

**UHI/RWJF Powering Healthy Lives Report Update for**  
**Live Longer: Empowering and Engaging Pittsburgh Communities**  
**August, 2020**

Community Empowerment Association's goal was to heighten the community's understanding of health equity and its importance for achieving a dignified life. It used USALEEP data to provide initial evidence of disparities in life expectancy (LE) within its community (Homewood, PA), linking health inequities to social and environmental determinants.

Using LE and mortality data, the project included a series of neighborhood roundtable conversations to encourage the community to think broadly about various factors influencing health (e.g., air quality, food/nutrition, safety, housing, violence, racism, sexism).

Community Empowerment Association's community working group also attempted to identify and fill "risk" gaps. With assistance from the University of Pittsburgh Graduate School of Public Health, the team developed projects that involved gathering and analyzing data and with a goal of ultimately presenting findings to decision makers (such as government officials) and the community at large. Attention was given to "upstream" issues, focusing on prevention and differences in the social determinants of health.

The Project was a community based participatory problem solving initiative that and community led by the Community Empowerment Association (CEA). Our grass-roots approach was in collaboration with a Pitt Public Health (PPH) team that was chosen not for their focused expertise, but rather their broad-based conceptual knowledge in public health and long-standing interactions with the school and its faculty. This approach was fundamental to the Project's implementation, employing the knowledge and experience of the grassroots community. As noted in the Project Narrative, the effort conjoined a culture of health awareness and empowerment activism thereby altering the health and social equity landscape.

**Progress since the submittal of the Interim Report December, 2019**

Today Allegheny County and Pittsburgh City not unlike the nation is experiencing a health and human services crisis, caused by the COVID-19 pandemic that is unprecedented in recent history. The pandemic, similar nationally, is affecting local neighborhoods differently – communities and populations currently experiencing economic, environmental, social, and public health challenges are suffering the most. The current health disparities will be exacerbated. Just as the county and city declared racism a public health crisis, it is anticipated that Black, Brown and low income communities will experience disproportionate coronavirus mortality and morbidity:

- Milwaukee is 21% African American with 81% of the deaths
- Cook County is 23% African American but accounts for 58% of the deaths
- Allegheny County (Pittsburgh) 58 COVID cases per 10,000 Black residents compared to 24 COVID cases per 10,000 white residents

- Allegheny County (Pittsburgh) 7.1 per 10,000 Black residents hospitalized compared to 2.3 per 10,000 white residents hospitalized

Evidence of what the virus is or is not doing in underemployed, economically devastated and disproportionate morbidity-mortality burdened communities where life is predicated by your zip code and/or the color of your skin is not utilized with a social justice and equity lens. African Americans in Allegheny County (Pittsburgh) are:

- more likely than residents of other races to be in-person critical workers. Workers in in-person critical industries are mostly in harm's way, or laid off
- less likely than other races to be able to continue work from safety of home
- 2x more likely than other races to have tested positive with COVID19 infections
- 2x more likely than other races to be hospitalized with COVID19 once tested positive
- Underrepresented in COVID19 testing compared to COVID19 hospitalizations

When we launched our project Live Longer: Empowering and Engaging Pittsburgh Communities our overarching goal was to use USALEEP data, community-based participatory research and problem solving to demonstrate the relationship between life expectancy (LE)-related disparities and various social and environmental determinants of health. Utilizing USALEEP data the Pitt Public Health life expectancy computation of 63 Pittsburgh area neighborhoods, determined longevity (life expectancy differentials) ranged from 62-84 years – a 22 year differential.

We were on track to do that but as we shared in our May 5, 2020 conference call meeting (the COVID-19 pandemic put those plans to an immediate pause. The pause became a health department mandated lockdown permanently suspending our planned Project, Neighborhood Roundtable Conversations, employing Citizen Scientists to verify community perceptions about premature death and development of a Social Area Score. Those three (3) deliverables were no longer viable.

