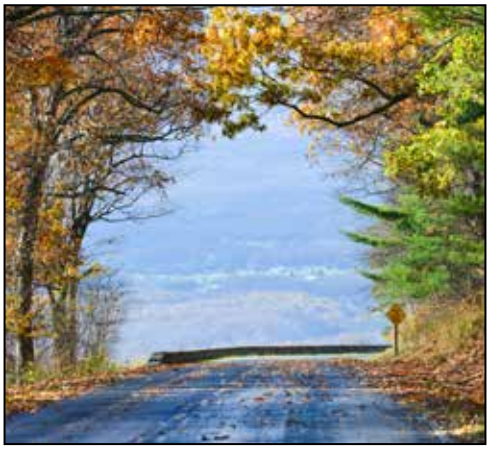
2016 Community Health Improvement Plan

Methods



The MAPP Core Group contracted The Planning Council (TPC), a consultant agency, to serve as a facilitator in the development of community health priorities, goals, objectives, and strategies for inclusion in the the Community Health Improvement Plan. After extensive review of the qualitative and quantitative data, each locality Community Health Assessment (CHA) Council selected five priority areas using a "blue dot" voting method (three stickers per council member). TPC ranked the proposed priority areas for each locality and shared this information with all CHA Councils at subsequent meetings (Table 1). Council members were advised to select priorities and discuss goals that must be addressed to achieve the MAPP2Health vision—**"together we support equitable access to resources for a healthy, safe community."** TPC and the MAPP Core Group created a visual representation showing broader commonalities across each of the localities; these results were shared with the Leadership Council on October 19, 2016 to select overarching district-wide priorities and goals (Table 2).

Results

As the MAPP process was designed to maximize community engagement and particularly, locality participation, the priorities, goals, objectives, and strategies reflect this diverse community input from partners engaged across the district. The Leadership Council, with recommendations from the CHA Councils, identified four district-wide community health priorities with corresponding goals and objectives:

- **Promote healthy eating and active living**
- **Address mental health and substance use**
- **Improve health disparities and access to care**
- **Foster a healthy and connected community**

In considering individual and population health, Healthy People 2020 poses two questions: "What makes some people healthy and others unhealthy?" and "How can we create a society in which everyone has a chance to live a long, healthy life?" Determinants of health are the wide range of genetic, personal, social, environmental, economic, policy, and healthcare factors that impact overall health status.[1] In selecting the four community health priorities above, the Leadership Council recognized that multiple

	Greene	Louisa	Nelson	Fluvanna	Charlottesville Albemarle
1	Children and Youth (26)*	Alcohol and Drugs (8)	Aging (18)	Mental Health (5)	Disparities in access (31)
2	Mental Health (12)	Dental Care (8)	Transportation (12)	Housing (4)	Mental Health (8)
3	Alcohol and Drugs (8)	Obesity (5)	Children and Youth (11) Childcare	Health system hard to navigate (3)	Alcohol and Drugs (6)
4	Obesity (6)	Funding (4)	Lack of Recreation (9)	Lack of Recreation (3)	Health system hard to navigate (6)
5	DV/Sexual Assault (6)	Mental Health (3)	Jobs (5)	Economic Development/ Jobs (3)	Transportation (5)
6	Housing (5)	Transportation (2)	Disparities in access (4)	Children and Youth (2) Aging (2)	Aging (4)
	NOTES * Greene CHA Council voted to combine the following: Connect youth programs = 13, Insufficient parental supervision = 8, Mentoring = 5				

Table 1 | Top Five Community Health Priorities Identified by CHA Councils, TJHD Localities, August–September 2016. Source: The Planning Council, 2016.

determinants impact these areas of health and specifically recognized the role that policy, transportation, stable housing, and jobs would play in selecting effective strategies to improve our community's health.

The strategies for community implementation are locality-specific and were selected by each locality's CHA Council in discussions facilitated by TPC. Locality-specific strategies recognize that the CHA Councils are best positioned to select effective strategies for their locality based on their knowledge of the community, its existing resources, services, organizations, and collaborations, and any other forces that could positively or negatively impact success.

Next Steps

Between 2017 and 2019, partner agencies and community coalitions will work toward the community goals, objectives, and strategies outlined on the following pages in order to promote healthy eating and active living, address mental health and substance use, improve health disparities and access to care, and foster a healthy and connected community with the hope of making measurable gains in improving health. The Leadership and CHA Councils will continue to meet to review data and actions taken, evaluate progress, and discuss any potential changes needed in strategic approaches.

Greene	Louisa	Nelson	Fluvanna	Charlottesville Albemarle
Mental Health & Substance Use	Mental Health & Substance Use	Mental Health & Substance Use [1]	Mental Health & Substance Use	Mental Health & Substance Use
Obesity	Obesity	Obesity	Obesity	
		Health Disparities		Health Disparities
Strengthen Families		Strengthen Families	Strengthen Families	
	Dental Care			
	Transportation	Transportation		Transportation
Sexual Assault				
Stable Housing			Stable Housing	
		Jobs	Jobs	
		Aging	Aging	Aging
			Access to Healthcare	Access to Healthcare

NOTES [1] Mental Health & Substance Use not identified in Nelson CHA Council's Community Health Priorities meeting but identified in subsequent Goal Development meeting.

Table 2 | Commonalities across Priorities Identified by CHA Councils, TJHD Localities, August–September 2016. Source: The Planning Council and University of Virginia Health System, 2016.

Community Health Priority:
Promote Healthy Eating and Active Living

Background

This community health priority is a continuation of the 2012 MAPP2Health Report's *Community Health Issue #1: An Increasing Rate of Obesity* and is aligned with *Virginia's Plan for Well-being 2016-2020*. The *Plan for Well-being* notes that "following a healthy diet and living actively have long-term health benefits. Maintaining a healthy weight is associated with improved quality of life and reduced risk of cardiovascular disease, diabetes, dementia, cancer, liver disease, and arthritis."[2]

In the Community Themes and Strengths Assessment, all six PD10 localities ranked the *outdoors* within their top five "healthy strengths," while four of six localities ranked *recreation* and three of six ranked *food options* as top healthy strengths. Three out of six PD10 localities ranked *obesity prevention* within their top five "opportunities for improvement." As locality CHA Councils voted on their top five priority areas, two out of five councils selected *obesity* while two other councils selected *lack of recreation;* when these two categories were combined to show commonalities across priorities, *obesity* was a top priority in four out of five CHA Councils. In facilitated discussions with the CHA Councils, several rural localities discussed the need for more recreational facilities as well as opportunities for safe and convenient daily exercise, while other conversations centered on educating community members about healthy eating and active living.

