

# 2016 MAPP2HEALTH UPDATE

## Community Health Improvement Plan

### Virginia Planning District 10 • Thomas Jefferson Health District

City of Charlottesville and Albemarle, Fluvanna, Greene, Louisa & Nelson Counties

In 2012, community leaders in Virginia's Planning District 10 (PD10), also called the Thomas Jefferson Health District (TJHD), developed a plan, **MAPP2Health**, to work collaboratively to improve the health of residents. The comprehensive plan is available at [www.tjhd.org](http://www.tjhd.org) under *Community Health Improvement Plan*. This update presents the most recent data available in 2016. This will be the final update of the 2012 MAPP2Health plan with all future reports focused on the 2016 MAPP2Health plan.

#### PD10 (TJHD) Community Health Priority Issues to Address

1. An increasing rate of obesity
2. Insufficient access to mental health and substance abuse services for segments of the population
3. Large and insufficient prenatal care and racial disparities in pregnancy outcomes
4. Tobacco use above the Healthy People 2020 goal

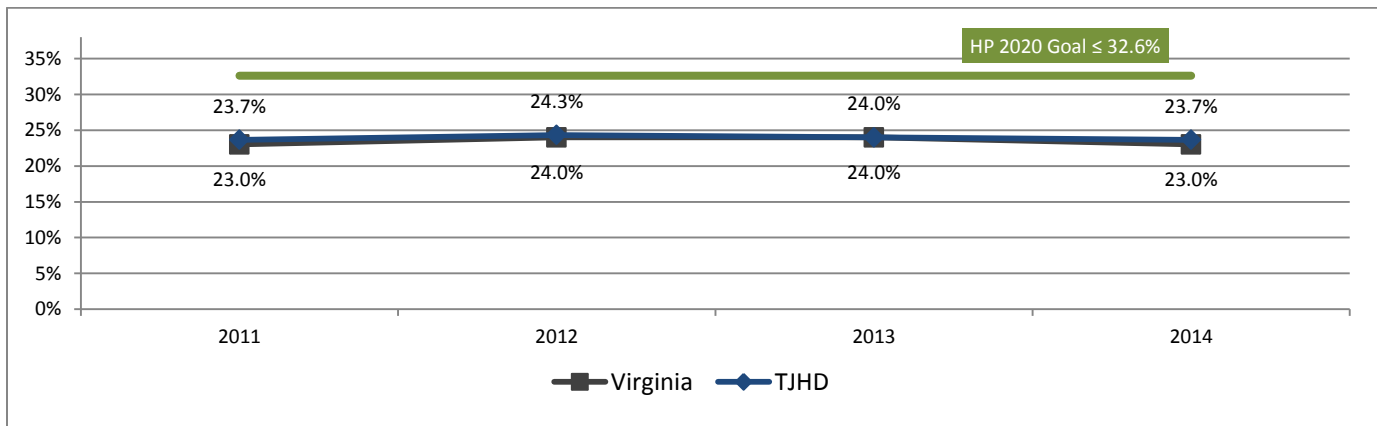
#### Community Health Issue #1: An increasing rate of obesity

Strategies adopted to address this issue include:

- Encourage and support schools to implement comprehensive wellness policies
- Encourage and support employers to implement comprehensive wellness programs
- Organize and launch the Move2Health (M2H) campaign to encourage PD10 (TJHD) residents to be more active