The Community Empowerment Association ((CEA) being of the community responded to addressing community needs brought forward by the required sheltering in place, “lock down”, school closures and economic displacement caused by job loss created by COVID-19. CEA initiated food drives and food distribution events to select neighborhoods. Consequently after our meeting on May 5th with USALEEEP, we adjusted our Live Longer: Empowering and Engaging Pittsburgh Communities Project to include COVID-19 impact on communities’ perceptions about the affect food insecurity has on premature death – life expectancy. We proposed to expand our Live Longer Project to community member’s perception about the COVID-19 pandemic’s impact on premature death in three areas: Food Insecurity, Housing Insecurity and School Closure (remote education).

### **Pre and Post COVID-19 Project Deliverables**

Pre-COVID-19 we surveyed our target communities regarding what they perceive as community-level drivers for life expectancy disparities. We collected 327 responses from 32 neighborhoods. Responses to the question “what do most people die from” were consistent across communities. The top cause listed was guns/violence. Drugs were also cited in the top 5 reasons in each community. Heart disease/high blood pressure was the most common chronic disease. Lack of access to health care and to healthy

foods were also reasons for premature death. Respondents consistently identified friends, family, and neighbors as strengths. Strengths outside of the people in a community included access to community programs and centers, such as YMCA/YWCA and urban gardens.

In the May 5th meeting RWJ UHI tentatively agreed that we could substitute the three no longer viable deliverables:

1. Social Area Score, Citizen Scientists,
2. Culminating Town Hall Conversations involving three neighborhoods
3. The planned Neighborhood Roundtable Conversations for the Clairton neighborhood

Consequently, in addition to the new metric, Food and Survival Insecurity, the Post-COVID-19 original deliverables are:

1. Food and Survival Insecurity
2. Findings from the Homewood and McKeesport Neighborhood Conversations and
3. Integrate findings from the Perception Tool's analysis into observations about premature death for possible strategies.

### **Post COVID-19 Project Operations**

Community Empowerment Association, Inc. (CEA) founded in 1993 to establish an organized structural approach to address the specific needs of African American at-risk youth and families in distressed and marginalized communities adjusted to COVID-19. The Live Longer: Empowering and Engaging Pittsburgh Communities Project pivoted from the neighborhood conversations town hall dialog to a front yard-parking lot as the epicenter for neighborhood conversations.

Our efforts since April has been and includes but not limited to the distribution and delivery of food and hygiene products, which have reached hundreds of residents who live in Allegheny County. These distributions and deliveries occurred in our catchment areas, which include, but not limited to, Homewood, East Liberty, Larimer, Garfield and East Hills, McKeesport, as well as families living in Rankin, Braddock the Hill District and Northside. The current Coronavirus (COVID-19) pandemic has seriously elevated food insecurity as a survival concern in many of our communities.

As the COVID-19 continues to spread, many of our senior residents with compromised immune systems and various chronic health conditions are quarantined in their homes. While CEA has been able to distribute food and other products to vulnerable senior citizens and families, there is consensus by our local citizens that marginalized communities lack an organized and systematic strategy to respond to the needs of our most vulnerable citizens during the current COVID-19 crisis. The responses from the COVID-19 survey revealed that African Americans' ability to feed their families and to pay for housing (basic needs) have been adversely impacted by the COVID-19 pandemic. The racial participation (survey respondents) was 98% African American.

- The Live Longer: Empowering and Engaging Pittsburgh Communities Project Food Insecurity Survey