This priority includes three key components for promoting a healthy lifestyle:

1. **Preventing obesity:** According to the Centers for Disease Control and Prevention (CDC), "Obesity costs the U.S. about $147 billion in medical expenses each year. Obesity results from a combination of causes and contributing factors, including individual factors such as behavior and genetics. Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors in our society include the food and physical activity environment, education and skills, and food marketing and promotion."[3] In 2012–2014, the average percentage of obese TJHD adults was 27.9% which was slightly higher than Virginia's average of 27.7%.[4] In 2014, the CDC estimated that the prevalence of obesity among youth aged 2–19 in the United States was about 17%.[5] In the 2010–2011 school year, among fifth graders in Nelson County public schools, 31.2% were obese.[6] In 2014, among fifth graders in Charlottesville and Albemarle public schools, 15.0% were obese.[7] Data from the other TJHD localities were not available.

2. **Promoting healthy food:** Poor diet is a risk factor for obesity and other health problems. From 2011 to 2013, the percentage of Virginia high school students who did not eat vegetables in the past seven days increased from 6.4% to 6.7%.[8] In addition to education about healthy eating, diet can be addressed through policy, systems, and environmental change. For example, policies in schools and workplaces can help to promote healthy food choices.

3. **Promoting physical activity:** Physical inactivity is another risk factor for obesity and poor health. In 2014, 29% of adults in Louisa County and 24% in Charlottesville reported no leisure time physical activity which was higher than the Virginia average of 23%.[9] When measuring the percentage of the population with access to adequate exercise opportunities such as a park or community center, all of the residents in Charlottesville had adequate access to locations for physical activity, while other TJHD localities had anywhere from 44% (Nelson) to 74% (Albemarle) of residents with adequate access.[10] However, although our district provides opportunities for outdoor recreation, many residents lack access to affordable indoor facilities that can be used year-round. Creating diverse opportunities for physical activity at work, at school, and in the community can be effective in promoting active living.[11] Additionally, policy change can be a tool to increase physical activity in schools and early childhood education.

Promote Healthy Eating and Active Living

Goal: Increase access to healthy foods and recreation through education, advocacy, and evidence-based programming

Objective 1	Objective 2	Objective 3
By 2019, decrease the percentage of TJHD adults who are overweight and obese.	By 2019, decrease the percentage of TJHD children who are overweight and obese.	By 2019, implement data collection and analysis of obesity across the lifespan in all TJHD localities.

Charlottesville City / Albemarle County

Strategy 1: Increase availability of fresh fruits and vegetables at corner markets (see Richmond's Healthy Corner Store Initiative for reference).

Strategy 2: Consider implementing a tax on sugar-sweetened beverages or restrict the availability of unhealthy snacks in public venues.

Fluvanna County

Strategy 1: Create an outdoor basketball court for use by all community members.

Strategy 2: Include cooking classes or demonstrations at *Tuesday's Table* or similar events.

Strategy 3: Increase public awareness of free health resources.

Strategy 4: Identify evidence-based programming that addresses healthy eating/heart health in faith-based settings.

Greene County

Strategy 1: Connect with healthy lifestyle initiatives in Charlottesville through the Move2Health Coalition.

Strategy 2: Offer healthy lifestyle programming where people already congregate such as at the food bank, in health clinic waiting rooms, etc.

Strategy 3: Identify and collaborate with successful programs in Greene to provide community health information.

Louisa County

Strategy 1: Work with service providers to connect surplus supplies of fresh produce with those in need.

Strategy 2: Explore implementing the Coordinated Approach to Child Health (CATCH) program at schools to introduce and/or expand obesity prevention programs.

Strategy 3: Increase nutrition education programming when the Resource Council expansion is completed.