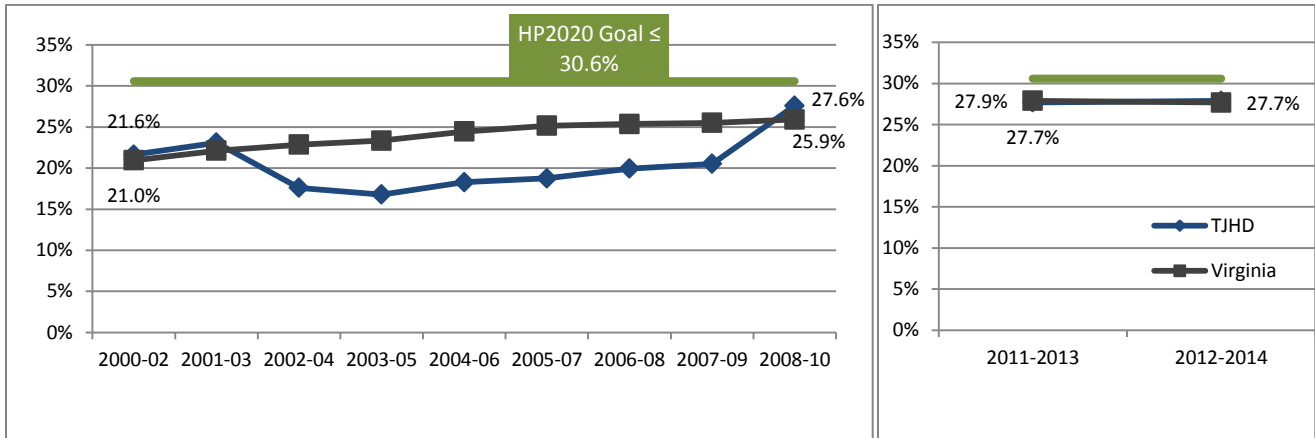
**Objective 1: By 2017, reduce the percentage of adults living in PD10 who are physically inactive from 24% to 20%.**

The percentage of adults in PD10 (TJHD) who are physically inactive has been stable since 2011 at approximately 24%. While the percentage for 2014 is above TJHD's goal of 20%, it is below the Healthy People 2020 goal of 32.6%. The Move2Health Campaign recently received a grant to enact wellness policies in schools and worksites within the district.



Percent of Adults Aged 20 and Older Reporting No Leisure Time Physical Activity, TJHD and Virginia, 2011–2014. Source: County Health Rankings Health Factors, Health Behaviors, Physical Inactivity, 2016.

**Objective 2: By 2017, stop the trend of the percentage of PD10 residents who are overweight or obese from increasing.** The percentage of obese adults in PD10 (TJHD) decreased from 31.5% in 2009-10 to 27.7% in 2011-12 and has remained steady since then.



Percentage of Obese Adults (self-reported BMI >300 Aged 20 and Older, TJHD and Virginia, Three-Year Rolling Averages, 2000–2010 and 2011–2014. Source: Virginia Department of Health, Virginia Behavioral Risk Factor Surveillance System, 2016.

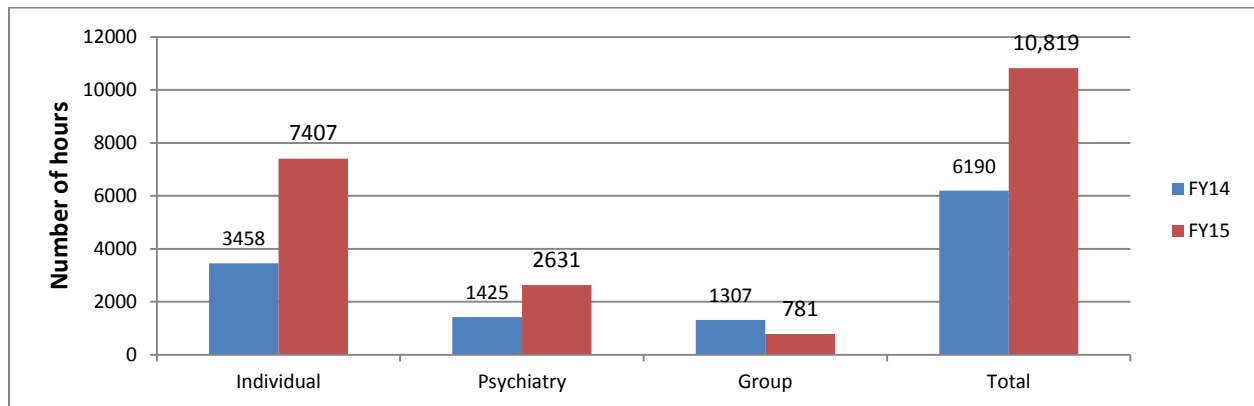
**Community Health Issue #2: Insufficient access to mental health and substance abuse services**

Strategies adopted to address this issue include:

- Establish a system to collect and track the number of Community Mental Health and Wellness Coalition (CMHWC) agencies’ service hours
- Promote the integration of behavioral health services into primary care settings
- Develop, conduct and promote culturally competent educational programs, such as Mental Health First Aid USA, to reduce the stigma and fears that prevent individuals from seeking mental health services

**Objective 1: By 2017, increase access to mental health services in PD10 by increasing the number of mental health service hours provided by Community mental Health and Wellness Coalition (CMHWC) member agencies.**

The CMHWC member agencies (Charlottesville Free Clinic, On Our Own, Region Ten, The Women’s Initiative and Thrive) provided 10,819 mental health service hours, with most of those hours for individual sessions in Fiscal Year 2015.



