

Office of Disease Prevention and Health Promotion
Healthy People 2020: Who's Leading the Leading Health Indicators?
Injury and Violence Webinar, February 22, 2012, 12:00 p.m. EST

MODERATOR: I would now like to introduce Dr. Don Wright, Deputy Assistant Secretary for Health at the Department of Health and Human Services.

DR. DON WRIGHT: Thank you, and welcome to the second installment of the monthly series, Who's Leading the Leading Health Indicators. Each month this series will highlight an organization that is using evidence-based approaches to address one of the Healthy People 2020 leading health indicator topics.

Our launch on January 25th focused on access to health services and will be archived on the healthypeople.gov website. This month, we're focusing on injuries and violence. During today's webinar, you will hear from five distinguished speakers. First, Assistant Secretary for Health, Dr. Howard Koh, will introduce this month's LHI topic, injury and violence. Next, Health and Human Services Regional Health Administrator of Region III, Dalton Paxman, will give a snapshot of injury and violence prevention activities in HHS Region III. Then this month's featured organization, Philadelphia LandCare Program, and Robert Grossmann will discuss how their program is addressing injury and violence using a determinants of health approach in communities.

And finally, Dr. Charles Branas will discuss the University of Pennsylvania's collaboration with the Philadelphia LandCare Program to determine the program's impact on injury and violence. Next slide.

For those of you who are new to this series and to Healthy People in general, let me give you some background on Healthy People, the initiative that introduced the leading health indicators. For four decades, Healthy People has provided a comprehensive set of national, ten-year objectives that have served as a framework for public health activities at all levels and across the public health community.

The Healthy People Initiative has evolved as the nation's public health priorities have changed. Often called a roadmap for national health promotion and disease prevention efforts, Healthy People is about understanding where we are now and taking informed actions to get where we want to be by the end of the decade. Next slide.

You may ask what are the leading health indicators. The leading health indicators represent critical health issues that, if addressed appropriately, would dramatically reduce the leading causes of preventable death and illness. These indicators or critical health issues are linked to specific Healthy People objectives. They have been selected to communicate high priority health issues to the public along with the actions that can be taken to address them with the overall goal of improving the health of the entire population. Next slide.

Great strides have been made over the past decade. Life expectancy at birth increased. Rates of death from coronary heart disease and stroke decreased. And yet, that said, public health challenges remain and significant health disparities persist. The Healthy People 2020 Leading

Health Indicators place renewed emphasis on overcoming these challenges as we track progress over the course of the decade. The indicators will be used to assess the health of the nation, to facilitate collaboration across sectors and to motivate action at the national, state and community levels to improve the health of the U.S. population.

At this time, I'd like to turn the podium over to Dr. Howard Koh.

DR. HOWARD KOH: Thank you so much, Dr. Wright, for your leadership. Thank you to my wonderful colleagues at the Office of Disease Prevention and Health Promotion for launching this series, and many thanks to all of you who are joining us for this webinar.

In my couple minutes, let me start by giving you a brief overview on this month's LHI topic, injury and violence. Reducing injury and violence decreases disabilities and saves lives, and that's why it's a priority for our country for the next decade and beyond. Americans are susceptible to injury and violence across their lifespan, and we're concerned about injury and violence because they rank among the top 15 killers of Americans of all ages and also ranks as a leading cause of death for ages 1 to 44. We should also note that injury and violence contribute to increased morbidity related to disability, poor mental health and increasing medical costs. Next slide, please.

We can point to numerous determinants or factors that affect the risk of injury and violence, and these determinants are personal, social, economic, and environmental among an array of causes. So, for example, individual behavior, such as alcohol use or risk taking, increase injuries. Access to services can affect rates of injury and violence. For example, injury-related care can reduce the consequences of injury and violence.

And then physical environment is very important in affecting rates of injury and violence, and that's why today we are focusing on the Philadelphia LandCare Program, an example of the determinants of health approach at work in affecting people's health. Next slide.

For the leading health indicator of injury and violence, there are two outcomes that we are focusing on — fatal injuries and homicides. And to improve outcomes for these two indicators, we need action both at the individual and community level. With respect to the community level, we are promoting and focusing on actions at this broader level because it creates momentum for national change. And again, that's why we picked the Philadelphia LandCare Program as a wonderful example.

Before we introduce that program in the next few slides, let me review where we are as a nation with respect to these two important indicators, that is, fatal injuries and homicides. Next slide.

This slide summarizes the injury/death rate over the last decade. And you can see from 1999 to 2007, the death rate from all injuries increased by about 11 percent. But since 2007, the year that Healthy People 2020 base line was set, the rate has decreased slightly moving toward the ultimate Healthy People target of some 53.3 deaths per 100,000 population. Next slide.

