

2015 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 2011 and 2012 community leaders across all sectors in Virginia's Planning District 10 (PD10), also called the Thomas Jefferson Health District (TJHD), developed a plan of action, **MAPP2Health**, to work collaboratively to improve the health of PD10 (TJHD) residents. The comprehensive plan is available at www.tjhd.org under *Data*. This update presents data released since the plan was adopted.

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

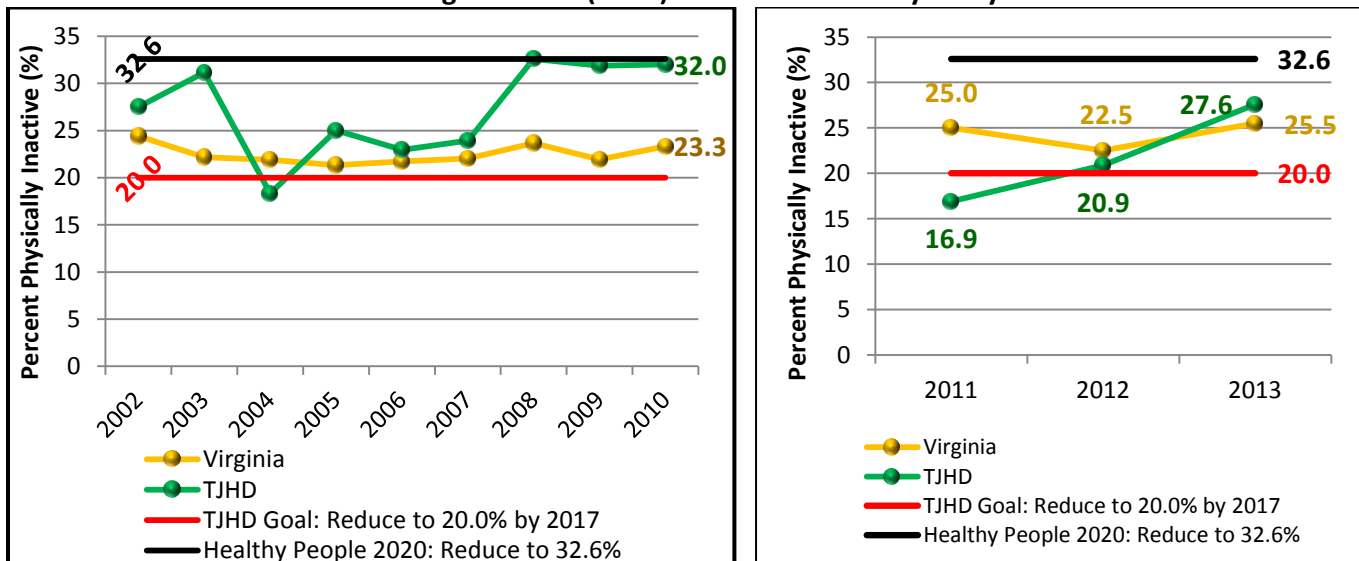
Strategies adopted to address this issue include:

- Encourage and support schools to implement comprehensive wellness policies
- Encourage and support employers to implement comprehensive wellness programs
- Organize and launch a district-wide 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** increased from 16.9% in 2011 to 27.6% in 2013. While the percentage for 2013 is above TJHD's goal of 20%, it is below the Healthy People 2020 goal of 32.6%. Note, due to small sample size, the 95% confidence interval for 2013 data is wide (19.9, 35.2).

Percentage of PD10 (TJHD) Adults who are Physically Inactive[¥]