## Food Insecurity

- ☐ CEA Staff surveyed 31 of our residents residing in our low-income neighborhoods within zip codes 15208, 15206, 15221, 15235, 15136, 15104, 15204, and 15224. The zip codes are predominantly African American.
- ☐ The purpose of the survey was to discern the impact of COVID-19 on these families, as it related to food insecurity. The survey questions asked was:
  1. Has the pandemic affected any of the following for you or your family: a. Buying your family's medication b. Having enough food for your family to eat c. Paying your rent or mortgage d. Your employment e. Transportation
  2. During the pandemic and ACHD/Government's stay at home restrictions, have you been able to: (This question required a yes or no answer) a. Access the internet b. Have a laptop or computer in your home for usage by your school age children c. Help your children in your home with their homework.
  3. Have you been tested for COVID-19? (Also a yes or no question)
    - The results of the survey are presented below: (Please see attached COVID-19 survey spreadsheet)
      - 12% say that buying their family's medication has been adversely affected by the pandemic
      - 58% say having enough food to feed their family has been adversely affected by the pandemic
      - 25% say paying their rent/mortgage and utilities have been adversely affected by the pandemic
      - 9% say that their employment status have been adversely affected by the pandemic
      - 58% say that transportation has been adversely affected by the pandemic
      - 64% of families have access to the internet
      - 12% of families do not have access to the internet
      - 58% of families have laptops for their children
      - 23% of families do not have laptops for their children
      - 41% say they are able to assist their children with their homework
      - 59% say they are unable to assist their children with their homework
      - 19% have been tested for COVID-19
      - 48% have not been tested for COVID-19
    - Survey Findings
      - We see from the COVID-19 survey greater than 50% of respondent's ability to feed their families and to pay for housing (basic needs) have been adversely impacted by COVID-19 pandemic. The numerous risk factors (SDOH) affecting the daily survival and health of African Americans prior to the COVID-19 pandemic are exacerbated.
      - Not having lap tops or access to the internet is problematic but 59% are not able to assist their children with their homework. This finding has huge implications if school reopening is dominated by a remote-distance learning model

- The SDOH implications from COVID-19's impact on the life expectancy of African Americans in the Homewood and other distressed and marginalized communities are 11-15 years shorter than the median select neighborhood USALEEP data – as expressed in select Pittsburgh and Allegheny County neighborhood's 22 year life expectancy differentials – is worsened by the COVID-19 pandemic.

**COVID-19'S Overall Impact On USALEEP Data Low Life Expectancy versus High Life Expectancy Neighborhoods**

In Table I below in our analysis of the test metrics correlation to the 14 lowest life expectancy neighborhoods compared to the 14 highest life expectancy neighborhoods we found:

1. Tests
  - High life expectancy (LE) group were tested 1.9 times more than the low life expectancy group
  - Highland Park, the highest LE, compared to Larimer, lowest LE, was 14.4 times the test ratio.
2. Test Rate per 10K
  - High LE group test rate per 10K was 0.77 the low LE group
  - Highland Park, highest LE, compared to Larimer, lowest LE was 1.9 times the test rate ratio.
3. Infection Rate
  - High LE group infection rate 0.94 times more than the low LE group; this <1 ration and the high (14.4) test ratio implies low LE neighborhood are under tested compared to high LE neighborhoods.
  - Larimer, lowest LE, compared to Highland Park was 1.1 times the infection ratio. This finding affirms there is an under testing of low LE neighborhoods.
4. Case Rate Per Capita
  - High LE expectancy group case rate per capita was 0.55 time the low LE group
  - Larimer the lowest LE, compared to Highland Park, highest LE neighborhood was 0.31 times the test ratio

Methodology:

Data obtained from Allegheny Health Department May 14<sup>th</sup>. Metrics used are:

1. COVID-19 Tests
2. Test rate per 10K = rate per capita
3. Infection rate = positive (cases)/ total COVID-19 tests
4. Case rate per 10K = rate per capita

**Table I COVID-19 Test Metrics Correlation to Life Expectancy in Select Allegheny County Neighborhoods**

	Tests	Test Rate Per 10K	Infection Rate	Cases	Case Rate Per Capita
<b>14 Lowest Life Expectancy Neighborhoods</b>					
Larimer	16	93	0.125		0.0006
Mount Oliver	44	138	0.09		0.0008
Bedford	15	125	0		0
Perry South	64	154	0.09		0.0013
Middle Hill	27	158	0		0
Northview Hts	17	140	0		0
East Hills	31	123	0.128		0.0016
Arlington	19	102	0.263		0.0015
Crawford					
Robts	31	137	0.064		0.0008
Spring Hill	40	151	0.025		0.0003
Homewood	6	98	0.058		0.0006
Clairton	91	134	0.065		0.0007
McKeesport	228	116	0.153		0.0014
Beltzhoover	22	114	0.136		0.0005
	Mean = 46.5	Mean = 127.4	Mean = 0.085		Mean = 0.00072
<b>14 Highest Life Expectancy Neighborhoods</b>					
Highland Park	111	174	0.117		0.0019
Regent Square	19	205	0.105		0.0015
Point Breeze	14	68	0.357		0.0027
Squirrel Hill					
South	119	105	0.1		0.0009