Community Mental Health & Wellness Coalition.

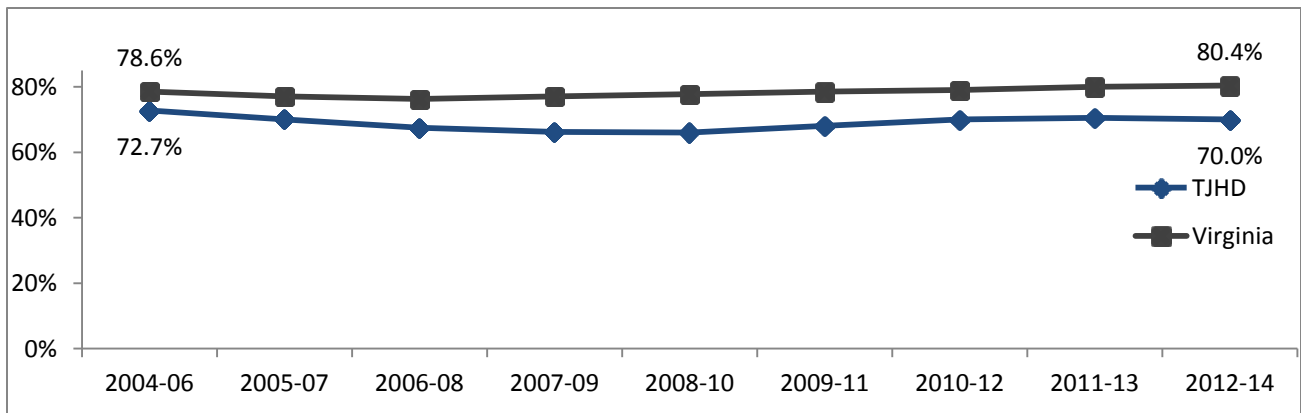
**Objective 2: By 2017, among PD10 residents decrease stigma and fears associated with mental health, as demonstrated through pre/post surveys from educational programs.** During FY16, the Region Ten Community Service Board trained 163 people in the adult Mental Health First Aid, and 152 in the youth Mental Health First Aid. This is a slight decrease over the 364 people trained in FY14.

### Community Health Issue #3: Late and insufficient prenatal care and racial disparities in pregnancy outcomes

#### Strategies adopted to address this issue include:

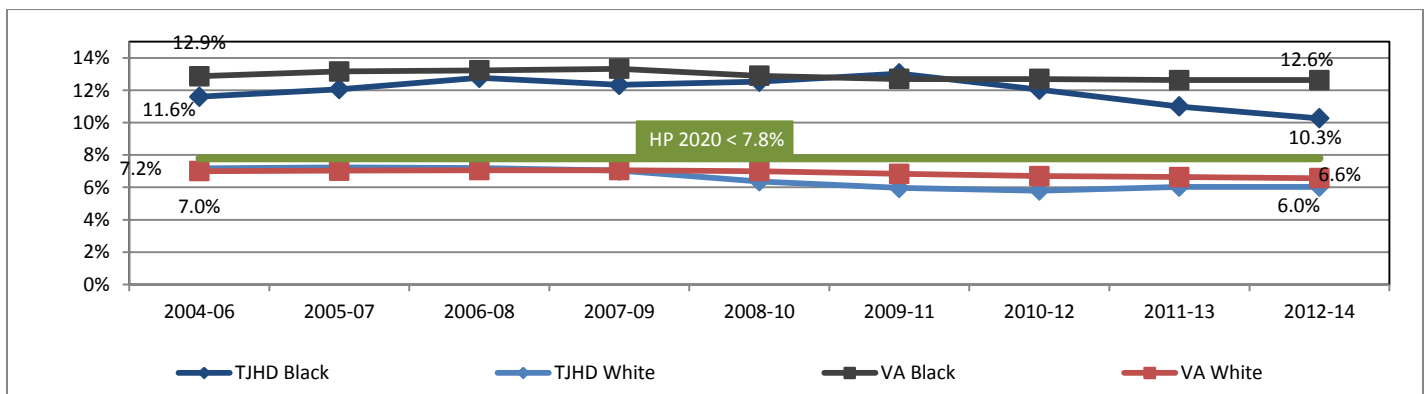
- Conduct research on why vulnerable populations of women are not receiving and accessing available prenatal care services
- Work with PD10 (TJHD) prenatal care providers to overcome barriers identified in research
- Increase awareness among vulnerable women of childbearing age about the importance of taking steps to improve health before becoming pregnant and steps to take to improve the likelihood of having a healthy pregnancy
- Develop and promote peer-based health navigator services for pregnant women

