Mobilization for Action through Planning and Partnership

MAPP

Protecting You and Your Environment

Strategic Issues

Results of the May 10, 2011 Meeting
Held at Eastern Shore Community College

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Introduction

The following paper documents the presentation and discussion concerning MAPP assessments, outcomes, and issues from the third meeting of the Local Public Health System, held on May 10, 2011 at the Eastern Shore Community College from 9:00 am until noon. The goal of this meeting was to review the MAPP process, summarize outcomes from the four assessments, arrive at the salient cultural and health issues that challenge the Eastern Shore, and begin the process for creating a strategic plan. Twenty-nine individuals representing 15 unique organizations and diverse community sectors attended the meeting. Scott Chandler, Administrative Manager for the Eastern Shore ~~Rural~~ Health District, conducted the meeting. Patti Kiger, Instructor for Eastern Virginia Medical School and Executive Director of Eastern Shore Healthy Communities, presented a review of the MAPP process, including the 10 Essential Public Health Services and a summary of the four Assessments outcomes. She also presented the concept of the Social Determinants of Health, illustrating with specific Eastern Shore data. Next, she presented a draft set of top issues derived from the four assessments and facilitated a discussion to evoke LPHS feedback and issues. She ended the presentation with a brief strategic plan outline and starting point.

Key Issue Summary

1. Formalizing a "Local Public Health System" will strengthen the infrastructure for healthy communities.

2. Transformative leaders are needed who understand local health and social issues, employ multi-sector (coalition) approaches (planning, transportation, education, business, faith communities, health and medicine), and use evidence-based solutions.

3. Social Determinants of Health, or the "societal risk conditions" that shape health, *are* the issues.

4. Poverty. A quarter of Accomack County children, almost a third of Northampton County children live in poverty and overall (all ages) poverty is 17.5%.

5. Education. A quarter of the population is undereducated and unprepared to earn a living wage.

6. Employment. The scarcity of full-time jobs offering a living wage with benefits supports poor health and social outcomes.

7. Early Childhood. High teen pregnancy and single female heads of household continue the cycle of poverty and unstable early childhood experiences.

8. Chronic Disease Rates. High smoking and obesity rates are preventable causes of high chronic disease, disability, early death rates and spiraling medical costs.

9. Access to care. High uninsured rates challenge medical infrastructure.

10. "Livable Communities."   Multiple governmental entities (19 incorporated towns and 2 counties) dilute vision, resources, economies of scale, planned investment, and healthy "livability."

Strategic Issues

The following strategic issues emerged from the four MAPP assessments:

1) Community Themes and Strengths Assessment

2) Local Public Health System Performance Assessment

3) Community Health Status Assessment

4) Forces of Change Assessment

Data from each of these assessments, supporting issue selection, follows the issue and vision statements.

Key to acronyms:

MAPP – Mobilization for Action through Planning and Partnership, the official name of the process ~~lead~~ led by the Eastern Shore Health District to evaluate population health, availability of health and support services, to mobilize a partnership, and to plan for the future.

ES – Eastern Shore

LPHS – Local public health system. The network of all organizations that support health in an area.

SDOH – Social Determinants of Health or the societal risk conditions that shape health.

Strategic Issue One: Formalizing a "Local Public Health System" (LPHS) will strengthen the infrastructure for healthy communities.

VISION: A coalesced LPHS partnership of professionals within Eastern Shore (ES) communities that works together to improve the health and well-being of its population.

The local public health system (LPHS) is comprised of all entities that collectively address local public health. It includes a complex network of agencies and organizations, government, private and non-profit. While the local public health department plays a leading role in the MAPP process, LPHS participation provides an opportunity to network and reinforce community partnerships, eliminate competition and enhance collaboration, provide recognition and credibility, access to appropriate and current data, and an improved focus on community priorities.

- **Community Themes and Strengths Assessment:** MAPP participants articulated a 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, elimination of duplicative services and goal setting. They saw this as an opportunity to practice more efficiently their part of the public health network. They believe that affiliation and community networking among organizations can influence communities toward better health. They believe that networking is the way people learn about health services. They said that lack of a clear unifying vision prevents the LPHS from doing what needs to be done to improve quality of life.