Squirrel Hill				
North	205	136	0.092	0.0011
Banksville	148	357	0.033	0.0013
Shady Side	171	123	0.087	0.0009
Swiss Helm				
Park	22	162	0	0
Greenfield	108	148	0.148	0.0017
Bloomfield	103	122	0.058	0.0006
Morningside	54	161	0.074	0.0012
Lincoln				
Place	33	102	0.0909	0.0007
Central				
Laurenceville	76	170	0.0123	0.0021
Allegheny				
West	87	268	0.08	0.0014

Mean=	Mea n=	Mean=	Mean =
90.1	164.	0.09	0.0013
1.9	4	0.77	
Ratio	Ratio	0.944	25
Times	Time	Times	Times
14 Highest			
Longev ity Neighborhoods			COVID-19 Testing Metrics Correlation to 14 Lowest Compared to 14 Highest Select Neighborhoods Life Expectancy

## COVID-19'S Overall Impact On *Live Longer* Project Neighborhoods Homewood and McKeesport

The Allegheny County COVID-19 aggregate data reveals a similar disproportionate impact on the African American community exists as we observed nationally. As of August 22<sup>nd</sup> (see graphs enclosed):

- Case Ratio AA:white = 2.86
- Hospitalizations = AA 204 per 100K vs white 53 per 100K
- Deaths = 35 per 100K vs white 23 per 100K
- ICU = AA 30.1 % vs white 67.1% ( AA are 13.4 % of Allegheny County vs. whites 79.9%)

The data affirms infection (cases), hospitalizations and deaths for African Americans are higher than the pop proportion. However as seen in Table I, lower LE neighborhoods, inclusive of McKeesport and Homewood are under tested. When actually because of their demographics being high risk, should be tested more. Our Food Insecurity survey further validates our speculation as 92% of the respondents had not been tested.

In Table II we observed that of the 20 leading case infection rate neighborhoods over time, only two neighborhoods are among our 63 USALEEP LE data *Live Longer* Project neighborhoods.

In Table III, six of the top eleven COVID-19 positive percentage neighborhoods for the period July 1 – July 22<sup>nd</sup> 2020 are 63 USALEEP LE data *Live Longer* Project neighborhoods. Three are low LE and 3 are high LE. Positivity percentage ranges 13.8% to 36.7%. The Allegheny Positivity Rate for the white population is 7.5%; for the African American population is 11.6%. This finding further affirms under testing in SDOH demographically “high risk” neighborhoods. But additionally important the mitigation required to eliminate if not narrow the differentiation gap behooves strategic increased testing in high infection neighborhoods accompanied by strategic community oriented contact tracing that is SDOH informed.

### Strategies Preventing Premature Death Utilizing A Culture of Health SDOH Informed Perspective

To have effective interventions to mitigate COVID-19 for the McKeesport and Homewood *Live Longer* Project neighborhoods, the perception tool respondents explicitly expressed concerns about violence, heart disease and drugs being most impactful of premature death (life expectancy). The upstream root cause approach to mitigation makes it incumbent upon us to address the social environment (culture of health). Our team elected to formulate policy (interventions) that focus on pre-existing social conditions.

*“We are the hope of the unborn. When there is no more of we there is no more of you”.*

Informed by the Centers of Disease Control and Prevention’s research that 83% of improved longevity is attributed to SDOH interventions and the Brookings Institute’s findings that:

1. a high school diploma adds 10 years to L.E. and
2. 48% AA males between the ages 18 – 36 years in Allegheny County earned no income over an eleven month period,

our *Live Longer* Team identified education and employment priority interventions. June 2020 Allegheny County Unemployment Claims were for AA 16% and whites 7%, further affirms the proposed SDOH policy intervention.



## Conclusion

“When America catches a cold the AA community catches COVID”

Our *Live Longer: Empowering and Engaging Pittsburgh Communities* adjusted itself to the disruption caused by the COVID-19 pandemic and fortunately prior to COVID-19 we collected more than 300 self-perception tools respondents from our Neighborhood Conversation’s attendees. But what was not recorded on the surveys was a recurring concern in the conversations that racism is the principal cause of African American’s premature death. Although the perception tools did not reveal that the number one indicator for LE is the color of your skin..... COVID-19 is bearing that out. Our Team identified this obstacle as systemic racism. People think that racism is an act... let’s be mindful that racism isn’t an act, it’s a system.