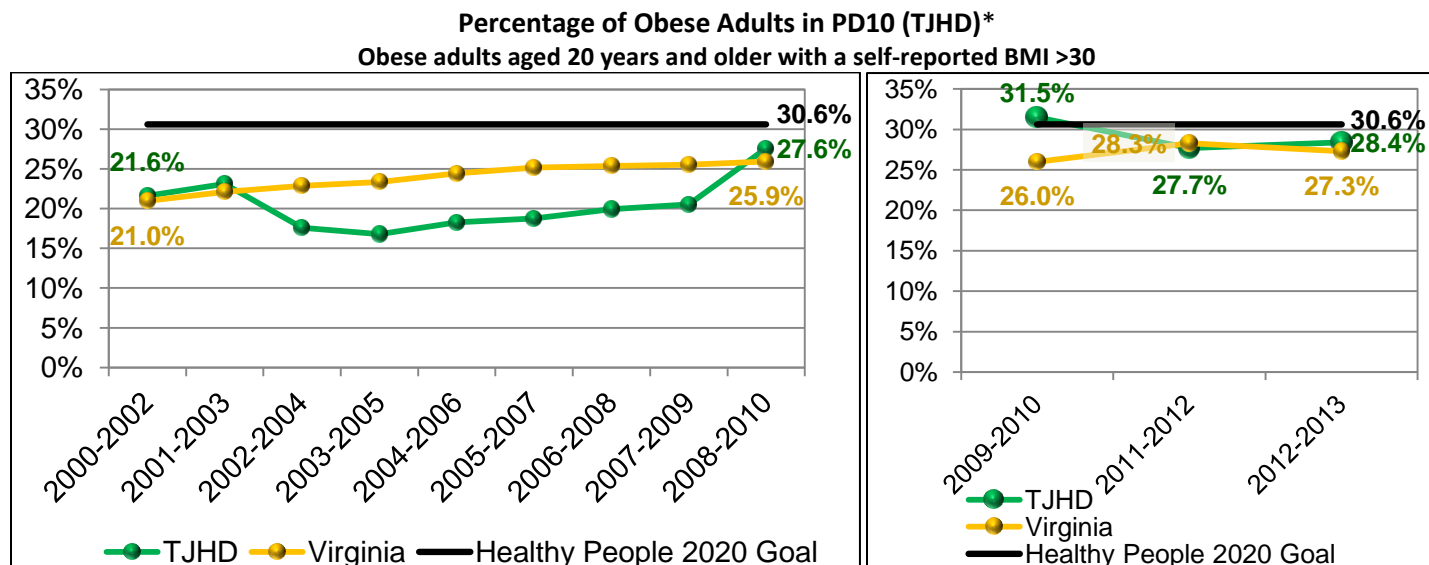


Source: Behavioral Risk Factor Surveillance Study, Virginia Department of Health. Updated 1/13/2015.

[¥]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, 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, but then increased slightly to 28.4% in 2012-13.



Source: Virginia Department of Health, Office of Family Health Services, Virginia Behavioral Risk Factor Surveillance System. Updated 1/26/15.
 *In 2011, a new sampling scheme was introduced with changes in methodology and weighting procedures in BRFSS data collection that disallows combining 2011 and onward with 2010 and prior data years.

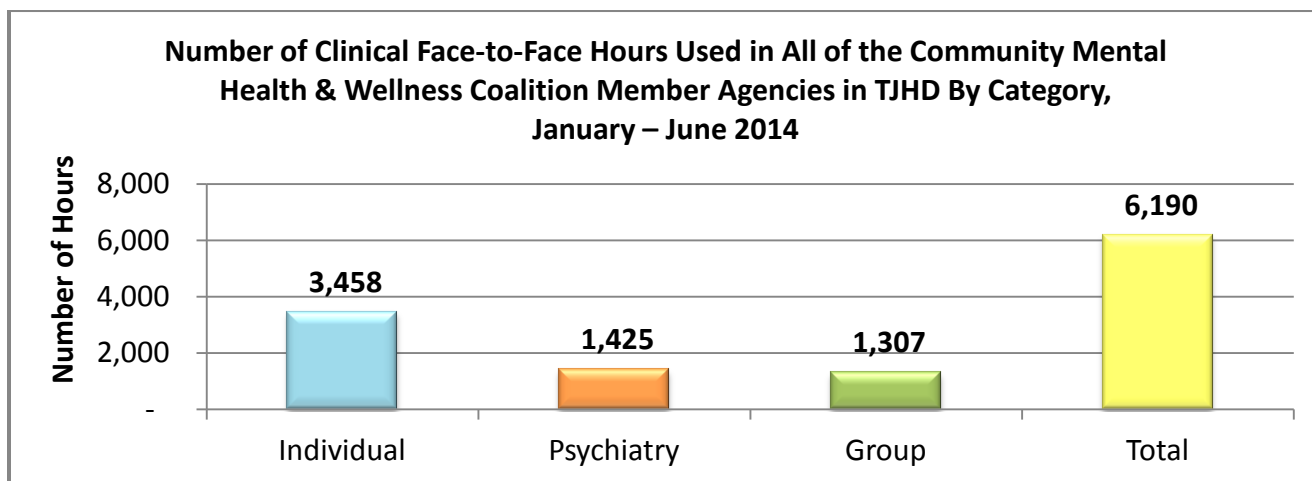
Community Health Issue #2: Insufficient access to mental health and substance abuse services

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 provided 6,190 mental health service hours, with most of those hours for individual sessions, between July and December of Fiscal Year 2014.



Source: Community Mental Health & Wellness Coalition. Note: New Data Metric.
 CMHWC Member agencies included Charlottesville Free Clinic, On Our Own, Region Ten, The Women's Initiative, and Thrive

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 FY14, the Region Ten Community Service Board trained 364 people in Mental Health First Aid.

