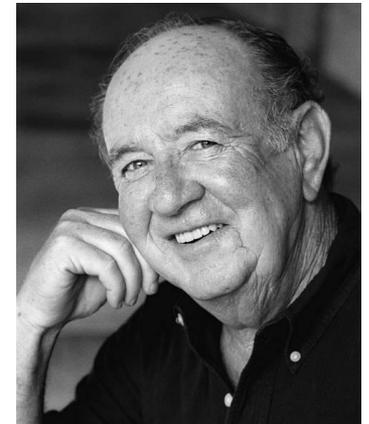
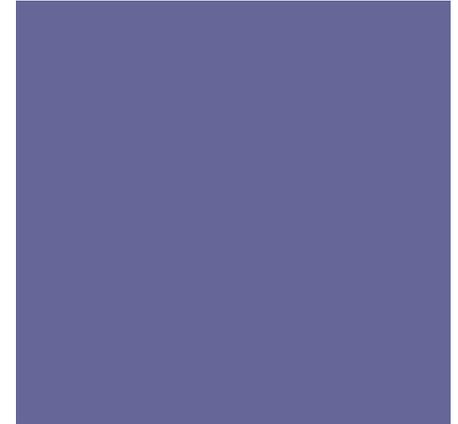




MAPP

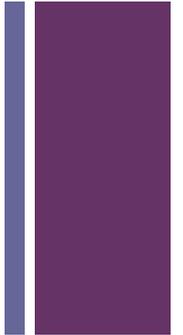


Assessment Outcomes, Issues & Draft Plan

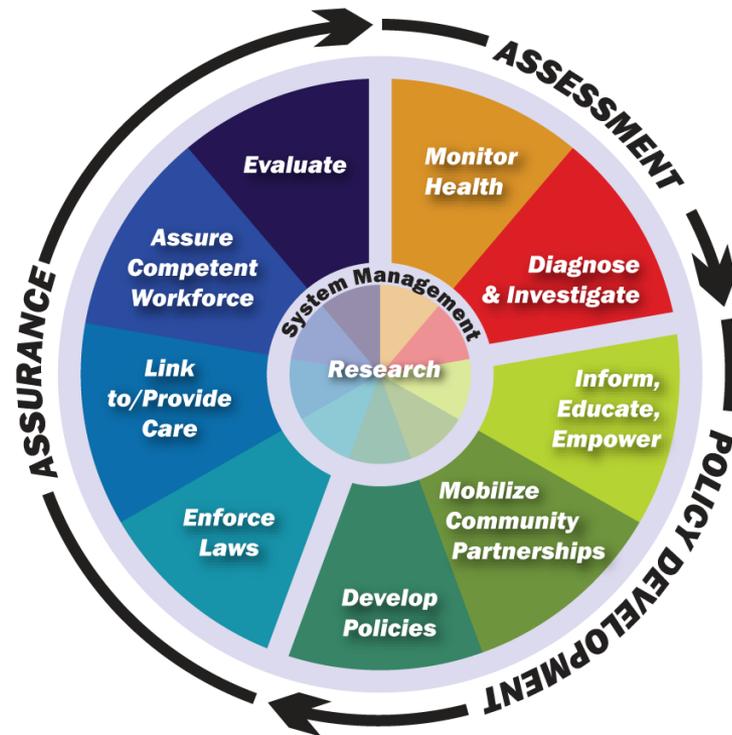
Patti G. Kiger, M.Ed., Ph.D., candidate
Eastern Virginia Medical School
Eastern Shore Health District Staff Education Conference
April 26, 2011



