

EXECUTIVE SUMMARY

IMPROVING HEALTH IN THE THOMAS JEFFERSON HEALTH DISTRICT

Many factors influence public health, including individual health behaviors, access to health care, community characteristics, the environment, and service delivery by private, not-for-profit, and governmental agencies. Mobilizing for Action through Planning and Partnerships (MAPP), a tool developed by the National Association of City and County Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC), brings together stakeholders to identify community health issues and take action based on these factors. In July 2011, the Thomas Jefferson Health District (TJHD) launched its second MAPP process to encompass all six localities in the district, working with four critical district partners — UVA's Department of Public Health Sciences (DPHS), Martha Jefferson Hospital (MJH), Region Ten Community Services Board (Region Ten), and the Jefferson Area Board for Aging (JABA) — to identify local health priorities. To achieve county-level input and engagement, Community Health Assessment (CHA) Councils were established in each TJHD locality either through an existing interagency council of health and human services organizations (in Fluvanna, Greene and Nelson Counties) or as a new entity (in Charlottesville-Albemarle and Louisa County). The CHA Councils included representatives from local governments, schools, community agencies, colleges, non-profits and health care organizations who met monthly between October 2011 and May 2012 to (1) review and discuss collected quantitative and qualitative data, (2) recommend other data that should be collected, and (3) select county level priorities. The MAPP 2 Health (M2H) Leadership Council, including 21 partner agencies and representatives from each county, was formed in November 2011 to provide guidance to the M2H process and to develop a Community Health Improvement Plan (CHIP) based on CHA data and input from the CHA Councils.

KEY FINDINGS

For the CHA, representatives from 61 agencies that serve TJHD came together to assess the community's health through the M2H process; input was also gathered from more than 2,000 TJHD residents through surveys and in-depth conversation in county-specific focus groups. After extensive review of qualitative and quantitative data, which included comparing local data to state and national standards, four district-wide priority issues were identified:

1. AN INCREASING RATE OF OBESITY

- Between 2008 and 2010, 27.6% of TJHD adults were obese by self-reported height and weight (BMI > 30)
- Fast-food restaurants and convenience stores make up the greatest percentage (49%) of food stores available in TJHD
- 36% of residents in TJHD believe that obesity is the most important public health concern that needs more attention

2. INSUFFICIENT ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES FOR SEGMENTS OF THE POPULATION

- Between 2004 and 2010 the average number of self-reported poor mental health days per month in TJHD was 2.7 days, which was higher than the national average of 2.3 days
- 20% of TJHD residents believe that mental health is the most important public health concern that needs more attention
- The rate of hospitalization for non-psychotic mental disorders in TJHD was higher than the state rate between 2000 and 2011

3. LATE AND INSUFFICIENT PRENATAL CARE AND RACIAL DISPARITIES IN PREGNANCY OUTCOMES

- Between 2008 and 2010, 77% of pregnant women in TJHD entered prenatal care in the first trimester, a lower percentage than Virginia (83%) and short of the Healthy People 2020 goal of 78%
- In 2006-2010 in TJHD, the Infant Mortality Rate (IMR) for white infants was 4.9 infant deaths per 1,000 live births and the IMR for African-American infants was 20.2
- In 2008-2010 in TJHD, 12.5% of African-American infants were born at a low birthweight compared to 6.4% of white infants

4. TOBACCO USE ABOVE THE HEALTHY PEOPLE 2020 GOAL

- The average percentage of adult smokers in TJHD was 17.9% in 2008-2010, which was above the Healthy People 2020 target of 12%
- In 2008-2010, a rolling average of 7.5% of pregnant women in TJHD reported smoking during pregnancy, which is higher than the Virginia percentage (6.2%)

The CHIP was developed as a call to action for TJHD organizations and residents to strategically implement interventions that will improve community health outcomes. In collaboration with existing coalitions, the M2H Leadership Council developed specific goals, objectives, and strategies for community implementation.

The community goals are:

1. Decrease the percent of persons who are overweight or obese in TJHD by promoting school and corporate wellness programs and by engaging residents in a Move to Health campaign

Lead Work Group: Community Action on Obesity

2. Decrease the number of poor mental health days among TJHD residents by increasing access to mental health services and decreasing stigmas and fears surrounding mental health issues

Lead Work Group: Community Mental Health and Wellness Coalition

3. Improve pregnancy outcomes in TJHD by increasing the percentage of women who plan pregnancies and receive prenatal care; by targeting interventions towards vulnerable populations; and by promoting clinical smoking cessation interventions.

Lead Work Group: Improving Pregnancy Outcomes Workgroup

4. Decrease the percent of persons who use tobacco in TJHD

Lead Work Group: Tobacco Use Control Coalition

NEXT STEPS

As the population in TJHD grows, new challenges arise in achieving and maintaining health. In many cases, TJHD has made substantial improvements in community health through new programs, campaigns, laws, and community coalition work.

Despite the many successes, health issues such as obesity, mental health, pregnancy outcomes and tobacco use continue to affect the quality of health — and in turn, the quality of life. It is to these areas that the community is called to turn its focus — to actively reevaluate preconceptions and collaboratively brainstorm new solutions, while continuing to hold onto the gains from past efforts.

Progress in these identified priority areas cannot be made without the support of the entire community. The MAPP 2 Health Leadership Council encourages all community members to get involved any way they can — perhaps volunteering with one of the lead agencies or pledging to take fifteen minute walks to reduce their own weight.

Between 2012 and 2017, the lead agencies will continue to work towards these community goals with support from the M2H Leadership Council and other community partners. The Council will meet to (1) review data, (2) evaluate progress and (3) discuss any potential changes needed in strategic approaches.

This report and other downloadable CHA/CHIP content are available online at www.tjhd.org under “Data.”