20%[18%]	19%[17%]
g. Alcohol impaired driving deaths	33%[31%]	35%[30%]	32%[30%]	27[30%]
h. Sexually transmitted infections	438.4[472.3]	463.0[500.3]	457.4[507.3]	531.9[564.3]
i. Teen births	25[9]	23[18]	21[16]	19[15]
Additional health behaviors (not included in overall ranking)				
j. Food insecurity	10%[11%]	10%[10%]	[10%]	8%[9%]
k. Limited access to healthy foods	NA[11%]	NA[4%]	NA[4%]	NA[4%]
l. Drug overdose deaths	8[7]	8[17]	10[18]	11[20]
m. Motor vehicle crash deaths	4[10]	4[10]	4[10]	4[10]
n. Insufficient sleep	32%[36%]	32%[36%]	35%[39%]	35%[39%]

(2) Clinical Care				
a. Uninsured	12%[10%]	11%[10%]	11%[10%]	9%[9%]
b. Primary Care Physicians	1480:1[1310:1]	1450:1[1330:1]	1410:1[1320:1]	1320:1[1310:1]
c. Dentists	1220:1[1470:1]	1240:1[1460:1}	1170:1[1410:1	1,160:1[1,390:1]
d. Mental Health providers	340:1[630:1]	310:1[570:1]	290:1[530:1]	260:1[480:1]
e. Preventable hospital stays	5185[4454]	4635[4461]	4009[4269]	3706[3896]
f. Mammography screening	37%[43%]	37%[44%]	36%[43%]	37%[44%]
g. Flu vaccinations	46%[48%]	47%[50%]	49%[51%]	48%[51%]
Additional Clinical Care (Not included in overall ranking)				
h. Uninsured adults	13%[12%]	12%[12%]	13%[12%]	10%[11%]
i. Uninsured children	7%[5%]	6%[5%]	6%[5%]	5%[5%]
j. Other primary care providers	1585:1[1192:1]	1574:1[1076:1]	1420:1[1000:1]	1,180:1[920:1]
(3) Socio-Economic Factors				
a.High School completion	NA	NA	93%[90%]	93%[90]
b. Some college	82%[70%]	83%[71%]	84%[71%]	85[72%]
c. Unemployment	2.9%[3.8%]	2.2%[3.0%]	2.1%[2.8%]	6.0%[6.2%]
d. Children in poverty	17%[14%]	16%[14%]	14%[13%]	13%[12%]
e. Income inequality	4.1[4.8]	4.1[4.8]	4.1[4.8]	4.1[4.8]
f. Children in single parent households	34%[30%]	32%[30%]	25%[24%]	23%[24%]
g. Social associations	21.9[11.2]	21.8[11.4]	21.1[11.3]	21.0[11.2]
h. Violent crime	106[207]	186[207]	186[207]	186[207]
i. Injury deaths	38[60]	36[63]	39[65]	39[68]
Additional Socio-Economic Factors (Not included in overall ranking)				
j. High School graduation	83%[87%]	81%[92%]	75%[88%]	75%[88%]
k. Disconnected youth	10%[6%]	8%[5%]	7%[5%]	8%[5%]
l. Reading scores	NA	3.3[3.3]	3.0[3..2]	3.0[3.2]
m. Math scores	NA	3.0[3.3]	NA	NA
n. School segregation	NA	NA	NA	0.06[0.21]
o. School funding adequacy	NA	NA	NA	$1,941[$186]
p. Gender pay gap	NA	NA	NA	0.91[0.80]

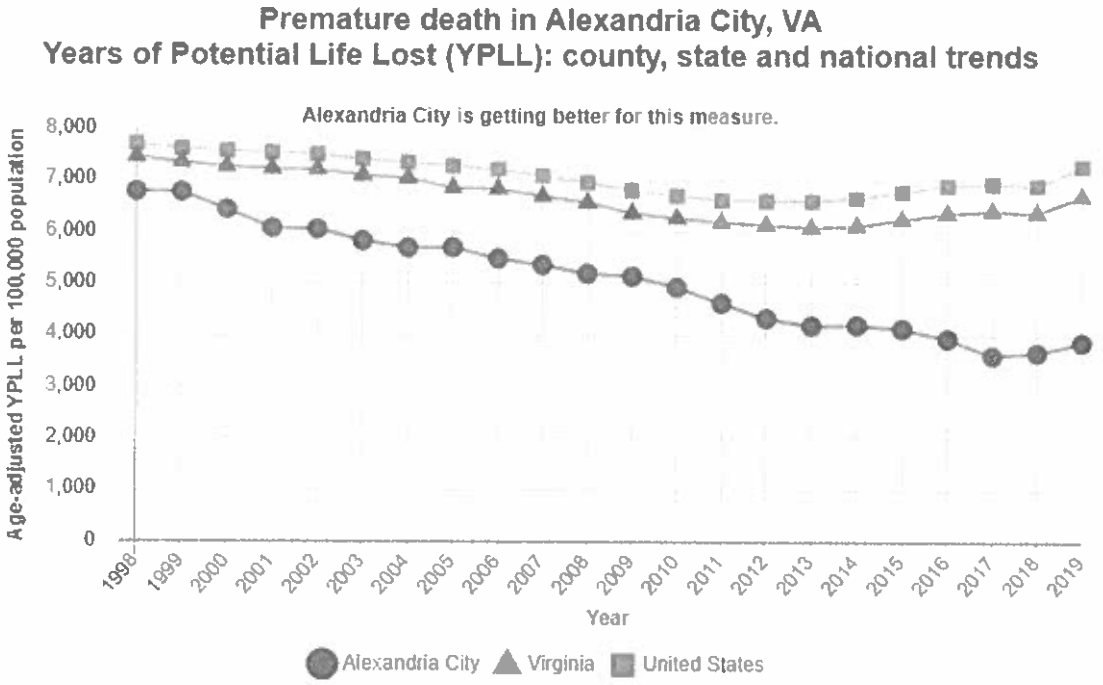
q. Median household Income	$100k[$71.5k]	$99.4k[$72.6k]	$102.6k[$76.5k]	$99.8k[$79.2k]
r. Living wage	NA	NA	NA	$50.58[$41.81]
s. Children eligible for free or reduced price lunch	54%[41%]	53%[44%]	57%[44%]	56%[46%]
t. Residential segregation Black/White	39[50]	40[49]	39[49]	41[50]
u. Residential segregation Non-white/White	34[41]	36[41]	35[41]	37[42]
v. Children cost burden	NA	NA	NA	30%[25%]
w. Child care centers	NA	NA	NA	8[7]
x. Homicides	3[5]	2[5]	3[5]	3[5]
y. Suicides	NA	8[13]	8[13]	9[13]
z. Firearm fatalities	6[11]	5[12]	5[12]	6[13]
zz. Juvenile arrests	NA	34[NA]	33[31]	34[40]
(4) Physical Environment				
a. Air pollution (particulate matter)	9.7[8.9]	9.7[8.9]	8.7[7.7]	8.6[7.3]
b. Severe housing problems	15%[15%]	17%[15%]	17%[15%]	17%[14%]
c. Driving alone to work	58%[77%]	59%[77%]	59%[77%]	46%[41%]
d. Long commute-driving alone	NA	NA	47%[41]	46%[41%]
Additional Physical Environment (not included in overall ranking)				
e. Traffic volume	NA	1,988[425]	2565[573]	2565[573]
f. Homeownership	43%	43%	43%[66%]	43%[67%]
d. Severe housing cost burden	14%	14%	13%[13%]	14%[12%]
e. Broadband access	NA	NA	92%[84%]	93%[86%]