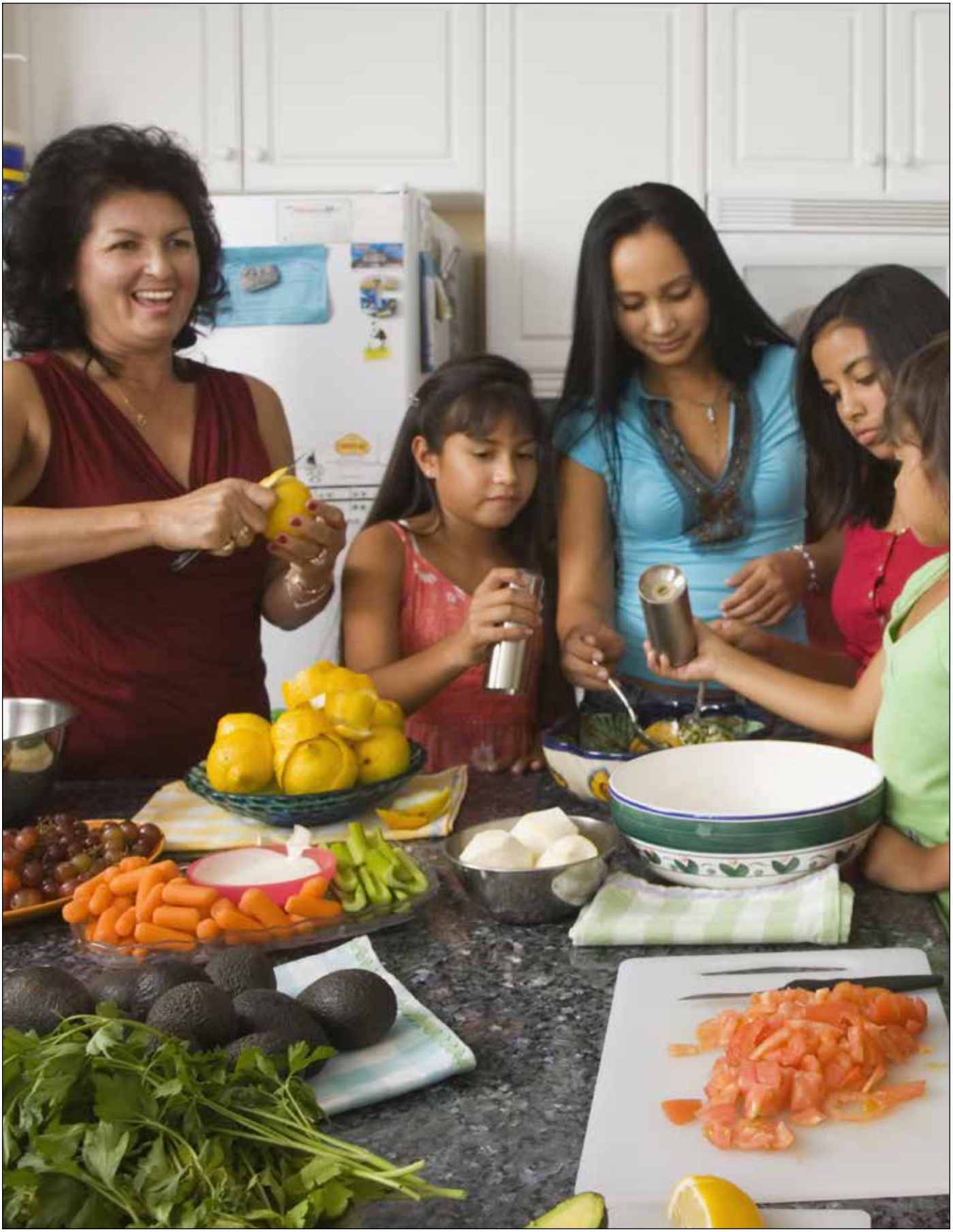
Nelson County

Strategy 1: Develop a collaborative relationship with the school system for hosting recreational/healthy lifestyle events at school facilities.

Strategy 2: Continue collaborating with primary care providers as a key conduit for connecting people to other needed resources.

Determinants Affecting this Priority

- Access to Healthcare (Preventive Care)
- Diet/Nutrition
- Food Security
- Genetic Factors
- Individual Behavior
- Knowledge
- Physical Activity
- Physical Environment
- Policies
- Poverty
- Psychosocial Stress
- Social Norms/Values



Community Health Priority:
Address Mental Health and Substance Use

Background

This community health priority is a continuation of the 2012 MAPP2Health Report's *Community Health Issue #2: Insufficient Access to Mental Health and Substance Abuse Services* and is aligned with *Virginia's Plan for Well-being 2016-2020.* The *Plan for Well-being* describes the importance of addressing mental health and substance use and how these areas link to other health outcomes: "Untreated mental health disorders and substance misuse and abuse have serious impacts on physical health and are associated with the prevalence, progression, and outcome of some of today's most pressing chronic diseases, including diabetes, heart disease, and cancer."[12] Despite the significant link between mental health and other health outcomes, in 2014, only around one-third of youth with mental illness and around one-half of adults with mental illness nationally had received mental health services in the last year.[13]

In the Community Themes and Strengths Assessment, five out of six PD10 localities ranked *mental health* and *alcohol and drug abuse prevention* (separate indicators) within their top five "opportunities for improvement." In the initial ranking of health priorities, four out of five locality CHA Councils included mental health and three out of five included *alcohol and drugs*. When these priorities were linked, *mental health and substance use* was identified as a top priority in all five CHA Councils.

This priority includes three key components for addressing mental health and substance use:

1. Reducing the need for hospitalization: This component recognizes the importance of improving mental health and substance use disorder service capacity and improving access to upstream outpatient care in order to prevent unnecessary behavioral health hospitalizations. In 2012, the overall behavioral health hospitalization rate per 100,000 residents was 586.8 in TJHD and 674.0 in Virginia. In both TJHD and Virginia, the most common diagnosis for behavioral health hospitalizations was affective psychoses. Residents of TJHD had higher rates of hospitalization for adjustment reaction, alcoholic dependence syndrome, and alcoholic psychoses than the Virginia state average but lower rates of affective psychoses and schizophrenic disorders.[14]

2. Promoting mental health through a stigma-free culture and availability of services: In facilitated discussions with locality CHA Councils, council members cited a lack of access to mental health and substance use services and noted that stigma associated with these issues may deter people from getting help. In TJHD, the ratio of mental health providers to population is lowest in Charlottesville with one mental health provider for every 116 individuals and highest in Louisa with one mental health provider for every 6,870 individuals.[15] According to TJHD's largest public provider of mental health and substance use services, the most commonly diagnosed illnesses among TJHD residents are depressive disorders, trauma/stress related disorders, and bipolar disorders which accounted for 34% of diagnoses in 2016. Of clients with a substance use disorder, more than half were alcohol-related disorders in 2016.[16]

3. Identifying and enacting policy, system, and environmental changes: It is well-recognized that mental health is shaped to a great extent by the social, economic, and physical environments in which people live.[17] Advocating for policy initiatives to expand access to behavioral health services, working with health systems and providers to expand integrated care, increasing the use of telehealth to treat patients in rural areas, and improving access to transportation are all examples of changes that could positively impact mental health and substance use.

Address Mental Health and Substance Use

Goal: Improve capacity to provide culturally and linguistically appropriate mental health and substance abuse prevention and treatment services.

Objective 1	Objective 2	Objective 3
By 2019, reduce the need for mental health and substance use disorder hospitalizations in TJHD through improved access to upstream outpaient care.	By 2019, increase the capacity of Community Mental Health and Wellness Coalition partners to provide mental health and substance use disorder services in TJHD by 10%.	By 2019, leverage partnerships across local coalitions to implement 3 to 5 policy, system, and environmental changes to prevent substance use disorders and promote mental health.

Charlottesville City / Albemarle County

Strategy 1: Increase culturally and linguistically appropriate mental health and substance abuse services by expanding integrated care, medication assisted treatment, and overall access to care.	**Strategy 2:** Implement a mental health and substance abuse public awareness and stigma reduction campaign and other policy, system, and environmental changes.	**Strategy 3:** Develop a culturally and linguistically appropriate behavioral health workforce and include opportunities for support from peer and family members with lived behavioral health experience.

