

Social Vulnerability Index Training: Using Data through an Equity Lens

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Public Health Nursing Webinar

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Kentucky Public Health
Prevent. Promote. Protect.



Overview

Part 1:

- Environmental Public Health Tracking Program (EnviroHealthLink.org)
- Available Data Tools/Views
- Data Tools for local Health Equity work
 - Community Snapshot Reports
 - Social Vulnerability Index (SVI) Interactive Map



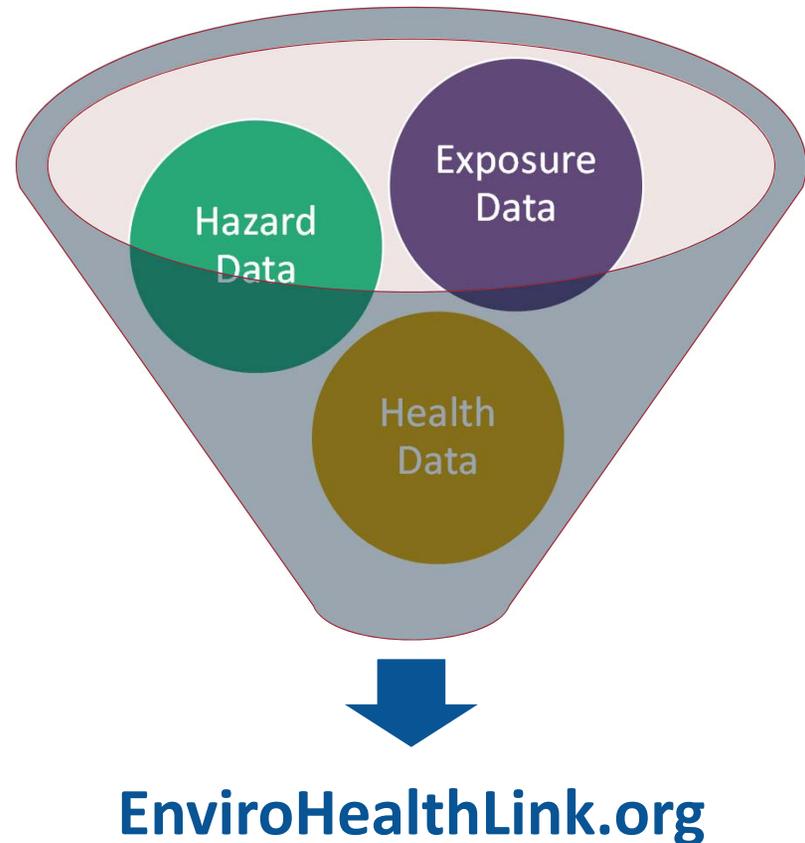
Overview

Part 2:

- Office of Health Equity and the SVI
- Local examples of using data for health equity
- Additional Tools and Resources
- Final Questions

Kentucky Environmental Public Health Tracking

- Federally funded through the CDC.
- Goal: Develop and maintain a queryable website (specific to KY) for the public.
- This website is known as “the portal” or EnviroHealthLink.org





Welcome to the EHL data portal. The data portal is your gateway to access all the available data products. This includes queryable datasets, interactive maps, links to other useful data websites, and searchable access to queryable dataset metadata.



Community Snapshot Reports

Choose your community, run a report for a set of indicators, and see how your community compares to the rest of the state. [Community Snapshots](#)

- Key to Symbols -

- * For information on confidence intervals, see glossary in the "Resources" section.
- ** Data were suppressed to protect privacy.
- ✓ The community is performing BETTER than the state, and the difference is statistically significant.
- ⚡ The community value is the same or ABOUT THE SAME as the state. Differences are not statistically significant.



Interactive Maps

- [Social Vulnerability Index](#) - explore data on social and economic factors that influence the vulnerability of communities across Kentucky
- [Local Health Departments](#) - explore information on your local health department and data for your county
- [Radon in Kentucky](#) - learn more about radon and explore historical radon risk levels in Kentucky

Ways to View the Data

Community
Snapshot
Reports

Interactive
Maps

Query
Modules



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Welcome to the Community Profile Selection page. A community profile produces a report on a set of of health indicators for a given community. This page allows you to choose the community, and the set of indicators and the additional page content to be viewed for the selected community.

Usage

Please select the community, a set of indicators, and additional report content, below. Then press the Submit button located at the bottom of the page.

Step 1: Select a Community

County

- Garrard
- Grant
- Graves
- Grayson
- Green
- Greenup
- Hancock
- Hardin
- Harlan
- Harrison

Step 2: Select a Set of Health Indicators

Select the measures to include in your report.

- Environmental Public Health Tracking
- Behavioral Health
- Community Health Status
- Injury Indicators
- All County Level Indicators

Step 3: Select Additional Information for Your Report

Information you select here will be included in the table footnotes.

- Data Notes
- Why is it Important?
- Numerator and Denominator Definitions

Finish: Click the [Submit] button after completing Steps 1-3.



Community Snapshot for Kenton County - Environmental Public Health Tracking

Overview

Overview

This county report provides counts and rates for the selected Kentucky County. It also provides confidence intervals, colored comparison symbols and Kentucky and U.S. values of the same measure whenever they are available. Please note that additional report content for each indicator may be found below the table. If you are viewing this report online, selecting a given indicator in the table will take you to the complete indicator report page for that measure.

Community Health Status Indicators Associated with Environmental Health

Indicators for environmental exposure and health outcomes

- Key to Symbols -

- * For information on confidence intervals, see glossary in the "Resources" section.
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-  The community is performing BETTER than the state, and the difference is statistically significant.
-  The community value is the same or ABOUT THE SAME as the state. Differences are not statistically significant.
-  The community is performing WORSE than the state, and the difference is statistically significant.
- DNA Either the comparison value or confidence interval data are not available.
- n/a Not Applicable: This indicator has no target direction.

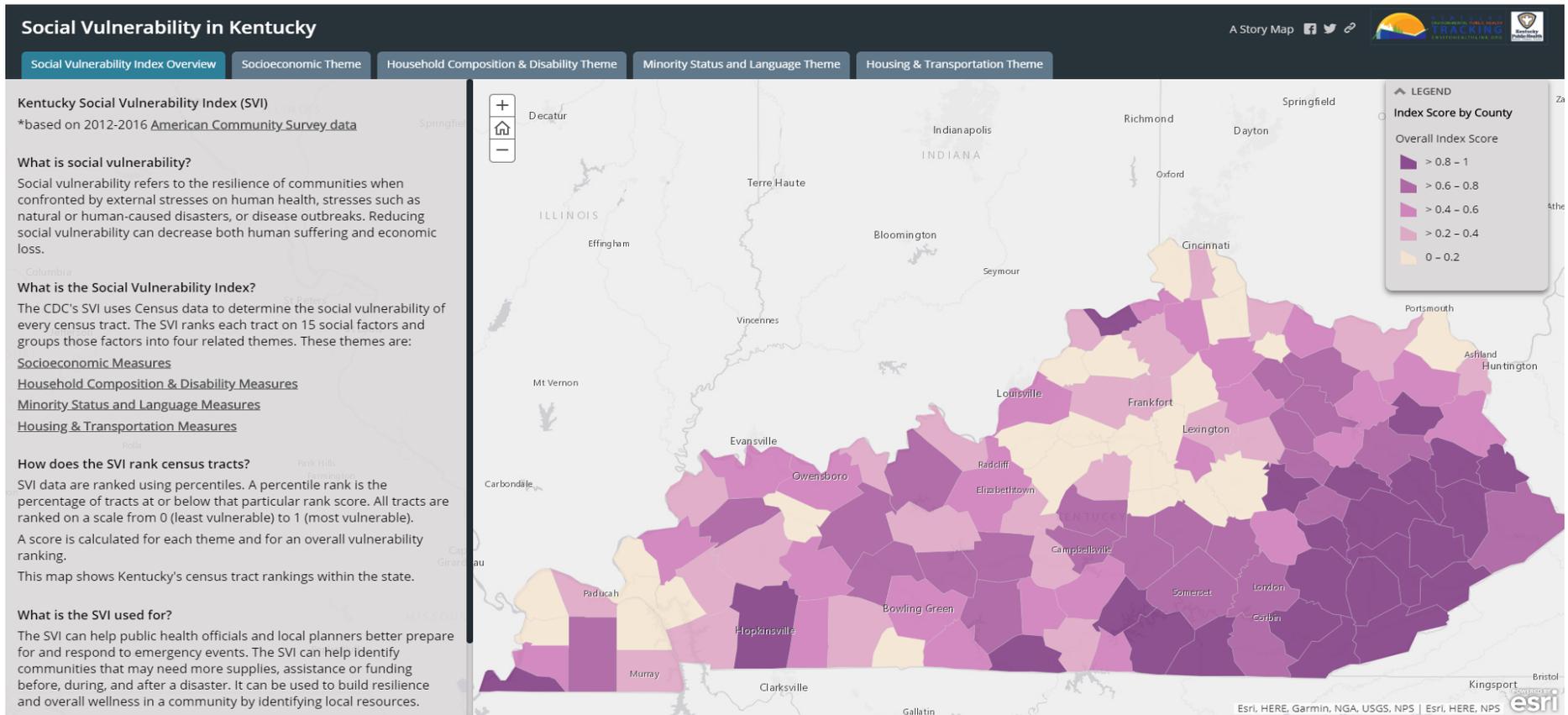
The community value is considered statistically significantly different from the state value if the state value is outside the range of the community's 95% confidence interval. If the community's data or 95% confidence interval information is not available, a blank gauge image will be displayed with the message, "missing information."

NOTE: In this report, the assessment of whether a community is better or worse is based solely on the statistical difference between the community and state values. When selecting priority health issues to work on, a community should take into account additional factors such as how much improvement could be made, the U.S. value, the statistical stability of the community number, the severity of the health condition, and whether the difference is clinically significant.

Indicator	Community Data			Comparison Values	
	Count/Rate	Confidence Interval*	Compared to KY	Kentucky	U.S.
Very Low Birthweight, 2011-2015 (Percent Very Low Birthweight) Percentage of Very Low birthweight, term, singleton infants (VLBW infants) is the number of live-born singleton infants born at term (at or above 37 completed weeks of gestation) with a birthweight of less than 1,500 grams (about 5 pounds, 8 ounces), per 100 live, term, singleton births.	1.4%		n/a	1.2%	DNA
Childhood Asthma Hospital Admissions, 2008-2017 (Admissions per 10,000 Population) A childhood asthma hospitalization is an admission of a Kentucky resident under the age of 18 to a Kentucky hospital with asthma listed as the primary (first-listed) diagnosis. Asthma hospitalizations include those with ICD-9 codes 493.0-493.92 and ICD-10-CM J45 on or after October 1, 2015.	15.64	(14.14 - 17.13)	≈	15.79	DNA
Deaths due to Drug Overdose, 2013-2017 (Deaths per 100,000 Population, Age-adjusted) Drug overdose death is defined as the number of deaths caused by drug overdose per 100,000 population. Drug overdose deaths are those in which drug overdose is the primary cause, whether unintentional or intentional. Includes ICD-10 codes X40-X44, X60-X64, X85, and Y10-Y14 for underlying cause of death.	15.71	(12.37 - 19.06)	✓	29.01	DNA
Influenza and Pneumonia Deaths, 2013-2017 (Deaths per 100,000 Population, Age-adjusted) Deaths from influenza and pneumonia (underlying cause with ICD10: J09-J18) per 100,000 population, age-adjusted.	11.8	(9.0 - 14.8)	✓	18.4	DNA
Heart Disease Deaths per 100,000 Population, 2015-2017 (Deaths per 100,000 Population, Age-adjusted) Diseases of the heart include a variety of conditions that may affect different parts of the heart, including the blood supply, the heart muscle, the internal lining and valves, the conduction system, and the membrane that surrounds the heart. Common causes of death from diseases of the heart include myocardial infarction (heart attack), heart failure, and cardiac arrest.	157.18	(143.48 - 170.88)	✓	194.20	DNA
Stroke Deaths per 100,00 Population, 2015-2017 (Deaths per 100,000 Population, Age-adjusted) Stroke Deaths per 100,000 population in Kentucky	28.30	(22.48 - 34.11)	✓	38.46	DNA
Diabetes Death Rates, 2013-2017 (Deaths per 100,000 Population, Age-adjusted) The diabetes death rate: the number of deaths attributed to diabetes per 100,000 people, age-adjusted to the 2000 U.S. population.	26.1	(21.8 - 30.4)	≈	26.1	DNA

Social Vulnerability Index

<https://ky-dph.maps.arcgis.com/apps/MapSeries/index.html?appid=b051448dfb4b4a69a39e8adf2e8ac44e>



CDC's Social Vulnerability Index (SVI)



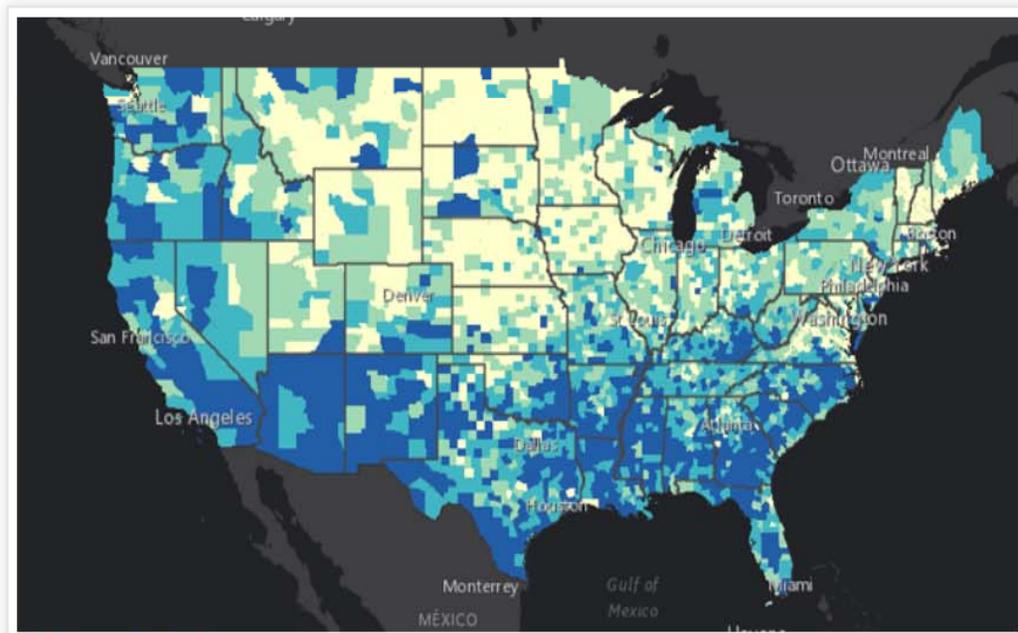
<https://svi.cdc.gov/index.html>

What is the SVI?

Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, stresses such as natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. CDC's Social Vulnerability Index uses 15 U.S. census variables at tract level to help local officials identify communities that may need support in preparing for hazards; or recovering from disaster.

The Geospatial Research, Analysis, and Services Program (GRASP) created and maintains CDC's Social Vulnerability Index.

Contact the [SVI Coordinator](#) with comments or questions.



SVI Interactive Map

Definitions:

- **Social Vulnerability** refers to the resilience of communities when confronted by external stresses on human health, stresses such as natural or human-caused disasters.
- **Social Vulnerability Index (SVI)** is an index score comprised of:
 - 15 measures from the American Community Survey Data
 - Grouped into 4 themes:
 - Socioeconomic
 - Household Composition and Disability
 - Minority Status and Language
 - Housing and Transportation

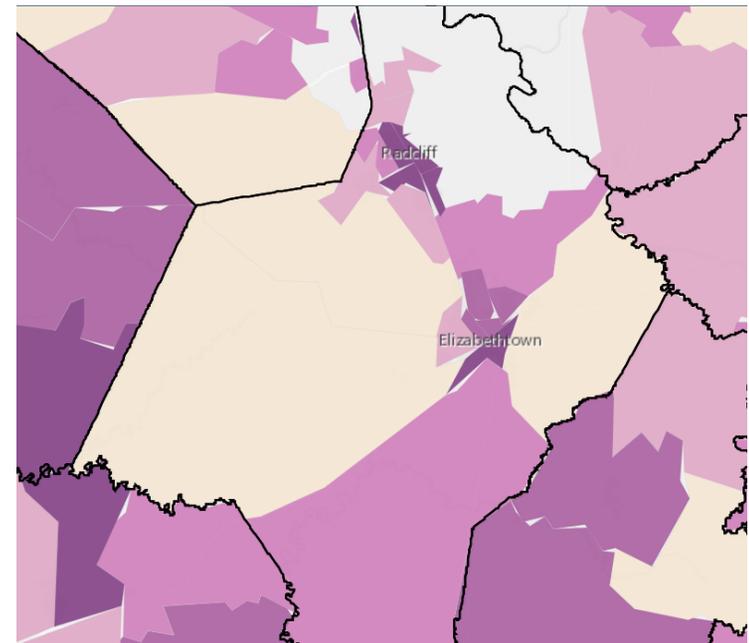
How does the SVI rank census tracts?

- These data are ranked using **percentiles**. A percentile rank is the percentage of tracts at or below that particular rank score.
- All tracts (or counties) are ranked on a scale from 0 (least vulnerable) to 1 (most vulnerable).
- A score is calculated for each theme and for an overall vulnerability ranking.
- This map shows Kentucky's census tract rankings **within** the state.



Subcounty Geographies

- **Census tracts:** small, relatively permanent statistical subdivisions of a county – uniquely numbered in each county with a numeric code:
 - Ave. about 4,000 inhabitants
 - Minimum pop.: 1,200
 - Maximum pop.: 8,000
- Why does the SVI use them instead of zip codes?
 - Nest within counties – don't cross county lines
 - Relatively permanent

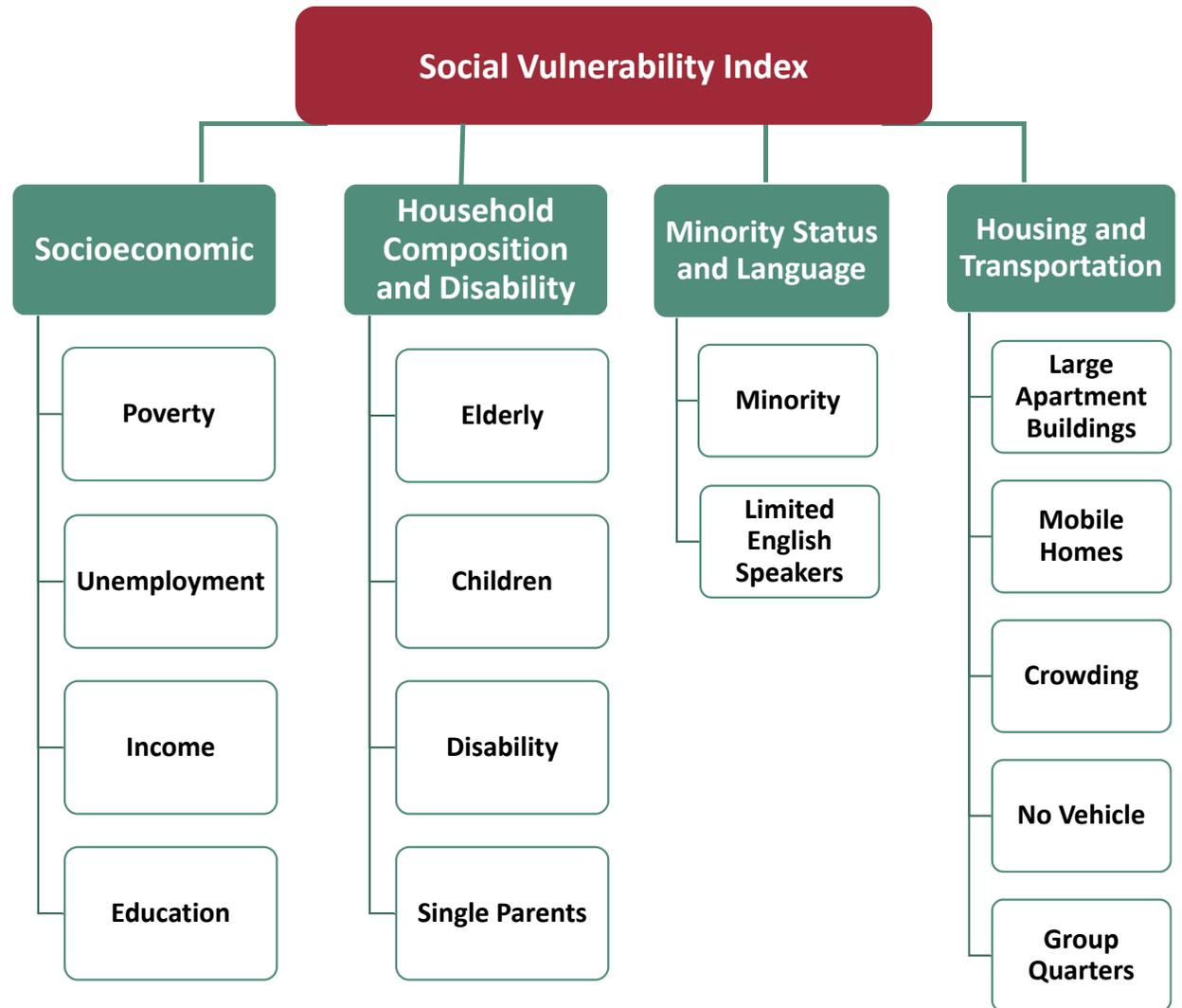


Overall Index Score/
First Map Tab

Theme Scores/
Next 4 Tabs

Individual Measures/
Tabs on Theme Maps

**SVI structure
=
SVI interactive
map**



Social Vulnerability in Kentucky

- Social Vulnerability Index Overview
- Socioeconomic Theme
- Household Composition & Disability Theme
- Minority Status and Language Theme
- Housing & Transportation Theme

Kentucky Social Vulnerability Index (SVI)
*based on 2012-2016 American Community Survey data

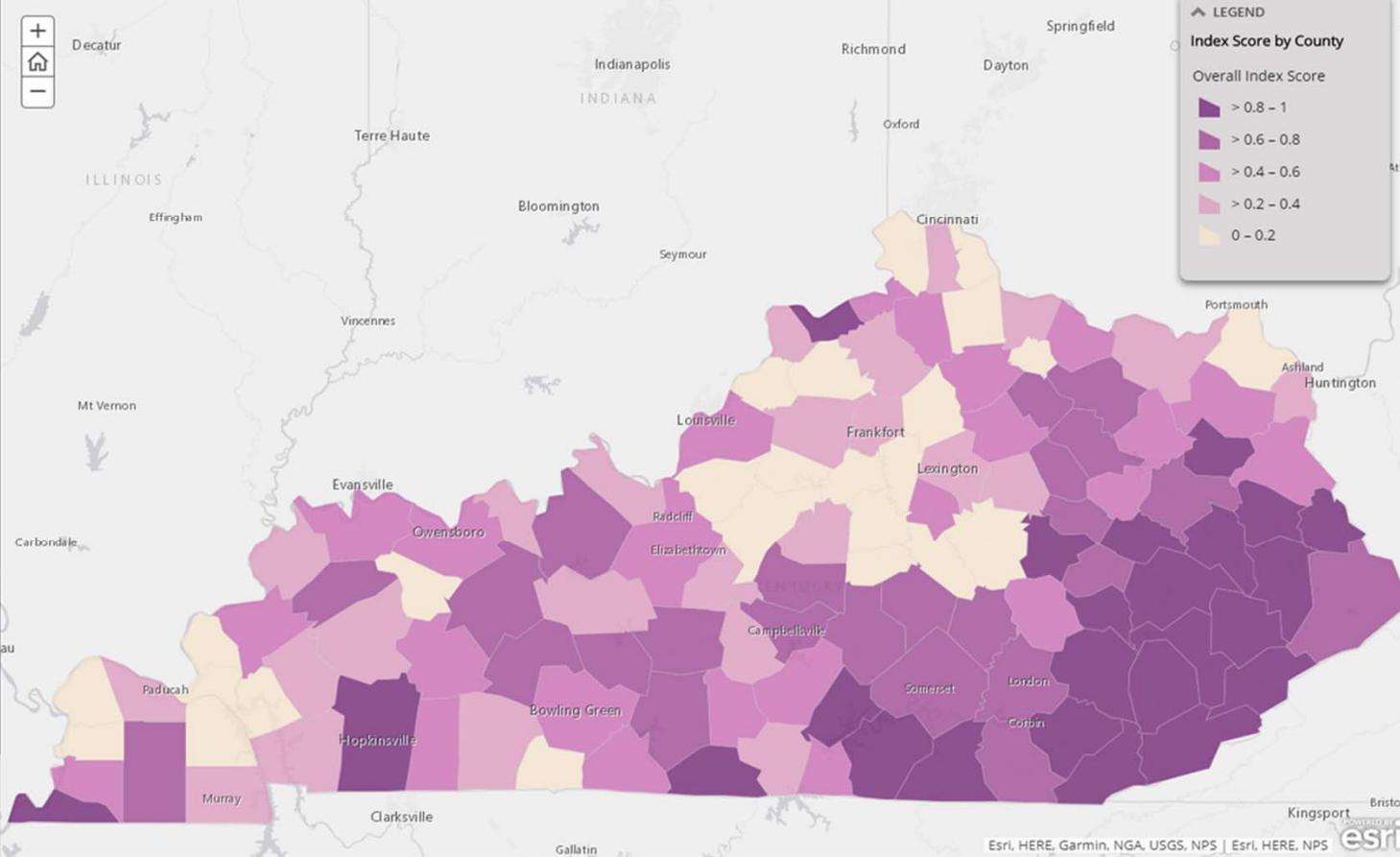
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- [Socioeconomic Measures](#)
- [Household Composition & Disability Measures](#)
- [Minority Status and Language Measures](#)
- [Housing & Transportation Measures](#)

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What is the SVI used for?
The SVI can help public health officials and local planners better prepare for and respond to emergency events. The SVI can help identify communities that may need more supplies, assistance or funding before, during, and after a disaster. It can be used to build resilience and overall wellness in a community by identifying local resources.