III. Major Trends in Selected Health Outcomes and Health Factors from the last four CHR&R Annual Reports (2019-2022)

1. HEALTH OUTCOMES

a. Length of Life/premature death

Although overall premature death rates in Alexandria continued to move downward (see Graph below), there remain troubling disparities in risk of premature death among Blacks to Whites. Over the ten years of data covered between the last four CHRR annual reports (2019-2022), Blacks (aged 18 to 64) were between 70 and 136 percent increased risk of premature death compared to their White counterparts. (See Appendix E, Tables 1 and 2) Moreover, over the same period of time, Alexandria's Black to White risk of premature death disparity ranked second highest among five neighboring jurisdictions in Northern Virginia. Only Arlington County's rates were higher. (See Tables 1 and 2)



Notes:
Each year represents a 3-year average around the middle year
(e.g. 2015 is the middle year of 2014-2016)

Leading Causes of Death

While not a health outcome or factor, the last three Annual Reports have included information on the leading causes of death for each county or city.

Leading Causes of Death in City of Alexandria

Note: first numbers are averages on yrs. 2018-20; second set in brackets [ ] are averages of 2017-19

Leading Causes of Death under age 75	Deaths	Age-adjusted rate per 100,000
Malignant neoplasms	263 [272]	51.4 [53.5]

Diseases of heart	173 [158]	34 [31.6]
Accidents	82 [82]	17.3 [17.2]
Diabetes mellitus	43 [36.9]	8.2 [6.9]
Intentional self-harm	40 [42]	8.3 [8.2]
COVID-19	32 [NA]	6.2 [NA]

Comparing age-adjusted rates per 100,000 for the five leading causes of death in Alexandria from 2017 to 2019 to 2018 to 2020 there was little change in accidents and intentional self-harm, while diabetes mellitus increased from 6.9 to 8.2, diseases of the heart increased from 31.6 to 34 and malignant neoplasms fell from 53.5 to 51.4.

b. Quality of life

Mental Health/Mental Distress

Trends in reporting "poor of fair health" ticked up slightly, from 13% to 14%, "poor physical health days", trended down slightly from 3.2 to 3.1, whereas "poor mental health days" ticked way up over the past several years, from 3.2 to 3.7. Relatedly, "frequent mental distress" rose from 10% to 11%. Note, however, that the period covers pre-COVID years, so it will be important to evaluate how much COVID-19 has accentuated these trends even further.

In 2019, just prior to the COVID-19 pandemic, almost 20% of adults experienced a mental illness, equivalent to 50 million Americans. According to the U.S. Census Bureau, at the end of 2021, 47% of adults reported symptoms of anxiety, 39% reported symptoms of depression, and 1 in 5 adults disclosed suffering from a mental illness.

Despite this, it is estimated that less than half of Americans with a mental disorder get adequate treatment. The percentage of adults with a mental illness who report unmet need for treatment has increased every year since 2011. In 2019, 24.7% of adults with a mental illness reported an unmet need for treatment.

Over 2.5 million youth in the U.S. have severe depression, and multiracial youth are at greatest risk. Over 10% of youth in the U.S. have sever major depression (depression that severely affects functioning). The rate of severe depression was highest among youth who identified as more than one race. Over 60% of youth with major depression do not receive any mental health treatment.

In Northern Virginia, it's estimated that nearly 550,00 adult residents are experiencing clinical levels of anxiety and depression. 762,000 adults –38% of the population – are

experiencing active symptoms of mental health disorder and/or desire mental health services.

Historically, about 14% of Virginia's youth (ages 12-17) experienced a major depressive episode in 2017-18, more than twice the rate of adults during the same time period, and 10% suffered a severe episode.