10 Essential Public Health Services

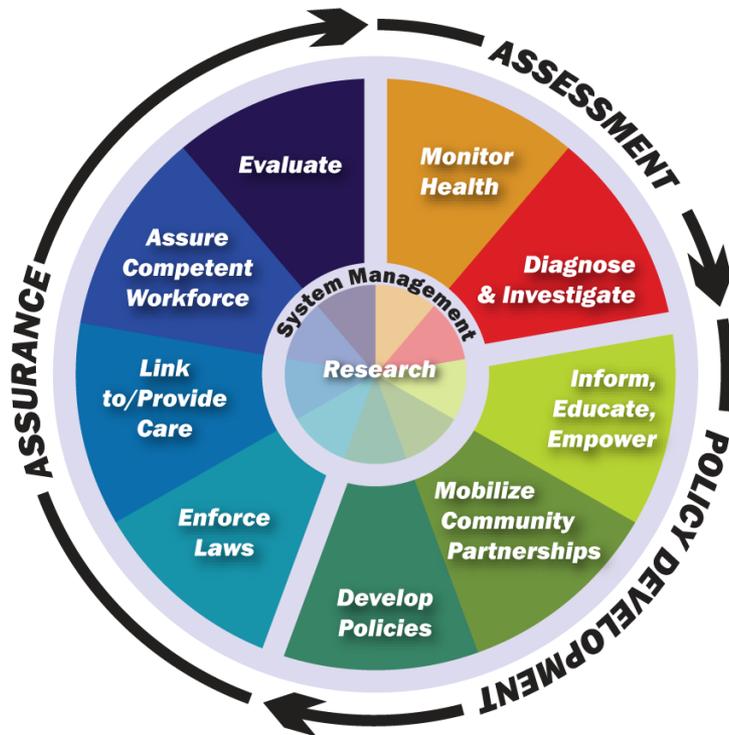
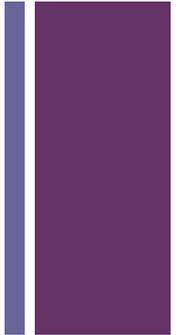


1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.



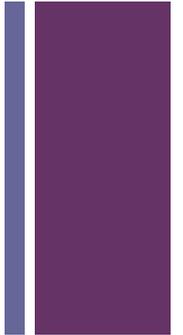


10 Essential Public Health Services



6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health when otherwise unavailable.
8. Assure competent public and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

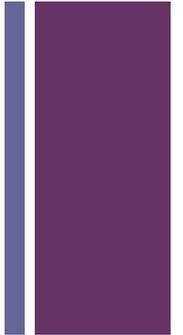
+ Local Public Health System Performance Assessment



- **HEALTH STATUS MONITORING.** ESHD monitors health status to identify community health programs, though **more data & state-of-the-art technology** is needed to improve reporting.
- **DIAGNOSING & INVESTIGATING HEALTH PROBLEMS.** We competently diagnose and investigate health problems and health hazards in the community, though **more timely reporting is required to prevent spread of diseases.**



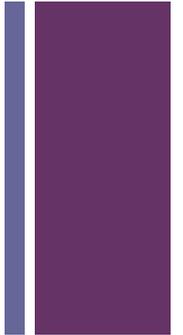
Local Public Health System Performance Assessment



- **INFORM, EDUCATE AND EMPOWER INDIVIDUALS AND COMMUNITIES ABOUT HEALTH ISSUES:** as a Local Public Health System we should:
 - **Strengthen local health information distribution.**
 - **Continue the excellent risk communication process currently in place.**
- **COMMUNITY PARTNERSHIPS** are strong and many develop policies and plans that support individual and community health efforts.



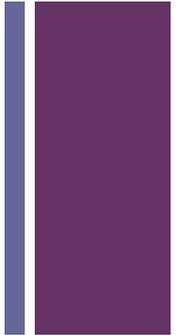
Local Public Health System Performance Assessment



- **ENFORCING LAWS & REGULATION.** While much is done to enforce laws and regulations that protect health and ensure safety, **we can approach this more systematically in the future.**
- **HEALTH DISPARITIES.** Groups that experience health disparities experience barriers to health care due to low income, lack of insurance, transportation, language, and age. **This needs more attention.**
- **WORKFORCE.** Current **gaps exist** in building a competent public and personal health care workforce: extended family support, elderly day care, specialist medical providers, pain management, and expanded PACE (program of all inclusive care of the elderly).



