usaleep | Neighborhood Life Expectancy Project

Message Guide

Core Messages

Where we live makes a difference in how well and how long we live. We know that not everyone has the same opportunity to be healthy where they live. These data—life expectancy at birth—show people living just a few miles apart may have vastly different opportunities for a long life.

Note: This is the FIRST single measure of health produced at the census tract level nationwide using consistent methodology.

These differences in health aren't unique to big cities, small towns, or rural areas—they're a pattern across America.

Many factors affect health, such as opportunities for quality education, good jobs, safe neighborhoods, affordable housing, reliable public transportation and access to health care, social services, healthy food, and child care. (USE FACTORS YOU WANT TO HIGHLIGHT).

- For example: how close a person is to the nearest grocery store, the number of parks in their community, or whether or not there are smoke-free air laws can add or subtract years from their lifespan. That's because these factors add up over time and influence both how long and how well we live.

These factors vary depending upon where you live and may limit the choices you have. Everyone deserves the same opportunity to live a long life, but as these data show, that isn't happening.

These new data can help pinpoint disparities in life expectancy at birth and start a conversation that leads to action.

There is no one-size-fits-all approach. Every community will prioritize different issues based on its challenges and opportunities.

But there is one constant: Everyone has a role to play in helping to make their community healthier. This includes business and education leaders, public health officials, policymakers, and, most importantly, the people who live in the community.

Improving health can start with simple solutions, one community at a time.

Here are some ideas:

- Community members can use the data to *guide conversations* about what is causing life expectancy disparities. Once they understand the root issues, they can talk with each other and their elected officials about what changes they want to see where they live—maybe better public transportation, access to healthy food, affordable housing, or education and job training opportunities for the neighborhood.

- Policymakers can use the data to *better understand disparities* and make important decisions about public transportation and grocery stores, requirements for physical activity and healthy foods in schools, community safety, access to health care, and much more.

- Health departments and nonprofit hospitals can use the data to better inform their community health assessments, which will help them direct limited dollars to the areas most in need.

- Community development financial institutions can use these data to help decide which neighborhoods most need their investment dollars to fund health clinics, schools, preschools, community centers, and other projects that can help improve health.

- One of the easiest ways community members can use this data is to connect with groups and leaders already working in the community and make sure they know about it. Community members can start with the places where they are already engaged. This could be a:

    - Place of worship
    - Workplace
    - School or child care center
    - Neighborhood association

For more information go to:

What Works for Health offers evidence-informed strategies, a resource for communities to identify solutions that work for them.

The CDC's Division of Community Health website provides examples of communities taking action to improve the health of their residents.

Website: www.naphsis.org/usaleep // Data Interactive: www.rwjf.org/lifeexpectancy

USALEEP “Elevator Speech”

Where we live makes a big difference in how well and long we live. By releasing data on life expectancy at birth we can show how people living just a few blocks apart may have vastly different opportunities to live a long life because of their neighborhood.

For example: how close a person is to the nearest grocery store, whether there are parks nearby, whether or not there are smoke free air laws can add or subtract years from their lifespan.

This is the first data set of its kind looking at health neighborhood-by-neighborhood to help planners, health officials and policymakers get a more detailed picture of how much short distances can lead to wide gaps in life expectancy - sometimes as much as 20 years - in their communities.

Having this type of localized data can help community leaders better target solutions to improve residents’ opportunity to live a healthy life.

Putting Life Expectancy Data to Work: State, County, and Local Stories

State: New Jersey

In the Garden State, **New Jersey Health Initiatives** discovered a staggering 14-year age gap (73 v. 87 year average lifespan) between residents in Princeton and Trenton, which are only a dozen miles apart. Their approach is to support work that engages people at the most local level, identifies and leverages existing community assets, invests in youth leadership, and facilitates learning and collaboration across communities (and varied sectors) within the state. Working with YMCA, Boys & Girls Clubs, United Way, and other groups across the state, they have funded projects that improve healthy food access, expand bike-friendly streets and safe play places, establish local youth advisory councils, etc. For more information, visit https://www.njhi.org/.