Low Birthweight

Although Low Birthweight trends held steady over the reporting periods, Black babies continue to experience dramatically higher rates of Low Birthweight than Hispanic and White babies. (See Table 3)

c. **Life expectancy**

Life expectancy measures the average number of years from birth a person can expect to live, according to the current mortality experience (age specific death rates) of the population. Life expectancy calculations are based on the number of deaths in a given time period and the average number of people at risk of dying during that period. Life expectancy is age-adjusted in order to fairly compare data across counties with different population sizes.

In Alexandria, life expectancy rose slightly from the base period of 2011-15 to the 2013-17 period – 83.6 to 84.1 years – but dipped slightly 83.9 years over the 2018-20 period. At the state level, life expectancy was stable (79.5 years) through the 2011-17 periods but also experienced a slight dip to 79.1 years over 2018-20.

A national study revealed that White life expectancy at birth in 2020 (the first year of COVID-19) dropped by about a third of a year, whereas Hispanic and Black life expectancy dropped 3.7 years and 3.22 years, respectively.

d. **Premature age-adjusted mortality**

Premature age-adjusted mortality measures the number of deaths among residents under the age of 75 per 100,000 population. Rates measure the number of events (i.e, deaths) in a given time period (generally one or more years) divided by the average number of people at risk during that period. The age-adjusted rate facilitates data comparisons across counties and cities with different population sizes.

The Premature age-adjusted mortality rate for the City of Alexandria was relatively steady over the four time periods examined, whereas the statewide rate increased from

310/100,000 to 330/100,000 – a 6.5% increase.

2011-15	2012-16	2013-17	2018-20
200 [310]	190 [320]	190 [320]	200 [330]

e. Child mortality

Child mortality measures the number of deaths occurring before age 18 per 100,000 population. Rates measure the number of events (i.e deaths) in a given time period by the average number of children at risk during that period.

Child death is a relatively rare event in most counties and cities. Counties/cities with smaller populations can see a lot of relative change in child death rates from year to year. Such changes are usually due to normal variation and are not necessarily caused by an actual change in the underlying risk of child death in the county or city. *

In Alexandria, child mortality rates dropped from 50/100,000 over 2011-15 to 40/100,000 over 2018-20. Whereas at the state level, a rate of 50/100,000 stayed steady throughout the period of examination. (See Appendix A)

An analysis of the error margins showed .....

f. Infant mortality

Infant mortality measures the number of deaths among children less than one year of age per 1,000 births. Rates measure the number of deaths In a given time period divided by the average number of **people? Babies? Mothers**? at risk during that period.

In Alexandria, the infant mortality rate fell from 4 per 1,000 births to 3 per 1,000 births over the period under examination. At the state level, the measure of 6 per 1,000 births did not change over the entire period.

*Infant death, like child death, is a relative rare event in most counties and cities. To help determine if the child death (or infant death) change in a county is due to normal variation or real change, the provided error margins should be examined. Error margins are statistical tools that aid interpretation of variation in measures. If the error margins overlap year to year, it's less likely that the variation in child mortality reflects real underlying changes in community health

An analysis of the error margins showed.....

g. Diabetes prevalence

Diabetes is a chronic condition known t have broad impacts on physical, social, and mental well-being and is a contributor to significant morbidity and mortality in the U.S. Diabetes prevalence is the percentage of adults ages 18 and above with diagnosed diabetes in a county or city. Diabetes prevalence estimates are age-adjusted.

The data indicate that in Alexandria, the diabetes prevalence rate dropped from 7% to 6% over the first to second time period (i.e. 2011-15 and 2012-16) and fell to 5% over the 2013-17 period. However, it took a sharp turn upward to 9% over the most recent period of examination, 2018-20).

The 11% rate at the state level, while still higher than Alexandria's, remained steady over the last three time periods.

2. **HEALTH FACTORS (Selected)**

a. *Adult obesity and physical activity*

Trends in Adult Obesity and Physical Inactivity are alarmingly high. Adult Obesity, already at an unacceptably high level of 22% (covering years 2011-15) shot up to 28% (covering years 2018-20). Whereas Physical Inactivity went from 14% to 22%. (This despite the fact that Alexandria ranks at 100% of population with adequate access to locations for physical activity.) Significantly, "Diabetes prevalence", which is associated with obesity and physical inactivity, also rose from 7% to 9%.

b. *Adult Smoking and Excessive Drinking*

Over the same period, both Adult smoking and Excessive drinking trended downward, 14% to 12% for the former and 21% to 19% for the latter. And while data are not arrayed by race and ethnicity for any of these factors, we know via other sources that Blacks and Hispanic adults smoke more, tend to be more obese, and engage in less physical activity than their White counterparts. There is also evidence that COVID-19 has had more than just a passing impact on increasing smoking behavior and excessive drinking.

c. *Median Household income*

Median household income by Blacks in Alexandria increased by 29% (from $55,000 to $71,000) while White households increased by 12% (from $117,000 to $131,000). Median household income for Blacks is 54% of Whites, up from 47% over years 2011-15. (See Table 5). This compares favorably to statewide and nationwide comparisons.

d. *Suicides*

Suicides are measured by the number of deaths due to suicide per 100,000 population (age-adjusted). In Alexandria, suicides increased from 8 per 100,000 over 2012-16 to 9

per 100,000 over 2018-20. Broken down by race, 7 per 100,000 Blacks committed suicide compared to 12 per 100,000 Whites. An analysis by Jillian McKoy with Boston University School of Public Health found that "modest dips in national suicide rates since 2019 obscure disparities in suicide mortality among non-White Racial/Ethnic groups and other vulnerable populations." Between 2000-2018, suicide mortality rates rose by 35 percent in the U.S. After reaching a peak of 14.5 deaths per 100,000 people – the highest rate in 50 years – suicide rates dropped by 2.1 percent in 2019. Researchers however reveal that a closer look at the data shows that the decrease in suicides is primarily due to a modest decline in suicides among White people.