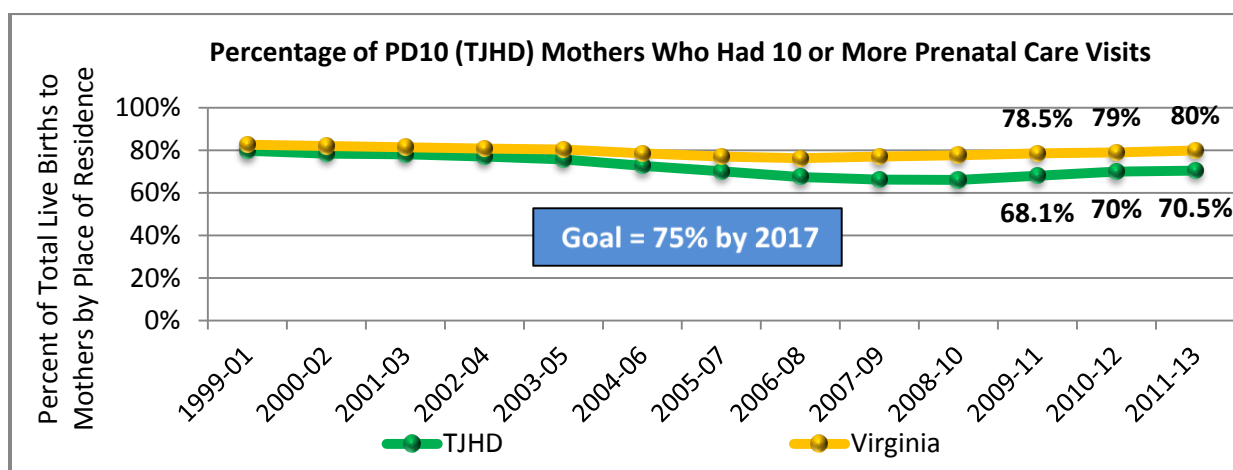
Community Health Issue #3: Late and insufficient prenatal care and racial disparities in pregnancy outcomes

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.

The percentage of pregnant women who received ten or more prenatal care visits in PD10 (TJHD) increased from 68.1% in 2009-2011 to 70.5% in 2011-13.

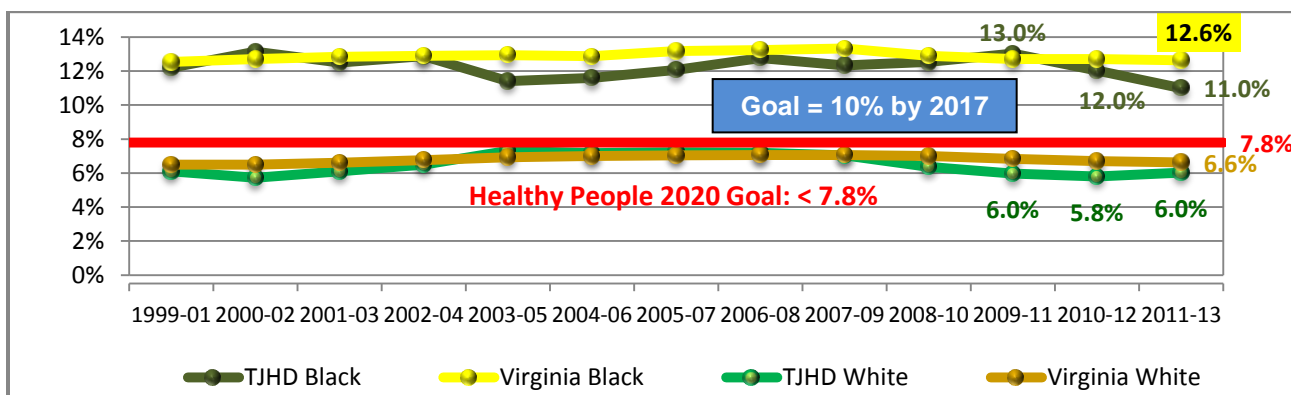


Source: Virginia Department of Health, Division of Health Statistics. Updated 3/1/15.

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 percentage of low birth weight black infants in PD10 (TJHD) decreased from 13.0% in 2009-11 to 11.0% in 2011-13.

Percentage of PD10 (TJHD) Low-Weight Births by Race



Source: Virginia Department of Health, Division of Health Statistics. Updated 3/1/15.