Social Vulnerability in Kentucky

A Story Map   



Social Vulnerability Index Overview

Socioeconomic Theme

Household Composition & Disability Theme

Minority Status and Language Theme



Kentucky Social Vulnerability Index (SVI)

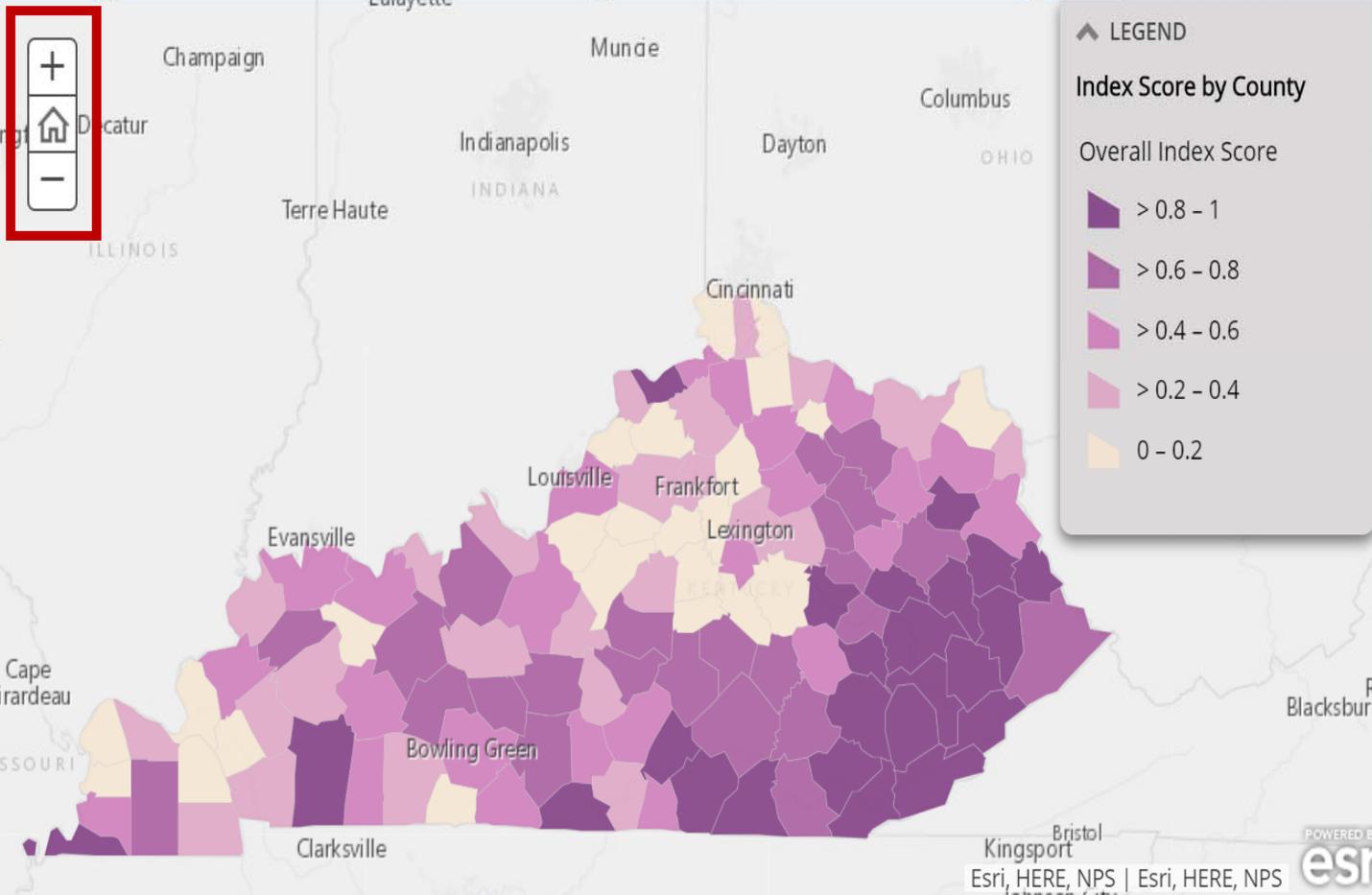
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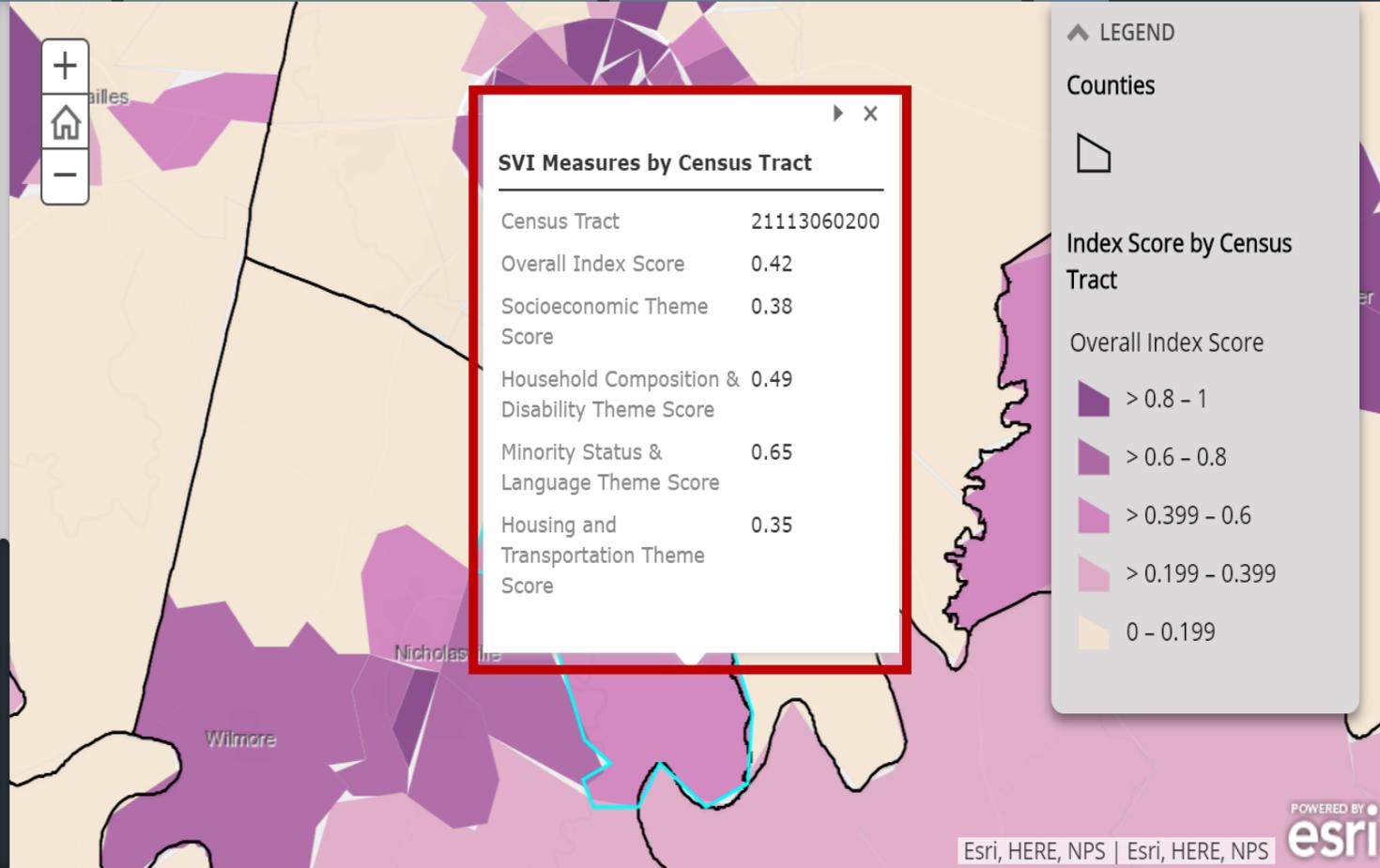
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Learn more about CDC's SVI and its uses here: <https://svi.cdc.gov/index.html>



Social Vulnerability in Kentucky

A Story Map



Social Vulnerability Index Overview

Socioeconomic Theme

Household Composition & Disability Theme

Minority Status and Language Theme



Housing & Transportation Theme

LEGEND

ities



Index Score by Census Tract

Overall Index Score

- > 0.8 - 1
- > 0.6 - 0.8
- > 0.399 - 0.6
- > 0.199 - 0.399
- 0 - 0.199

to 1 (most vulnerable).

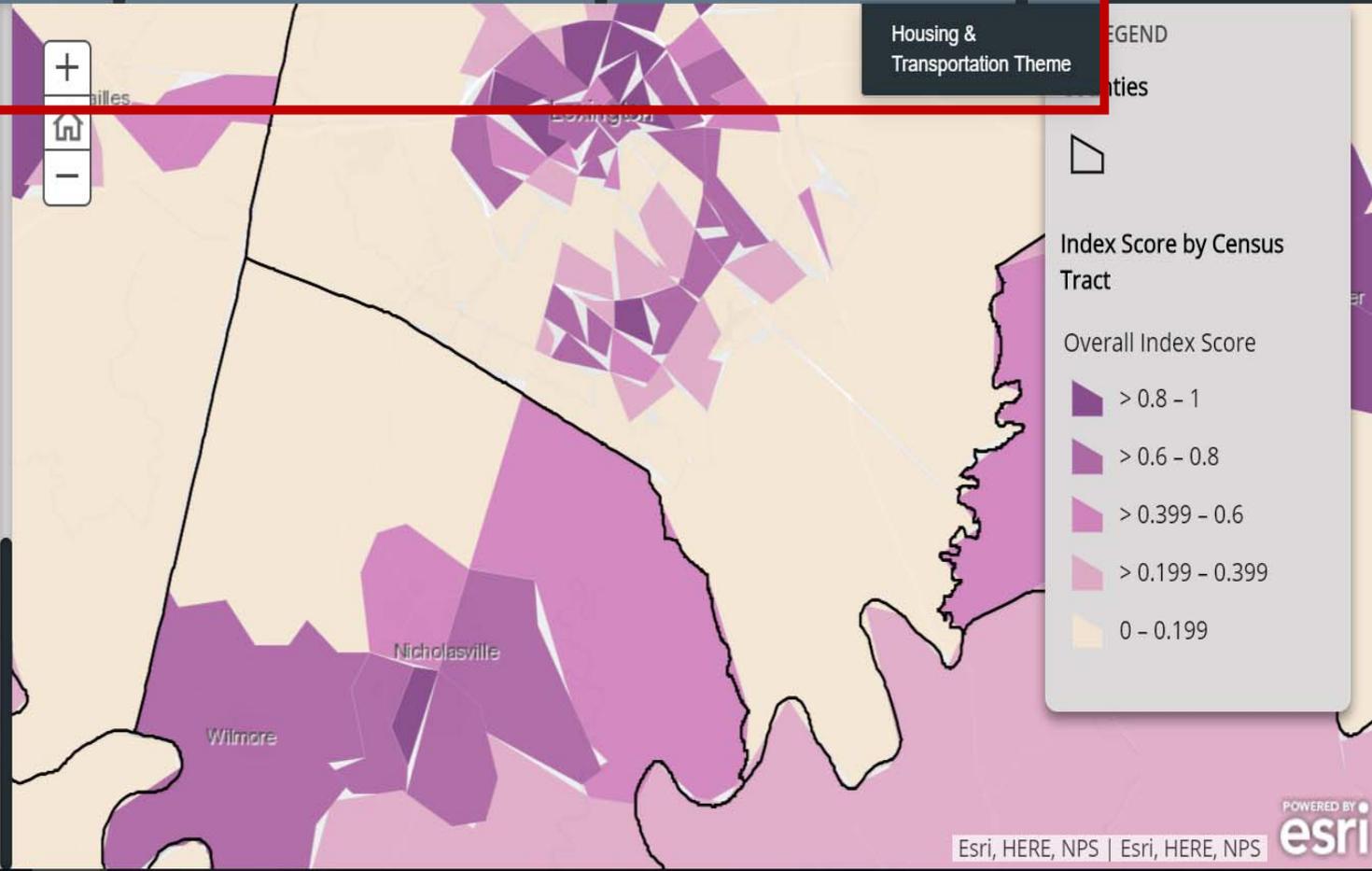
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Esri, HERE, NPS | Esri, HERE, NPS