Local Public Health System Performance Assessment

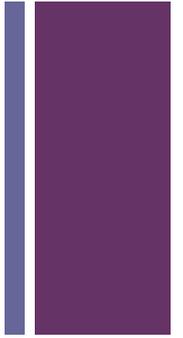


- **SYSTEMATIC EVALUATION.** MAPP begins a systematic process of evaluating the effectiveness, accessibility, and quality of personal and population-based health services, which **must be continued**.
- **RESEARCH.** While research for new insights and innovative solutions to health problems has not yet been conducted, **linkages with EVMS** promise to provide opportunities for research and innovation.

Community Themes and Strengths



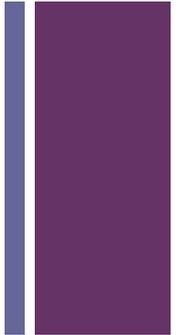
+ Community Themes and Strengths Assessment



- What is important to our community?
- How is quality of life perceived in our community?
- What assets do we have that can be used to improve community health?



What makes you the most proud of this community?

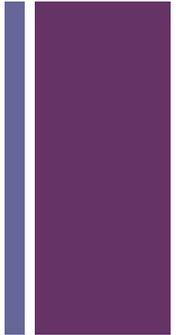


- People
- Natural resources
- Development and enforcement of commonsense health laws
- Health education

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

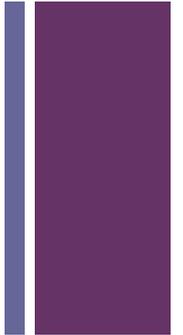


Most important characteristics of a Healthy Community?



- Individualism
- Community
- Socioeconomic Status/Employment
- Transportation
- Housing
- Access to Services
- Education
- Early life
- Food Security

+ Community Themes and Strengths

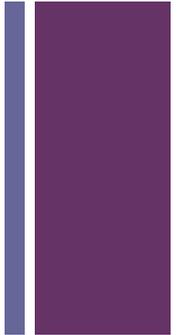


1. INDIVIDUAL

- Empower/educate individuals to take responsibility for their own health
- Find, support, train competent leaders representative of all races, cultures and economic strata.
- Parents must take seriously their responsibility for overweight and obese children.



Community Themes and Strengths



2. COMMUNITY

- Affiliation and community networking through/among organizations has potential to influence better health in community.
- Community organizations require competent & committed leaders.

“Eastern Shore leaders need to be involved in planning for community health.”

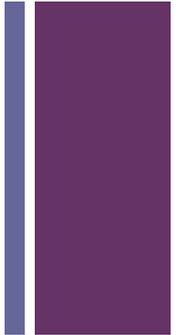
- Boost volunteerism.

“If you volunteer and you give, you live longer and you’re healthier.”

“Educate the community about giving back.”



Community Themes and Strengths



3. SOCIOECONOMIC STATUS

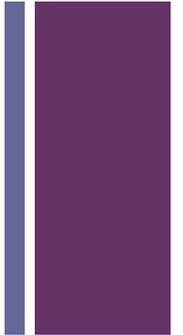
- Poverty ...and all the collateral damage... must be addressed.
- More secure, full-time jobs with benefits are needed.

“This would eventually bring students and children back to the Shore.”

- Parents must insure children get the most out of their educational opportunities.
- More funding for screening and prevention is needed.



Community Themes and Strengths



4. TRANSPORTATION

- Must be accessible and affordable.

“A more complete, Shore-wide transportation program is needed.”

