Mobilization for Action through Planning and Partnership

MAPP

Community Themes and Strengths Assessment and Forces of Change Assessment

Results of the March 15, 2011 Meeting
Held at Shore Bank Headquarters

Prepared by: Patti G. Kiger, M.Ed., Ph.D., candidate
Eastern Virginia Medical School

Community Participants

Karen Agar
Executive Director, Hospice and Palliative Care of the Eastern Shore

Linda Ashby
Nurse Coordinator and School Nurse, Northampton County Public Schools

Mary Bellis
Community Manager, American Cancer Society, Inc., South Atlantic Division

Anne Crabbe
Chief Operations Officer and Emergency Planner, Eastern Shore Rural Health System, Inc.

Jeanette Edwards
Director of Human Resources, Eastern Shore Rural Health System, Inc.

Bill Hall
Supervisor of Food Services, Public Information Officer, Emergency Operations Center Liaison
Accomack County Public Schools

Kathy Lewis
School Health Nurse, Accomack County School System

Michael Margolius, M.D.
Retired Health Director, Eastern Shore Health District

James McGowan
Executive Committee, Eastern Shore Healthy Communities, Citizen

Dianne Musso
Executive Director, Eastern Shore Area Agency on Aging - Community Action Agency

Linda Pruitt
Practical Nursing Program Director, Eastern Shore Community College

Sharon Sanderson
Human Resources Specialist, Eastern Shore Community Services Board

Sally Schreiber
Marketing, Public Affairs and Strategic Planning Director, Riverside Shore Memorial Hospital

Sarah Seaman
Deputy Coordinator, Accomack County Emergency Management

Barbara Schwenk,
Transportation Planner/Economic Development Coordinator, Accomack – Northampton
Planning District Commission

Richard Tankard
Northampton County Board of Supervisors, Hospital Task Force

Todd Wessells
Lieutenant of Operations, Accomack County Sheriff's Office

Eastern Shore Health District Participants

Ellen Archer
Medical Reserve Corps Coordinator

Scott Chandler
Administrative Manager

James Davis
Environmental Health Supervisor, Sewage & Water Programs

Wendy Hernandez
Public Health Nurse

J. J. Justis
Emergency Planner, Emergency Preparedness and Response Programs

Ann Lawson
Public Health Nurse

Kent Lilliston
Office Services Manager

Keith Privitt
Environmental Health Supervisor, Food and General Environmental Health Programs

Chris Taylor
Program Support Technician, Emergency Preparedness and Response Programs

Joni White
Nurse Manager

Kim Wright
Epidemiologist

Introduction

The second public meeting of the MAPP process was held on March 14, 2011, at the Shore Bank corporate offices from 9:00 a.m. until noon. Within the time frame, the Eastern Shore Health District also held a tornado drill. The goal of the second public meeting was to address two of four assessments required by the MAPP process: Community Themes and Strengths Assessment and Forces of Change Assessment. Twenty-eight individuals, all members of the Local Public Health System, attended the meeting and provided input. A member of the group took notes; the discussion was digitally recorded; and several questions required participants to write their responses on paper before sharing them with the group. Notes, digital recording and written responses were analyzed to optimize data input into these two assessments. Time ran short on the Forces of Change Assessment, however much useful data was collected within these two assessments.

The Community Themes and Strengths Assessment

This assessment was designed to provide a deep understanding of the issues that residents feel are important by answering the questions: "What is important to our community?" and "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" To explore the meaning of these questions members of the Local Public Health- System participated in a dialogue. This technique encourages all members to engage in the process and to arrive at a mutual understanding of the issues. The following report characterizes responses to key questions, characterized in bold typography, considered during the meeting.

QUESTION 1. Why was this meeting important to you today? Participants responded to this question one at a time, introducing themselves first. Since many participants are also members of the Local Public Health System, most articulated their desire to be included and involved in a broader effort to build healthy communities on the Eastern Shore. They liked the opportunity to network, share observations, especially regarding changing needs, eliminate service duplication and set goals. They saw this as an opportunity to practice more efficiently their part of the public health network. These themes are best summarized in the following participant quotation:

> *I have a theme in the back of my mind: let's pro-act versus re-act*
> *in situations; and how can we make it better? Plus when you look*
> *around the room and you see all these agencies, we do not need*
> *to be duplicating what each one is doing. We need to make sure*
> *that what we do, we do well, and offer more services to people."*

QUESTION 2. What makes you the most proud of this community? Four themes emerged: people, natural resources, development and enforcement of commonsense health laws, and health education.