County: Shelby County, Tennessee

In Shelby County, TN, studies by health department officials identified a 13-year life expectancy gap between residents in South Memphis and those living in the county's healthiest ZIP code (69 v. 82.5 year average lifespan). By examining state tax data on tobacco sales, Health Department officials realized that about 50 percent of adults in South Memphis smoke a pack of cigarettes a day--more than twice the percentage of smokers in most other ZIP codes. Coupled with a lack of healthy food suppliers, pharmacies, and health care providers in South Memphis, opportunities for health and well-being were limited. **Healthier Tennessee Neighborhoods** was launched as a new urban-based initiative aiming reducing health challenges such as obesity to tobacco use. For more information, visit https://healthiertn.com/.

County: Alameda County, California

In Alameda County, CA, an analysis of 45 years' worth of vital statistics found that a black child living in Oakland's flatlands will die, on average, 15 years before a white child living in the City's most affluent area--the Oakland hills. To advance health equity in the county, the **Alameda County Place Matters Team** was formed. The initiative has numerous partners that include community-based organizations, city and county government agencies, and nonprofits. The Place Matters Team is currently focused on displacement, the built environment, urban development and their impacts on health. As one success, the Place Matters team used data on residential foreclosure-health connections to support Oakland's Vacant Property Registration Ordinance, which has netted the city more than $1.6 million through fees assessed to banks that own vacant foreclosed properties. The funds have been used to reduce blight, preventing deterioration of neighborhood conditions and associated health threats. For more information, visit http://www.acphd.org/social-and-health-equity/policy-change/place-matters.aspx.

Local: Louisville, Kentucky

In Louisville, KY, there is a 16-year life expectancy gap between the highest and lowest income areas of the city. Data underlies **Louisville's Bold Goal initiative**, the health and well-being company Humana's collaborative effort to make the city 20 percent healthier by 2020. Based on information from insurance claims data, in-depth interviews, focus groups with community members, and a clinical town hall, the initiative is focusing on three conditions (diabetes, behavioral health, upper respiratory health) and three barriers (healthy food access, awareness of community resources, transportation). For more information, visit https://www.rwjf.org/en/library/features/culture-of-health-prize/2016-winner-louisville-ky.html

Local: Kansas City, Missouri

A decade ago, public health officials in Kansas City, MO identified an 8-year gap in life expectancy between the city's White and Black populations. Since then, the city has intentionally worked across departments and sectors to address inequities in the length and quality of life by race and place. Residents and city leaders have joined forces to launch the **Kansas City Health Commission**, integrate life expectancy goals into their City Council Adopted Business Plan, renew a health levy property tax to fund public health services and safety net health care, establish the first city-wide Task Force on Economic Mobility, and more. For more information, visit https://www.rwjf.org/en/library/articles-and-news/2015/10/coh-prize-kansas-city-mo.html.

Frequently Asked Questions

What is a census tract?

A census tract is an area roughly equivalent to a neighborhood established by the Census Bureau for the purpose of analyzing populations. Census tracts include an average of 4,000 people (range 1,200-8,000) who usually have similar characteristics such as social and economic status.

How do I find my census tract?

The Census Bureau has a "Fact Finder" where you can type in your street address, state, and ZIP code, and find your census tract. After entering your full address, the census tract number will be displayed in the table below, in the same row as Geography Type: Census Tract; Geography Code: 140. Here is the direct link to find your census tract number: https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?ref=addr&refresh=t

Why is it important to track life expectancy by census tract?

The more local the data are, the better we can understand the differences among population groups. And once we understand those differences, we can act. Local solutions require local data.

Isn't it enough to track life expectancy by county or ZIP code?

County data and ZIP code data help us begin to understand the picture of how people live in specific areas, but census tract data help us drill down even further. Census tracts on average include 4,000 people who typically have similar characteristics such as social and economic status. This is a much smaller, more targeted grouping than we can get from county and ZIP code data-- and more helpful for understanding health at the local level.

How do you define life expectancy? What does life expectancy mean?

Life expectancy is the average number of years a person can expect to live, based on the experiences of the group of people who live in that same area.

Why life expectancy at birth? If you move 10 times over the course of your life, why does it still matter where you were born?

Life expectancy at birth is the single best overall indicator of a population's health that can be calculated using information that is currently available nationwide at the census tract level. Data on the number and ages of the people living in each census tract during a specific time period and the number of deaths by age of those persons during the same time period are used to calculate life expectancy at birth estimates for each census tract.

Where a person was born and how many times a person moved during his or her lifetime do not matter when calculating life expectancy at birth, only where each person resided at the time of death. Life expectancy at birth is an estimate of the average number of years lived for the entire group of people living in a specific area, not a prediction or an exact indication of how long any one person in that group will live or has lived.