- **Local Public Health System Assessment:** Currently no "LPHS mentality" exists and therefore no coordination of the 10 Essential Public Health Services exists. More can be done to coordinate marketing, media relations, health education, and data sharing among the LPHS. No uniform process for identifying key stakeholders for the LPHS exists. Many partnerships focus on specific areas of health interest, but no overall partnership exists to oversee, coordinate or evaluate outcomes. The LPHS is comprised of multiple organizations that do not share data, budget, staffing or goals. Therefore, collaboration happens as needed, but parts of the system are missing, and generally no one has a clear awareness of all agencies or how individuals navigate between them. Because the LPHS is not an "organized" entity, it does not develop strategies to achieve community health improvement objectives nor does it identify entities to achieve these strategies. Organizations within the LPHS come together on an "as needed" basis but not regularly as a public health system. Strategic planning is conducted individually by each agency. The MAPP process is an attempt to coordinate strategies for the benefit of the LPHS. Because the LPHS is not an organized entity, it does not review existing federal, state, and local laws, regulations and ordinances relevant to public health in the community, including laws, regulations, and ordinances addressing environmental quality and health-related behavior. Instead, individual agencies perform these reviews as they relate to individual organizations.

- **Community Health Status Assessment:** The Eastern Shore's health and social profile requires a system-wide perspective to address significant health and social deficits.

- **Forces of Change:** Opportunities and threats related to the 8 identified forces of change can be better addressed by working together. The 8 changes identified include: government changes and cuts, bad economy, economic development, housing, population dynamics, health resources, technology and the environment.

Strategic Issue Two: Transformative leaders who understand local health and social issues, are able to employ multi-sector (coalition) approaches (planning, transportation, education, business, faith communities, health and medicine), and use evidence-based solutions are needed to improve ES health.

VISION: Transformative leaders, who understand local health and social issues, are skilled at employing multi-sector (coalition) approaches and use evidence-based solutions, are available and willing to lead.

- **Community Themes and Strengths Assessment:** Participants were most proud of the willingness to change and try new things as well as a willingness to collaborate and mutually assist one another. They also observed with pride the level of competency that exists among health professionals.   Law development and commonsense enforcement, especially in the areas of animal control, sewage and wells, restaurant inspection, migrant health and beach monitoring, make the Shore a safe place to live, walk, eat, and play. One of the most important characteristics of a healthy community in general, and the ES in particular, is that 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 environment of the shore. 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. What must be addressed to improve health and quality of life on the ES? 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. Regarding the community: Community organizations require competent and committed leaders and participants expressed the need to seek out leaders. ES leaders need to be involved in planning for community health. Barriers to improve health and quality of life: Clear vision, public apathy, time and resources, lack of knowledge of resources and political will to break through short-sightedness. Local governments may be too rigid and encrusted in the old way of thinking and may be short-sighted, and may not be taking a broader view of where they have to be in two to five years.

- **Local Public Health System Assessment:** The LPHS has established community partnerships to maximize public health improvements. Many of these have broad-based community health improvement functions, but there is not one broad-based community health improvement committee. Collaborative leadership, developed through the creation of a shared vision and participatory decision-making, is practiced through many coalitions. Coalition involvement also provides opportunities for individuals or organizations to share their expertise or experience. Recruiting and retaining new leaders who are representative of the ES's population diversity remains a challenge that is often experienced in rural areas.

- **Community Health Status Assessment:** Understanding the full scope of health and social indicators and how these indicators impact an entire community is an important knowledge base for any Eastern Shore leader. Leaders can plan health into all aspects of their communities.

- **Forces of Change:**   Local government turnover; political divides; discord of vision; opportunities exist for leadership to deal with government changes and cuts; bad economy, economic development, housing, population dynamics, health resources, technology, and in the environment.

Strategic Issue Three: Social determinants of health, or the "societal risk conditions" that shape health, *are* the issues.

VISION: Eastern Shore communities, both the population and its leaders, understand and promote improvement in social determinants of health as important to overall health and social well-being, and economic viability.

Social Determinants of Health (SDOH) are the economic and risk conditions under which people live which determine their health. They are the "societal risk conditions," rather than individual risk factors, that shape health. More than personal lifestyle choices and available medical treatments, SDOH increase or decrease the risk for a disease. The SDOH include: 1) income/distribution; 2) education; 3) unemployment and job security; 4) employment and working conditions; 5) early childhood development; 6) food insecurity; 7) housing; 8) social exclusion; 9) social safety network; 10) health status; 11) aboriginal status; 11) gender; 13) race; 14) disability, and 15) environmental conditions. Understanding and addressing these determinants of health leads to addressing differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable. Building healthier communities through policy, environmental and systems change strategies can reduce health inequities by addressing unfair and unjust systems and decision-making processes. Most identified issues from the MAPP process either address a SDOH or elements that lead to social and health injustice.