5. HOUSING

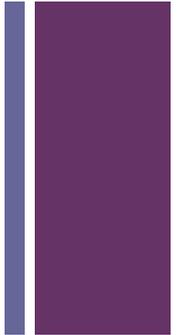
- A range of quality, affordable housing types must be available (single family, condominiums, loft, apartments)

“I’ve heard of new teachers living in their car until they get their first paycheck.”

+ Community Themes and Strengths

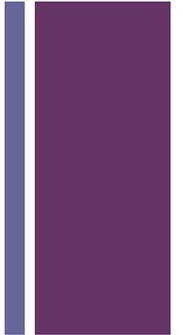
6. ACCESS TO SERVICES

- Services on lower Shore
- More mental health services
- More dental services
- More elder care services
- Broadband telemedicine
- More high quality generalists and specialty MDs recruited and retained.





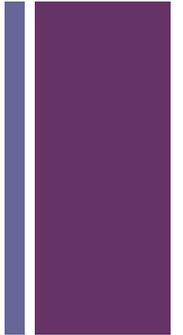
Community Themes and Strengths



ACCESS TO SERVICES *continued*

- More safe areas for recreation to encourage physical activity
- Educational materials in the language/literacy level of community being addressed.
- Cultural sensitivity to those who suffer social injustices of racism and poverty
- Improve community infrastructure to encourage walking as a daily part of life.

+ Community Themes and Strengths



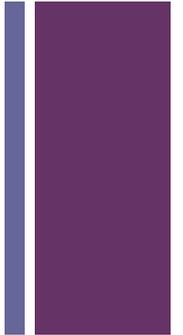
7. EDUCATION

- Motivate student performance and improve high school graduation rates.

“We need higher quality graduates with higher abilities and better training, whether for job skills or college preparatory.”



Community Themes and Strengths



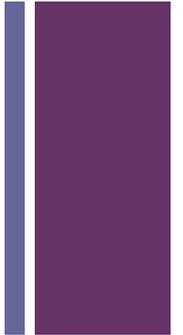
8. EARLY LIFE

■ Parent mentorship.

“Many parents don’t know when their children need care, where to get the care, or how to afford it”

“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.”

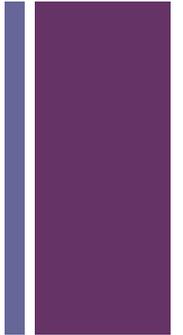
+ Community Themes and Strengths



EARLY LIFE *continued*

- Good Citizenship – teach children civic responsibility early.
- Drug and substance abuse is cyclical. Sometimes parents don't model healthy behavior.
- After school activities!