Regarding people, participants observed a willingness to change and try new things as well as a willingness to collaborate and mutually assist one another. Another participant observed the level of competency among health professionals.

> *There's a mindset here that we help people…on an organizational*
> *level…and on a personal level.*

A haven for farming and fishing, the Eastern Shore is also the eastern migratory funnel for birds. Participants take pride in the Shore's beauty as evidenced by the following:

> *Our healthy environment that we have here…this is a beautiful,*
> *natural resource. It's a jewel…the last left on the East Coast.*

Law development and commonsense enforcement, especially in the areas of animal control, sewage and wells, restaurant inspections, migrant health and beach monitoring, make the Shore a safe place to live, walk, eat, and play.

An emphasis on health education also marks a point of Eastern Shore pride. Eastern Shore Rural Health, Inc., Cooperative Extension, Eastern Shore health departments and local churches invest in health education for their clients and parishioners, creating opportunities for residents to learn how to care for themselves and prevent illness to avoid costly and sometimes too late specialized inpatient or outpatient care and treatment.

QUESTION 3. What are the most important characteristics of a Healthy Community?
Participants were instructed to respond to this question by first writing their thoughts on a piece of paper and then share their thoughts verbally after everyone completed writing. In addition to taking notes during the dialogue, written comments were collected and the digital recording was transcribed to insure all input was collected. Comments in response to this question were analyzed and coded for thematic trends.

With the exception of two thematic groupings, "individual" and "community," all comments fell within the concept of "Social Determinants of Health." The Social Determinants of Health (SDH) are the economic and social conditions under which people live which determine their health. They are the "societal risk conditions," rather than individual risk factors that either increase or decrease the risk for a disease, for example, cardiovascular disease and type II diabetes. SDH themes included "socioeconomic status," "transportation," "housing," "access to services," "education," "food security and employment." No comments addressed other SDHs: "gender," "social exclusion," "disability status," and "discrimination by social grouping."

Individualism. Rural areas are marked by a strong sense of rugged individualism and the Eastern Shore is no exception. According to participants, empowered individuals who take responsibility for their own health, in ways such as maintaining a healthy weight and planning ahead with advance directives, are important for a healthy community. These healthy individuals value their own well being as well as that of their neighbors, are good citizens, well-informed, open to new ideas, exhibit a willingness to share and to work together to protect the environment.

Community. Collectively individuals belong to community groups that influence health. These groups include strong faith-based organizations, community service organizations, and agencies that work together to protect the health and the environment of the Shore. The community maintains a central database that provides information about all faith communities and community service organizations. Collectively groups insure safe and healthy food and tourist establishments and they also continuously evaluate services to insure needs are being met. Finally, the ideal community has leaders and among other leadership qualities, these leaders are willing to promote health within their own organizations as well as in the community.

Socioeconomic Status/Employment. A healthy community has thriving community members who have adequate financial resources and share resources as needed. These financial resources come from having adequate jobs and employment that pays a living wage and benefits. The community works together to reduce and eliminate poverty where it exists.

Transportation. Within a healthy community, citizens have access to a public transit system that meets community needs. Roads are not just established for cars, but also meet the needs of pedestrian and those who bicycle.

Housing. Programs and resources for critical needs characterize a healthy community. Insuring everyone has a home in which to live is a critical need and an important resource.

Access to Services. Participants require affordable quality health care for everyone, including hospitals, medical professionals, mental health care, health education resources, and emergency services like police, fire and rescue. Additional services important to a healthy community include clean water, healthy foods, safe areas for recreation and services for seniors.

Education. A healthy community requires educated citizens and that requires excellent schools and proactive health education programs at work, in organizations and at schools.