- **Community Themes and Strengths Assessment:** Most SDOH issues are addressed by the MAPP process in their own discrete issue section (for example, poverty, education, employment, early childhood, and health status. Others, not having a discrete issue discussion, but addressed during the MAPP process, are addressed in this section (food insecurity, race, environmental conditions, social exclusion, social safety network, aboriginal status and disability). Only two SDOHs, gender and aboriginal status, have not been fully addressed in the MAPP process and remain to be explored as the LPHS moves forward.
  - *Food insecurity.* Healthy communities need access to affordable, healthy, and fresh foods. In this agricultural and aquacultural community, participants noted the ironic existence of food insecurity. Many young people cannot identify common vegetables found in the grocery store, indicating lack of consumption of such agricultural products. 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 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."
  - *Race.* Those who live in poverty experience the stress of racism. Those members of our communities who are Hispanic or black suffer health problems at greater rates than others. Cultural sensitivity is required to deliver materials that are usable and effective to this group.

- **Local Public Health System Assessment:**
  - *Income/distribution.* The Eastern Shore LPHS has identified the following populations that encounter barriers to personal health services: elderly, migrant workers, the uninsured, and the poor.
  - *Unemployment and job security*. Few careers exist that pay enough to support a family.
  - *Employment and working conditions.* The migrant community is important to economic development and excellent progress and improvement has been made in accommodating this population sector, but language issues still create barriers to health.

- o *Social exclusion*. Because of the long and narrow shape of the ES, geography often inhibits the ability of people to get care.
- o *Social safety network.* The following barriers contribute to special populations (elderly, migrant workers, the uninsured, and the poor) not receiving services: a lack of health care providers (limits access), multiple languages spoken and limited transportation.
- o *Health status*. Currently the ES has access to local statistics through internal mechanisms, plus Virginia Department of Health links. However the LPHS has limited access to Masters or Doctoral level epidemiologist and/or statisticians to assess, investigate and analyze public health threats and health hazards. While some information on community health status is provided, more information is needed. Current MAPP endeavors are bringing to light health needs. Many LPHS organizations work together to plan, conduct, and implement health education and promotion activities (for example, members of the LPHS are represented on the Eastern Shore Healthy Communities coalition, which focuses on chronic disease prevention). It is hoped that the LPHS collectively will participate actively in modifying existing laws, regulations and ordinances and the formation of new laws, regulations and ordinances designed to assure and improve the public's health. The Eastern Shore's capacity to serve the mental health issues of its population is impaired by access issues, waiting lists, and providers that cannot always meet client needs. The ES is beginning to experience serious gang issues, including drug problems that must be addressed by the LPHS workforce.

- **Community Health Status Assessment:**
  - o *Income/Distribution.* Population living below poverty: Accomack County: 20.6% **;** Northampton County 19.5%; Virginia 10.2% (U.S. Census Bureau – data from 2008; http://quickfacts.census.gov/afd/states/51/51131.html)
  - o *Education.* No high school diploma: 25.7% of Eastern Shore residents age 25+ *U.S. (*Census Bureau – data from 2000. Retrieved from Virginia Department of Health http://www.vahealth.org/cdpc/data.htm)
  - o *Unemployment and Job Security.* Unemployment: Accomack County: 7.5%; Northampton County: 8.9%; Virginia 6.3%, U.S. 9.2% (*Virginia Employment Commission, 4/28/2011* http://www.alex.vec.virginia.gov/lmi/pdfs/*communityprofiles/5104000131.pdf*)
  - o Employment and Working Conditions.
  - o *Early Childhood Development.* Eight licensed early childhood classroom programs exist (3 are Head Start). (Virginia Department of Social Services/by request*)*
  - o *Food insecurity*.   65.19% of Accomack County students and 75.63% of Northampton County students are on the free or reduced price lunch program. (Virginia Department of Education *http://www.doe.virginia.gov/support/nutrition/statistics/free_reduced_eligibility/2010-2011/divisions/2010-2011.pdf)*
  - o *Housing*. Accomack/Northampton homeless students: 171/150 (*Source: School Superintendents)*
  - o "One point in time (Jan. 2011) Survey" counted 50 homeless (sheltered and unsheltered) adults and children. (*Source: Accomack Northampton Counties Planning District Commission*).
  - o *Social Exclusion***:** A process which causes individuals or groups, who are geographically resident in a society, not to participate in the normal activities of the citizens in that society. It is felt and shown in work life, housing, education, health and access to services. No current measure exists.
  - o *Social safety network.* Includes unemployment compensation, Supplemental Nutrition Assistance Program (SNAP), housing assistance, school free lunch programs and emergency food distribution. SNAP Participation Rates (2010): Accomack: 55%; Northampton: 78%;

