Northern Virginia is a vibrant region. The economy is strong and residents enjoy a high quality of life. However, living conditions are uneven across the area. Some residents suffer from poor health and limited resources for economic opportunity. A 2017 report by the Northern Virginia Health Foundation identified 15 “islands of disadvantage”—neighborhoods (clusters of census tracts) across the region where residents face very difficult living conditions and poor health.¹

Life expectancy varies by 19 years across the region. What explains such large differences? It’s not health care: doctors and hospitals account for less than 10% of this variation.² Health is shaped more by our living conditions—such as education, income, and the physical and social environment in which we live—and these vary greatly by neighborhood.

Chief among these is education. A good education is important not only to open doors for good jobs and put children on a path for success, but it’s also important for health. Adults with more education, and the income it provides, are less likely to smoke cigarettes, become obese, develop diabetes or other chronic diseases, or die prematurely.

To help compare education and the other conditions that exist across Northern Virginia’s census tracts, researchers at the Center on Society and Health at Virginia Commonwealth University developed the Healthy Places Index (HPI)—a score that can be used to quickly size up the health of neighborhoods. The HPI rates census tracts on a scale of 0–100; higher scores mean more favorable living conditions. In computing the index, the researchers found that 60% of the variation in life expectancy in Northern Virginia was explained by differences in the education and economic resources of households (see graphic).
Policies and investments to improve education will improve economic opportunity and health outcomes.

Places with a high HPI enjoy more ideal living conditions that produce good health. Areas with a low HPI have fewer opportunities, and these often include low levels of educational attainment. For example, in census tract 6105.05 in Leesburg, where the HPI is only 48, just 56% of adults have a high school diploma. In tract 4802.02 near Tyson’s Corner, the HPI is 92 and 97% of adults have attended college.

People of color are often disproportionately exposed to adverse living conditions. For example, in Prince William County’s census tract 9009.01 in Dumfries, where the HPI is 26—the lowest HPI in Northern Virginia—45% of residents are African Americans, 26% are Hispanic, and 22% are immigrants.

**THE BOTTOM LINE**

Policies and investments to improve education—such as broadening access to preschool, improving primary and secondary education and graduation rates, and making college more affordable—will improve economic opportunity and health outcomes. Such improvements are not without cost, but the return on investment is strong. Use the HPI to help identify areas in our region with the greatest needs.


Want to explore these data further?

Visit our interactive map at: [https://novahealthfdn.org/interactive-map-opportunity](https://novahealthfdn.org/interactive-map-opportunity)
The business and financial sectors in Northern Virginia—from local employers and industry leaders to investors and philanthropists—appreciate the region’s strong economy and high quality of life. However, living conditions are uneven across the area. Some residents suffer from poor health and limited resources for economic opportunity. A 2017 report by the Northern Virginia Health Foundation identified 15 “islands of disadvantage”—neighborhoods (clusters of census tracts) across the region where residents face very difficult living conditions and poor health.\(^1\)

Life expectancy varies by 19 years across Northern Virginia. What explains such large differences? It’s not health care: doctors and hospitals account for less than 10% of this variation.\(^2\) Increasingly, business leaders recognize that the health of employees—and their health care costs—are shaped by the conditions in which they and their dependents live, such as their housing, transportation, and food security. Unhealthy workers are less productive and may be more absent for medical care.

The same conditions also affect the local economy. Green space, safety, and the other amenities that produce healthy communities also attract new industries, jobs, work talent, and a consumer market that buys products and services. But the Northern Virginia economy has left many neighborhoods behind—victims of historic disinvestment—and these are often the same neighborhoods that suffer from health inequities. People of color and immigrants are disproportionately exposed to these living conditions.

Reversing these inequities has become an investment priority for many community development financial institutions, lenders, philanthropy, and new investment models (e.g., pay for performance). They see the “win-win” proposition: bringing businesses, jobs, and capital to low-to-moderate income communities can generate returns on investment while also reducing health and social inequities.
Investments in mixed-income housing, mixed-use commercial spaces, education, and transportation will not only stimulate the economy but also reduce health inequities and potentially save lives.