Early Life. Opportunities for children after school, like Boys and Girls Clubs, help maintain a healthy community and keep young people protected from illicit drug exposure, experimentation and use. A healthy community must take responsibility for its youth who experience the misfortune of parents who do not support their healthy development including educational attainment, good citizenship, ability to set behavioral boundaries, good nutrition and physical activity, and general nurturing.

Food Security. Healthy communities need access to affordable, healthy, and fresh foods.

QUESTION 4. Can you give some specific examples of people or groups working together to improve the health and quality of life in our community? Participants quickly named the following groups, acknowledging that perhaps many more exist, and that a central repository should exist, be maintained, and easily accessible to provide information on each:

American Cancer Society and Support Groups
Accomack Interfaith Crisis Council (help with bills)
Alzheimer's Support
Boy Scouts
Camps: Silver Beach and Occohannack on the Bay
Caregiver Coalition
CERTS Program
Community Services Board
Compassionate Friends Group
Cooperative Extension
DARE
Eastern Shore Coalition Against Domestic Violence
Eastern Shore Area Agency on Aging (Lots of programs)
Eastern Shore Healthy Communities
Elks

Emergency Preparedness Coalition
Extension has 4-H Camps
Farming Group
Farm Workers Church Council
Faith Communities (>100)
Food Bank
Girl Scouts
Habitat for Humanity
Health Department/School Surveillance
Hospice (17 groups) including Caregiver Support, Fragile Hearts & Caregiver Support
Kiwanis
Lions
Literary Council
Little League
Marine Consortium
Men's Club
Migrant Coalition

Moose
MYF
Nandua High Recycles Plastics
Neighborhood Watch Programs
Northampton Alliance Against Trash
Parks and Recreation
Rotary
Ruritan
Rural Health
Sheriff's Dept. Senior Citizens Program and Citizen's Police Academy
Safe Kids Coalitions
SOS (Save our Shores)
Teen Pregnancy Crisis Center
Volunteer Fire & Rescue Companies
Waste Watchers (liter disposal)
Women's Club

QUESTION 5. What must be addressed to improve the health and quality of life on the Eastern Shore? Participants again were asked to write down their responses to this question. Once everyone had written down their thoughts, participants took consecutive turns offering at least one item off of their list. The verbal responses were continued until all new ideas were exhausted. Facilitator notes, participant written notes and the digital recording were analyzed and coded for themes. The major themes were consistent with those found in question three.

Individual. To improve the health and quality of life on the Eastern Shore participants believe that empowering and educating individuals to take responsibility for their own health and well-being is important. Individuals should take responsibility for addressing their own end-of-life medical directives.

Many participants suggested the need for finding and supporting, competent, committed leaders. In addition, this process requires the input and participation of grassroots population. It needs to be a community-based participatory effort, representative of all races, cultures and economic strata in order to be useful.

Parents and community leaders should take seriously their responsibility for overweight and obese kids. Poverty plays into this problem because with food stamps, people want to get the most for their dollar, and that doesn't always mean the most nutritious food. "A child weighing 440 pounds in the 10th grade is entirely too big and he/she is going to have a shortened life." Parents need to realize this. "Health is wealth."

Community. Participants expressed the belief that affiliation and community networking through and among organizations has the potential to influence communities towards better health. They believe that networking is the way people learn about health services. Therefore educating diverse groups about services and available community assistance improves networking surrounding health. Many faith communities are an active part of that health network, and many more could be. As one participant observed, "We have to rethink the way we are trying to reach community members with information like transportation options and free dental care availability so they will be able to take advantage of it – especially low-income families."

Community organizations require competent and committed leaders and participants expressed the need to seek out leaders. One person offered, "Eastern Shore leaders need to be involved in planning for community health." Participants also expressed the need to boost volunteerism, especially among younger community members. One person said, "If you volunteer and you give, you live longer and you're healthier." Another believes that we must "educate the community about giving back," asking, "What can you do? What are you willing to do?"

Socioeconomic Status/Employment. Poverty, and "all the collateral damage that comes with poverty," must be addressed. More secure, full-time jobs with benefits are needed. "This would eventually bring students and children back to the Shore." Also, employers must understand that their employees need to take time off to go to health care appointments, and encourage their efforts to maintain their health. As one participant said, "Health is wealth. We need to realize this."