Virginia: 75% (Virginia Department of Social Services. Virginia Department of Health, Division of Health Statistics and Census population estimate file, CC-EST2009-ALLDATA-51.csv. Populations 20 years of age or older. Retrieved March 23, 2011 from http://www.dss.virginia.gov/geninfo/reports/agency_wide/selected_social_indicators.cgi)

- o *Health status*: Eastern Shore Health District/35 Statewide Health Districts. Highlights (ranking out of 35 health districts)
  - Overweight: 70%   (35/35)
  - Obese: 33.1% (31/35)
  - Diabetes: 11.9% (29/35)
  - No Physical Activity: 32.2% (32/35)
  - High Blood Pressure: 36.0% (30/35)
  - High Cholesterol: 40.1% (23/35)
  - Current Smoker: 22.1% (24/35)
  - Binge Drink: 14.0% (26/35)
  - Have Disability: 23.5% (29/35)

  (Source: Virginia Behavioral Risk Factor Surveillance System. Percentages are weighted and based on 2005-2007 data. Retrieved from http://www.vahealth.org/cdpc/data.htm.)

  CANCER (2002 – 2006)
  - Cancer Incidence: 482.1 per 100,000 persons (30/35)
  - Cancer Mortality: 227.5 per 100,000 persons (32/35)
  - Breast Cancer Incidence: 143.1 per 100,000 persons (35/35)
  - Breast Cancer Mortality: 30.4 per 100,000 persons (25/30)*
  - Lung and Bronchus Cancer Incidence: 53.7 per 100,000 persons (3/34)*
  - Lung and Bronchus Cancer Mortality: 81.0 per 100,000 persons (31/31)*

  *(In the case of health districts having equal rates, the denominator reflects the total unique rates. Rates are age-adjusted to the 2000 U.S. standard population.
  Source: Virginia Department of Health; Division of Health Statistics.)

- o *Gender.* Accomack: F: 51.4%; M: 48.6%; Northampton: F: 52.4%; M: 47.6% (U.S. Census Bureau Quick Facts 2009). No information available about gay, lesbian, bi-sexual or transgendered populations.
- o *Race.* Both counties (2007, adults 18 yrs and older): Whites: 68.6%; Blacks: 30.6%; Asians: 0.4%; American Indians: 0.35%; Hispanics: 6.3% (Virginia Department of Health/U.S. Census Bureau)
- o Disability. 23.5% of Eastern Shore adults have a disability (29/35). *(Virginia Department of Health: Virginia Behavioral Risk Factor Surveillance System. Percentages are weighted and based on 2005 – 2007 data. http://www.vahealth.org/cdpc/data.htm)*

- **Forces of Change:**
  - o *Income/distribution*. Poverty, homelessness, fuel costs, housing costs, transportation; economic recession and funding problems; government changes and cuts; accessibility of resources; funding cuts; current projected economic situation; government changes and cuts; economic situation; economic downturn; Governor's point of view on healthcare; flagging economy; greater dependence on government; health insurance costs skyrocketing; economy; inflation/energy; census report; gap between "haves and have nots;" shrinking middle class; decreasing donations; inflation/energy costs; census report (inaccuracy); cost of oil and food; high costs of services; lack of funds

- *Education:* general mandates in education; increase technology use; technological advances; electronic devices; social media; need skilled workers; erosion of middle class; financial; reduction in government services; education/vocational programs (funding priority). With opportunities for telemedicine and improved information exchange and emergency notification, we are threatened by lack of access to technology; knowledge and skill to use technology.
- *Unemployment and job security*: transportation; lack of employment; government changes; and cuts; technological advance; fewer jobs; loss of jobs with insurance; need better jobs; reduction in government services; job reductions or freeze; difficulty of mobility
- *Employment and working conditions:* exodus of young people; population loss; government changes and cuts; Wallops Island expansion; loss of jobs with insurance; insurance coverage; need skilled workers; Wallops growth
- *Early childhood development*: domestic violence, disintegration of traditional family; changes in morality/values; family composition and changes; involved families; focus on children and their development, teaching good nutrition; prioritize parenting training & support of family units
- *Food insecurity:* transportation; food and globalization; highly processed food; cost of oil and food;
- *Housing:* housing costs, homelessness, government changes and cuts
- Social exclusion: migrant worker influx; transportation
- *Social safety network:* domestic violence, transportation; disintegration of traditional family; government changes and cuts; insurance coverage; Governor's point of view on healthcare; Affordable Healthcare Act; gaining population; anti-tax base; government cutbacks; healthcare reform healthcare reform; government point-of-view; political divides; discord of vision; reduction in government services; difficulty of mobility
- *Health Status*: aging population, hospital move, transportation; EMS response time studies; technological advances; opening of Cancer Center in Berlin, MD; healthcare reform; difficulty of mobility
- *Race:* diverse populations; discord of racism
- *Disability:* transportation; difficulty of mobility
- *Environmental conditions:* Snow event (last December); extremely harsh weather; climate change/sea level rise; global warming; need to add clean jobs and avoid increased pollution

Strategic Issue Four: Poverty. A quarter of Accomack County children, almost a third of Northampton County children live in poverty and overall (all ages) poverty is 17.5%.