Social Vulnerability in Kentucky

A Story Map   



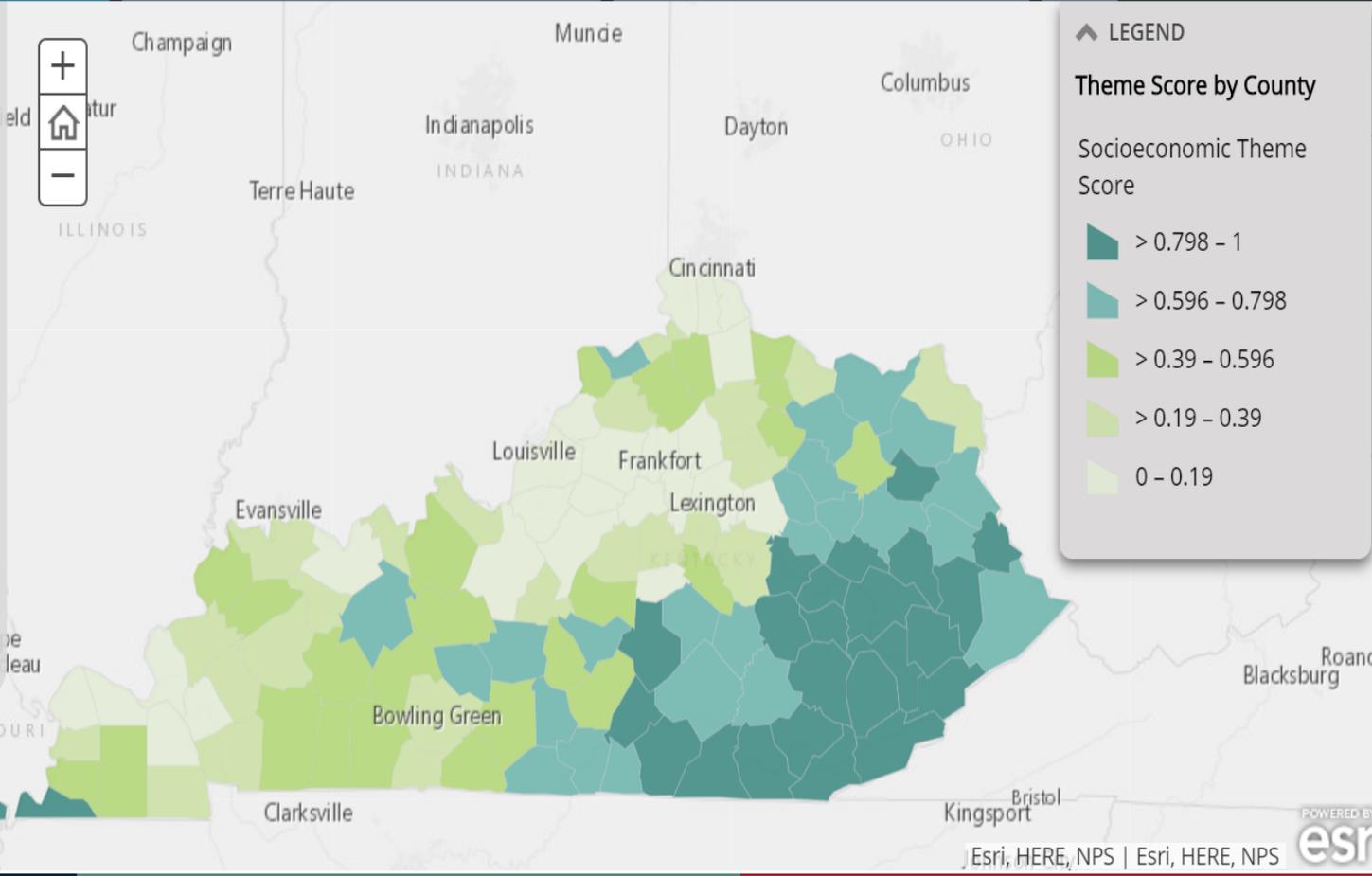
- Social Vulnerability Index Overview
- Socioeconomic Theme**
- Household Composition & Disability Theme
- Minority Status and Language Theme

The Socioeconomic Theme is made up of these individual measures:

- Poverty - Percent (%) living in poverty
- Unemployment - Percent (%) unemployment
- Income - Income per capita
- Education - Percent (%) with no high school diploma

[See all socioeconomic measures](#)

*based on 2012-2016 [American Community Survey data](#)



Esri, HERE, NPS | Esri, HERE, NPS 

Social Vulnerability in Kentucky

A Story Map   



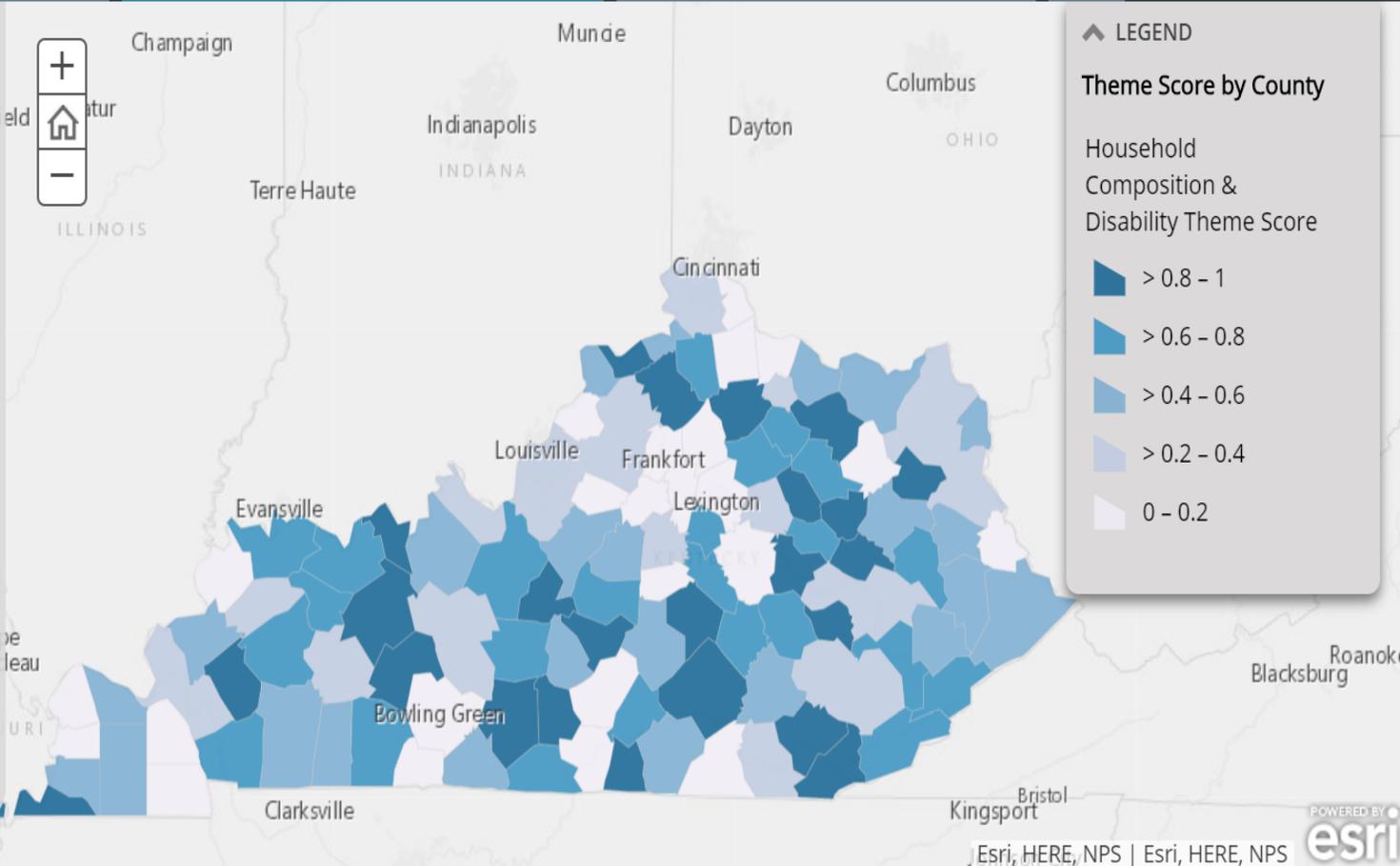
- Social Vulnerability Index Overview
- Socioeconomic Theme
- Household Composition & Disability Theme**
- Minority Status and Language Theme

The Household Composition and Disability Theme is made up of these individual measures:

- Elderly - Percent (%) elderly (aged 65+)
- Children - Percent (%) minors (aged 0-17)
- Disability - Percent (%) with a disability
- Single Parent - Percent (%) single parent households

[See all household composition and disability measures.](#)

*based on 2012-2016 [American Community Survey data](#)



Social Vulnerability in Kentucky

A Story Map



Social Vulnerability Index Overview

Socioeconomic Theme

Household Composition & Disability Theme

Minority Status and Language Theme

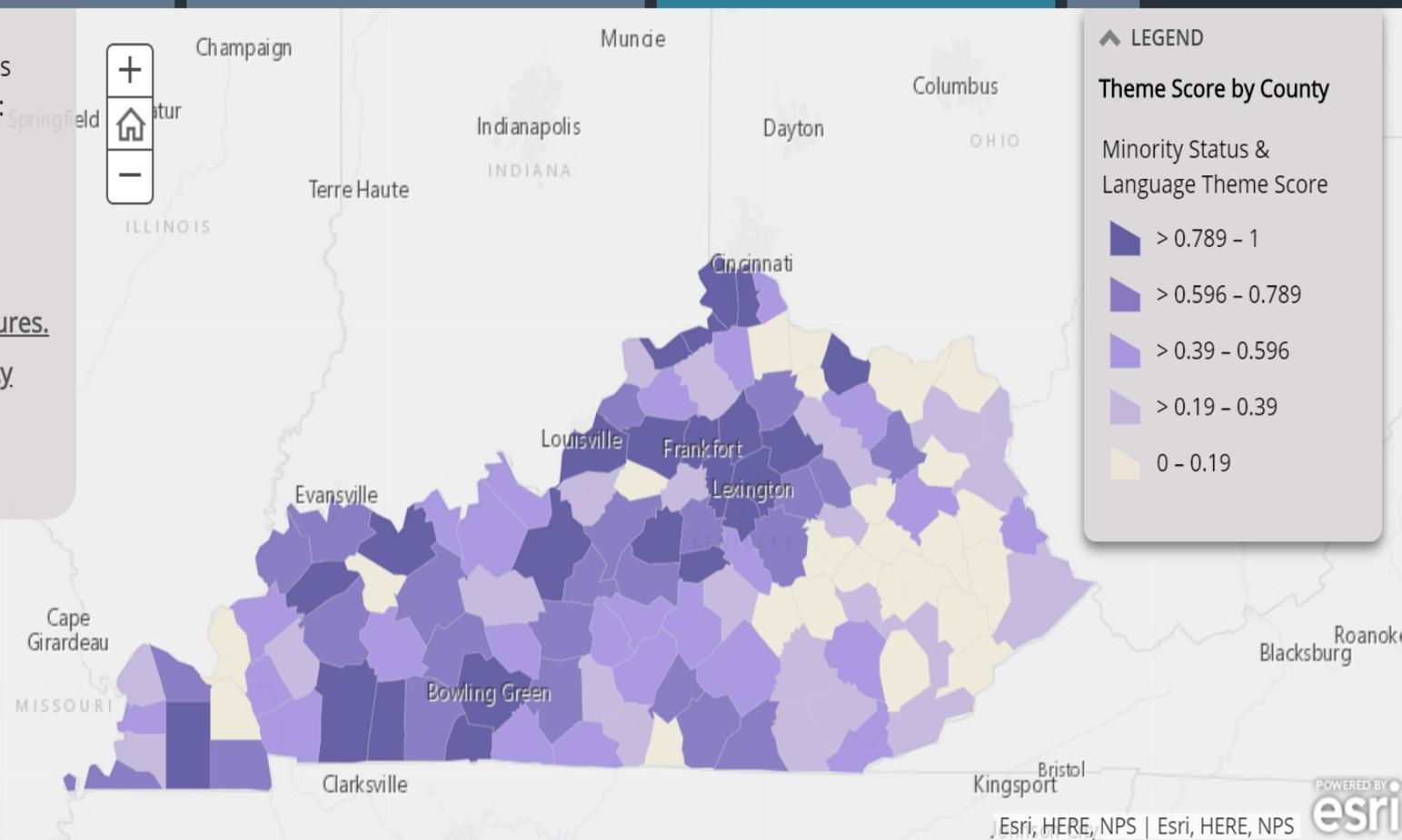


The Minority Status and Language Theme is made of the following individual measures:

- Minority - Percent (%) minority
- Limited English - Percent (%) limited English speakers

[See all minority status and language measures.](#)

*based on 2012-2016 [American Community Survey data](#)