The report finds that among all racial/ethnic groups in 2017 American Indian and Alaska Native (AIAN) people have the highest reported suicide rates, at 33.8 per 100,000 for men and 11.0 per 100,000 for women. By comparison, the national U.S. rate in 2017 was 22.4 and 6.1 for men and women. While White people had the second highest suicide rate in the U.S. – at 28.2 and 7.9 per 100,000 for men and women respectively. This notwithstanding, according to the author, suicide mortality is the second and third leading cause of death for Black and Hispanic populations, respectively, compared to the ninth leading cause of death for Whites.

The author cautions that measuring suicide rates is uniquely challenging for a number of reasons. For example, "to know that a death was due to suicide requires some certainty about intent, which is often not easy to confirm. Researchers emphasize that the reported rates are likely an undercount of the true suicide toll for these groups, and that discrepancy in reporting may not be equally distributed across racial and ethnic groups. For example, data shows that Black people who die by suicide are less likely than Whites to leave a suicide note or document mental health conditions due to poorer access to care."

"Understanding the underlying causes of suicide among all groups is critical," writes the author, "as it is a complex public health issue influenced by multiple biological and social factors. Focusing on group factors rather than individual factors, the researchers emphasized that structural racism firearm access, and economic strain are all major determinants of suicide risk, as well as the national opioid epidemic and social isolation." He concludes, "But we must also be vigilant in focusing on the suicide rate in historically marginalized and vulnerable groups specifically. If these data show anything, it is that it is time to move beyond focusing on one suicide rate for the entire population."

IV. Digging deeper into Health Outcomes data: Length of Life and Quality of Life

Length of life is a very important indicator of poor health in a community. Length of Life accounts for 50 percent of the Health Outcomes measures; the other 50 percent is Quality of

Life, which is comprised of four separate measures, thee of which "poor or fair health", "poor physical health days" and "poor mental health days" are self-reported. The fourth is "low birth weight".

Length of Life for each county/city is measured in terms of premature death (or premature mortality). Premature deaths are by CHRR's definition any death that occurs before an individual reaches the expected age of 75 years. Measuring premature deaths (instead of overall deaths) underlies the intent of the CHRR program to focus attention on deaths that could have been prevented by examining premature death rates across communities and investigating the underlying causes of high rates of premature death, resources can be targeted toward strategies that will extend years of life in communities.

The unit of measure for premature death is Years of Potential Life Lost (YPLL). Years of potential life lost measures mortality by giving more weight to deaths at earlier ages than deaths at later ages. For example, when a person dies at age 20 this death "contributes" 55 years of potential life lost to the county or city of residence, whereas if a person dies at age 70, his or her death accounts for only five years of potential life lost. The total years of potential life lost in a county or city during a three-year period are summed up and divided by the total population during that same time period. This value is then multiplied by 100,000 to calculate the years of potential life lost under age 75 per 100,000 people.

YPLL is age-adjusted to remove the effect of differently aged populations as a risk factor for premature death. Since we all age, aging is not preventable; and as we age our risk of premature death increases. Counties and cities with older populations are more likely to have higher crude premature death rates than counties with younger populations. Hence, using an age-adjusted rate allows for making a fair comparison of premature death rates across counties and cities. Premature death is a census, which means it is intended to capture information on every death in a community, rather than just a sample of deaths.

The focus on premature death and length of life takes on added significance as researchers from Princeton University and the University of Southern California recently projected that, due to the pandemic deaths in 2020, life expectancy for Americans will shorten by 1.13 years to 77.48 years. According to the study published in the Proceedings of the National Academy of Sciences, that is the largest single-year decline in life expectancy in at least 40 years and is the lowest life expectancy estimated since 2003.

Moreover, the declines in life expectancy are likely even more dramatic among Black and Latino communities. For Blacks, the researchers project their life expectancy would shorten by 2.10 years to 72.78 years, and for Latinos, by 3.05 years to 78.77 years. While Whites are also impacted, their decline is much smaller – 0.68 years –to a life expectancy of 77.84 years. Overall, the gap in life expectancy between Blacks and Whites is projected to widen by 40%, from 3.6 to more than 5 years – "further evidence of the disease's disparate impact on diverse communities."

What about Covid?

The 2022 CHRR Report contained the first data points on Covid with the addition of a health outcome measure "COVID-19 age-adjusted mortality". The measure represents "all deaths occurring between January 1, 2020 and December 31, 2020 due to COVID-19 per 100,000 population (age adjusted)."

COVID-19 mortality data, alongside other leading causes of death in a county or city, provide context for the magnitude of pandemic impact on community health. Nationwide, COVID-19 was the underlying cause of 350,851 deaths in 2020, making it the third leading cause of death in the U.S. in 2020.[1] Deaths from COVID-19 have varied temporally, across geographies, and among racial and ethnic groups. COVID-19 deaths in 2020 reflect the early impacts of a dynamic pandemic

Studies using COVID-19 mortality data from 2020 have found relationships between socioeconomic disadvantage and increase in COVID-19 deaths. Examples include an increase in COVID-19 mortality rate in counties with higher historic daily fine particulate matter [PM 2.5] exposure [2}. Studies also found higher COVID-19 in counties with higher proportion of residents without health insurance. [3, 4] The disproportionate COVID-19 death rate among Black and Hispanic communities was well-documented in many county-level studies, highlighting the serious problem of racial disparities in COVID-19 outcomes in the U.S.