+ Community Themes and Strengths

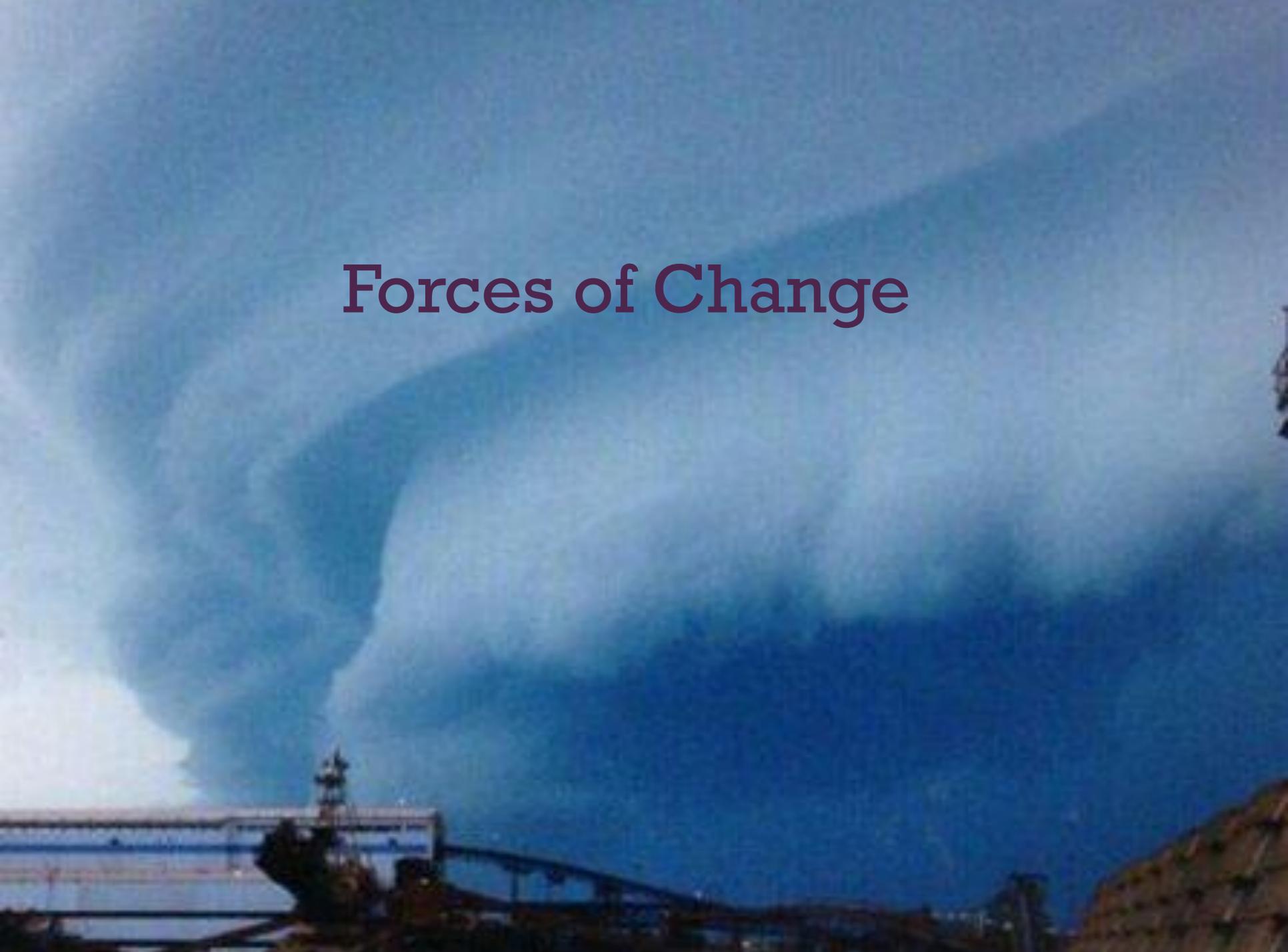


9. FOOD SECURITY

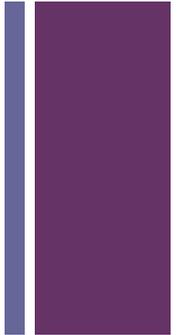
- Affordable quality food must be made available.

“The dollar menu is appealing because it’s easy and it’s 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.”

Forces of Change

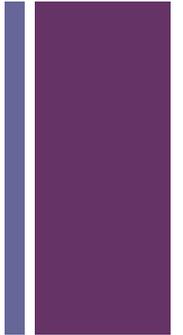


+ Forces of Change



- Identifies forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate.
- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

+ Forces of Change



1. GOVERNMENT CHANGES & CUTS

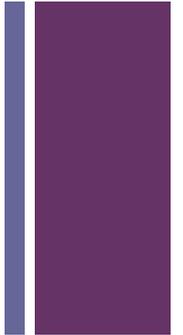
Opportunities

- Partnership with private sector
- Focus on core needs/services
- Service efficiencies
- Organized advocacy

Threats

- Loss of services

+ Forces of Change



2. BAD ECONOMY

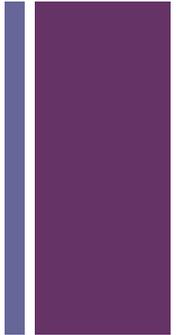
Opportunities

- Sense of urgency
- Prioritize/focus on what is important
- Inflation
- Greater need for services
- Reduction of services