 VISION: All sectors, organizations and citizens take responsibility for developing strategies and opportunities to reduce poverty on the Eastern Shore.

- **Community Themes and Strengths Assessment:** A healthy community has thriving community members who have adequate financial resources and share resources as needed. In a healthy community, the LPHS believes that the community works together to reduce and eliminate poverty where it exists. The LPHS also believes that poverty, and all the collateral damage that comes with poverty, must be addressed. More secure, full-time jobs with benefits are needed. When considering raising educational levels on the shore, raising teachers' salaries should also be considered. They aren't competitive and many new teachers are poor. 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 foods.

- **Local Public Health System Assessment:** The following populations encounter barriers to personal health services: elderly, migrant workers, the uninsured, and the poor.

- **Community Health Status Assessment:**
  Income/Distribution. Population living below poverty: Accomack County: 20.6% **;** Northampton County 19.5%; Virginia 10.2% (U.S. Census Bureau – data from 2008; http://quickfacts.census.gov/afd/states/51/51131.html)
  Children in poverty: Accomack County̶ : 14%; Northampton county: 31%; Virginia: 11% (Small Area Income and Poverty Estimates (SAIPE) program through the U.S. Census.   SNAP Participation Rates: Accomack County: 55%; Northampton county: 78%; Virginia 75%. (Virginia Department of Social Services. 2010 Rates. VDSS Performance Indicators Report System. Retrieved from http://dss.virginia.gov/geninfo/reports/agency_wide/selected_social_indicators.cgi)
  Students on Free/reduced lunch 2011:   Accomack County: 65.19%; Northampton County : 75.63% (Retrieved from the Virginia Department of Education, www.doe.virginia.gov/support/nutrition/statistics/free_reduced_eligibility/2010-2011/divisions/2010-2011.pdf)

- **Forces of Change: Income/distribution**. Poverty, homelessness, fuel costs, housing costs, transportation; economic recession and funding problems; government changes and cuts; accessibility of resources; funding cuts; current projected economic situation; government changes and cuts; economic situation; economic downturn; Governor's point of view on healthcare; flagging economy; greater dependence on government; health insurance costs skyrocketing; economy; inflation/energy; census report; gap between haves and have nots; shrinking middle class; decreasing donations; inflation/energy costs; census report (inaccuracy); cost of oil and food; high costs of services; lack of funds

Strategic Issue Five: Education. A quarter of the population is undereducated and unprepared to earn a living wage.

VISION: All Eastern Shore students will graduate from high school and go to college.

- **Community Themes and Strengths Assessment:** An emphasis on health education marks a point of LPHS pride. ES Rural Health System, Inc., Virginia Cooperative Extension, ES Health ~~Departments~~ District, 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. While the LPHS observed that one of the most important characteristic of a healthy community is education, many adults have no high school education. A healthy community requires educated citizens and that requires excellent schools and proactive health education programs at work, in organizations and at schools. To improve the quality of life on the ES, 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. In a partnership with involved parents, schools need to somehow motivate student performance and improve high school graduation rates. Also, to insure reach into all communities, participants recommended being conscious of providing educational materials in the language and literary level of the community being addressed. The ES is diverse and better communication with specific cultural audiences would contribute to having a healthy community. Good citizenship is another recurrent theme around families and early life training. A need exists to teach children civic responsibility early. Examples of good citizenship include keeping a clean yard and home, and being a good neighbor. This may have to be a civic (or educational) responsibility as parents who do not already demonstrate these behaviors may not be capable of teaching their own children.

- **Local Public Health System Assessment:** Eastern Shore organizations do not currently use state-of-the-art technology to collect, manage, integrate and display health profile databases. Communication gaps related to computer and language literacy of a large elderly population and individuals with limited English proficiency (LEP) must be addressed. Not all families have access to computers and are thus unable to access on line health [and other] resources. Lifelong learning through continuing education, training and mentorship is available on the ES through most LPHS organizations, but most organizations are challenged by budget cuts.