Fluvanna County

Strategy 1: Create more adult peer support groups for addiction by connecting available facilities (including churches) with people who can implement the support groups.	**Strategy 2:** Participate in the Community Mental Health and Wellness Coalition to share resources and information and to work toward its district-wide goals, especially the public awareness and stigma reduction campaign.	**Strategy 3:** Increase service system capacity by bringing in additional psychiatrists or psychiatric nurses.

Greene County

Strategy: Participate in the Community Mental Health and Wellness Coalition to share resources and information and to work toward its district-wide goals.

Louisa County

Strategy: Conduct Mental Health First Aid trainings, especially within Louisa's faith community (over 110 churches).

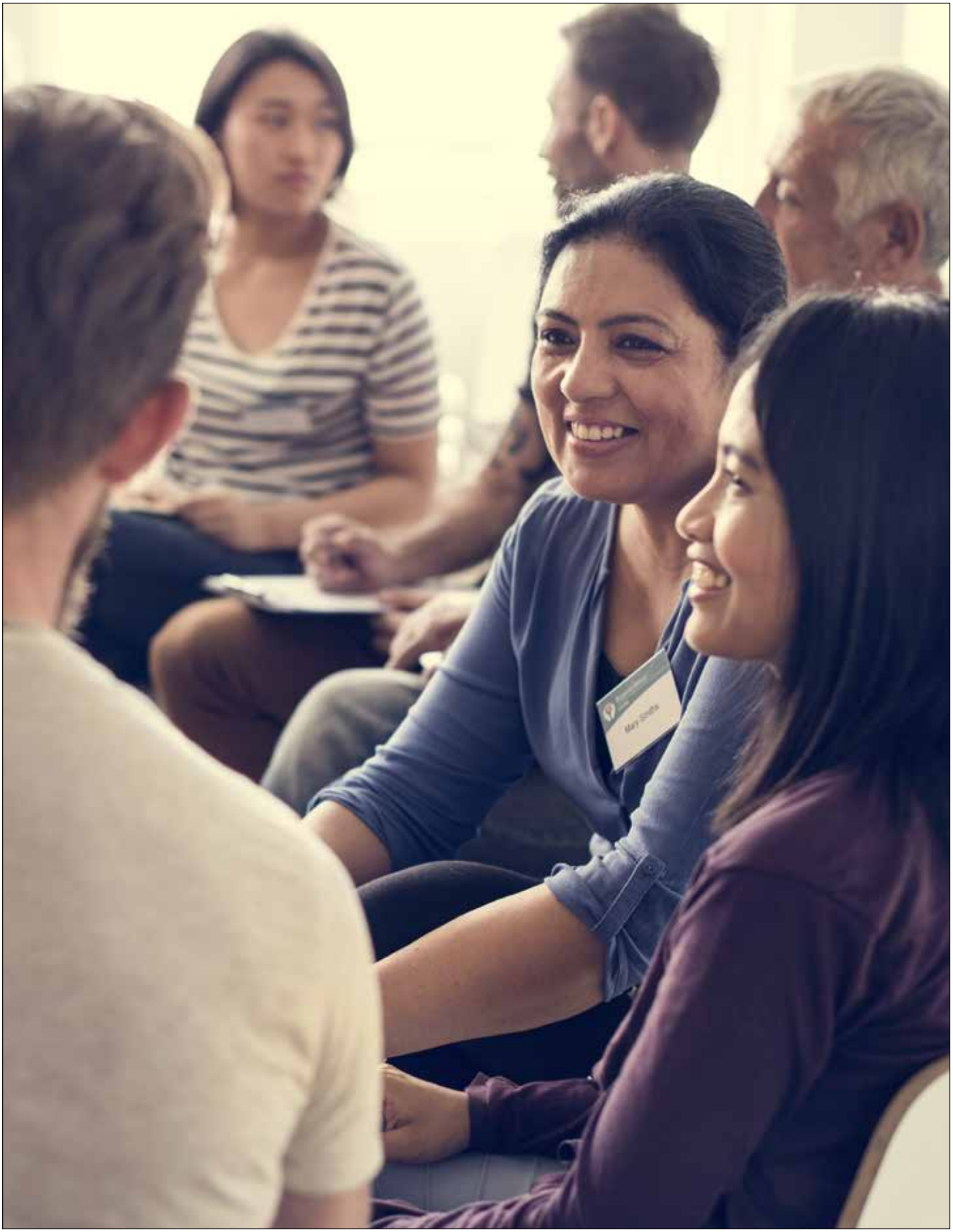
Nelson County

Strategy 1: Continue efforts to integrate primary and behavioral health care.

Strategy 2: Develop collaboration between schools and agencies serving/counseling youth.

Determinants Affecting this Priority

- Access to Healthcare (Behavioral/Mental Health)
- Diet/Nutrition
- Employment/Unemployment
- Genetic Factors
- Health Insurance
- Housing
- Individual Behavior
- Knowledge
- Physical Environment
- Policies
- Poverty
- Psychosocial/Family Stress
- Social Inequities
- Social Norms/Values
- Transportation



Community Health Priority:
Improve Health Disparities and Access to Care

Background

This is a new community health priority and is aligned with *Virginia's Plan for Well-being 2016-2020*. The *Plan for Well-being* states: "There are striking differences in health within and between communities in Virginia. Uncovering the root causes of health inequities in Virginia's neighborhoods and working together to improve the conditions needed for people to be healthy will improve well-being for all Virginians."[18]

Healthy People 2020 defines a health inequity, or disparity, as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion." To counter these health disparities and help improve the health of all groups, Healthy People 2020 also works to achieve health equity, which is "the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."[19]

In the Community Themes and Strengths Assessment, all six PD10 localities ranked *healthcare* within their top five "healthy strengths." However, two out of six PD10 localities also ranked *medical care access* within their top five "opportunities for improvement." When locality CHA Councils voted on their top five health priorities, two out of five councils selected *disparities in access/health disparities* and two out of five selected *health system hard to navigate/access to care.* This priority also relates directly to two of the four categories identified in the Forces of Change Assessment: *access* and *cultural diversity and cultural humility.* Both categories identified specific issues or potential barriers to success as well as specific opportunities for positive change.