▲ LEGEND

Theme Score by County

Minority Status & Language Theme Score

- > 0.789 - 1
- > 0.596 - 0.789
- > 0.39 - 0.596
- > 0.19 - 0.39
- 0 - 0.19

Social Vulnerability in Kentucky

A Story Map   



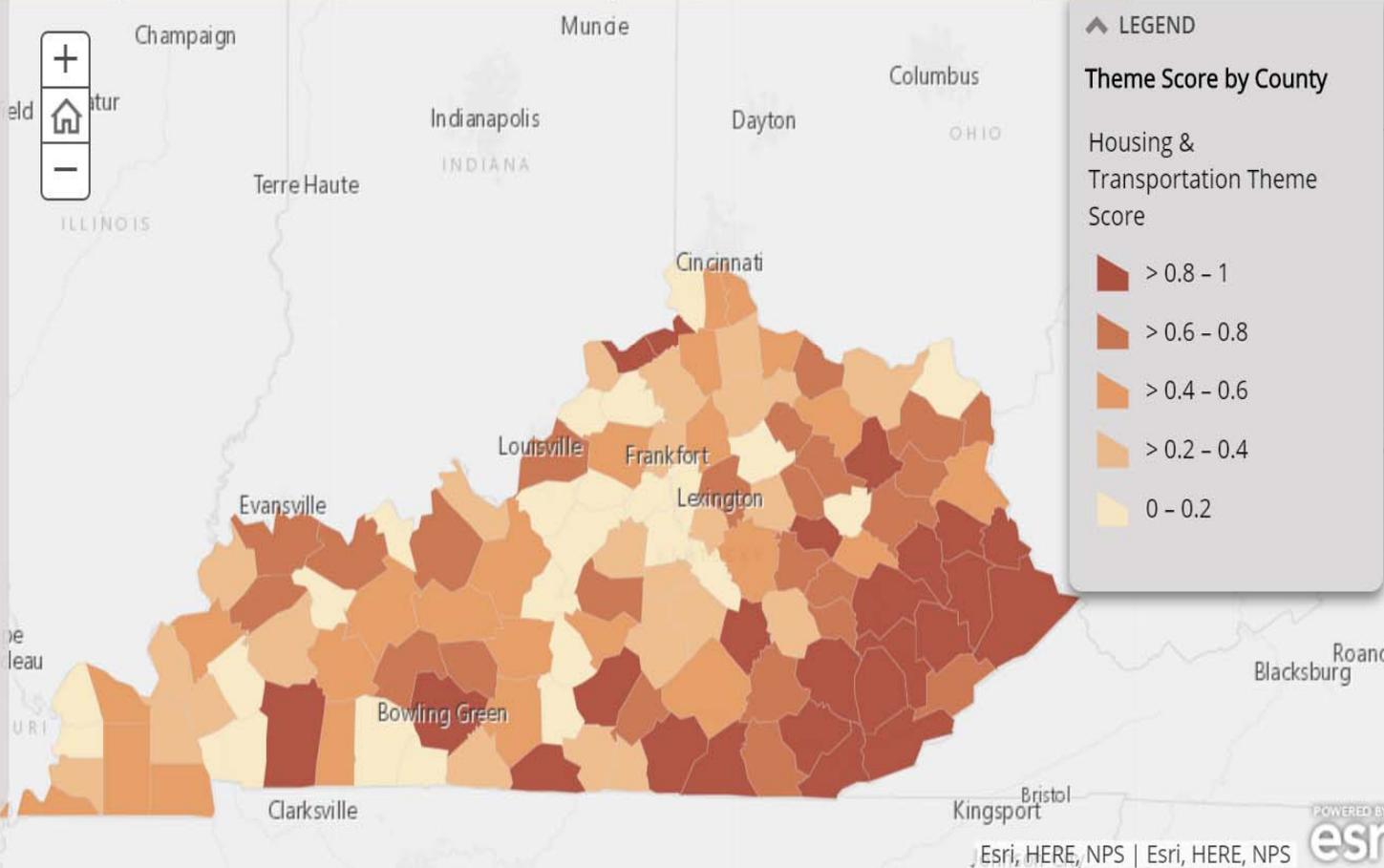
- Social Vulnerability Index Overview
- Socioeconomic Theme
- Household Composition & Disability Theme
- Minority Status and Language Theme

The Housing and Transportation Theme is made up of these individual measures:

- Large Apartment Buildings - Percent (%) large apartment buildings
- Mobile Homes - Percent (%) mobile homes
- Crowding - Percent (%) crowded (>1 person/room)
- No Vehicle - Percent (%) with no car available
- Group Quarters - Percent (%) group quarters

[See all housing and transportation measures.](#)

*based on 2012-2016 [American Community Survey data](#)



Social Vulnerability in Kentucky

A Story Map   



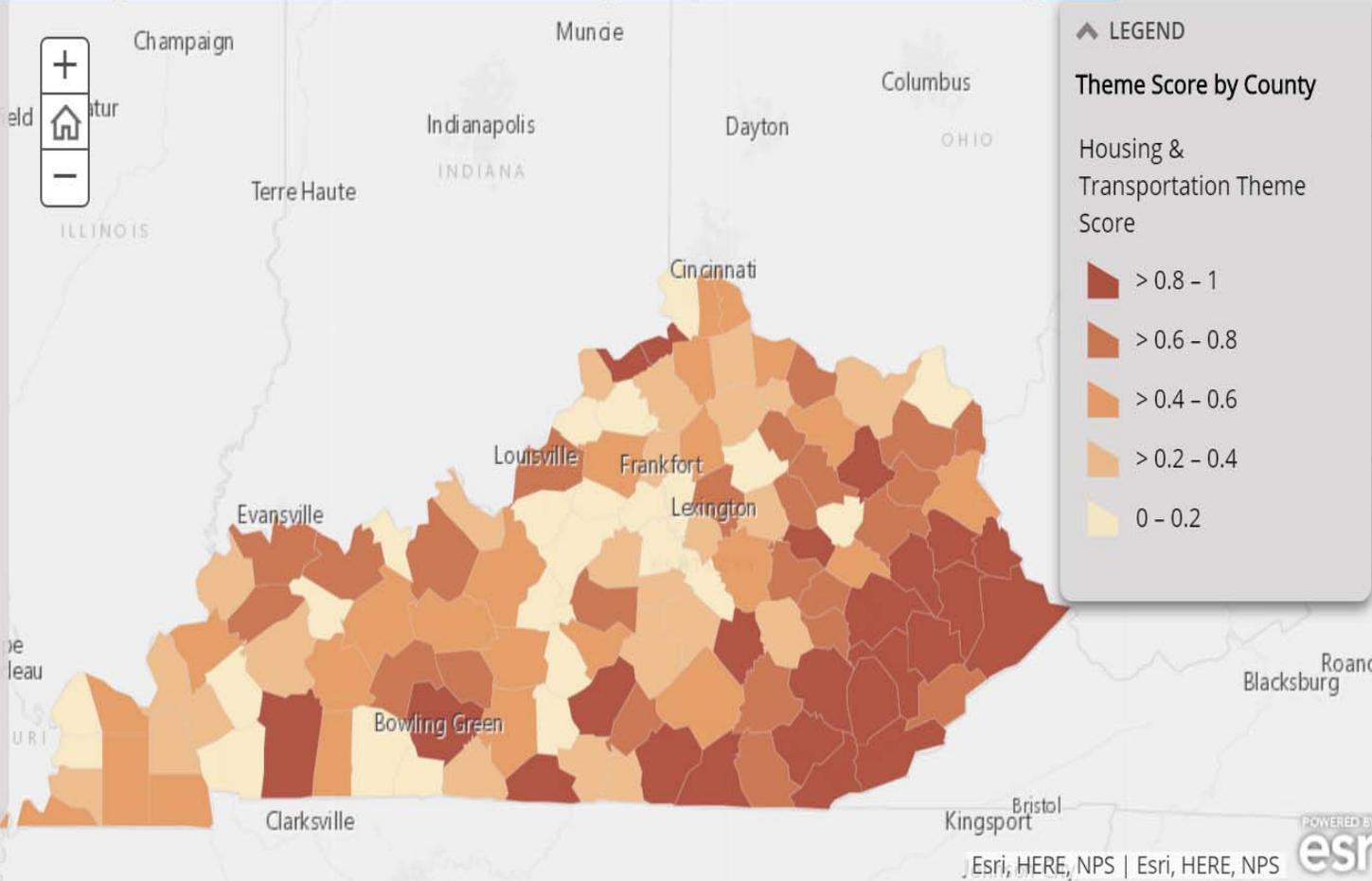
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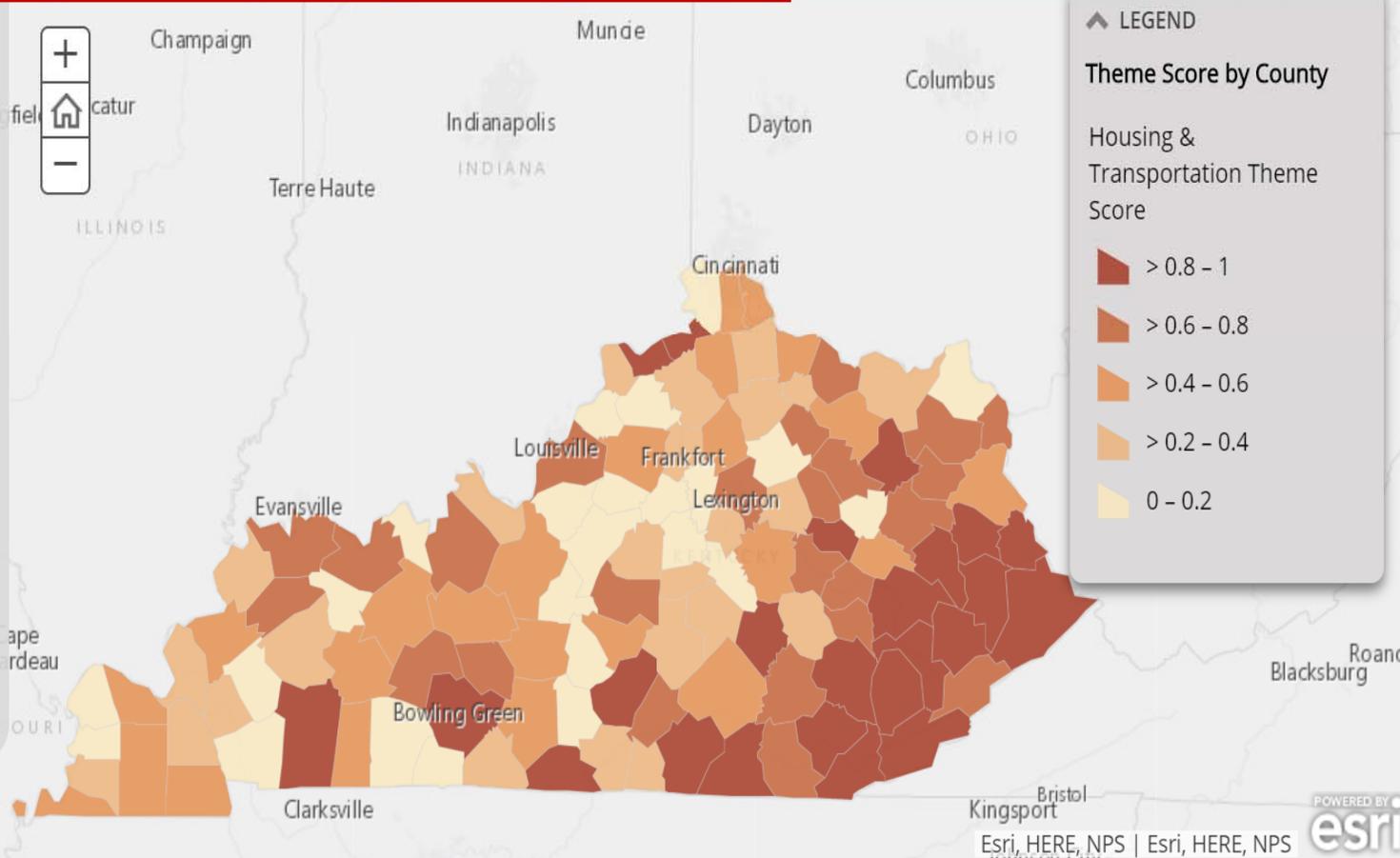
Social Vulnerability in Kentucky - Housing & Transportation Measures

- Housing and Transportation Theme
- Large Apt Bldgs**
- Mobile Homes
- Crowding
- No Vehicle
- Group Quarters

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- Mobile Homes - Percent (%) mobile homes
- Crowding - Percent (%) crowded (>1 person/room)
- No Vehicle - Percent (%) with no car available
- Group Quarters - Percent (%) group quarters

*based on 2012-2016 American Community Survey data



Potential Uses for the SVI Map

- Source of sub-county data for CHA/CHIP & PHAB process
- Program Planning and evaluation
- Targeting interventions
- Program justification and work plans
- Grant writing

Data-informed Decision Making

- Determine health priority areas for your county/district using your **Community Snapshot Report** for your county
 - Find your health priority areas (usually those with a **red !**)
- Select an evidence-based intervention for your health priorities.
 - **County Health Rankings, Healthy People 2020, CDC Navigator**
- **Surprise!** Resources are limited and you have to target your intervention/programming within certain parts of the county or on certain populations according to age, race/ethnicity, or socioeconomic status. – Use the **SVI map** to pull this information.

Data-Informed Decision Making – Targeting Intervention and Events

- Which themes/measures from the SVI could help you....
 - decide where to locate events held for the public?
 - **Housing and Transportation & Household Composition themes and measures**
 - target interventions that are related to age groups?
 - **Household Composition and Disability theme and measures**
 - give you more information about where to focus efforts for a health issue that has poverty or low education as risk factors?
 - **Socioeconomic theme and measures.**

Local Technical Assistance



Data Success Stories

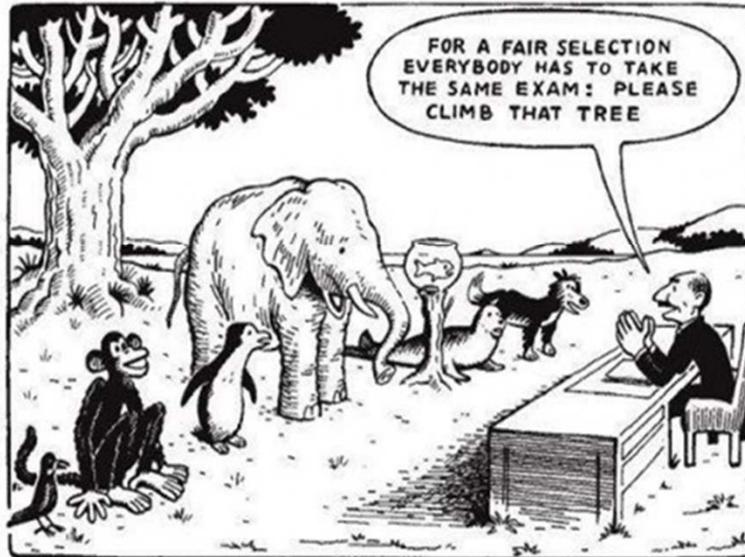
- Did you use the data to:
 - Write a report?
 - Apply for a grant?
 - Conduct a needs assessment?
- We want to hear about it!
- We'd love to highlight your work to the CDC, other partners, or on social media.
- Contact us!