- **Community Health Status Assessment:** *Education.* No high school diploma: 25.7% of Eastern Shore residents age 25+ (U.S. Census Bureau – data from 2000. Retrieved from Virginia Department of Health http://www.vahealth.org/cdpc/data.htm)

- **Forces of Change:** General mandates in education; increased technology use; technological advances; electronic devices; social media; need skilled workers; erosion of middle class; financial; reduction in government services; education/vocational programs (funding priority). With opportunities for telemedicine and improved information exchange and emergency notification, we are threatened by lack of access to technology; knowledge and skill to use technology.

Strategic Issue Six: Employment. The scarcity of full-time jobs offering a living wage with benefits supports poor health and social outcomes.

VISION: The Eastern Shore will accumulate a diverse portfolio of businesses, from start-ups to established companies to provide a healthy mix of jobs for residents.

- **Community Themes and Strengths Assessment:** 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 pay a living wage and benefits. More secure, full-time jobs are needed. Also, employers need to understand that their employees need to take time off to go to health care appointments, and encourage their efforts to maintain their health. Employers need to realize that health is wealth. Tax breaks are needed to recruit new businesses.

- **Local Public Health System Assessment:** *Unemployment and job security*. Few careers exist that pay enough to support a family. *Employment and working conditions.* The migrant community is important to economic development and excellent progress and improvement has been made in accommodating this population sector, but language issues still create barriers to health.

- **Community Health Status Assessment:**   Unemployment: Accomack County: 7.5%; Northampton County: 8.9%; Virginia 6.3%, U.S. 9.2% (*Virginia Employment Commission, 4/28/2011* http://www.alex.vec.virginia.gov/lmi/pdfs/*communityprofiles/5104000131.pdf*)

- **Forces of Change:** *Unemployment and job security*: transportation; lack of employment; government changes; and cuts; technological advance; fewer jobs; loss of jobs with insurance; need better jobs; reduction in government services; job reductions or freeze; difficulty of mobility. *Employment and working conditions*: exodus of young people; population loss; government changes and cuts; Wallops Island expansion; loss of jobs with insurance; insurance coverage; need skilled workers; Wallops growth

Strategic Issue Seven: Early Childhood. High teen pregnancy and single female heads of household continue the cycle of poverty and unstable early childhood experiences.

VISION: The Eastern Shore provides a supportive environment in which to raise a child because they support youth with after school programs; provide access to medical care; offer excellent educational opportunities; and parents engage in supportive tutoring.

- **Community Themes and Strengths Assessment:** Healthy communities have opportunities for children after school, like Boys and Girls Clubs that help protect children 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, physical activity and general nurturing.   An emphatic need for parenting mentorship is clear. Parents must be willing to provide health care for children but many parents don't seem to know when their children need care, where to get the care, or how to afford it. 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. " Also 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. It may also become a civic responsibility in cases where parents do not model healthy behaviors.

- **Local Public Health System Assessment:** Eight licensed early childhood classroom programs exist (3 are Head Start). (Virginia Department of Social Services/by request*)*

- **Forces of Change:** *Early childhood development*. Domestic violence, disintegration of traditional family; changes in morality/values; family composition and changes; involved families; focus on children and their development, teaching good nutrition; prioritize parenting training & support of family units

Strategic Issue Eight: Chronic Disease Rates. High smoking and obesity rates are preventable causes of high chronic disease, disability, early death rates and spiraling medical costs.

VISION: The community will join forces to eliminate preventable causes of chronic disease, disability and early death.

- **Community Themes and Strengths Assessment:** 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, and ability to set behavioral boundaries, good nutrition, physical activity and general nurturing. Parents and community leaders should take seriously their responsibility for overweight and obese kids. Many faith communities are an active part of the health network and many more could be. These faith communities reach out to community members with information like transportation options and free dental care availability so they will be able to take advantage of it. 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. Nutrition and physical activity services to reduce chronic disease incidence is needed. Maximize school use for physical activity facilities. Incorporate the "Livable Communities" concept into county and town comprehensive plans.

- **Local Public Health System Assessment:** Currently the ES has access to local statistics through internal mechanisms, plus Virginia Department of Health links. However the LPHS has limited access to masters or doctoral-level epidemiologist and/or statisticians to assess, investigate and analyze public health threats and health hazards. While some information on community health status is provided, more information is needed. Current MAPP endeavors are bringing to light health needs. Many LPHS organizations work together to plan, conduct, and implement health education and promotion activities (for example, members of the LPHS are represented on the ES Healthy Communities coalition, which focuses on chronic disease prevention). It is hoped that the LPHS collectively will participate actively in modifying existing laws, regulations and ordinances and the formation of new laws, regulations and ordinances designed to assure and improve the public's health. The ES's capacity to serve the mental health issues of its population is impaired by access issues, waiting lists, and providers that cannot always meet client needs. The ES is beginning to experience serious gang issues, including drug problems that must be addressed by the LPHS workforce.