This priority includes three key components for ensuring that everyone in the community has equitable access to the healthcare services and resources they need for a safe and healthy life:

1. Identifying and decreasing specific health disparities: Several examples of health disparities were noted in the CHA data. For example, mortality rates for African American residents in Virginia exceed those of white residents for heart disease, stroke, and diabetes.[20] In addition, low birth weight and infant mortality rates are higher for African Americans in TJHD as well as in Virginia.[21] These disparities may highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

2. Increasing health equity by improving access to care for everyone: Having a primary care provider or medical home is the first line of defense for addressing health problems before they start. A relationship with a medical home is associated with better health, lowered healthcare costs, and reductions in disparities in health between socially disadvantaged subgroups and more socially advantaged populations.[22] Healthy People 2020 established a goal to lower the percentage of people who do not have access to a primary care provider (<16.1%) as did the *Plan for Well-being* (<15%). TJHD (17.7%) is closer to reaching these goals than Virginia as a whole (22.5%).[23] However, CHA Councils in several localities noted access concerns such as a lack of awareness of resources, limited transportation to medical services and/or a medical home, and difficulty navigating available services.

3. Increasing the diversity of providers and fostering cultural humility within the healthcare workforce: Professional development in cultural humility is a practice that highlights health and community inequities with the goal of decreasing disparities. Cultural humility describes an approach to care in which practitioners become aware of cultures other than their own, recognize their own implicit biases, and cultivate sensitivity toward those from diverse backgrounds. In the Forces of Change Assessment and in developing this priority, the Leadership Council recognized the importance of cultural humility as well as employing a workforce that is representative of the diverse community served so that residents from all backgrounds increase their trust in and utilization of the healthcare system.

Improve Health Disparities and Access to Care

Goal: Increase health equity and narrow the gap for health conditions through outreach and education to healthcare providers and community members.

Objective 1	Objective 2	Objective 3
By 2019, identify up to three health conditions with marked disparities and reduce the disparities.	By 2019, decrease the 2010–2014 TJHD African American infant mortality rate from 10.6 to 5.0 infant deaths per 1,000 live births.	By 2019, support TJHD employers and community partners to develop cultural humility and workforce diversity to ensure that all citizens have the opportunity to achieve the highest level of health.

Charlottesville City / Albemarle County

Strategy 1: Pick one or two concrete health disparities to improve (while still maintaining pregnancy outcomes).	**Strategy 2:** Develop an effective coalition around improving health disparities to guide progress toward achieving this goal.	**Strategy 3:** Explore best practices to ensure a medical home for everyone.	**Strategy 4:** Create a healthcare workforce that reflects the diversity of the community.

Fluvanna County

Strategy 1: Have a Fluvanna County representative actively participate in the newly developed coalition that will address this goal.	**Strategy 2:** Increase public awareness that Medicaid patients have access to free medical transportation to and from medical appointments.

Greene County

Strategy: Have a Greene County representative actively participate in the newly developed coalition that will address this goal.

Louisa County

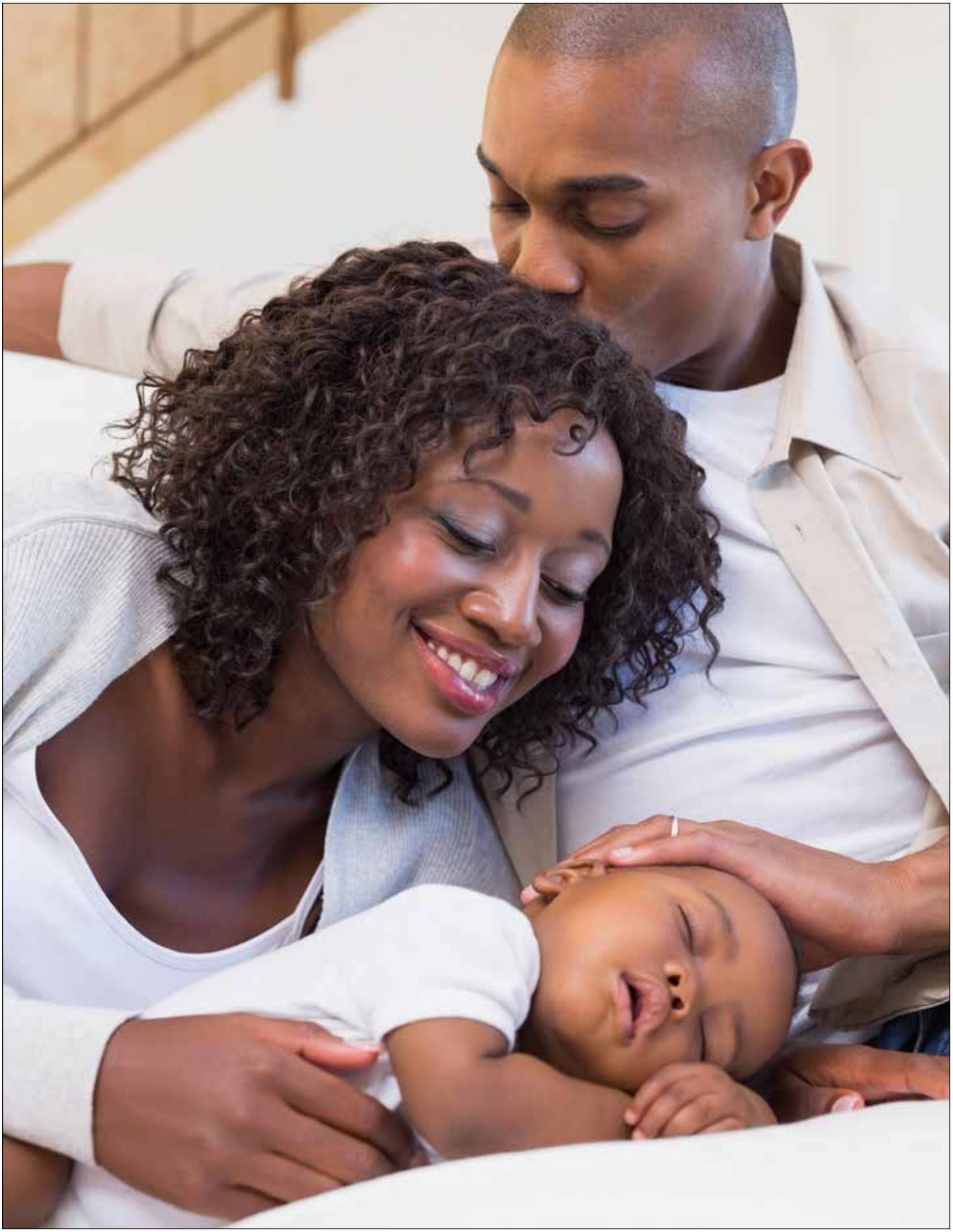
Strategy 1: Expand access to dental care services.	**Strategy 2:** Increase awareness of primary care options in Louisa County.	**Strategy 3:** Host the Community Extravaganza twice each year.	**Strategy 4:** Create a Facebook page to inform the community about health improvement efforts.	**Strategy 5:** Identify a champion for each goal to drive efforts toward achieving goals.