Part 2: Understanding Health Equity

- **Health Equity** is when everyone in society has the same opportunity to achieve and sustain optimal health.
- **Health Disparities** are measurable differences in the incidence and prevalence of health conditions, health status and outcomes between groups.
- **Health Inequities** result when **Health Disparities** are the systematic and unjust distribution of these critical conditions (social determinants).
- **Social Determinants** are the conditions in which people are born, grow, live, work and age which govern health.

Equity is Equity

Equity is Equity



EQUALITY VERSUS EQUITY

Equality

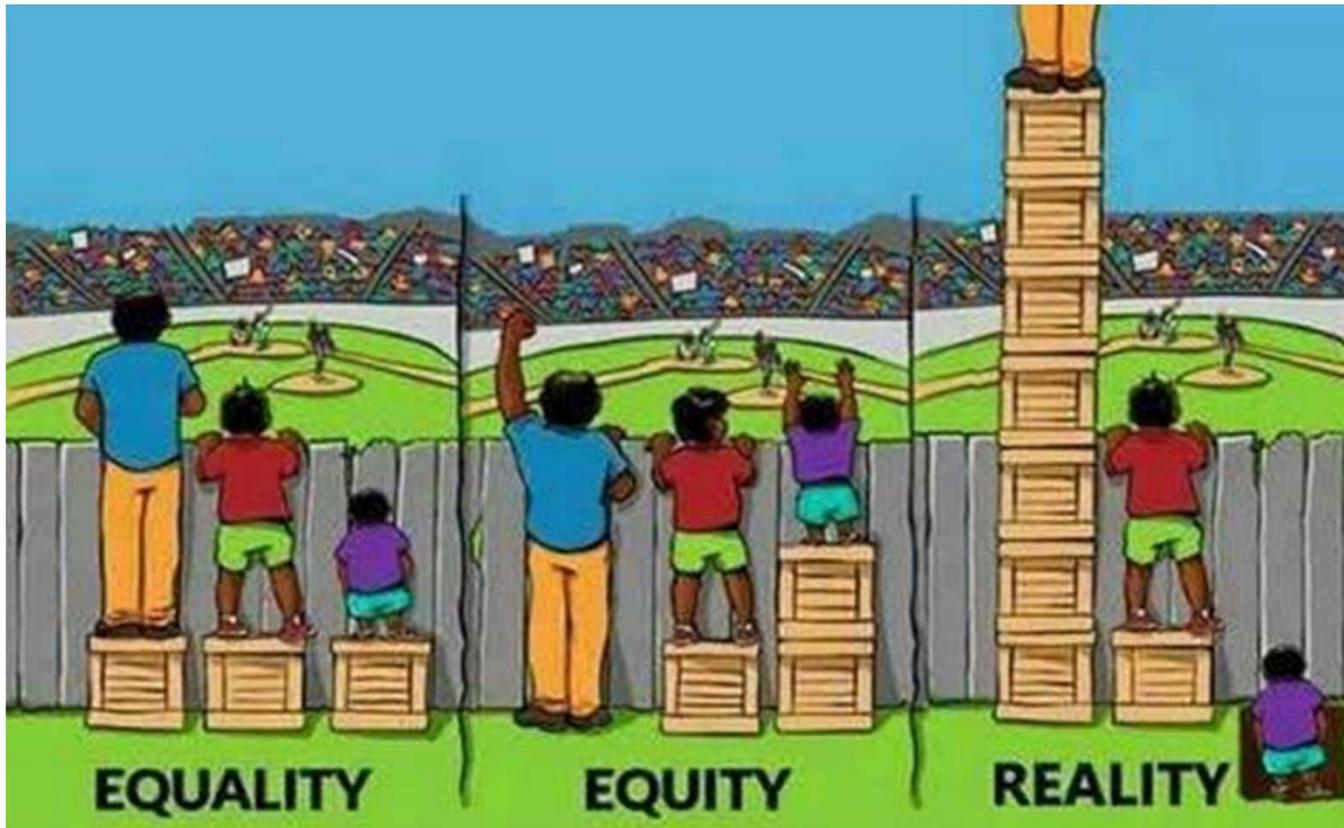


Equity



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EQUALITY VERSUS EQUITY



Social Determinants of Health

They are inter-related social and economic factors shaped by social policy that influence health. They include but are not limited to:

- Socioeconomic status
- Mass incarceration
- Health care access
- Physical Environment
- Food security
- Education
- Employment
- Housing
- Transportation
- Working conditions

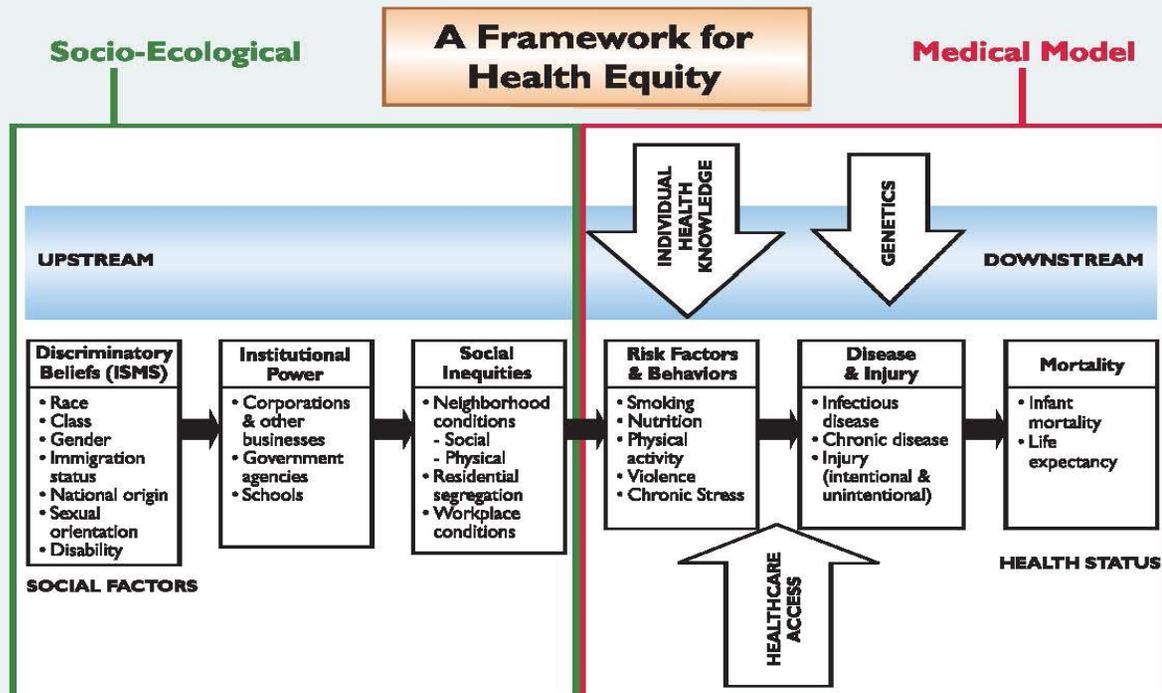


Examples of Physical Determinants

- Natural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change)
 - Built environment, such as buildings, sidewalks, bike lanes, and roads
 - Worksites, schools, and recreational settings
 - Housing and community design
 - Exposure to toxic substances and other physical hazards
 - Physical barriers, especially for people with disabilities
 - Aesthetic elements (e.g., good lighting, trees, and benches)
- 

How do we do our work through a Health Equity lens?

FIGURE 1. A FRAMEWORK FOR HEALTH EQUITY



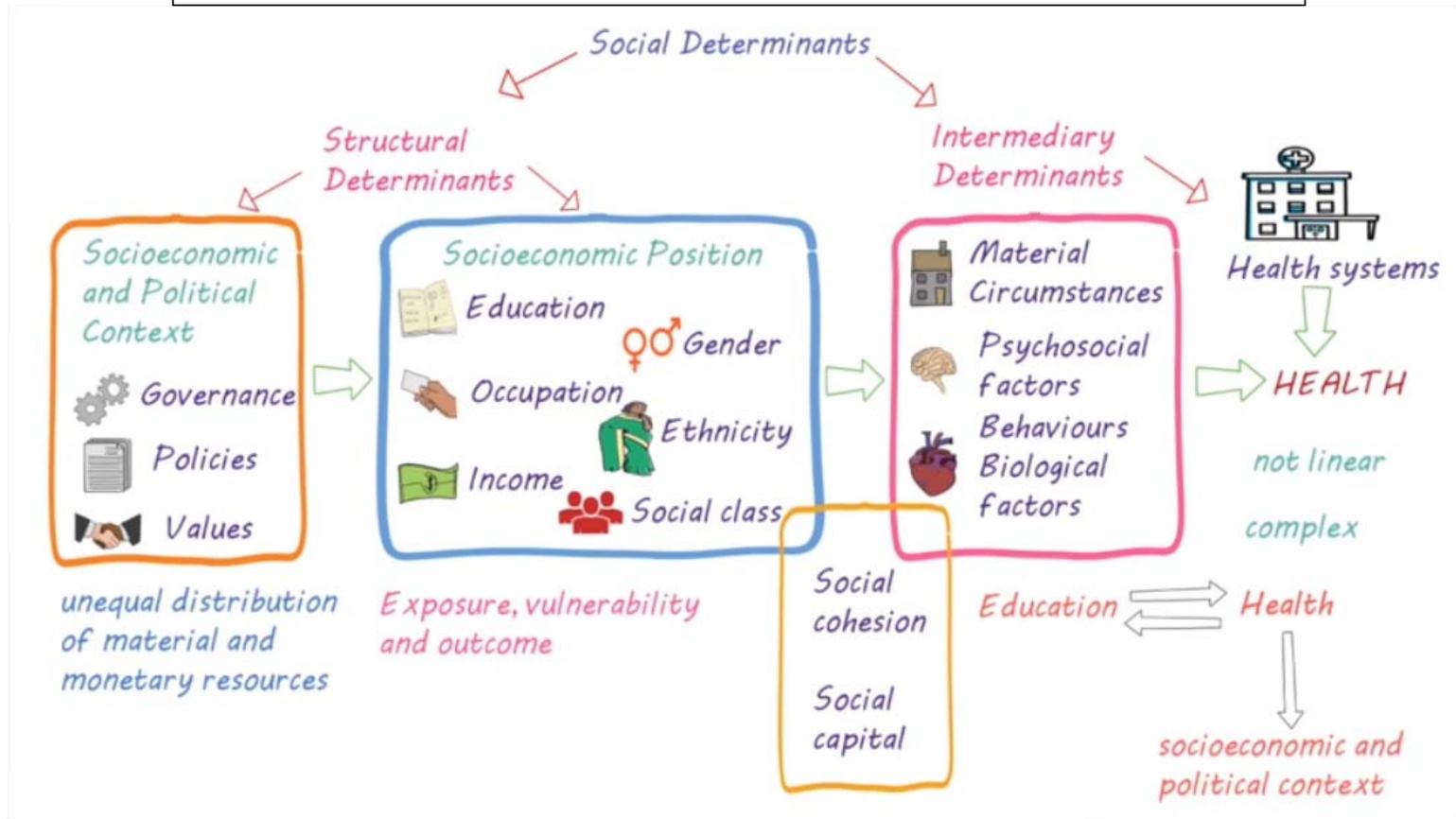
Source: ACPHD 2008

Equity Lens

Understanding the social, political, and environmental contexts of a program, policy, or practice to evaluate and assess the unfair benefits and/or burdens within a society or population.



Tools to better understand these issues.



Social Determinants of Health - an introduction

Addressing Health Equity for Different Health Conditions

- We tend to prioritize public health based on what we are funded to do. This inhibits collaboration.
- In the real world, disease burden does not follow categorical funding streams.
- We need a new way of thinking.

Giving our communities what they want

- Local residents need information to complement what they already know about their communities to thrive and survive.
- Health and human services agencies need information to make data-driven decision to create optimal circumstances where people live, learn, work, and worship.
- Businesses need information to understand conditions where they can be successful. This requires the existence of vibrant communities.



Benefit of Using SVI in addressing health inequities

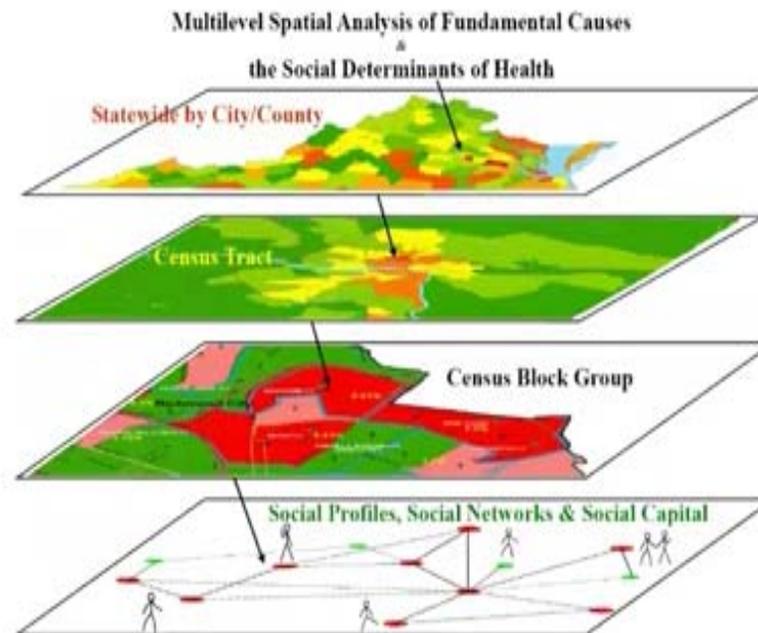
- To show that place matters when it comes to health.
- To identify the impact of social determinants of health on a statewide health landscape.
- To identify SVI indicators that are most influential on local health.
- To learn from Communities with good health despite adverse SVI indicators.
- To build collaboration across sectors to promote health equity.