- **Community Health Status Assessment:** Eastern Shore Health District/35 Statewide Health Districts. Highlights (ranking out of 35 health districts)
  - Overweight: 70% (35/35)
  - Obese: 33.1% (31/35)
  - Diabetes: 11.9% (29/35)
  - No Physical Activity: 32.2% (32/35)
  - High Blood Pressure: 36.0% (30/35)
  - High Cholesterol: 40.1% (23/35)
  - Current Smoker: 22.1% (24/35)
  - Binge Drink: 14.0% (26/35)
  - Have Disability: 23.5% (29/35)

(Source: Virginia Behavioral Risk Factor Surveillance System. Percentages are weighted and based on 2005-2007 data. Retrieved from http://www.vahealth.org/cdpc/data.htm.)

CANCER (2002 – 2006)
- o Cancer Incidence: 482.1 per 100,000 persons (30/35)
- o Cancer Mortality: 227.5 per 100,000 persons (32/35)
- o Breast Cancer Incidence: 143.1 per 100,000 persons (35/35)
- o Breast Cancer Mortality: 30.4 per 100,000 persons (25/30)*
- o Lung and Bronchus Cancer Incidence: 53.7 per 100,000 persons (3/34)*
- o Lung and Bronchus Cancer Mortality: 81.0 per 100,000 persons (31/31)*

*(In the case of health districts having equal rates, the denominator reflects the total unique rates. Rates are age-adjusted to the 2000 U.S. standard population.
Source: Virginia Department of Health; Division of Health Statistics.)

- **Forces of Change:** (health status) aging population, hospital move, transportation; EMS response time studies; technological advances; opening of Cancer Center in Berlin, MD; healthcare reform; difficulty of mobility

Strategic Issue Nine: Access to care. High uninsured rates challenge medical infrastructure.

Vision: All community members will have health coverage and have access to health services.

- **Community Themes and Strengths Assessment:** More secure full-time jobs with benefits are needed. Nutrition and physical activity services are needed to reduce chronic disease incidence. 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 ES. Shorewide, 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, and more high quality generalist and specialty physicians. As these professionals are recruited, they must be retained.

- **Local Public Health System Assessment:** It is unclear the degree to which the ES LPHS regularly evaluates the accessibility, quality, and effectiveness of personal health services or if this is done against established standards. This is not done comprehensively within the ES Health District, although a few programs are evaluated relative to program goals and objectives.

- **Community Health Status Assessment:** Adult uninsured rate: Accomack County: 20%; Northampton County: 21% (Percent of population <age 65 without health insurance. (Source: Census/current Population Survey (CPS) – Small Area Health Insurance Estimates (SAHIE) (2005)). Note: LPHS members questioned this data, believing that the number is much larger. Primary Care Provider Rate: Accomack County: 33 per 100, population; Northampton county: 184 per 100,000 population. (Source: Health Resources and Services Administration, Area Resource File *ARF elements from AMA Master File and Census Population Estimates (2006)).* County Rankings (of 132): Accomack: 107; Northampton County: 22 (Source: Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute (2010). County Health Rankings. Retrieved from www.countyhealthrankings.org).

- **Forces of Change:** (Social safety network) transportation; government changes and cuts; insurance coverage; Governor's point of view on healthcare; Affordable Healthcare Act; anti-tax base; government cutbacks; healthcare reform; government point-of-view; political divides; discord of vision; reduction in government services; difficulty of mobility

Strategic Issue Ten: "Livable Communities." Multiple governmental entities (19 incorporated towns and 2 counties) dilute vision, resources, economies of scale, planned investment, and healthy "livability."

VISION: Towns with greater than 1,000 population, and counties adopt the "Livable Communities" concept in their comprehensive plans.

Livable Communities. Four elements are common to livable, healthy communities. They
1) **Support existing communities**. By supporting existing communities and neighborhoods, they can revitalize businesses and housing, provide more efficient public services, and conserve the rural landscape for farming, forestry and fisheries. Supporting 19 towns and 2 counties takes great energy and resources. Only three towns have a population greater than 1,000 people. Investing in these towns, instead of creating more sprawl with new housing developments, supports current infrastructure and provides economic advantage to existing communities.
2) **Encourage affordable housing**. When housing is built in existing communities with available water and sewer, lots can be smaller and more affordable. A range of housing types for mixed income families, such as single-family, duplex, and apartments can be offered. Quality rental housing can be provided for expanding businesses and new workers. Locating housing within walking distance of businesses and near community services makes residents less dependent on cars.
3) **Provide transportation choices.** Sidewalks, bicycle trails, and public transit are more feasible with more housing and businesses located nearby, reducing the need for multiple car ownership.
4) **Provide parks, recreation, schools and cultural facilities.** Livable communities have parks, recreation, schools and cultural facilities. Children can walk to school, play outside and get needed exercise every day. Adults can walk or bike to jobs and cultural amenities. Communities can actually plan health into their infrastructure.