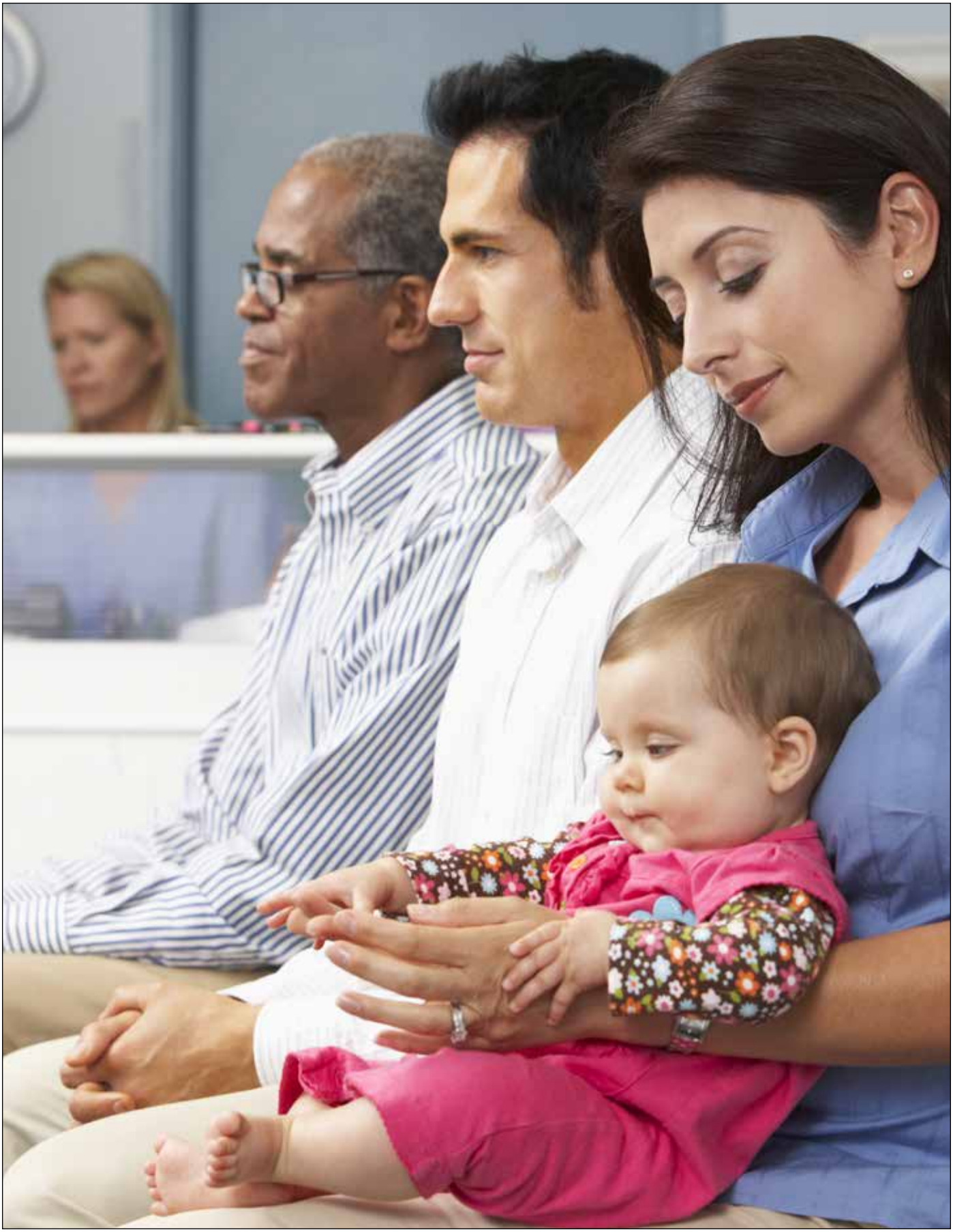
Nelson County

Strategy 1: Explore the possibility of using volunteer drivers to increase transportation services.	**Strategy 2:** Focus efforts on child safety by strengthening connections and communication between organizations and programs.

Determinants Affecting this Priority

- Access to Healthcare
- Diet/Nutrition
- Employment/Unemployment
- Genetic Factors
- Health Insurance
- Housing
- Individual Behavior
- Knowledge
- Physical Activity
- Physical Environment
- Policies
- Poverty
- Psychosocial/Family Stress
- Racism
- Social Inequities
- Social Norms/Values
- Transportation





Community Health Priority:
Foster a Healthy and Connected Community

Background

This is a new community health priority and is aligned with *Virginia's Plan for Well-Being 2016-2020.* The *Plan for Well-Being* states that "improving environmental and social conditions at the neighborhood level provides a greater opportunity for all Virginians to be healthy. Communities can improve health by considering implications to health when developing policies and systems related to education, employment, housing, transportation, land use, economic development, and public safety."[24]

In the Community Themes and Strengths Assessment, all six PD10 localities ranked *children and youth services* and three out of six ranked *aging services* within their top five "opportunities for improvement." Three of six localities ranked *local schools* and two of six ranked *safe streets* within their top five "healthy strengths." As locality CHA Councils voted on their top five priority areas, *children and youth* and *aging* (separate categories) were both selected in three out of five CHA Councils. Discussions in several CHA Councils centered around the need for education surrounding healthy relationships and a trauma-informed approach to care for victims of sexual violence.