Social Vulnerability Index can help us understand the Impact of Root Causes

- Income Inequality
- Low Job Participation
- Spatial Segregation
- Food Access
- Education
- Morbidity and Mortality (Chronic Disease)

Using GIS technology to understand and change our thinking about health equity.

Geographic Level Can Mask Detail



Example of SVI and additional data analysis as a tool for addressing Inequities in Communities

Understanding Disease Convergence within the Context of Health Opportunity

“Place Matters” is a phrase that is often used when discussing health equity to underscore the importance of the geographic distribution of challenging health conditions.

- **Geographic Information System (GIS) technology is a valuable tool to map challenging social determinants of health and disparate health issues. However, more needs to be done.**
- **It is necessary to understand where disparate health conditions occur simultaneously, especially at the highest (worst) levels. The phrase “reflecting disparate health convergence through GIS” is coined to describe this technique.**
- **This type of analysis offers a different way of thinking about health disparities and health inequities, especially in the way they are distributed by geography. If it is difficult to identify specific investments to address the social determinants and health issues in areas of disease convergence, then it is necessary to question strategies to improve health.**
- **It is equally important to understand which social determinants are correlated with the convergence of disparate health issues. To understand this, we need to spatially reflect datasets like the Health Opportunity Index.**

Place Matters.

We must stop thinking about one disparity at a time.

We must be able to visualize in Kentucky where different health disparities exist at their worst levels at the same time.

We must connect disparate health outcomes with social vulnerability.

We must ask the equity question how did these conditions get so bad.

The following slide helps you visualize how different Health disparities occur in the same census geographies

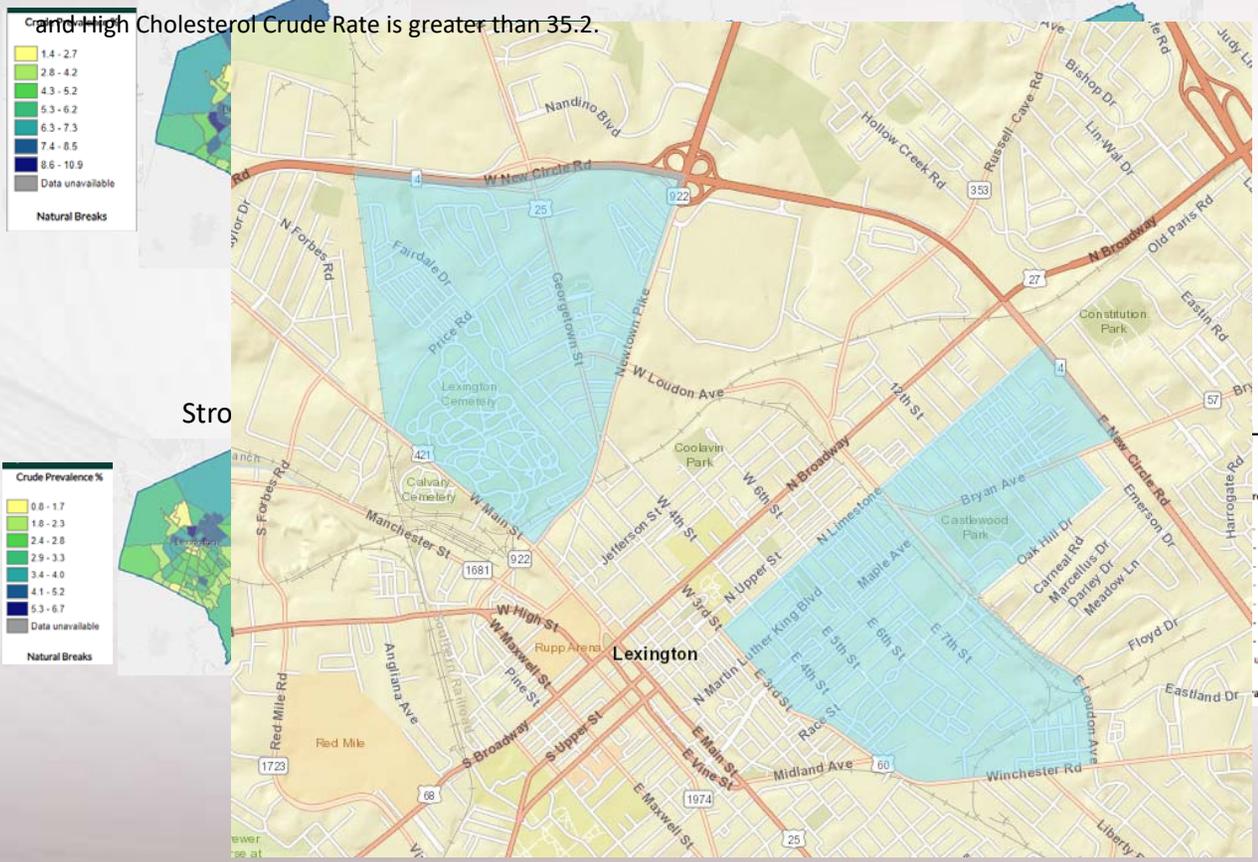
Place Matters. Lexington, Kentucky. Selected Health Outcomes by Census Tract for the Health Disparity Convergence Analysis. Data Sources: 2017 BRFSS 500 Cities Project by Census Tract.

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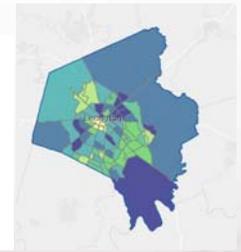
2017 BRFSS 500 Cities Project Prevalence Rates of Selected Health Outcomes by Census Tract

Current Coronary Heart Disease Crude Rate is greater than 7.4; Diabetes Crude Rate is greater than 12.5; High Blood Pressure Crude Rate is greater than 38.6; Stroke Crude Rate is greater than 4.1; Current Asthma Crude Rate is greater than 11.8; Mental Health Crude Rate is greater than 19.2;

and High Cholesterol Crude Rate is greater than 35.2.

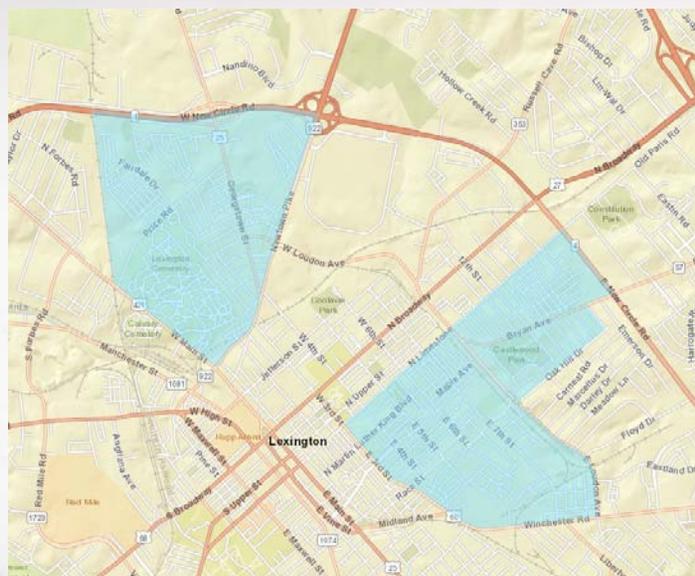


High Cholesterol



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Diabetes



Poor Mental Health



Stroke



Asthma



Coronary Heart Disease



High Cholesterol

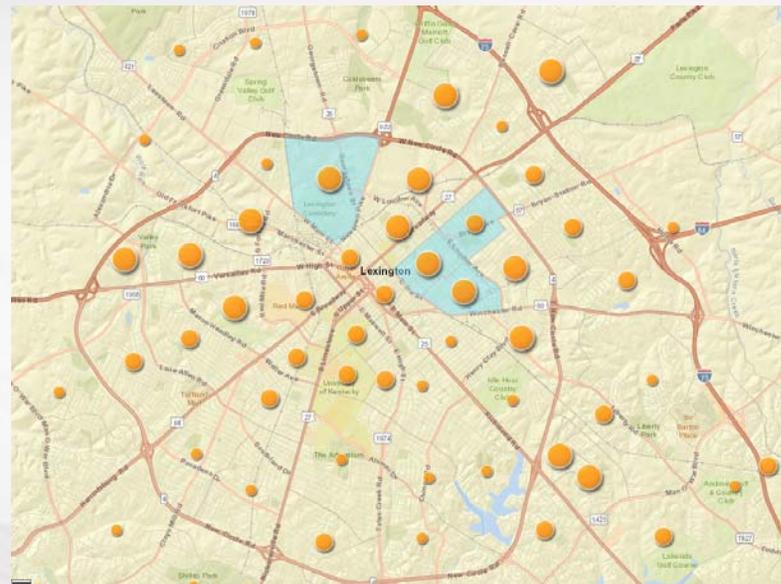
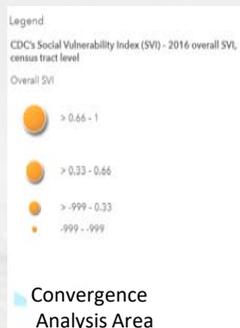


High Blood Pressure



Place Matters. Lexington, Kentucky. Social Vulnerability Index and BRFSS Selected Health Outcomes by Census Tract for the Health Disparity Convergence Analysis.

2017 BRFSS 500 Cities Project Prevalence Rates of Selected Health Outcomes by Census Tract
 Coronary Heart Disease Rate is greater than 7.4; Diabetes Crude Rate is greater than 12.5; High Blood Pressure Crude Rate is greater than 38.6; Stroke Crude Rate is greater than 4.1; Current Asthma Crude Rate is greater than 11.8; Mental Health Crude Rate is greater than 19.2; and High Cholesterol Crude Rate is greater than 35.2.



Diabetes



Poor Mental Health



Stroke



Asthma



Coronary Heart Disease



High Cholesterol

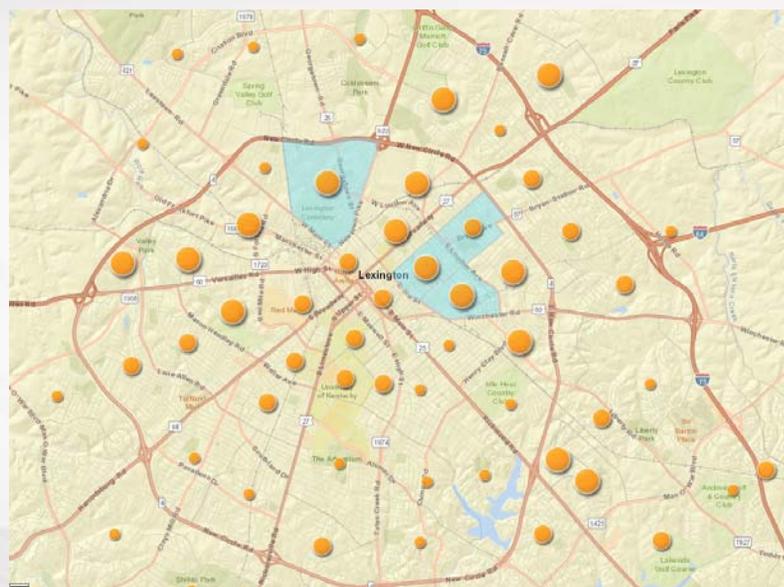
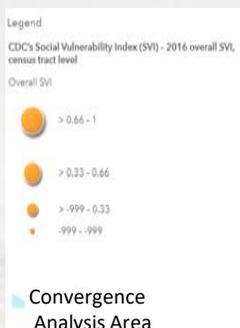


High Blood Pressure



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Diabetes



Poor Mental Health



Stroke



Asthma



Coronary Heart Disease



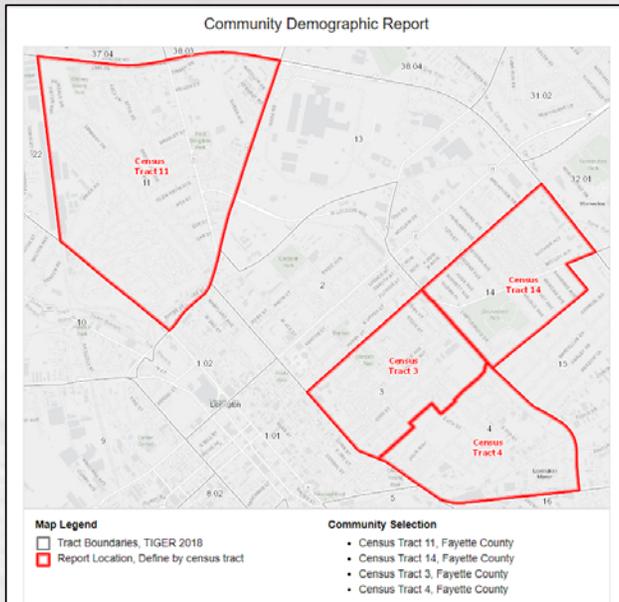
High Cholesterol



High Blood Pressure



Lexington, KY. Census Tracts 11, 14, 3 & 4. Demographic Characteristics U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.