Threats

- Inflation
- Greater need for services
- Reduction of services

+ Forces of Change



3. ECONOMIC DEVELOPMENT

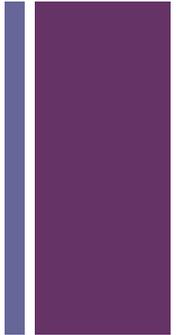
Opportunities

- Develop new partners
- Jobs
- Green jobs
- Growth in job market

Threats

- Overdevelopment
- Infrastructure costs
- Unmanaged growth

+ Forces of Change



4. HOUSING

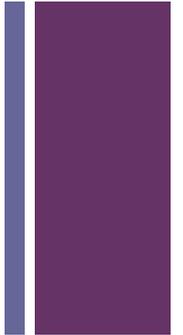
Opportunities

- Buyers market
- Cost of construction decreases
- Opportunities for government to buy homes for low income

Threats

- No money available (banks)
- No one buying
- No one has money (cash)
- Homelessness
- Foreclosures
- Rising utility costs

+ Forces of Change



5. POPULATION DYNAMICS

Opportunities

- More elders to volunteer
- More younger citizens to volunteer
- Diversity – opportunity to learn from each other and bring new cultural influences

Threats

- Younger people not volunteering
- Census miscount/population decrease – takes away funding
- Redistricting equals decrease in funding

+ Forces of Change

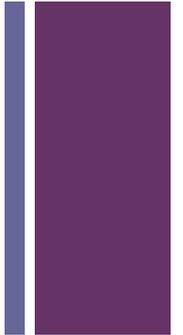
6. HEALTH RESOURCES

Opportunities

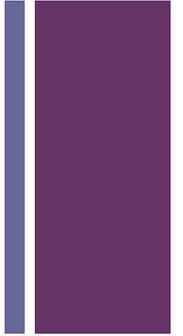
- Increased technology
- Loss of resources for one area

Threats

- Opportunity to add resources for another area
- Increased chronic disease & aging
- Lack of access/knowledge/skill sets



+ Forces of Change



7. TECHNOLOGY

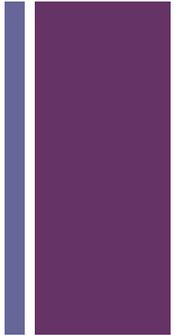
Opportunities

- Telemedicine
- Info exchange improved
- Improved emergency notification

Threats

- Lack of access/knowledge/skill sets

+ Forces of Change



8. ENVIRONMENT

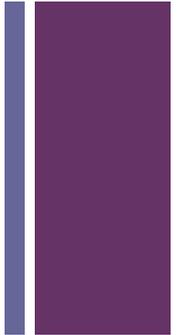
Opportunities

- Jobs – clean environment

Threats

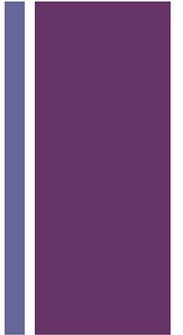
- Increased pollution

+ Community Health Status Assessment



- How healthy are our residents?
- What does the health status of our community look like?