**Objective 1: By 2017, increase the percentage of pregnant women who receive ten or more prenatal care visits from 66% to 75% of PD10 pregnant women.** From 2012–2014, an average of 70% of mothers in TJHD received at least 10 prenatal care visits which was a decrease from an average of 72.7% from 2004–2006. The percentage of pregnant mothers in TJHD receiving at last 10 prenatal care visits was consistently lower than the average across Virginia from 2004–2014.



Percentage of PD10 (TJHD) Mothers Who Had 10 or More Prenatal Care Visits, TJHD and Virginia, 3-Year Rolling Average, 2004–2014. Source: Virginia Department of Health, Division of Health Statistics, 2016.

**Objective 2: By 2017, decrease the percentage of low birth weight black infants born to mothers living in PD10 from 12.5% to 10%.** The percent of LBW births decreased to 10.3% among black babies born in TJHD from 2009–2011 to 2012–2014 while it remained at just over 12% in Virginia. The LBW birth among white babies born in TJHD and Virginia remained around 6%.



Percent Low Birth Weight Births by Race Out of Total Live Births By Place of Residence, TJHD and Virginia, 3-Year Rolling Averages, 2004–2014. Source: Virginia Department of Health, National Center for Health Statistics, 2016.

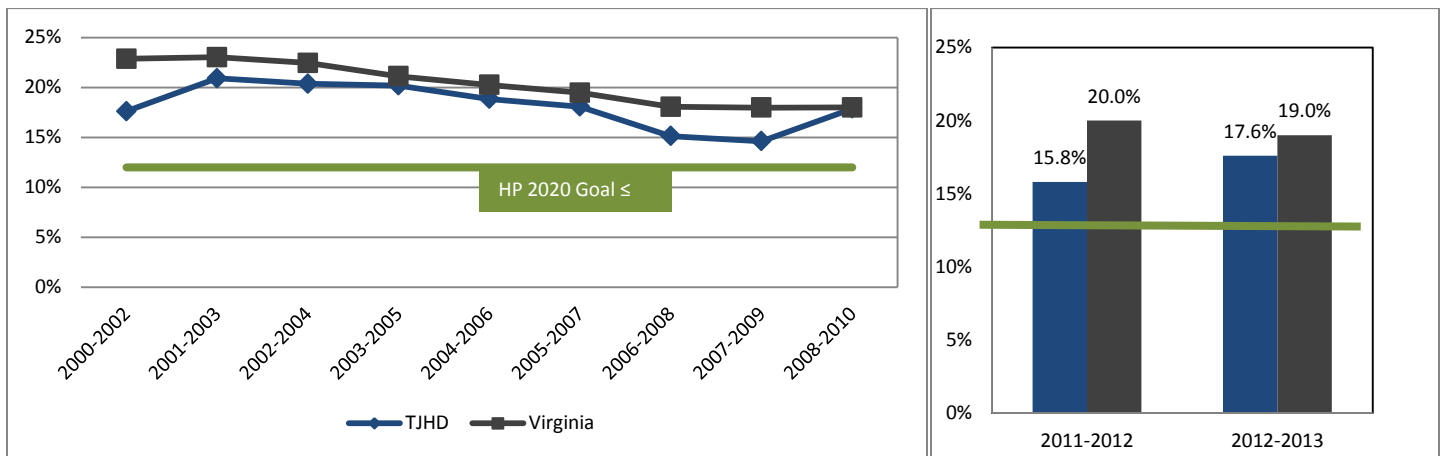
**Objective 3: By 2017, increase the enrollment in Plan First by 5% in PD10.** Within PD10 (TJHD), Plan First enrollment increased by 40% from Fiscal Year (FY) 12 to FY13 and increased by 146% from FY13 to FY14. Updated enrollment for FY15 is not available.