A new tool can help businesses assess the condition of their workers’ neighborhoods and help investors identify solutions. Researchers at the Center on Society and Health at Virginia Commonwealth University developed the Healthy Places Index (HPI)—a score that can be used to quickly size up the health of neighborhoods. The HPI rates census tracts on a scale of 0–100; higher scores mean more favorable living conditions. In computing the index, the researchers estimated which factors drive the variation in life expectancy across Northern Virginia (see graphic).

Places with high a HPI enjoy more ideal living conditions that produce good health. Areas with a low HPI have fewer resources and opportunities. For example, in census tract 6105.05 in Leesburg, where the HPI is only 48, just 56% of adults have a high school diploma. In tract 4802.02 near Tyson’s Corner, the HPI is 92 and 97% of adults have attended college.

THE BOTTOM LINE

The bottom line: employers and investors increasingly recognize the business case for improving the economic vitality of all neighborhoods. Investments in mixed-income housing, mixed-use commercial spaces, education, and transportation will not only stimulate the economy but also reduce health inequities and potentially save lives. The upfront costs are clear, but the return on investment is even clearer. Use the HPI to help identify areas in our region with the greatest needs.


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Northern Virginia is a vibrant region. The economy is strong and residents enjoy a high quality of life. However, living conditions are uneven across the area. Some residents suffer from poor health and limited resources for economic opportunity. A 2017 report by the Northern Virginia Health Foundation identified 15 “islands of disadvantage”—neighborhoods (clusters of census tracts) across the region where residents face very difficult living conditions and poor health.¹

Life expectancy varies by 19 years across the region. What explains such large differences? It’s not health care: doctors and hospitals account for less than 10% of this variation.² Health is shaped more by our living conditions—such as income, housing, and other aspects of the physical and social environment—and these vary greatly by neighborhood.

A healthy neighborhood infrastructure is vital to the public’s health. In particular, residents need access to stable housing and to living conditions that are uncrowded and free of health hazards such as allergens, mold, and lead. Housing must come at a cost that is affordable and leaves money for families to purchase healthy foods and obtain medical care. Good health also requires access to transportation—to visit the doctor but also to access jobs, child care, schools, and other social resources that improve health. Affordable public transit is important to serve low- and middle-income commuters.

To help compare housing, transportation, and the other conditions that exist across Northern Virginia’s census tracts, researchers at the Center on Society and Health at Virginia Commonwealth University developed the Healthy Places Index (HPI)—a score that can be used to quickly size up the health of neighborhoods. The HPI rates census tracts on a scale of 0–100; high numbers represent the best conditions. In computing the index, the researchers
Policies and investments to improve neighborhood infrastructure will improve economic opportunity and health outcomes.

found that 26% of the variation in life expectancy in Northern Virginia was explained by differences in housing and transportation resources (see graphic).

Places with a high HPI enjoy more ideal living conditions that produce good health, whereas areas with a low HPI face greater economic barriers to basic services and infrastructure. For example, in census tract 6105.05 in Leesburg, where the HPI is only 48 and the median household income is $46,139, 60% of households face housing cost burdens (30% or more of their income spent on housing) and 74% of renters live in apartments with deficiencies (e.g., inadequate plumbing).

People of color are often disproportionately exposed to adverse living conditions. For example, in Prince William County’s census tract 9009.01 in Dumfries, where the HPI is 26—the lowest HPI in Northern Virginia—45% of residents are African Americans, 26% are Hispanic, and 22% are immigrants.

THE BOTTOM LINE

Policies and investments to improve neighborhood infrastructure—such as offering mixed-income housing and affordable, and more accessible, public transit—will improve economic opportunity and health outcomes. Such improvements are not without cost, but the return on investment is strong. Use the HPI to help identify areas in our region with the greatest needs.