When you break down these injury deaths by gender, there's a very striking disparity by gender. Females have a much lower injury/death rate than males, and you can see this across the past decade. In fact, the rate of males is about two and a half times the rate for females. Next slide, please.

And then regarding the other important indicator outcome, homicide rates, you can see the homicide rate did not change significantly between 1999 and 2008, although there has been some decline between 2008 and 2009. And we need much more data now going forward to see if that slight decline is enough to turn into a continuing downward trend. Next slide.

When you break down the homicide rate by race and ethnicity, again you see some very striking disparities. The rate for the black non-Hispanic population is eight and a half times that of the group with the lowest rate, Asian or Pacific-Islander. As another example of disparities by race and ethnicity, the rate for American Indians or Alaskan Native population was more than three times the group with the lowest rate, again the Asian or Pacific-Islander group.

Also, comparing Hispanic or Latino populations with Asian Americans or Pacific-Islanders, there's a threefold increase in terms of homicide rates. We look at slides like this and others to stress again that one of the major overarching goals for Healthy People 2020 is to eliminate disparities and improve the health of all populations moving forward. Next slide.

So this is the final slide I'm presenting before I turn it over to Dr. Paxman. But we have many initiatives with respect to the Department promoting prevention of injury and violence over this next decade and beyond. So, for example February is Teen Violence Awareness Month. We want to raise knowledge and awareness about the end results of abuse in youth relationships. We have an HHS Action Plan to Reduce Racial and Ethnic Disparities. Our goal here is to improve the health of underserved communities. We have a Health Reform Law that will be celebrating its second anniversary next month. Part of that required a national prevention strategy to be put forward, and that strategy prioritizes injury and violence and makes recommendations about community safety. And another very important provision coming out of the Health Reform Law is that there will be now coverage — insurance coverage for domestic violence screening for women. An estimated 25 percent of women in the United States report being targeted by an intimate partner of violence during their lifetimes. So this new provision that will start later on this year is a very important step forward with respect to prevention and public health.

So with that, I would now like to turn this over to my wonderful colleague, Dr. Dalton Paxman, the Regional Health Administration in Region III.

DR. DALTON PAXMAN: Thank you very much, Dr. Koh. It's a pleasure to be on this call. Good afternoon, everyone. I'm the regional health administrator in Region III. I oversee the Mid-Atlantic Regional Office which is based in Philadelphia, Pennsylvania, and it includes the states of Maryland, Pennsylvania, Delaware, Virginia, West Virginia and the District of Columbia. And I've been asked to talk briefly about some of the regional activities going on in our office related to the leading health indicators for injury and violence, and then I have the privilege of introducing our speakers.

Very quickly, our office has a number of programs including our Women's Health Program and our Office of Women's Health funds activities and events that increase awareness of violence and trauma affecting women and girls and offers prevention strategies and messages to decrease violence against women and girls and promote recovery and resiliency.

In October of 2011, our Office of Women's Health collaborated with the Regional Housing and Urban Development and Department of Education offices in hosting a regional roundtable in Philadelphia on how to engage men in addressing the problem of domestic violence. We were

fortunate to have a video cast of the Vice President. Vice President Biden introduced the Roundtable, and his son Bo Biden, who is the Attorney General of Delaware, was one of our featured speakers.

In addition, the Centers for Disease Control and Prevention funds the injury prevention activities of the Johns-Hopkins Injury Control Research Center in Baltimore, Maryland. The Center conducts research in three core phases of injury control — prevention, acute care and rehabilitation.

I now have the privilege of introducing Robert Grossmann and Charles Branas, our two featured speakers. Mr. Grossmann leads the Pennsylvania Horticultural Society's Philadelphia LandCare Program which improves the health and safety of Philadelphia residents through the cleaning and greening of vacant lots.

And Dr. Branas is the Associate Professor of Epidemiology and Director of the Cartographic Modeling Laboratory at the University of Pennsylvania and will provide results from his study on impacts of the greening program. The Philadelphia LandCare Program is nicely described in a paper in the November 11, 2011 issue of the American Journal of Epidemiology. The paper looked at how the greening of vacant urban land affected health and safety outcomes over the past decade in Philadelphia, Pennsylvania. With that, I'd like to turn the floor over to Mr. Grossmann. Thank you.

ROBERT GROSSMANN: Thank you, Dr. Paxman. One may think that this is an unusual venue for an organization that puts on a flower show and more often is making presentations on trees and gardens. But our story will explain how we came to be on this webinar.

Philadelphia LandCare is a 12-year-old project of the Pennsylvania Horticultural Society or PHS to address the blight caused by 40,000 vacant lots in our city. For us, this project was borne of personal experience. Since 1974, the Philadelphia Green Program, the Urban Greening Program of PHS, has been making use of this city's vacant land helping to create community gardens as sources of healthy food for the gardeners, their families and friends.