## Community Health Issue #4: Tobacco Use above the Healthy People 2020 Goal.

### Strategies adopted to address this issue include:

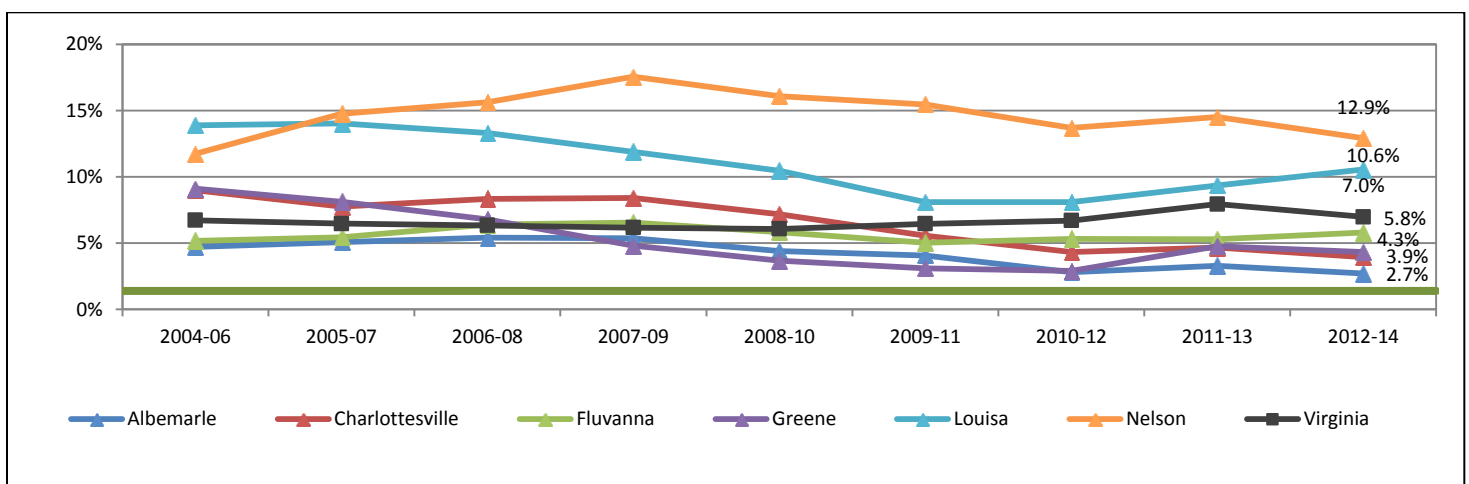
- Collect data to better understand the attitudes and behaviors that encourage young people to start smoking
- Evaluate current smoking cessation programs for their effectiveness in decreasing tobacco use
- Develop and/or promote more smoking cessation classes for PD10 (TJHD) residents
- Educate clinical providers in PD10 (TJHD) about evidence-based patient interventions that were shown to increase tobacco cessation and promote their use

**Objective 1: Decrease the percentage of individuals who use tobacco in PD10.** The percentage of adult smokers in PD10 (TJHD) decreased from 23.6% in 2009-10 to 17.6% in 2011-13.



Virginia Department of Health, Office of Family Health Services, Virginia Behavioral Risk Factor Surveillance System, 2014. \*In 2011, BRFSS introduced a new sampling scheme with changes in methodology and weighting procedures that prohibits combining the year 2011 and onward with 2010 and prior data years.

**Objective 2: By 2017, decrease the percentage of pregnant women who report smoking from 7.5% to 6% of PD10 pregnant women.** The percentage of mothers who reported smoking during pregnancy has remained higher than the Healthy People 2020 goal of 1.4% in all PD10 (TJHD) localities. Nelson (12.9%) had the highest percentage of pregnant mothers who reported smoking and Albemarle (2.7%) had the lowest percentage among PD10 (TJHD) localities.



Percent of Live Births to Mothers Who Reported Smoking during Pregnancy, TJHD Localities and Virginia, 3-Year Rolling Averages, 2004–2014. Source: Virginia Department of Health, Division of Health Statistics, 2016.