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.**

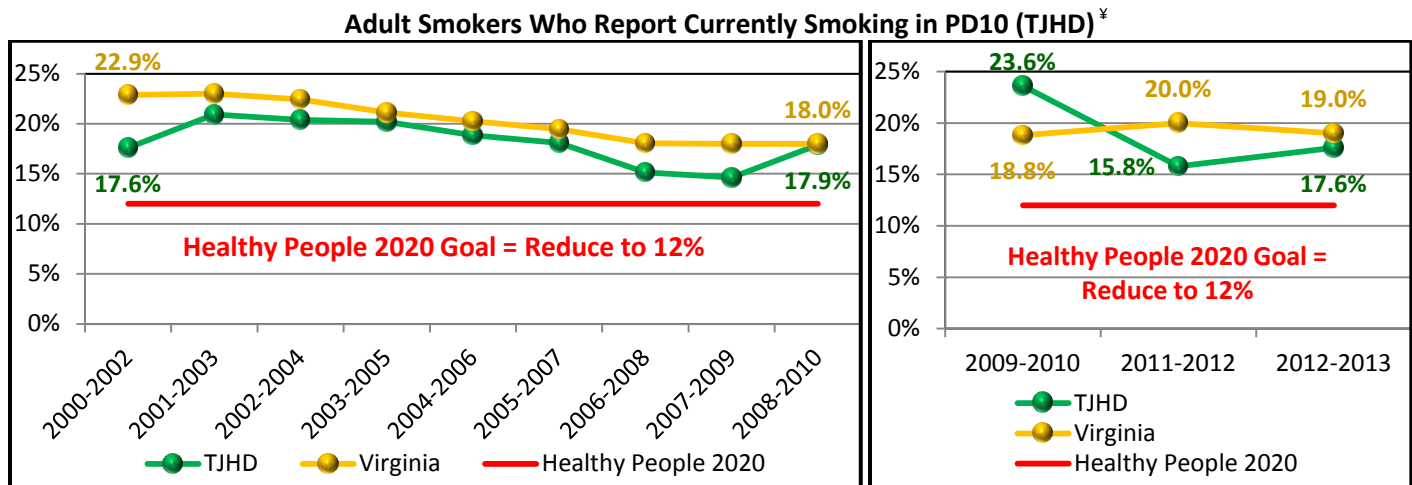
Community Health Issue #4: Tobacco Use above the Healthy People 2020 Goal.

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.

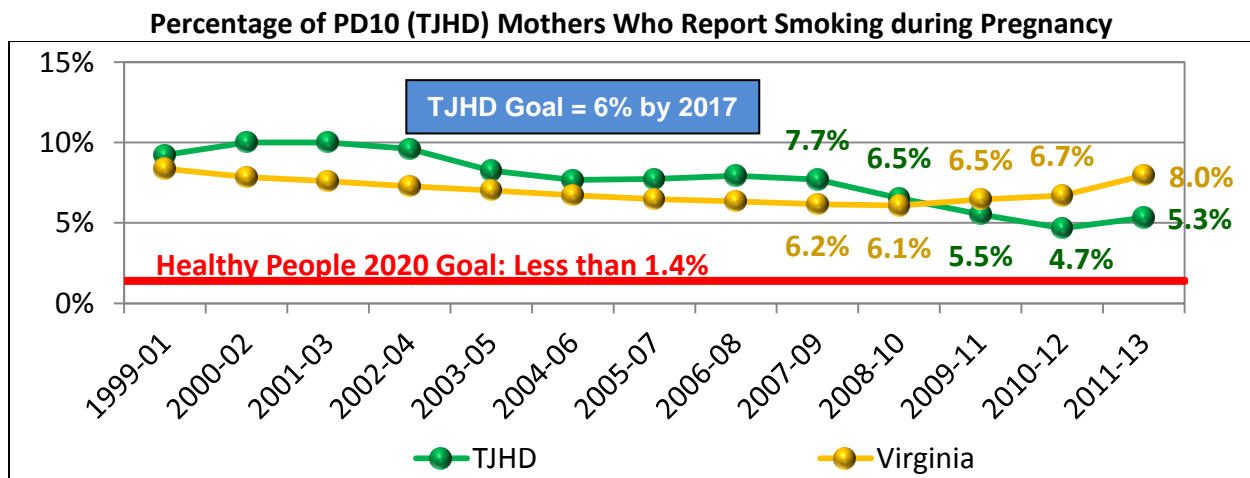
The percentage of **adult smokers in PD10 (TJHD) decreased from 23.6% in 2009-10 to 17.6% in 2012-13.**



Source: Virginia Department of Health, Office of Family Health Services, Virginia Behavioral Risk Factor Surveillance System. Updated 12/26/2014.
 *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 births to mothers who **smoked during pregnancy in PD10 (TJHD) decreased from 7.7% in 2007-09 to 5.3% in 2011-13.**



Source: Virginia Department of Health, Division of Health Statistics, compiled by the Office of Family Health Services, Division of Child and Family Health, Women's and Infant Health Programs, 1999-2013. Updated 3/1/15.