In Alexandria City there were 59 deaths due to COVID-19 per 100,000 people in 2020. Over the same period, there were 56 deaths due to COVID-19 per 100,000 people in Virginia.

Disaggregated by race and ethnicity, as of late April 2022, Latinos represented a larger share of the COVID-19 cases (23%) relative to their share of the population (17%), while Blacks/African Americans represented a larger share of hospitalizations (33%) and deaths (32%) compared to their share of population (22%).

NEED TO UPDATE PREVIOUS PARAGRAPH. REQUEST NATALIE'S ASSISTANCE. ALSO NEED NATALIE'S PERSPECTIVE ON THE POST'S ANALYSIS BELOW. HOW DOES ALEXANDRIA COMPARE TO THOSE TRENDS?

According to a *Washington Post* analysis of Covid death data from the CDC "at the start of the pandemic Black people were more than three times as likely to die of covid as their White peers. But as 2020 progressed, the death rates narrowed – but not because fewer Black people were dying. White people began dying at increasingly unimaginable numbers, too. .. In summer 2021, the nation saw some of the pandemic's lowest death rates as vaccines, shoring up the body's immune response, became widely available.

2022 County Health Rankings: National and Virginia State Values for Ranked Measures

Measure	Description	US	VA	VA Minimum	VA Maximum
HEALTH OUTCOMES					
Premature death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	7,300	6,700	3,100	21,400
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted).	17%	16%	10%	31%
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	3.9	3.7	2.5	5.5
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	4.5	4.2	3.3	5.8
Low birthweight*	Percentage of live births with low birthweight (< 2,500 grams).	8%	8%	5%	14%
HEALTH FACTORS					
HEALTH BEHAVIORS					
Adult smoking	Percentage of adults who are current smokers (age-adjusted).	16%	14%	9%	28%
Adult obesity	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m^2 (age-adjusted).	32%	32%	24%	46%
Food environment index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	7.8	8.8	2.9	10.0
Physical inactivity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).	26%	25%	17%	42%
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity.	80%	78%	1%	100%
Excessive drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	20%	17%	13%	22%
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	27%	30%	0%	100%
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population.	551.0	564.3	95.2	1,761.0
Teen births*	Number of births per 1,000 female population ages 15-19.	19	15	4	65
CLINICAL CARE					
Uninsured	Percentage of population under age 65 without health insurance.	11%	9%	4%	16%
Primary care physicians	Ratio of population to primary care physicians.	1,310:1	1,310:1	13,150:1	330:1
Dentists	Ratio of population to dentists.	1,400:1	1,390:1	22,760:1	300:1
Mental health providers	Ratio of population to mental health providers.	350:1	480:1	22,760:1	60:1
Preventable hospital stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	3,767	3,896	2,176	8,741
Mammography screening*	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	43%	44%	28%	59%
Flu vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	48%	51%	32%	63%
SOCIAL & ECONOMIC FACTORS					
High school completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	89%	90%	73%	97%
Some college	Percentage of adults ages 25-44 with some post-secondary education.	67%	72%	39%	92%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	8.1%	6.2%	3.7%	13.9%
Children in poverty*	Percentage of people under age 18 in poverty.	16%	12%	3%	37%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	4.9	4.8	2.9	7.6
Children in single-parent households	Percentage of children that live in a household headed by a single parent.	25%	24%	5%	58%
Social associations	Number of membership associations per 10,000 population.	9.2	11.2	0.0	37.9
Violent crime	Number of reported violent crime offenses per 100,000 population.	386	207	40	714
Injury deaths*	Number of deaths due to injury per 100,000 population.	76	68	20	176
PHYSICAL ENVIRONMENT					
Air pollution - particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	7.5	7.3	6.0	8.9
Drinking water violations*	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	N/A	N/A	N/A	N/A
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	17%	14%	4%	26%
Driving alone to work*	Percentage of the workforce that drives alone to work.	75%	75%	47%	92%
Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	37%	41%	9%	72%

*Indicates subgroup data by race and ethnicity is available; *Not available in all states