+ Community Health Status

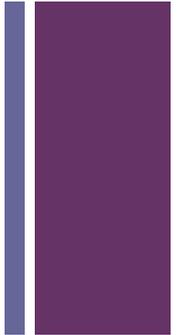


- 70% of adults are overweight
- 33% are obese
- Cancer incidence 482.1/M (34/35)
- Cancer mortality 227.5/M (32/35)
- Breast cancer incidence 143/M (35/35)
- Breast cancer mortality 30.4/M (25/35)

+ Community Health Status

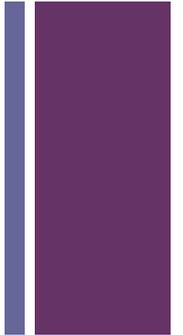
(of 35 health districts)

- 42% of adults have arthritis (34th)
- 40% high cholesterol (23rd)
- 36% high blood pressure (30th)
- 32% no physical activity (32nd)
- 23% disability (29th)
- 22% currently smoke (24th)
- 12% type 2 diabetes (29th)





Social & Cultural Determinants



■ Income

- Accomack: \$37,564 median HH income
- Northampton: \$34,424 median HH income

■ Unemployment

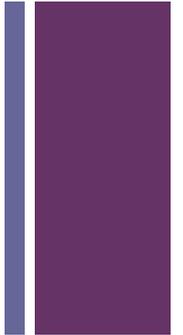
- Accomack 7.5%
- Northampton 8.9%
- VA 6.3%
- US 9.2%

■ Education

- 25.7% ES Residents have NO high school diploma



Social & Cultural Determinants



Homeless

- Accomack: 171 (public schools)
- Northampton: 150 (public Schools)
- County-wide “point-in-time” 50 (A-NPDC)

■ Food Insecurity

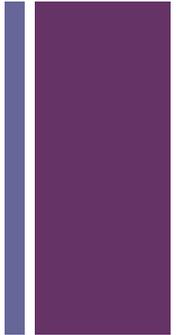
Students on free or reduced lunch (current)

- Accomack: 65.19%
- Northampton: 75.63%

SNAP participation rates (2010)

- Accomack: 55%
- Northampton: 78%

+ Social and Cultural



■ Poverty

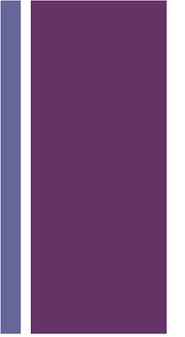
- Accomack: 20.6% HH live below poverty
- Northampton: 19.5% HH live below poverty

■ Teen Births (per 1,000)

- Accomack: 32.9 (37.2 AA)
- Northampton: 39.2 (45.2 AA)
- Virginia 17.5 (28.4 AA)

■ Single Female Head of Household

- Accomack 24% (44% AA)
- VA 18% (40%)



+ Issues & Draft Plan



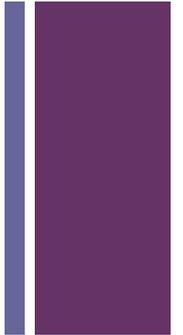
+ Issues

1. Local public health system is an idea
2. Leadership on the issues requires leaders who understand the issues and evidence-based solutions
3. Social determinants of health, “societal risk conditions” shape health. These are the issues on the Shore.

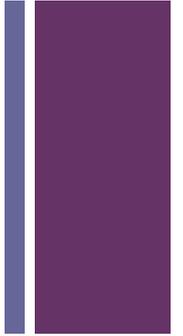
+ Issues

4. Poverty

- Accomack 20.6%
- Northampton 19.5%
- Virginia 10.2%



+ Issues



5. Education & Early Childhood

25.7% adults 25 yrs and older with no high school degree

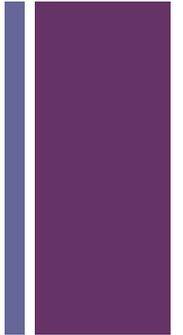
Few after school opportunities.

“Children raising themselves.”

6. Employment

Full-time jobs with benefits? Economic development?