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Local leaders know that Northern Virginia is a vibrant region. The economy is strong and residents enjoy a high quality of life. However, living conditions are uneven across the area. Some residents suffer from poor health and limited resources for economic opportunity. A 2017 report by the Northern Virginia Health Foundation identified 15 “islands of disadvantage”—neighborhoods (clusters of census tracts) across the region where residents face very difficult living conditions and poor health.¹

Life expectancy varies by 19 years across Northern Virginia. What explains such large differences? It’s not health care: doctors and hospitals account for less than 10% of this variation.² Increasingly, county and city officials recognize that the health of residents—and the costs of providing health care—are shaped dramatically by “non-health” policies. Specifically, the health of a county or neighborhood is influenced by policies on education, income, housing, transportation, zoning, the environment, and social services, among others. These local conditions also affect economic development and strategic growth, and are important not only to elected officials (e.g., county supervisors, mayors) and voters but also to municipal agencies, school systems, and regional planners.

To help compare living conditions across Northern Virginia’s census tracts, researchers at the Center on Society and Health at Virginia Commonwealth University developed the Healthy Places Index (HPI)—a score that can be used to quickly size up the health of neighborhoods. The HPI rates census tracts on a scale of 0–100; higher scores mean more favorable living conditions. In computing the index, the researchers found that 60% of the variation in life expectancy in Northern Virginia was explained by differences in the education and economic resources of households (see graphic).
Efforts by local government to improve the economic vitality of households and neighborhoods will reduce health inequities across Northern Virginia and potentially save lives.

Places with a high HPI enjoy more ideal living conditions that produce good health. Areas with a low HPI have fewer opportunities. For example, in census tract 6105.05 in Leesburg, where the HPI is only 48, just 56% of adults have a high school diploma. In tract 4802.02 near Tyson’s Corner, the HPI is 92 and 97% of adults have attended college.

People of color are often disproportionately exposed to adverse living conditions. For example, in Prince William County’s census tract 9009.01 in Dumfries, where the HPI is 26—the lowest HPI in Northern Virginia—45% of residents are African Americans, 26% are Hispanic, and 22% are immigrants.

THE BOTTOM LINE

Efforts by local government to improve the economic vitality of households and neighborhoods—from investments in education to broader access to public transportation—will also reduce health inequities across Northern Virginia and potentially save lives. Such improvements are not without cost, but the return on investment is strong. Use the HPI to help identify areas in our region with the greatest needs.


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Although Northern Virginia has a strong economy, living conditions are uneven across the region. This comes as no surprise to grassroots organizations and local residents, who know firsthand that certain neighborhoods have historically suffered from poor health and limited resources for economic opportunity. A 2017 report by the Northern Virginia Health Foundation identified 15 “islands of disadvantage”—neighborhoods (clusters of census tracts) across the region where residents face very difficult living conditions and poor health.\(^1\)

Life expectancy varies by 19 years across Northern Virginia. What explains such large differences? It’s not health care: doctors and hospitals account for less than 10% of this variation.\(^2\) Disparities by race or ethnicity, socioeconomic status, or neighborhood reflect inequities in education, income, food security, housing, transportation, clean air and water, and safety net programs, among others. These conditions shape opportunity not only for good health but also for overall wellbeing and economic mobility.

A new tool can help those who advocate on behalf of these neighborhoods. Researchers at the Center on Society and Health at Virginia Commonwealth University developed the Healthy Places Index (HPI)—a score that can be used to quickly size up the health of neighborhoods. The HPI rates census tracts on a scale of 0–100; higher scores mean more favorable living conditions. In computing the index, the researchers found that 60% of the variation in life expectancy in Northern Virginia was explained by differences in the education and economic resources of households (see graphic). Such information can be useful to residents, advocacy groups, neighborhood associations, faith-based organizations, service providers, and others with social justice missions.
Places with high HPI scores enjoy more ideal living conditions that produce good health. Areas with low HPI scores have fewer opportunities. For example, in census tract 6105.05 in Leesburg, where the HPI is only 48, just 56% of adults have a high school diploma. In tract 4802.02 near Tyson’s Corner, the HPI score is 92 and 97% of adults have attended college.