Appendix B

2022 County Health Rankings: Ranked Measure Sources and Years of Data

2022 County Health Rankings: Ranked Measure Sources and Years of Data

	Measure	Weight	Source	Years of Data
HEALTH OUTCOMES				
Length of Life	Premature death*	50%	National Center for Health Statistics - Mortality Files	2018-2020
Quality of Life	Poor or fair health†	10%	Behavioral Risk Factor Surveillance System	2019
	Poor physical health days†	10%	Behavioral Risk Factor Surveillance System	2019
	Poor mental health days†	10%	Behavioral Risk Factor Surveillance System	2019
	Low birthweight*	20%	National Center for Health Statistics - Natality files	2014-2020
HEALTH FACTORS				
HEALTH BEHAVIORS				
Tobacco Use	Adult smoking†	10%	Behavioral Risk Factor Surveillance System	2019
Diet and Exercise	Adult obesity†	5%	Behavioral Risk Factor Surveillance System	2019
	Food environment index	2%	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2019
	Physical inactivity†	2%	Behavioral Risk Factor Surveillance System	2019
	Access to exercise opportunities	1%	Business Analyst, ESRI, YMCA & US Census Tigerline Files	2010 & 2021
Alcohol and Drug Use	Excessive drinking†	2.5%	Behavioral Risk Factor Surveillance System	2019
	Alcohol-impaired driving deaths	2.5%	Fatality Analysis Reporting System	2016-2020
Sexual Activity	Sexually transmitted infections	2.5%	National Center for HIV/AIDS, Viral Hepatitis, STD, and T8 Prevention	2019
	Teen births*	2.5%	National Center for Health Statistics - Natality files	2014-2020
CLINICAL CARE				
Access to Care	Uninsured	5%	Small Area Health Insurance Estimates	2019
	Primary care physicians	3%	Area Health Resource File/American Medical Association	2019
	Dentists	1%	Area Health Resource File/National Provider Identification file	2020
	Mental health providers	1%	CMS, National Provider Identification	2021
Quality of Care	Preventable hospital stays*	5%	Mapping Medicare Disparities Tool	2019
	Mammography screening*	2.5%	Mapping Medicare Disparities Tool	2019
	Flu vaccinations*	2.5%	Mapping Medicare Disparities Tool	2019
SOCIAL & ECONOMIC FACTORS				
Education	High school completion	5%	American Community Survey, 5-year estimates	2016-2020
	Some college	5%	American Community Survey, 5-year estimates	2016-2020
Employment	Unemployment	10%	Bureau of Labor Statistics	2020
Income	Children in poverty*	7.5%	Small Area Income and Poverty Estimates	2020
	Income inequality	2.5%	American Community Survey, 5-year estimates	2016-2020
Family and Social Support	Children in single-parent households	2.5%	American Community Survey, 5-year estimates	2016-2020
	Social associations	2.5%	County Business Patterns	2019
Community Safety	Violent crime	2.5%	Uniform Crime Reporting - FBI	2014 & 2016
	Injury deaths*	2.5%	National Center for Health Statistics - Mortality Files	2016-2020
PHYSICAL ENVIRONMENT				
Air and Water Quality	Air pollution - particulate matter	2.5%	Environmental Public Health Tracking Network	2018
	Drinking water violations*	2.5%	Safe Drinking Water Information System	2020
Housing and Transit	Severe housing problems	2%	Comprehensive Housing Affordability Strategy (CHAS) data	2014-2018
	Driving alone to work*	2%	American Community Survey, 5-year estimates	2016-2020
	Long commute - driving alone	1%	American Community Survey, 5-year estimates	2016-2020

*Indicates subgroup data by race and ethnicity is available; *Not available in all states; †2018 data for New Jersey.

Appendix C

2022 County Health Rankings: Additional Measure Sources and Years of Data

2022 County Health Rankings: Additional Measure Sources and Years of Data

	Measure	Source	Years of Data
HEALTH OUTCOMES			
Length of Life	COVID-19 age-adjusted mortality	National Center for Health Statistics - Mortality Files	2020
	Life expectancy*	National Center for Health Statistics - Mortality Files	2018-2020
	Premature age-adjusted mortality*	National Center for Health Statistics - Mortality Files	2018-2020
	Child mortality*	National Center for Health Statistics - Mortality Files	2017-2020
	Infant mortality*	National Center for Health Statistics - Mortality Files	2014-2020
Quality of Life	Frequent physical distress[1]	Behavioral Risk Factor Surveillance System	2019
	Frequent mental distress[1]	Behavioral Risk Factor Surveillance System	2019
	Diabetes prevalence[1]	Behavioral Risk Factor Surveillance System	2019
	HIV prevalence*	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2019
HEALTH FACTORS			
HEALTH BEHAVIORS			
Diet and Exercise	Food insecurity	Map the Meal Gap	2019
	Limited access to healthy foods	USDA Food Environment Atlas	2019
Alcohol and Drug Use	Drug overdose deaths*	National Center for Health Statistics - Mortality Files	2018-2020
	Motor vehicle crash deaths*	National Center for Health Statistics - Mortality Files	2014-2020
Other Health Behaviors	Insufficient sleep	Behavioral Risk Factor Surveillance System	2018
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates	2019
	Uninsured children	Small Area Health Insurance Estimates	2019
	Other primary care providers	CMS, National Provider Identification	2021
SOCIAL & ECONOMIC FACTORS			
Education	High school graduation[1]	EDFacts	2018-2019
	Disconnected youth	American Community Survey, 5-year estimates	2016-2020
	Reading scores*[1]	Stanford Education Data Archive	2018
	Math scores*[1]	Stanford Education Data Archive	2018
	School segregation	National Center for Education Statistics	2020-2021
	School funding adequacy[1]	School Finance Indicators Database	2019
Income	Gender pay gap	American Community Survey, 5-year estimates	2016-2020
	Median household income*	Small Area Income and Poverty Estimates	2020
	Living wage	The Living Wage Calculator	2021
	Children eligible for free or reduced price lunch*	National Center for Education Statistics	2019-2020
Family and Social Support	Residential segregation - Black/White	American Community Survey, 5-year estimates	2016-2020
	Residential segregation - non-White/White	American Community Survey, 5-year estimates	2016-2020
	Childcare cost burden	The Living Wage Calculator, Small Area Income and Poverty Estimates	2021 & 2020
	Childcare centers	Homeland Infrastructure Foundation-Level Data (HIFLD)	2021
Community Safety	Homicides*	National Center for Health Statistics - Mortality Files	2014-2020
	Suicides*	National Center for Health Statistics - Mortality Files	2016-2020
	Firearm fatalities*	National Center for Health Statistics - Mortality Files	2016-2020
	Juvenile arrests[1]	Easy Access to State and County Juvenile Court Case Counts	2019
PHYSICAL ENVIRONMENT			
Housing and Transit	Traffic volume	EJSCREEN: Environmental Justice Screening and Mapping Tool	2019
	Homeownership	American Community Survey, 5-year estimates	2016-2020
	Severe housing cost burden	American Community Survey, 5-year estimates	2016-2020
	Broadband access	American Community Survey, 5-year estimates	2016-2020

*Indicates subgroup data by race and ethnicity is available; [1]Not available in all states; [2]2018 data for New Jersey.