+ Issues



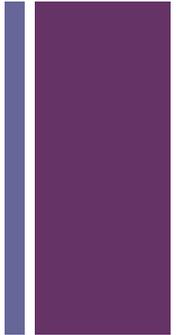
7. Housing/Built Environment

- 19 incorporated towns/2 county governments
- Schools, libraries, parks within walking distance
- Little mixed income/mixed use housing within walking distance of services

8. Teen Pregnancy & Single Female Heads of Household

- Accomack: 32.9 (37.2 AA)
- Northampton: 39.2 (45.2 AA)
- Virginia 17.5 (28.4 AA)

+ Issues



9. Smoking & obesity cause early death

- 22.1% currently smoke
- 70% overweight/33.1% obese

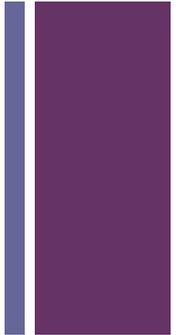
10. Related Chronic Diseases

- 42.3% Arthritis (34/34)
- 11.9% Diabetes (29/35)
- 36.0% High Blood Pressure (30/35%)
- 40.1% High Cholesterol (23/35)
- 23.5% Have Disability (29/35)

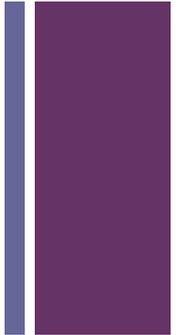
+ Issues

11. Cancer (per 100,000 persons)

- Incidence: 482.1 (30/35)
- Mortality: 227.5 (32/35)
- Breast Cancer Incidence: 143.1 (35/35)
- Breast Cancer Mortality: 30.4 (25/30)
- Lung & Bronchus Mortality: 81.0 (31/31)
- Melanoma Incidence: 20.6 (24/32)



+ Issues



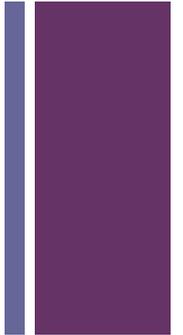
12. Health Insurance Coverage

- 23.5% (adults 18-64 yrs w/o health insurance coverage)
- 14.7% (adults 18-64 yrs w/o health insurance coverage below 200% poverty)

+ Comments?



+ Draft Strategic Plan



GOAL ONE. Develop/strengthen Eastern Shore Local Public Health System

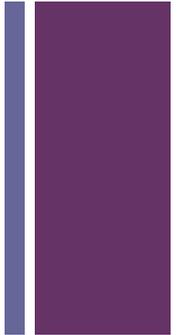
Strategies:

1. Develop inclusive list of LPHS members and recruit.
2. Create governance structure.
3. Formalize and coordinate communications and health promotion.
3. Meet at least semiannually.
4. Draft and adopt organizational documents to define structure.
5. Adopt policies, systems, and environmental change approach.
6. Review, adjust, update strategic plan regularly – data driven.

Partners: LPHS members.

By When: January 1, 2012

+ Draft Strategic Plan



GOAL TWO. Continue evaluation and surveillance efforts.

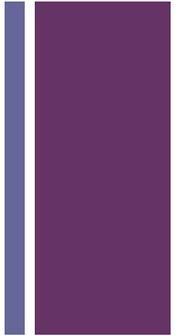
Strategies

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

+ Draft Strategic Plan



GOAL THREE. Fund efforts of LPHS.

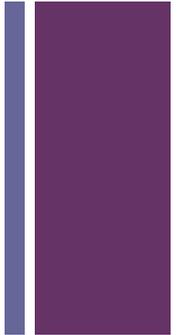
Strategies

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

+ Draft Strategic Plan



GOAL FOUR. Prioritize data-driven initiatives to address.

Strategies

1. Create leadership institute to provide broad-based education of ES social, cultural, economic, and health resources and concerns. (Lead: 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)

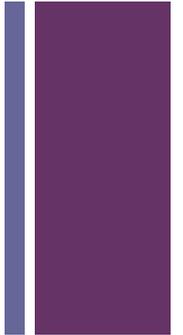
Partners: County managers/planners; ESHD, ESSS, ESRH, ESCSB, etc.

By When: April 2012

+ Comments?



+ Thank You



QUESTIONS?

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