But while we were working in the older neighborhoods of Philadelphia, we witnessed the stress that was caused by the proliferation of drugs and violence. We could see blighted lots used as public dumps, stashes for weapons and drugs. We saw children walk down the middle of the street because it was too dangerous to walk near the vacant lots on their way to school.

We realized that we could not turn all these lots into community gardens. But we thought we could do something else — clean them up, plant trees, keep the grass mowed, reveal the land that had been hidden by blight, bring trees and green space back into the urban fabric. It seemed like a simple idea, but sometimes the simplest ideas can be the most confounding.

So we took our simple idea and studied the cost of vacancy and the effectiveness of existing city programs. We arrived at two conclusions. First, while the city government does not own all of the vacant land, it owns the problems associated with vacancy. And secondly, the existing city programs, based on sporadic land clean ups, were ineffective in dealing with the long term issues and costs of abandoned land.

It was not common for the government to consider or study the many costs of vacant land that resided in other parts of the city budget: the decline of the city's tax base, the costs associated with crime and violence, and the public health cost that accompanied unsanitary conditions caused by dump debris, pollutants, and rodents.

The city government had never before performed a calculation of adding up the cost of the status quo. At the same time we were doing a cost benefit study, we were putting our ideas into action. In 1998, PHS collaborated with a small community development corporation on a successful pilot program, successful enough to merit substantial city funding for the next phase.

In 2000, PHS began refunding the program in an adjacent neighborhood. Again, the results were successful and modeled how the program could work at a larger scale. And then in 2003, due to the buy in of city government, PHS was able to expand the program across the city. The Philadelphia LandCare Program has been funded by the City of Philadelphia through annual contracts with PHS. PHS now manages and maintains about 6,000 parcels across the city. PHS and the city share the view that this simple treatment is more than a clean up project. It is transformational in its impact on community health and stability. Next slide.

And provides a foundation for future community development. The treatment is an attractive placeholder until permanent use of the land is determined. It is deployed strategically to have the greatest visual impact on appearance of the neighborhood. The idea is to encourage investment because the neighborhoods look cleaner and safer. About 15 percent of the previous treated lots have been developed over the past decade, almost all of them in depressed market communities.

We often describe the landscape design as intentionally simple to keep costs low; but the program design is more complex involving the partnership of multiple city agencies, many community-based organizations, landscape contractors and, of course, PHS. Recently, we have collaborated with researchers at the University of Pennsylvania to better understand the economic and social impact of the LandCare Program. In 2006, Dr. Susan Wachter and Dr. Kevin Gillen, both of the Penn Institute for Urban Research, studied the economic impact of vacancy and the land care treatment on nearby buildings. They concluded that the presence of a blighted block subtracted as much as 20 percent from the value of an adjacent building. When the lot was cleaned and greened by Philadelphia LandCare, the building not only regained the lost value but actually increased in value by as much as 70 percent over nearby comparable buildings, suggesting that the lot was now seen as an amenity.

Drs. Wachter and Gillen are now working on another study to measure the ambient effect of the LandCare Project on market valuation up to a quarter mile from concentration of land care installations. When we started this program, we decided to improve the quality of life for neighborhood residents, who were beset by the multiple problems associated with blight. The city's interest was also to halt the loss population, increase investment and to improve the city's tax base. We have observed the impact of the program every day from its inception. We knew that it displaced open air drug markets. We knew that it has eliminated an easy way to hide drugs and guns. We found those guns and drugs during our lot clean ups. But we did not have the data to back up our observations. Enter Dr. Charles Branas.

Over the past few years, we've been working with Dr. Charles Branas who has been studying the impact of the LandCare Program on criminal activity and measures of health. Dr. Branas, can you tell us what your research has found?

DR. CHARLES BRANAS: Sure. Thanks, Bob, and thanks to all our colleagues at the Pennsylvania Horticultural Society for the opportunity to learn about and study their Greening Program. Although much of the University of Pennsylvania's attention has focused on the negative economic impacts of vacant space, more recently and importantly we've begun to consider the health and safety impacts of these blighted and abandoned properties. Next slide, please.

This recent direction at Penn is part of a larger effort to explore structural and place space interventions as solutions to the nation's most pressing health problems. To quote here from people at U.C. Berkeley brings to light an important advantage of such place space programs that they can potentially touch more people and for longer periods of time than other programs that focus solely on individuals or life style modifications. In some ways, this is a quote "old school" public health approach that traces back to a time in the U.S. when public health officials and city planners worked closely together to engineer safe and healthy places.