The World Health Organization also offers guidance and measures around life-course health issues that focus on well-being at various stages of life. The four stages are: (1) maternal and newborn health; (2) child and adolescent health; (3) sexual and reproductive health; and (4) healthy aging. This priority is focused on the child and adolescent health and healthy aging life stages. The maternal and newborn health stage is reflected under Objective 2 of the Improve Health Disparities and Access to Care priority which is focused on decreasing the African American infant mortality rate in TJHD.

This priority includes two key components for fostering a healthy and connected community:

1. Child and adolescent health: Childhood experiences, both positive and negative, have a tremendous impact on lifelong health and opportunity. Adverse Childhood Experiences (ACEs) are forms of abuse, neglect, and household challenges which may disrupt a child's neurological development and impair social, emotional, and cognitive development. ACEs have been linked to risky health behaviors—including substance abuse, poor diet, and lack of physical activity—as well as chronic health conditions such as obesity, diabetes, and COPD.[25] From 2012 to 2014, there was a decrease in the availability of childcare slots in TJHD,[26] leaving children vulnerable to poor or inadequate care. High quality childcare with developmentally appropriate activities was cited as a priority by CHA Council members in several localities. Other priorities cited for children and youth included healthy eating, recreation and exercise, and trauma-informed care for children experiencing any form of violence or bullying, as well as resources to support parents and families.

2. Healthy aging: According to the 2010 U.S. Census, nearly 43% of residents age 75 and older in TJHD live alone.[27] The U.S. Census estimates that in 2014, approximately 1,200 TJHD residents age 75 and older (8.3%) were living below the poverty line.[28] Living alone and/or in poverty can increase social isolation, limit transportation options, and require additional medical supports among the elderly to ensure a healthy life. These factors can also contribute significantly to the rate of falls and other forms of unintentional injury. Nearly half of all injury hospitalizations in TJHD are caused by falls. Since 2007, the hospitalization rate for falls is at least five times greater for those older than 65 than for those of all ages.[29]

Foster a Healthy and Connected Community

Goal: Increase well-being across the lifespan by supporting education, prevention, advocacy, and evidence-based programming.

Objective 1	Objective 2	Objective 3
By 2019, decrease the founded/substantiated child and adult abuse and neglect report rates.	By 2019, strengthen healthy relationships across the lifespan through expansion and implementation of evidence-based programing.	By 2019, decrease the rate of unintentional injury hospitalizations due to falls.

Charlottesville City / Albemarle County

Strategy 1: Expand evidence-based programs for promoting healthy relationships and decreasing sexual assault. Expand trauma-informed approaches to care and develop strategies and training to promote healthy relationships and resilience.	**Strategy 2:** Implement a measurement of wellness across the age continuum (look to WHO model, structure and benchmarks).	**Strategy 3:** Provide a handout on parenting skills and resources when every child enters school.

Fluvanna County

Strategy 1: Explore collaboration with pastors to develop a faith coalition to support meeting the community's needs.	**Strategy 2:** Develop a Faith Day that allows the community to gather, discuss, and learn about health and social issues.	**Strategy 3:** Provide a handout on parenting skills and resources when every child enters school.

Greene County

Strategy 1: Help childcare providers to strengthen programming through the inclusion of educational and physical activities to help children thrive and blossom.	**Strategy 2:** Consider implementing the Coordinated Approach to Child Health (CATCH) program to increase activity in after-school programs.	**Strategy 3:** Implement an evidence-based parenting program.

Louisa County

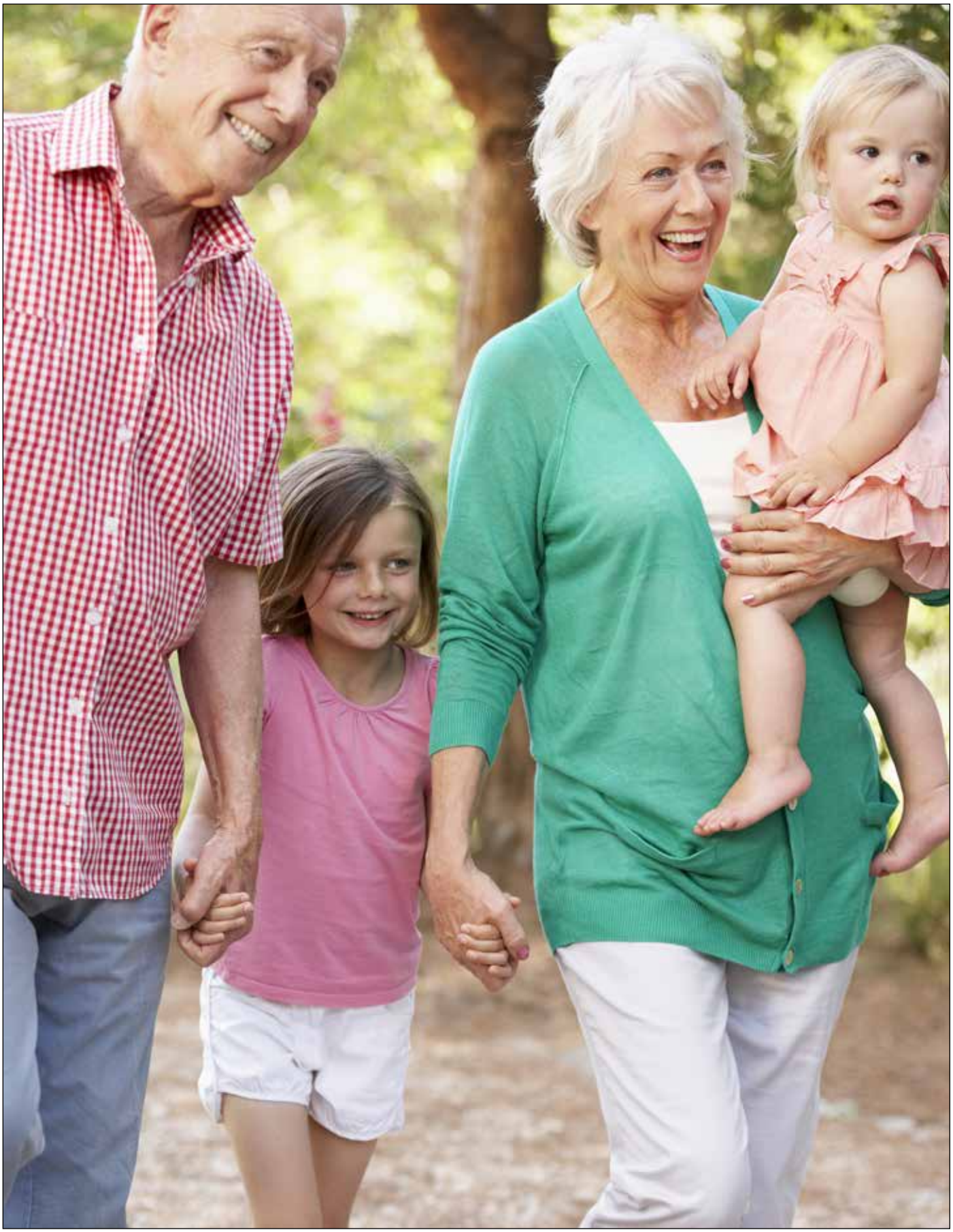
Strategy 1: Implement and/or expand evidence-based parenting classes in a neutral location such as schools to avoid stigma.	**Strategy 2:** Have parenting classes partner with churches to reach more parents.