Likewise schools and parents must insure that children get the most out of their educational opportunities. Taking advantage of vocational-technical training available in schools, and attending schools through graduation would also boost an individual's chance at getting a job.

More funding is needed for screening and prevention. Program funding is always an issue, but most especially in this rural community. Financial inflation has taken its toll.

Transportation. One participant suggested that addressing current gaps in transportation is important to health. Another articulated this need in more emphatic terms: "a more complete,

Shore-wide transportation program is needed." It was observed that railroad tracks span the entire length of the Shore but no passenger trains exist. Perhaps this can be evaluated. All agreed that transportation must be accessible and affordable.

Housing. Homelessness exists on the Shore, even among professionals, like teachers. Observed one participant, "I've heard of new teachers living in their car until they can get their first paycheck. When we talk about raising educational levels on the Shore, we should think about raising teacher salaries. They aren't competitive."

Access to Services. As Riverside Shore Memorial makes plans to move northerly, people on the lower Shore are concerned about their loss of healthcare services. They would like expansion, preservation and retention of significant medical facilities on the lower Eastern Shore. Shore-wide, the list of services and personnel needed is significant: more mental health, dental care, elder care services (for dementia and adult day care), broadband telemedicine, more high quality generalist and specialty physicians. As these professionals are recruited, they must be retained.

Also needed are safe areas for recreation to encourage more physical activity, like more public beaches, parks and public pools. Also needed are more sports and educational programs.

To insure a reach into all communities, participants recommended being conscious of providing educational materials in the language and literary level of the community being addressed. The Eastern Shore community is diverse and better communication with specific cultural audiences would contribute to having a healthy community. Those who live in poverty, experience the stress of racism, those who are Hispanic or black suffer health problems at greater rates than others. Cultural sensitivity is required to deliver materials to this group that are usable and effective.

Keeping up with the needs for both health and growth means planning for the future. Participants suggest improving community infrastructure to encourage walking as a daily part of life--planning the community so that citizens can be more physically active. Sprawl, even in rural areas, means impaired access to clean, up-to-date, affordable housing, health services, physical activity and healthy food.

Education. In partnership with involved parents, schools need to somehow motivate student performance and improve high school graduation rates. One participant expressed it this way: "We need higher quality graduates, with higher abilities and better training, whether for job skills or college preparatory."

Early Life. An emphatic need for parenting mentorship became clear in the dialogue. One participant observed that parents must be willing to provide health care for children, explaining

that many parents don't know when their children need care, where to get the care, or how to afford it. Another participant believes that the community must support the family unit. "The majority of children… are not raised in a family unit and many of the problems that we see with the children in the community, law problems, getting into trouble, poor performance at school…can be directly related to the break-up of the family unit and the lack of family support. So anything we can do as a community to support the family unit."

Good citizenship is another recurrent theme around families and early life training. Some participants expressed the need to teach children civic responsibility early. Examples of good citizenship Included how to keep a clean yard or home and how to be a good neighbor. This may have to be a civic responsibility as parents who do not already demonstrate these behaviors may not be capable of teaching their own children.

Drug and substance abuse is an issue on the Shore and it causes secondary issues of crime and petty theft. This problem has infused the schools and some neighborhoods and unfortunately is exacerbated when parents are also drug users. Children learn from their parents. It is a cycle that needs to be stopped to prevent children from the problem. This may also become a civic responsibility in cases where parents do not model healthy behaviors.

Thus, participants suggested making school activities a funding priority. They observed that many kids arrive at home after school to no supervision and are basically raising themselves. Without adult supervision, these children are at higher risk of getting into trouble. After-school programs could provide constructive activity for children, encouragement and tutoring for doing better in school, learn good citizenship and what it means to volunteer and give back to the community.

Food Security. Participants urged a closer examination of food accessibility in our community. They believe that affordable quality food must be made available. "The dollar menu is appealing because it's easy and it is filling. Produce is too expensive in the short term and if people don't have access to a broader grocery store, the corner market doesn't stock much produce."