Where do these estimates come from?

These estimates are based on population data and death record data at the census tract level. Vital records and statistics offices across the nation collect information through death records of their residents. All data were geocoded using the same methodology which means the estimates are more consistent across census tracts.

How can this information complement other data resources like 500 Cities or County Health Rankings?

Life expectancy data complement existing data sources by drilling down even further than the county or state level. The data help provide a more detailed picture of health at the very local level. This is the first set of life expectancy estimates that are for the entire U.S.

500 Cities data provide information on unhealthy behaviors, health outcomes, and prevention practices in small geographic areas. At this time, 500 Cities does NOT include life expectancy by census tract for these cities.
The annual *County Health Rankings* measures county-level health factors (obesity, smoking, food access, income, housing etc.) for all counties in the United States. County Health Rankings' What Works for Health is a tool to help communities identify what policy and system changes may be the best fit to address local health needs.

America's Health Rankings, a project of the American Public Health Association, the United Health Foundation and Partnership for Prevention, is a source for trends in nationwide public health and state-by-state rankings using 34 measures of behaviors, community and environmental factors and policies, and clinical care data.

VCU Life Expectancy Maps illustrate how opportunities to lead a long and healthy life vary dramatically using ZIP code or census tract data. In some cases, life expectancy differs by as many as 20 years in neighborhoods only a few miles apart. At this time, 21 maps are available—some at the state level, some at the city level.

Now that we have these estimates, when can we expect to see improvements in life expectancy?

These very local data help us understand the disparities among populations. Although this is a huge new advantage for us, we won't see improvements in longevity until we have improved the conditions that allow people to live longer. And this means identifying the factors in the

community that can help people live longer lives—from safe and affordable housing, access to healthy food, better opportunities for good education and good jobs, and all the other factors that contribute to health.

Improvements will take time. Change may be slow and it may occur in pockets. But our hope is that these life expectancy estimates will provide communities with a powerful tool for beginning their journey toward better health for their residents.

How can communities with lower life expectancy estimates use this information to improve the health and wellbeing of the people in their area?

- Policymakers can enact laws and fund programs that enable everyone to be healthier.
- Business owners can offer incentives for their employees to be healthy and look for ways to improve health in the communities where they are based.
- Healthcare providers and public health agencies can ensure that their services are accessible and responsive to the needs of all residents.
- Teachers can help ensure that all students get a good education so that they have a better chance of growing up healthy.
- Parents can continue to make healthy choices for their families.
- Community planners can look for ways to ensure clean air and water or avoid environmental hazards or create public places for everyone to play and exercise.
- Policymakers and business leaders can establish job training programs and ensure workers are paid a wage that supports their families.
- Local funders and nonprofits can better target their funding and advocacy efforts.

How do I address census tracts with low life expectancy, average life expectancy and high life expectancy?

Low life expectancy
We've known for some time that [our area/city/neighborhood] faces challenges. According to the data released today/this week/recently, life expectancy for our census tract is X. This is compared to other areas of our [city/state] that have life expectancy as high as X.

It is important for all of us to understand the factors that are making our residents unhealthy and what more we can be doing to make [our area/city/neighborhood] a healthier place for everyone to live, learn, work, and play.

Here are some actions the community has been taking to improve health for all [*describe any policies, programs, activities that are relevant].*

And we know we can learn from our neighbors too. Consulting with leaders in other census tracts will help us learn about best practices already working to improve health for those who experience poor health outcomes.

Average Life Expectancy
While we have taken important steps to improve the health of our [community, census tract, neighborhood], there is more we can do to help our residents lead healthier lives. According to data released today/recently, our census tract had a life expectancy of X. This is compared to other areas of our [city/state] that have life expectancy as high as X.

So we know we have strengths and we have areas of need. We can use this data to help mobilize community leaders to take action and implement programs and policy changes in areas we need to improve.

Here are some actions the community has been taking to improve health for all *[describe any policies, programs, activities that are relevant].*

And we know we can learn from our neighbors too. Consulting with leaders in other census tracts will help us learn about best practices already working to improve health for those who experience poor health outcomes.

High life expectancy
According to data released [today/recently], our census tract is doing very well when it comes to life expectancy. Our average life expectancy is X.

This average life expectancy reflects the priority we have placed on improving the factors that affect residents' health, and it also shows how important it will be for us to sustain those programs and policies if we want to stay healthy and live long lives.