Hopefully, some of you have had the chance to see the currently running PBS series, "Designing Healthy Communities," which is evidence in my opinion that we are in the midst of a much needed renaissance in which public health and planning are again working together hand in glove for healthy and vibrant urban communities. Next slide, please.

It was with this in mind several years ago that we undertook several preliminary studies showing that vacant spaces were of great concern both numerically but also in terms of the many people in the Philadelphia community who were exposed to these aesthetic eyesores every day on their way to work or school or, worse, right outside their homes. But we wanted to do more than just describe this problem. We wanted to see what would happen if someone actually intervened. So together with the PHS and the City of Philadelphia, our team of epidemiologists, criminologists, anthropologists, economists and community members were pleased to have the opportunity to evaluate the health and safety impact of the PHS LandCare Program.

We did this for a full decade of the program as part of what's called a quasi-experimental study in which almost 4,500 vacant lots that received the greening treatment were each matched to three randomly selected control lots that did not receive the greening treatment but could have over the same period.

The almost 4,500 lots that were greened by PHS totaled nearly eight million square feet of space and were comparably distributed across the four sections of Philadelphia that we studied. Next slide, please.

The health and safety effects of greening vacant lots were striking. Most noticeably, we found statistically significant reductions in gun assaults across the city tied to the greening. The green lots may have signaled that someone in the community cared and was watching over the space in question, or, maybe more clearly as Bob mentioned, the newly green lots also may have no longer served as havens, storage grounds or disposal points for illegal guns, an explanation that was relayed to us time and again by people in the neighborhoods themselves.

For select sections of Philadelphia, we also found statistically significant changes in vandalism, high stress and exercise that were tied to the greening. Next slide, please.

We are confident in recommending the PHS Vacant Lot Greening Program as a very promising health and safety intervention for Philadelphia and other cities. In all, the greening of heavily blighted vacant urban lots was inexpensive, easily scalable and tied to significant improvements in important crimes and health indicators. This program is especially valuable given that the U.S. still has tens of millions of vacant and abandoned properties. Again, with our colleagues at the Pennsylvania Horticultural Society and the City of Philadelphia, we at UPenn are now conducting an actual community-based trial with the random assignment of greening to hundreds of vacant lots and control lots that still dot the Philadelphia landscape. Stay tuned for the results of this randomized control trial in the years to come. We are also now studying other structural or place based interventions as potential interventions that can similarly affect large groups of people in sustainable, inexpensive and long term ways. Next slide, please.

I'm going to leave you with this photo that captures the intense visual shift in the vacant spaces we've been discussing before and after they've been greened. For those of you who want all the details of our study as was mentioned, the reference from the American Journal of Epidemiology is below, and we're happy to provide copies of the article to you via email if you can't access it online.

Thanks to the Assistant Secretary, the Deputy Assistant Secretary, the Region III Director and ODPHP for the opportunity to speak with you today. We're happy to take your questions.

DR. WRIGHT: Thank you, Dr. Koh, Dr. Paxman, Mr. Grossmann and Dr. Branas for your very informative presentation. I invite participants who have not already done so to send their questions through the Web Ex Q&A feature. Meanwhile, you will be prompted to fill out a survey about your experience with this webinar. We encourage you to complete the survey so that we can improve future webinars in our series.

Thank you in advance for your feedback. We already have a few questions here. The first one's for you, Dr. Branas. Does your evaluation examine whether crime is being pushed into other parts of the city?

DR. BRANAS: It does not specifically examine that. However, we did many of our metrics for crime at different levels of aggregation ranging from the block level up to the census tract level up to the square mile around the lot level. And for the findings that I'm reporting to you here that are statistically significant, they were statistically significant by all those metrics of differing sizes, the largest of which certainly would capture crime being pushed around the corner.

DR. WRIGHT: Thank you, Dr. Branas. We have another question. What is the connection between reducing gun assaults and preventing homicides? And that's one we can take here. More than two-thirds of homicides are caused by the discharge of firearms. Organizations and programs that focus on preventing gun assaults in turn work to reduce homicides.

I believe that's all the time we have today for question and answer. Let me thank you for joining today's webinar. This webinar is part of a series, and we hope you will continue to join us. Follow us on Twitter or join the Healthy People 2020 group on LinkedIn to continue the conversation on this and other LHI topics and to learn more about LHIs in general.

To receive notices about upcoming events, please sign up for our e-mail announcements on the Health People website, that is, healthypeople.gov. We will be hosting the 2012 National Health Promotion Summit: Prevention, Promotion, Progress April 10th and 11th in Washington, D.C. You can find more details about that summit on our website.

On behalf of HHS, I'd like to say thank you to today's presenters and to everyone who's been involved with planning and implementing HealthyPeople 2020.

MODERATOR: Thank you for joining the second of the LHI Webinar Series. This session is now ending.

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