See additional contextual demographic information and measures online at www.countyhealthrankings.org

Appendix D

Selected Health Outcomes and Factors

by Race and Ethnicity

Table 1

Comparing Black to White Disparities in Premature Death in City of Alexandria between 2011 and 2020

	2019 (2011-15)	2020 (2012-16)	2021 (2013-17)	2022 (2018-20)
Premature Death				
	YPLL*	**YPLL***	**YPLL***	**YPLL***
Overall	3900	3600	3700	3900
BLACK	5700	5400	5700	6600
HISPANIC	3500	3200	3500	4000
WHITE	3400	3100	3000	2800
BLACK/WHITE ratio	1.68	1.74	1.9	2.36

*YPLL is Years of Potential Life Lost before age 75 per 100,000

Table 2

Comparing Black-to-White Disparities in Premature Death Across Five Neighboring Jurisdictions in Northern Virginia between 2011 and 2019

		ALEXANDRIA	ARLINGTON	FAIRFAX Co.	LOUDOUN	PWC
2019 (2011-15)	OVERALL	3900	2900	3500	3400	4500
	BLACK	5700	5000	5200	4600	5700
	HISPANIC	3500	2500	2900	2900	3000
	WHITE	3400	2700	3600	4600	5700
	BLACK:WHITE	**1.67**	**2.07**	**1.44**	**1.28**	**1.19**
2020 (2012-16)	OVERALL	3600	2800	3500	3300	4700
	BLACK	5400	5200	5200	4800	5900
	HISPANIC	3200	2600	3000	2800	3300
	WHITE	3100	2600	3700	3700	5000
	BLACK:WHITE	**1.74**	**2.??**	**1.41**	**1.3**	**1.18**
2021 (2013-17)	OVERALL	3700	2800	3400	3200	4600
	BLACK	5700	5700	4700	5100	6000
	HISPANIC	3500	2600	3000	2600	3200
	WHITE	3000	2500	3600	3400	4900
	BLACK:WHITE	**1.9**	**2.28**	**1.31**	**1.5**	**1.22**
2022 (2018-20)	OVERALL	3900	3100	3500	3200	5000
	BLACK	6600	6300	5200	5000	6800
	HISPANIC	4000	3300	3600	2600	3700
	WHITE	2800	2600	3500	3400	5300
	BLACK:WHITE	**2.36**	**2.42**	**1.49**	**1.43**	**1.28**

Table 3

Low Birthweight

Low Birthweight	2019	2020	2021	2022
Overall	7%	7%	7%	7%

ASIAN	NA	8%	8%	8%
BLACK	10%	10%	11%	10%
HISPANIC	6%	6%	7%	7%
WHITE	6%	6%	6%	6%

Table 4

Preventable Hospital Stays

(Rate of hospital stays for ambulatory care sensitive conditions per 100,000 Medicare enrollees)

	2019	**2020**	**2021**	**2022**
Overall	**5185**	**4635**	**4009**	**3706**
ASIAN	**NA**	**2137(11%)**	**2813(15%)**	**1803(11%)**
BLACK	**9911(52%)**	**7819 (41%)**	**8094(44%)**	**7163(43%)**
HISPANIC	**5437(28%)**	**5169 (28%)**	**4330(24%)**	**4885(30%)**
WHITE	**3868(20%)**	**4039(21%)**	**3082(17%)**	**2675(16%)**

Table 5

Median Household Income

	2019	2020	2021	2022
Overall	$100,000	$99,400	$102,600	$99,800
ASIAN	NA	NA	$104,000	$97,100
BLACK	$55,200	$58,800	$66,800	$71,000
HISPANIC	$60,100	$60,600	$63,900	$61,500
WHITE	$117,900	$122,400	$128,100	$131,000

Appendix A

Tracking Measures of Health Outcomes and Health Factors in the City of Alexandria

over last four annual reports (2019-2022)

by the County Health Rankings and Roadmaps program

Note: first number(s) in column(s) are **City of Alexandria**; adjoining number(s) in brackets [ ] are **Virginia**

See Appendices B, C and D for descriptions of each Health Outcome and Health Factor measure and the sources and year(s) of data

	2019 (2011-15)	**2020** (2012-16)	**2021** (2013-17)	**2022** (2018-20)
I.HEALTH OUTCOMES				
A. Length of Life				
Premature Death* measured by Years of Potential Life Lost (YPLL)per 100,000	3900[6400]	3600[6400]	3700[6400]	3900[6700]
B. Quality of Life				
1. Poor or fair health	13%[16%]	15%[16%]	13%[17%]	14%[16%]
2. Poor physical health days	3.2[3.5]	3.4 [3.5]	3.0[3.5]	3.1[3.7]
3. Poor mental health days	3.2[3.5]	3.8 [3.8]	3.4[4.0]	3.7[4.]
4. Low birthweight	7%[8%]	7%[8%]	7%[8%]	7%[8%]
Additional Health Outcomes (Not included in overall ranking)				
1. Covid Age-Adjusted Mortality	NA	NA	NA	59[56]
2. Life Expectancy	83.6[79.4]	84.4[79.5]	84.1[79.5]	83.9[79.1]
3. Premature Age-Adjusted mortality	200[310]	190[320]	190[320]	200[330]
4. Child mortality	50[50]	50[50]	40[50]	40[50]
5. Infant mortality	4[6]	4[6]	4[6]	3[6]
6. Frequent physical distress	10%[11%]	10%[11%]	9%[11%]	9%[11%]
7. Frequent mental distress	10%[11%]	11%[12%]	11%[12%]	11%[13%]
8. Diabetes prevalence	7%[10%]	6[%[11%]	5%[11%]	9%[10%]
9. HIV prevalence	672[308]	646[305]	607[322]	848[329