Nelson County

Strategy 1: Bring the *Tuesday's Table* model to Nelson such as by providing a free healthy dinner at a school with presentations on healthy eating, family education, etc.	**Strategy 2:** Collaborate with the schools to host family-friendly education and community events.

Determinants Affecting this Priority

- Access to Healthcare
- Diet/Nutrition
- Employment/Unemployment
- Food Security
- Genetic Factors
- Health Insurance
- Housing
- Illness
- Individual Behavior
- Knowledge
- Physical Environment
- Policies
- Poverty
- Psychosocial/Family Stress
- Social Inequities
- Social Norms/Values
- Transportation



Endnotes

[1] Healthy People 2020. (2016). Determinants of Health. Retrieved December 2, 2016 from *https://www.healthypeple.gov/2020/about/foundation-health-measures/Determinants-of-Health*

[2] Virginia Department of Health. (2016). Virginia's Plan for Well-Being 2016-2020. Retrieved November 27, 2016 from *http://virginiawellbeing.com/*

[3] Centers for Disease Control and Prevention. (2014). National Health Report Highlights. Retrieved November 18, 2016 from *https://www.cdc.gov/healthreport/publications/compendium.pdf*

[4] Virginia Department of Health. (2016). Virginia Behavioral Risk Factor Surveillance System, Percentage of Obese Adults Aged 20 and Older, 2000–2010 and 2011–2014.

[5] Centers for Disease Control and Prevention. (2014). National Health Report Highlights. Retrieved November 18, 2016 from *https://www.cdc.gov/healthreport/publications/compendium.pdf*

[6] Nelson County School System. (2016). Percent of Fifth and Tenth Graders Enrolled in Public Schools in Locality who are Overweight or Obese, 2008–2011.

[7] City of Charlottesville and Albemarle County School Systems. (2016). Overweight and Obese 5th Grade Students, 2004–2014.

[8] Centers for Disease Control and Prevention. (2016). Youth Risk Behavior Survey. Percent of High School Students (Grades 9–12) Who Did NOT Eat Vegetables in the Past Seven Days Prior to Survey, 2011–2013.

[9] County Health Rankings and Roadmaps. (2016). 2016 County Health Rankings Virginia. Retrieved November 18, 2016 from *http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2016_VA.pdf*

[10] County Health Rankings and Roadmaps. (2014). Health Factors and Health Behaviors.

[11] Johns, D. J., Hartmann-Boyce, J., Jebb, S. A., & Aveyard, P. (2014). Diet or exercise interventions vs combined behavioral weight management programs: A systematic review and meta-analysis of direct comparisons. Journal of the Academy of Nutrition and Dietetics, 114(10), 1557–1568. doi:10.1016/j.jand.2014.07.005.

[12] Virginia Department of Health. (2016). Virginia's Plan for Well-Being 2016-2020. Retrieved November 18, 2016 from *http://virginiawellbeing.com/*

[13] Center for Behavioral Health Statistics and Quality. (2015). 2014 National Survey on Drug Use and Health: Detailed Tables. Retrieved November 18, 2016 from *http://www.samhsa.gov/data/*

[14] Virginia Atlas of Community Health. (2016). Behavioral Health Hospital Discharge Profile (January 1–December 21, 2012). Retried November 30, 2016 from *http://atlasva.org/hpd-10/*

[15] County Health Rankings and Roadmaps. (2016). Virginia: Ranked Measures.

[16] Region Ten Community Services Board. (2016). FY2016 consumer Data. Retrieved November 29, 2016 from *http://regionten.org/about-us/key-documents/*

[17] World Health Organization. (2014). Retrieved November 29, 2016 from *http://apps.who.int/iris/bitstream/10665/112828/1/9789241506809_eng.pdf?ua=1*

[18] Virginia's Plan for Well-Being. (2016). Retrieved November 27, 2016 from *http://virginiawellbeing.com/*

[19] Healthy People 2020. (2016). Retrieved November 27, 2016 from *https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities*

[20] Virginia Department of Health, Division of Health Statistics, 2000–2010. Centers for Disease Control and Prevention, National Center for Health Statistics. CDC Online WONDER Database, 2011–2013.

[21] Virginia Department of Health (2016). Division of Health Statistics.

[22] Starfield, Barbara, and Shi, Leiyu. (2004). The Medical Home, Access to Care, and Insurance: A Review of Evidence. Pediatrics. Retrieved November 27, 2016 from *http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-primary-care-policy-center/Publications_PDFs/2004%20Pediatrics.pdf*

[23] Community Commons Report. (2015).

[24] Virginia's Plan for Well-being. (2016). Retrieved November 18, 2016 from *http://virginiawellbeing.com/*

[25] Felitti, VJ et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine.* May;14(4):245-58.

[26] Virginia Department of Social Services and U.S. Census Bureau. (2016).

[27] U.S. Census Bureau. (2010). 2010 Census. Retrieved November 17, 2016 from *http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml*

[28] U.S. Census Bureau. (2014). American Community Survey. Retrieved November 17, 2016 from *http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml*

[29] Virginia Department of Health. (2014). Virginia Online Injury Reporting System.