Vulnerable Population in Community		
Below 100% of Federal Poverty Level		
Total Population in Poverty	Total	Percent*
Children Age 0-17 in Poverty	4,640	37.85
	1,845	54.94
Below 200% of Federal Poverty Level		
Total Population in Poverty	Total	Percent*
Children Age 0-17 in Poverty	8,605	70.2
	2,777	82.7
Educational Attainment		
Population with No High School Diploma	Total	Percent**
	2,412	30.07

Demographics in Community		
Total Population		12,404
Total Area in Square Miles		2.54
Persons Per Square Mile		4,881
Population by Gender		
	Total	Percent
Male	6,009	48.44
Female	6,395	51.56
Population by Age Groups		
	Total	Percent
Age 0 to 17	3,455	27.85
Age 18 to 64	7,599	61.26
Age 65 and Up	1,350	10.88
Population by Race/Ethnicity		
	Total	Percent
Non-Hispanic White	3,991	32.18
Black or African American	5,417	43.67
Asian	59	0.48
Native American / Alaska Native	52	0.42
Native Hawaiian / Pacific Islander	0	0
Some Other Race	82	0.66
Multiple Race	256	2.06
Hispanic or Latino	2,547	20.53

The following slides depict disparities based on the demographic characteristics of census tracts with convergent disparate health outcomes.

Lexington, KY & Lexington, KY Census Tracts 11, 14, 3 & 4. Demographic Characteristics U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

Demographics of Lexington, KY Census Tracts 11, 14 3 & 4



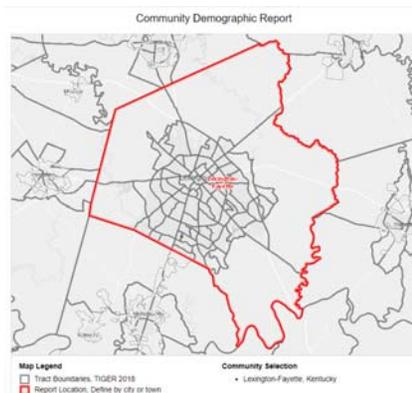
Demographics in Community		
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Age 65 and Up	1,350	10.88
Population by Race/Ethnicity		
	Total	Percent
Non-Hispanic White	3,991	32.16
Black or African American	5,417	43.67
Asian	79	0.64
Native American / Alaska Native	52	0.42
Native Hawaiian / Pacific Islander	0	0
Some Other Race	82	0.66
Multiple Race	256	2.06
Hispanic or Latino	2,547	20.53

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

Vulnerable Population in Community		
Below 100% of Federal Poverty Level		
Total Population in Poverty	4,640	37.85
Children Age 0-17 in Poverty	1,845	54.94
Below 200% of Federal Poverty Level		
Total Population in Poverty	8,605	70.2
Children Age 0-17 in Poverty	2,777	82.7
Educational Attainment		
Population with No High School Diploma	2,412	30.07

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.
 * Percentage of the population for whom poverty has been determined.
 ** Percentage of the population age 25 and over.

Demographics of Lexington, KY



Demographics in Community		
Total Population		315,109
Total Area in Square Miles		283.64
Persons Per Square Mile		1,111
Population by Gender		
	Total	Percent
Male	154,530	49.04
Female	160,579	50.96
Population by Age Groups		
	Total	Percent
Age 0 to 17	66,471	21.09
Age 18 to 64	210,195	66.71
Age 65 and Up	38,443	12.2
Population by Race/Ethnicity		
	Total	Percent
Non-Hispanic White	225,109	71.75
Black or African American	45,132	14.32
Asian	11,349	3.60
Native American / Alaska Native	686	0.22
Native Hawaiian / Pacific Islander	157	0.05
Some Other Race	1,035	0.33
Multiple Race	8,842	2.81
Hispanic or Latino	21,943	6.96

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

Vulnerable Population in Community		
Below 100% of Federal Poverty Level		
Total Population in Poverty	56,039	18.57
Children Age 0-17 in Poverty	14,886	22.94
Below 200% of Federal Poverty Level		
Total Population in Poverty	108,334	35.9
Children Age 0-17 in Poverty	27,661	42.62
Educational Attainment		
Population with No High School Diploma	19,345	9.49

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.
 * Percentage of the population for whom poverty has been determined.
 ** Percentage of the population age 25 and over.

Special thanks to :

Rexford Anson-Dwamena, MPH

Dr. Adrienne McFadden-Taylor, MD, JD

Vivian Lasley-Bibbs, MPH

Three Essential Data Elements to Advance Health Equity

- It is necessary to understand where disparate health conditions occur simultaneously, especially at the highest (worst) levels.
- We need data to reflect how health disparities, health inequities and social determinants are distributed by geography.
- It is equally important to understand which social determinants are correlated with the convergence of disparate health issues.
- The SVI and additional data analysis will help us satisfy these conditions.



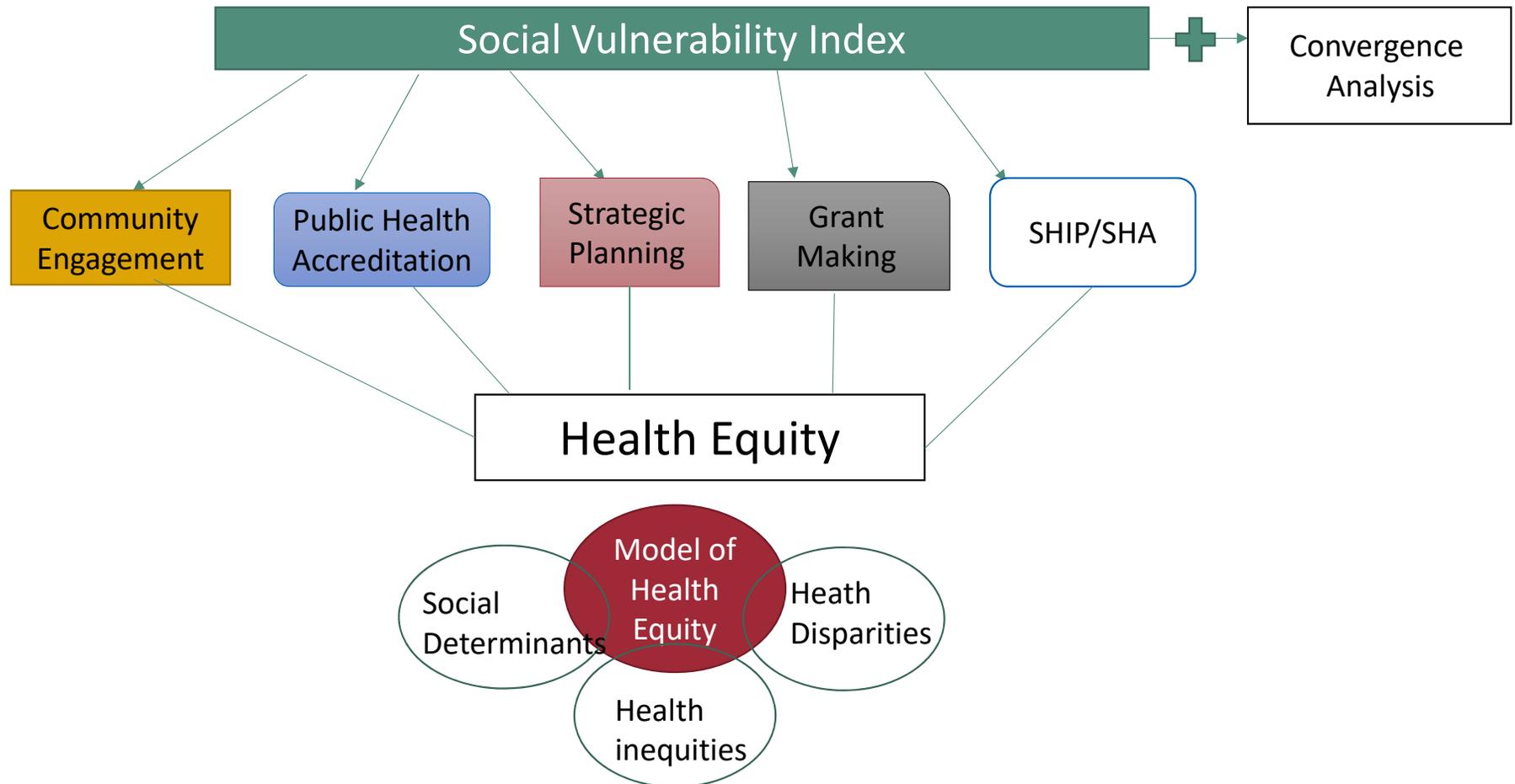
Turning Data into Information

- It is not enough to know where different health outcomes occur but also to know where they occur at the worst levels.
- We must ask ourselves which social determinants or factors drive these disparities out of control
- The SVI and convergence analysis makes this possible

Benefit of Using SVI in addressing health inequities

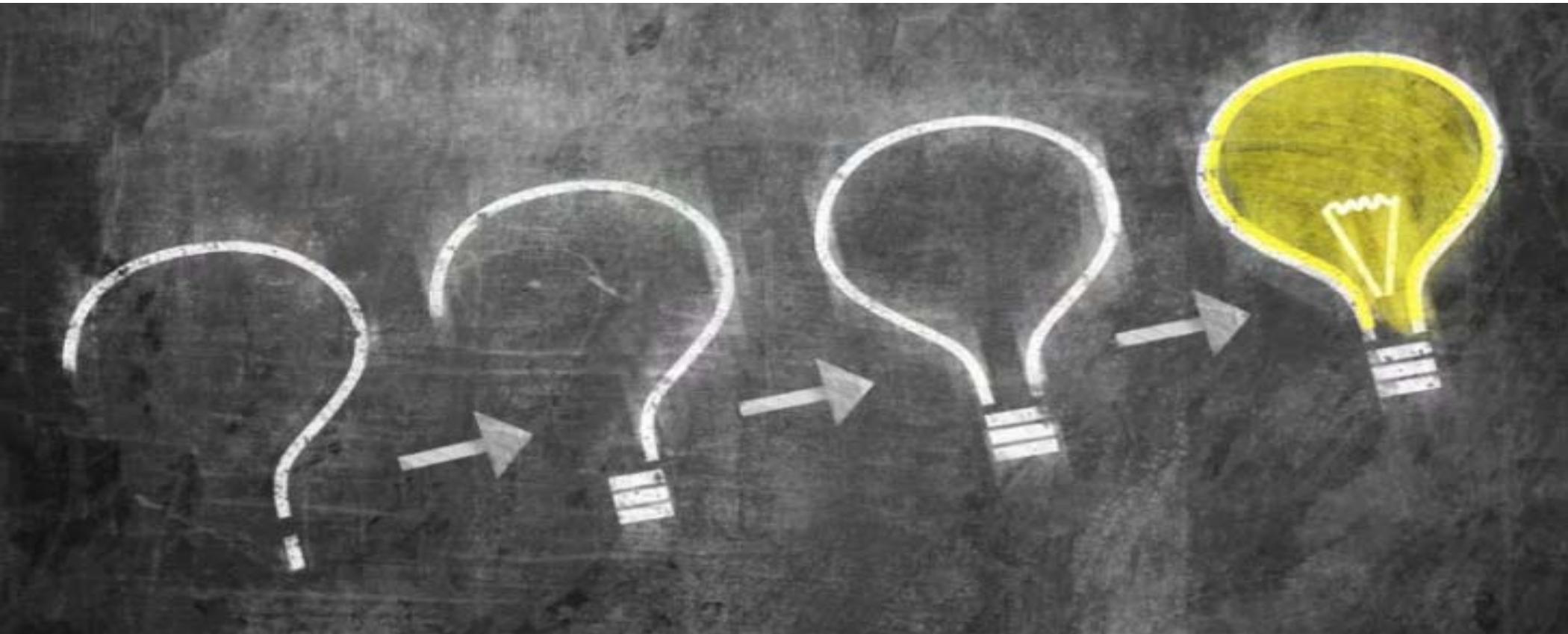
- The SVI can be a data tool to help local health departments, businesses, policy makers, communities, healthcare organizations and public health professionals in identifying key social and economic factors that affect the health outcomes of the residents of Kentucky.
- It also can help practitioners and policy makers at the state level decide where to focus funds and resources that are to be distributed locally.

Multiple Applications for the SVI



Parting Thoughts

- The Kentucky Department of Public Health is moving data beyond health disparities!
- The goal of health equity **cannot** be achieved without effective policy, resource allocation and changes in wealth distribution. Using this data will help inform those decisions.
- Move beyond our silos (programmatic, professional, academic) and share your expertise to solve complex health equity issues.
- Overcome the mind-set that health equity is outside of your public health practice.



Questions?

Thank you!

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EnviroHealthLink.org



Kentucky Public Health

Prevent. Promote. Protect.