- **Community Themes and Strengths Assessment:**   Incorporate the "Livable Communities" concept into county and town comprehensive plans. Plan for healthy communities: put schools where people live so many kids can walk to schools. Plan our communities better so citizens are healthier by virtue of being walkable. Plan parks. *Support existing communities.* 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. *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. Homelessness exists on the Shore, even among professionals, like teachers. *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 pedestrians and those who bicycle. We need to address current gaps in transportation.   A more complete Shore-wide transportation program is needed. The railroad tracks span the entire length of the Shore, but no passenger trains exist. Perhaps this can be evaluated. Transportation must be accessible and affordable. *Provide parks, recreation, schools , and cultural facilities.* Communities 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 health community include clean water, healthy foods, safe areas for recreation and services for

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

- **Local Public Health System Assessment:** Limited transportation, as well as a lack of providers, and language barriers contribute to poor, aging and ethnic populations not receiving health care. Star Transit is the only mass transit service available and is inadequate to meet current population transportation needs.

- **Community Health Status Assessment:** Adults within the Eastern Shore Health District have the highest rate of overweight (70%) among all health districts in Virginia, ranking 35 out of 35 health districts. ESHD adults rank in the bottom 25% among all health districts for the following chronic diseases or conditions: arthritis (42.3%, 34/35), high blood pressure (36.0%, 30/35), diabetes (11.9%, 29/35), disability (23.5%, 29/36) high cholesterol (40.1%, 23/30). Eastern Shore adults receiving No Physical Activity: 32.2% (32/35).

- **Forces of Change:** Policies needed for counties' and towns' planning, comprehensive plans for healthy/walkable communities; eradicate geo-political lines that keep communities apart. People first: people/workforce development places/adequate healthcare. Influence government leaders to focus on community health and livability. We need comprehensive plans for both counties that effectively cluster growth that would allow for resources to be more easily accessible to citizens. Funding priorities: recreation, especially after school activities; transportation; pedestrian and bicycle trail development.

Proposed Draft Strategic Plan

The following plan was proposed as a starting point from which a formalized LPHS might begin to work together to plan for the health and social well-being of the Eastern Shore communities.

GOAL ONE: **Develop/strengthen Eastern Shore Local Public Health System**

Strategies:

1. Develop inclusive list of LPHS members and recruit.

2. Create governance structure.

3. Formalize and coordinate communications and health promotion.

4. Meet at least semi-annually.

5. Draft and adopt organizational documents to define structure.

6. Adopt policies, systems, and environmental change approach.

7. Review, adjust, update strategic plan regularly – make it data-driven.

Partners: LPHS members

By When: January 1, 2012

Evaluate: February 1, 2012

GOAL TWO: **Continue evaluation and surveillance efforts.**

Strategies:

1. Insure racial, cultural, age, SES representation (actively, continuously examine needs, barriers, issues to statistically representative sample population).

2. Continuously update surveillance data as available.

3. Post information to website.

4. Prioritize data related to social determinants of health.

5. Improve technological capabilities to collect, manage, integrate and display health profile databases.

Partners: LPHS

By When: Ongoing

Evaluate: Annually

GOAL THREE: **Fund LPHS efforts.**

Strategies:

      1. Pursue public/private funding to support LPHS efforts.

      2. Establish initial monies to fund "strengthening" initiative.

Partners: Lead Agency – ESHD. Other partners: LPHS.

By When: Ongoing

Evaluate: Year 1: Quarterly; Year 2: Semi-annually; Year 3: Annually

GOAL FOUR: **Prioritize and address data-driven initiatives.**

Strategies:

      1. Create leadership institute to provide broad-based education of Eastern Shore social, cultural, economic, and health resources and issues. (Lead Agency: ESCC. By 09/12)

      2. Create and present white paper of issues to circulate for prioritization, funding, and partnership. (Lead: TBD. By 01/12)

      3. Select no more than three issues to pursue (including evidence base, specific, measurable, attainable, realistic, timely objectives). (Lead: Sub-committee. By 04/12)

Partners: County managers/planners; ESHD, ESSS, ESRH, ESCSB, etc.

By When: April 2012