QUESTION FIVE. What do you believe is keeping our community from doing what needs to be done to improve health and quality of life? Participants were asked to give their ideas on this topic at random. They said the following: money, fear, clear vision (because they're so much to tackle, it's hard to focus), public apathy, time and resources, lack of knowledge of resources, political will to break through short-sightedness. One person said, "Local government may be too rigid and encrusted in the old way of thinking and may not be taking a broader view of where they have to be in two to five years. Short-sighted."

QUESTION SIX. What actions, policies, or funding priorities would you support to build a healthier community? Participants provided spontaneous and random responses to this question. Their responses, captured by note taking and digital recording were filed according to previously established themes.

Individual. No actions, policies, or funding priorities were suggested.
Community. Find out if there is a ministerial alliance and if not, suggest one, to add health to the agenda of faith-based communities. Also, create, maintain, and make available a directory of community services. And finally, eliminate political lines.

> *It seems like we need to eradicate these geopolitical lines that we have. And I'll say, whether it's a county line or even a state line, but if you want to increase access and those sorts of things, or if you want to have education expanded, you know, we have a barrier at the Maryland line, so to speak. Right now, we're talking about the Virginia Department of Health, but now we have people in our communities that have easier access to something that's in Maryland. You know, and that tends to work against our mission. The county line stops us from serving people better sometime. For example, if you have people in northern Accomack County and they have the ability to go to Salisbury or Berlin and receive better care, but yet they're sort of held back by the notion that no you can't receive that in Maryland but you can receive it in Virginia? [How would they be held back?] Their insurance may not pay for it. [How would we take care of that?] Health care reform – insurance reform. You have a barrier there that doesn't allow you to take a regional approach. Up here we need to watch out for the political lines.*

Socioeconomic Status Employment. Tax breaks to recruit new businesses.

Transportation. No actions, policies, or funding priorities were suggested.

Housing. No actions, policies, or funding priorities were suggested.

Access to Services. Nutrition and physical activity services to reduce chronic disease incidence. Maximize school use for physical activity facilities. Incorporate the "Livable Communities" concept into county and town comprehensive plans. Plan for healthy communities: put schools where people live so kids can walk to schools. Plan our communities better so citizens are healthier by virtue of being walkable. Plan parks.

Education. No actions, policies, or funding priorities were suggested.

Early Life. No actions, policies, or funding priorities were suggested.

Food Security. No actions, policies, or funding priorities were suggested.

QUESTION SEVEN. What would excite you enough to become more involved in the community? Participants were asked to suggest at random any thoughts in response to this question. Given that the meeting was running behind time and participants were ready for a break, few responses were given. Five participants responded that they would be excited about becoming involved with physical activity ("rec centers or recreational activities," "public trails," "public access to biking trails," "exercise/access to community activities for increasing exercise/decreasing obesity," "parks and trails"). Another participant was excited about "anything that has to do with after school activities." Still another participant said they would be excited about anything to do with "transportation." Finally, a participant said that it would be exciting to expose someone to something that they weren't hearing or learning about at home, for example museums and trips off the shore."

PART II. FORCES OF CHANGE

The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operation. This assessment answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" After reviewing the purpose of this assessment, participants were asked to take a minute to write down forces of change they believed were affecting the community's health. Once everyone had written down their list, they were asked to share one item, going around the table until all ideas were exhausted. The facilitator wrote the forces on poster paper as they were called out. She numbered each force in preparation of the second step, clustering. The list below is larger than the actual list captured on the poster paper because it includes everything written on participant notepaper. After coming up with the list, participants were asked to cluster some of the responses, give the cluster a title (a theme), and then suggest any threats associated with the grouping and also suggest any opportunities associated with the grouping. Those groupings follow the Forces of Change list. Participants were also asked to suggest strategies related to the groupings, however time ran short. The following is useful input when considering future strategies for the local public health system.