II. HEALTH FACTORS				
(1) Health Behavior				
a. Adult Smoking	14%15%]	15%[16%]	12%[15%]	12%[14%]
b. Adult Obesity	22%	24%	24%[31%]	28%[32%]
c. Food environment index	NA[8.9]	NA[8.9]	NA[8.8]	NA[8.8]
d. Physical inactivity	14%[22%]	16%[23%]	16%[22%]	22%[25%]
e. Access to exercise options	100[82]	100[82]	100[82]	100[78]
f. Excessive drinking	21%[17%]	22%[17%]	20%[18%]	19%[17%]
g. Alcohol impaired driving deaths	33%[31%]	35%[30%]	32%[30%]	27[30%]
h. Sexually transmitted infections	438.4[472.3]	463.0[500.3]	457.4[507.3]	531.9[564.3]
i. Teen births	25[9]	23[18]	21[16]	19[15]
Additional health behaviors (not included in overall ranking)				
j. Food insecurity	10%[11%]	10%[10%]	[10%]	8%[9%]
k. Limited access to healthy foods	NA[11%]	NA[4%]	NA[4%]	NA[4%]
l. Drug overdose deaths	8[7]	8[17]	10[18]	11[20]
m. Motor vehicle crash deaths	4[10]	4[10]	4[10]	4[10]
n. Insufficient sleep	32%[36%]	32%[36%]	35%[39%]	35%[39%]
(2) Clinical Care				
a. Uninsured	12%[10%]	11%[10%]	11%[10%]	9%[9%]
b. Primary Care Physicians	1480:1[1310:1]	1450:1[1330:1]	1410:1[1320:1]	1320:1[1310:1]
c. Dentists	1220:1[1470:1]	1240:1[1460:1}	1170:1[1410:1	1,160:1[1,390:1]
d. Mental Health providers	340:1[630:1]	310:1[570:1]	290:1[530:1]	260:1[480:1]
e. Preventable hospital stays	5185[4454]	4635[4461]	4009[4269]	3706[3896]
f. Mammography screening	37%[43%]	37%[44%]	36%[43%]	37%[44%]
g. Flu vaccinations	46%[48%]	47%[50%]	49%[51%]	48%[51%]
Additional Clinical Care (Not included in overall ranking)				
h. Uninsured adults	13%[12%]	12%[12%]	13%[12%]	10%[11%]
i. Uninsured children	7%[5%]	6%[5%]	6%[5%]	5%[5%]
j. Other primary care providers	1585:1[1192:1}	1574:1[1076:1]	1420:1[1000:1]	1,180:1[920:1]

(3) Socio-Economic Factors				
a.High School completion	NA	NA	93%[90%]	93%[90]
b. Some college	82%[70%]	83%[71%]	84%[71%]	85[72%]
c. Unemployment	2.9%[3.8%]	2.2%[3.0%]	2.1%[2.8%]	6.0%[6.2%]
d. Children in poverty	17%[14%]	16%[14%]	14%[13%]	13%[12%]
e. Income inequality	4.1[4.8]	4.1[4.8]	4.1[4.8]	4.1[4.8]
f. Children in single parent households	34%[30%]	32%[30%]	25%[24%]	23%[24%]
g. Social associations	21.9[11.2]	21.8[11.4]	21.1[11.3]	21.0[11.2]
h. Violent crime	106[207]	186[207]	186[207]	186[207]
i. Injury deaths	38[60]	36[63]	39[65]	39[68]
Additional Socio-Economic Factors (Not included in overall ranking)				
j. High School graduation	83%[87%]	81%[92%]	75%[88%]	75%[88%]
k. Disconnected youth	10%[6%]	8%[5%]	7%[5%]	8%[5%]
l. Reading scores	NA	3.3[3.3]	3.0[3..2]	3.0[3.2]
m. Math scores	NA	3.0[3.3]	NA	NA
n. School segregation	NA	NA	NA	0.06[0.21]
o. School funding adequacy	NA	NA	NA	$1,941[$186]
p. Gender pay gap	NA	NA	NA	0.91[0.80]
q. Median household Income	$100k[$71.5k]	$99.4k[$72.6k]	$102.6k[$76.5k]	$99.8k[$79.2k]
r. Living wage	NA	NA	NA	$50.58[$41.81]
s. Children eligible for free or reduced price lunch	54%[41%]	53%[44%]	57%[44%]	56%[46%]
t. Residential segregation Black/White	39[50]	40[49]	39[49]	41[50]
u. Residential segregation Non-white/White	34[41]	36[41]	35[41]	37[42]
v. Children cost burden	NA	NA	NA	30%[25%]
w. Child care centers	NA	NA	NA	8[7]
x. Homicides	3[5]	2[5]	3[5]	3[5]
y. Suicides	NA	8[13]	8[13]	9[13]
z. Firearm fatalities	6[11]	5[12]	5[12]	6[13]
zz. Juvenile arrests	NA	34[NA]	33[31]	34[40]
(4) Physical Environment				
a. Air pollution (particulate matter)	9.7[8.9]	9.7[8.9]	8.7[7.7]	8.6[7.3]

b. Severe housing problems	15%[15%]	17%[15%]	17%[15%]	17%[14%]
c. Driving alone to work	58%[77%]	59%[77%]	59%[77%]	46%[41%]
d. Long commute-driving alone	NA	NA	47%[41]	46%[41%]
Additional Physical Environment (not included in overall ranking)				
e. Traffic volume	NA	1,988[425]	2565[573]	2565[573]
f. Homeownership	43%	43%	43%[66%]	43%[67%]
d. Severe housing cost burden	14%	14%	13%[13%]	14%[12%]
e. Broadband access	NA	NA	92%[84%]	93%[86%]

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