Therefore from an outcomes stand point the data clearly reveals a greater burden of disease on the lower 63 USALEEP LE data *Live Longer* Project neighborhoods. Our post COVID-19 surveys reveal food and housing insecurity are survival threatening concerns. This bears out the compounding impact the COVID-19 pandemic renders health and economic well-being wise.

Moreover the evidence reveals the LE disparity amounts to a COVID-19 caste system - pandemic privilege where there is inequitable testing and disproportionate death and disease among the low LE neighborhoods which are less economically viable and more biologically vulnerable.

Our *Live Longer* Team believes that for equitable longevity to occur for our *Live Longer* Project neighborhoods in particular and the low USALEEP LE data neighborhoods in general, SDOH interventions are key. Neighborhoods are the units of change; the role of place in our lives (culture of health) is monumental.

In conclusion, unequivocally SDOH interventions are essential to extend LE but a determinant that is overlooked that is integral to effectively operationalizing SDOH – are the determinants of decision making. For example we know that inequality kills; it doesn’t appear as a cause of death, nor does food insecurity or racism but the decisions (policy) that are responsible for the inequity – injustice – premature death does. We noted above the World Health Organization identifies LE as a barometer for human development. Our *Live Longer* Team interprets this as an investment in human flourishing. For this to occur requires the removal of the poverty of empathy and racial animus in decision making.

So what is the moment we are in for *Empowering and Engaging Pittsburgh Communities*? It is “See something. Say something. Do something” ... systemic change wise. That something now, in addition to the prescriptions advanced above, is VOTE.

Table II

Case Infection Rate by Neighborhood over Time

NAME	20200425	20200601	20200715	20200801	20200811
1 GLEN HAZEL	58.3%	49.1%	34.4%	31.6%	30.8%
2 HAYSVILLE		0.0%	0.0%	33.3%	28.6%
3 ESPLEN		0.0%	30.0%	21.4%	17.6%
4 NEW HOMESTEAD	40.0%	16.7%	14.1%	16.8%	17.1%
5 SOUTH OAKLAND	29.0%	23.0%	20.8%	17.5%	17.0%
6 HAYS	0.0%	0.0%	5.0%	17.1%	16.2%
7 BEDFORD DWELLINGS	0.0%	0.0%	10.8%	14.3%	15.0%
8 TERRACE VILLAGE	13.0%	10.9%	16.4%	14.1%	14.0%
9 BELTZHOVER	14.3%	17.5%	17.0%	15.6%	14.0%
10 CRAFTON HEIGHTS	13.0%	9.1%	17.0%	14.8%	13.8%
11 MANCHESTER	18.2%	10.0%	17.2%	14.6%	13.7%
12 CRESCENT	16.7%	7.1%	14.9%	11.4%	13.6%
13 MOUNT OLIVER NEIGHBORHOOD	0.0%	0.0%	9.7%	11.6%	13.4%
14 STOWE	7.6%	5.4%	9.7%	13.9%	13.2%
15 WEST HOMESTEAD	10.5%	5.3%	11.5%	13.8%	13.1%
16 SOUTH SIDE SLOPES	15.9%	8.5%	14.7%	14.1%	13.1%
17 WINDGAP	5.9%	3.7%	10.4%	14.1%	12.8%
18 WHITAKER	21.4%	11.1%	6.3%	5.3%	12.6%
19 CHALFANT	18.2%	9.5%	11.8%	9.9%	12.5%
20 GLENFIELD	0.0%	0.0%	0.0%	12.5%	12.5%

Table III

Top Neighborhood's COVID-19 positivity percentages (July 1, - July 22, 2020)

1. Windgap..... 36.7%
2. Homewood Hays
3. Esplen
4. Oakdale
5. Bradford Woods
6. Bedford Dwellings
7. Mt. Oliver
8. New Homestead
9. Terrace Village
10. Cranston Hts
11. Homewood North..... 13.8%