Forces of Change Suggested by Participants

Fuel costs	Economic downturn	Gap between haves/have nots
Housing costs	Expansion at Wallops Island	Shrinking middle class
Migrant worker influx	Governor's point of view on healthcare	Wallops growth Housing costs
Exodus of young people	Loss of jobs with insurance	Decreasing donations
Aging population	Relocation of hospital	Funding cuts
Poverty	Opening of Cancer Center in Berlin, MD	Climate change/sea level rise
Homelessness	Government changes & cuts	Political divides
Government mandates in education	Healthcare reform	Discord of vision
Domestic violence	Flagging economy	Government changes & cuts
Hospital move	Insurance coverage	Better jobs
Snow event/December	Electronic devices (Wii, Xbox, etc. computers)	Globalization
Lack of transportation	Dismantling present hospital complex	Global warming/climate change
Decrease in volunteers	Greater & greater dependence on government	Economic recession
EMS response time studies	Health insurance costs skyrocketing	Healthcare reform
Lack of employment	Affordable Healthcare Act	Mandates on education
Loss of population	Economy	Technology
Disintegration of traditional family	Aging population	Social media
Increase use of technology	Anti-tax base	Inflation/energy costs
Changes in morality/values	Government cutbacks	Processed foods
Recession – Funding problems	Health care reform	Census report (inaccuracy)
Aging population	Government POV	Hospital/medical community move
Government changes & cuts	Education mandates	Erosion of middle class
Community member involvement	Technology	Financial
Accessibility of resources	Social media	Regulations-mandates on health and education
Funding	Growing migrant population	Inflation
Current projected economic situation	Need skilled workers	Reduction in government services
Technological advances	Inflation/energy	Cost of oil/food
Diverse populations	Local government turnover	High costs of services
Family composition changes	Census report	Government changes & cuts
Government changes & cuts	Involved families	Lack of funds
Hospital moving to Accomack County	Food and globalization	Job reductions/or freeze
Economic situation	Highly processed food	Restraints of complete knowledge – all encompassing jobs/knowledge intent
Fewer jobs	Hospital move	Difficult of mobility
Extremely harsh winter weather	Volunteer decrease	Discord of racism

CATEGORIES

GOVERNMENT CHANGES & CUTS

Opportunities	Threats
Partnership with private sector Focus on core needs/services Service efficiencies Organized advocacy	Loss of services

BAD ECONOMY

Opportunities	Threats
Sense of urgency Prioritize/ Focus on what is important Inflation Greater need for services Reduction of services	Inflation Greater need for services Reduction of services

ECONOMIC DEVELOPMENT

Opportunities	Threats
Develop new partners Jobs Green jobs Growth in job market	Overdevelopment Infrastructure costs Unmanaged growth

HOUSING

Opportunities	Threats
Buyers market Cost of construction decreases Opportunities for government to buy homes for low income	No money available No one buying No money to buy Homelessness Foreclosures Rising utility costs

POPULATION DYNAMICS

Opportunities	Threats
More elders to volunteer More younger citizens to volunteer Diversity – opportunity to learn from each other and brings new cultural influences	Younger people not volunteering Census miscount/ population decrease – takes away funding Redistricting equals decrease in funding

HEALTH RESOURCES

Opportunities	Threats
Increased technology Loss of resources for one area	Opportunity to add resources for another area Increased chronic disease & aging Lack of access/knowledge/skill sets

TECHNOLOGY

Opportunities	Threats
Telemedicine Info exchange improved Improved emergency notification	Lack of access/knowledge/skill sets

ENVIRONMENT

Opportunities	Threats
Jobs – clean environment	Increased pollution

Other Data Captured From Participants Forces of Change Notes

Actions:
- Create all encompassing directory of what is available.
- Focus on children & their development
- Focus on children teaching good nutrition

Policies:
- Planning in counties and town comprehensive plans for healthy/walkable communities
- Eradicate geo-political lines that keep communities apart
- Community first: People/workforce development places/adequate healthcare
- Influence government leaders to focus on community health and livability
- Comprehensive plans for both counties that effectively cluster growth that would allow for resources to be more easily accessible to citizens
- Final results of MAPP meeting should lead to a strategic public health plan for the Eastern Shore. Plan should be presented to both county boards of Supervisors as informational and with a request to adopt and/or endorse the plan.

Funding Priorities:
- Education/vocational programs
- Parenting training & support of family units
- Recreation – especially afterschool activities
- Transportation
- Pedestrian and bicycle trail development