People of color are often disproportionately exposed to adverse living conditions. For example, in Prince William County’s census tract 9009.01 in Dumfries, where the HPI is 26—the lowest HPI in Northern Virginia—45% of residents are African Americans, 26% are Hispanic, and 22% are immigrants.

THE BOTTOM LINE

Advocates for equity and social justice can make the case that targeted investments in living conditions and economic opportunity can also reduce health inequities across Northern Virginia and potentially save lives. Such improvements are not without cost, but the return on investment is strong. Use the HPI to help identify areas in our region with the greatest needs.


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Although residents of Northern Virginia generally enjoy good health and a strong economy, living conditions are uneven across the region. While the majority of the population fares well, some residents suffer from poor health and limited resources for economic opportunity. A 2017 report by the Northern Virginia Health Foundation identified 15 “islands of disadvantage”—neighborhoods (clusters of census tracts) where residents face very difficult living conditions and poor health. Why does life expectancy vary by 19 years across the region? It’s not health care, which accounts for 10–20% of this variation. Health is shaped more by our living conditions—such as education, income, and the physical and social environment in which we live—and these vary greatly by neighborhood. Neighborhoods with the worst living conditions are often communities of color, where residents are largely African American or Hispanic, immigrants, and people with low incomes and few assets. (Northern Virginia is also home to many Asian American families, although Asians in our region—as a group—often have better health, and sometimes more affluence, than whites.)

A new tool provides clear data on such inequities. Researchers at the Center on Society and Health at Virginia Commonwealth University developed the Healthy Places Index (HPI)—a score that can be used to quickly size up the health of neighborhoods. The HPI rates census tracts on a scale of 0–100; higher scores mean more favorable living conditions. In computing the index, the researchers found that 60% of the variation in life expectancy in Northern Virginia was explained by differences in the education and economic status of households, and 26% was explained by differences in housing and transportation.

When race-ethnicity was included in the model, the researchers also found that nearly half (47%) of the variation was associated with race-ethnicity and immigrant status.

Figure 1. Scatter plot of relationship between black populations and life expectancy

The diagonal trend line provides the takeaway: the larger the percentage of the population that is black, the lower the census tract’s life expectancy. People of color are more likely to live in places that provide fewer opportunities for health.
People of color and immigrants are more likely to live in neighborhoods with fewer resources for good health (reflected in low HPI scores). For example, in Prince William County’s census tract 9009.01 in Dumfries, where the HPI is 26—the lowest HPI in Northern Virginia—45% of residents are African Americans and 26% are Hispanic (Figure 2). In this tract, the adult poverty rate is 21% and life expectancy is only 77 years (compared to 89 years in areas of Fairfax County like tract 4822.02 in Reston). Elsewhere in Fairfax County, in tract 4516.01 in Bailey’s Crossroads, the HPI is 43, 61% of residents are immigrants, and 34% of children live in poverty.

The higher the proportion of African Americans in a census tract, the lower the life expectancy (Figure 1). On average, minority and low-income individuals have reduced access to resources for good health, such as education, income, affordable housing, and transportation. The experience of racism is itself biologically harmful: chronic stress accumulates over time (and across generations) and harms body organs and the immune system. Segregation and low incomes force marginalized groups to live in neighborhoods with adverse health conditions, such as pollution, crime, and limited access to healthy food, green space, and health care.

THE BOTTOM LINE

Policies and investments to bring education, good jobs, and affordable housing to marginalized neighborhoods will improve economic opportunity, improve health, and reduce racial-ethnic inequities. The benefits extend far beyond the residents of those communities: the entire region gains from a stronger economy and greater wellbeing. Use the HPI to help identify areas in our region with the greatest needs.


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