[Insert specific policies and programs that have been implemented in your community and show how these have led to healthy outcomes. Be sure to communicate how community investments in many health factor areas help improve health outcomes.]

While we are doing well, this data is a good reminder that we always have more work to do *[insert here, e.g., invest in affordable housing, support quality education and training opportunities for youth, etc.].*

We also know that some groups in our community may not be doing as well as others. We need to understand our neighbors' challenges and we can work together to implement solutions that will improve health for those who experience poor health outcomes.

Why do some census tracts have no life expectancy at birth estimates?

Some census tracts are simply too small -- population wise-- to estimate this information. When the numbers are too small, estimates may not be accurate because the experience of just a few people has an uneven influence that makes life expectancy estimates unreliable.

What is a confidence interval?

A confidence interval is a range of values that is likely to encompass the true value. Its width varies based on the amount of variability in the data. In very small areas, random variability in the data may affect the life expectancy estimates and may result in wider confidence intervals indicating a higher degree of uncertainty about the estimates.

Why is there such a huge variation across the country (or within my state)?

There are many possible reasons for variations in life expectancy estimates within a state or even across the country. Where you live matters to your health. This means we need to look at issues related to jobs, high school graduation, poverty levels, infant mortality, and a host of other community factors that impact health.

Should the life expectancy estimates of census tracts be compared to each other?

Life expectancy is a key measure of population health and overall mortality and is suitable for comparisons between groups or over time. However, identifying and addressing the underlying factors that drive the differences among census tracts is more useful than ranking in helping to improve health by reducing these disparities.

Where is the most room for improvement?

The question is not where is the “best” or “worst” place to live, but rather how these estimates can help start conversations among community members and community leaders to identify the opportunities for improving health.

Can you explain the methodology?

The life expectancy estimates for this project were calculated by constructing a life table for each census tract. The life expectancy estimate is a summary measure that is based on the number and age of death of the residents in each census tract during the years 2010-2015. The life tables are computed using death certificate data collected by state vital statistics offices and population estimates from both the 2010 U.S. census and the 2011-2015 American Community Survey. The life table presents a “snapshot” of the mortality profile of the populations at the census tract level. For a detailed explanation of the methodology, go to [URL].

How often will these estimates be updated?

There will not be an annual update, but we hope to provide an update in the next three to five years. That timeframe will be long enough to have a meaningful analysis of trends and change.

Change may be slow and it may occur in pockets. But the intent is to provide communities with this powerful tool for beginning their journey toward better health for their residents.

What can I do if no life expectancy estimate was created for my census tract?

If no life expectancy estimate was included for your census tract, that was because the number of deaths and/or the estimated size of the population in your census tract was too small to calculate an accurate life table and estimate the life expectancy with a reasonable degree of confidence. (See previous question What is a confidence interval?)

The life expectancy estimate from a neighboring census tract may be useful as a substitute, especially if the two census tracts are similar in terms of the ages, race/ethnicity, and other characteristics (such as education and income) of the residents. Another option is to use county level life expectancy estimates, although these estimates will mask disparities among census tracts within the county. We encourage you to visit the website of or contact the vital records/health statistics office of your state or local health department to learn more about what data are available and how other health status measures may be useful.

How is USALEEP different from the Sub-County Assessment of Life Expectancy (SCALE) project?

USALEEP is releasing life expectancy estimates for almost every census tract nationwide using a consistent estimation methodology so a variety of audiences can use the data.

SCALE was initiated to encourage state and local health departments to develop the capacity to calculate life expectancies for their individual communities. While these individual state and local demonstration projects are helpful, they do not provide nationwide sub-county level life expectancy estimates. The USALEEP estimates were created by NCHS using consistently geocoded data to allocate every death in every state to the appropriate census tract, as well as a uniform statistical methodology to calculate the life expectancy estimates.

Will there be future updates of these census tract life expectancy estimates so that progress in reducing disparities can be measured?

The goal of the USALEEP project, funded by the Robert Wood Johnson Foundation, is to calculate and make publicly available the first ever census tract level life expectancy estimates nationwide. It is very important to recalculate these estimates periodically (perhaps every 3-5 years) so that changes can be measured at the community or neighborhood level over time. Unfortunately, funding is not currently available for continuing the USALEEP project beyond the release of the initial set of estimates in the summer of 2018.