



MAPP2Health

2016–2019 Community Health Improvement Plan

2019 Update

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

*The City of Charlottesville and Albemarle, Fluvanna, Greene, Louisa,
and Nelson Counties*

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The National Association of County and City Health Officials’ (NACCHO) *Mobilizing for Action through Planning and Partnerships* (MAPP) provides a framework for organizations, coalitions, and residents to work together for action and sustainable change toward improved health and well-being for all. Our community’s most recent collective community health improvement plan (MAPP2Health)—published in December 2016—called for action across four distinct priorities:

- Promote healthy eating and active living
- Address mental health and substance use
- Reduce health disparities and improve access to care
- Foster a healthy and connected community for all ages

Since the initial publication of the *2016 MAPP2Health Report*, dozens of community partners, work groups, councils, and coalitions across Planning District 10 have been working to make progress on the four selected MAPP priorities to achieve the MAPP vision of working together to support equitable access to resources for a healthy, safe community.

Within the MAPP2Health framework, there are a variety of strategies and approaches to address the goals and objectives for each priority. The first section of this update highlights several community partnerships that address one or more of the MAPP priorities; it is not intended to be a comprehensive report of all MAPP partnerships, initiatives, and activities across the district. The second section provides an update on the specific goals, objectives, data, and strategies contained in the *2016 MAPP2Health Report*. In addition to the updates in these two sections, there were several systems-level changes to the MAPP process:

- Strengthening local data systems to better understand community health status through the creation of MAPP priority indicators available on a Tableau Public website; interagency collaborations on data projects; and surveys to collect local data to bolster understanding of the four selected priorities
- The University of Virginia (UVA) Health System aligned their philanthropic giving to support strategic partnerships with organizations working to address one or more of the priorities outlined in MAPP2Health (Sentara Martha Jefferson grants were already tied to MAPP in previous iterations)
- Creation of a full-time non-grant funded position at the health department to coordinate MAPP

This will be the final update for the *2016 MAPP2Health Report*. All future updates will correspond to the *2019 MAPP2Health Report*. We look forward to continued collaboration with you and the communities we serve to address the four identified community priorities. Thank you again for your dedication to improving the health of our community.

MAPP2Health Core Group Members:

Rebecca Schmidt, MA, and Putnam Ivey
Thomas Jefferson Health District

Jackie Martin
Sentara Martha Jefferson Hospital

Ruth Gaare-Bernheim, JD, MPH
University of Virginia Dept. of Public Health Sciences

Elizabeth Beasley, MPH, and Dawn Niles
University of Virginia Health System

MAPP2HEALTH HIGHLIGHTS

ACTIVE LIVING HIGHLIGHT: CATCH FOR KIDS



Figure 1: Photo courtesy of Charlottesville City Schools.

The Move2Health Coalition received a Virginia Foundation for Healthy Youth (VFHY) grant to implement the Coordinated Approach to Child Health (CATCH) Program. From 2016–2018, CATCH reached 5,900 kids in afterschool and early childhood programs in the cities of Charlottesville and Harrisonburg and counties of Albemarle, Louisa, and Orange. The CATCH program shows evidence of preventing childhood obesity and preparing kids for a lifetime of healthy habits.

Over 50 people from organizations including Boys and Girls Clubs, schools, and other community organizations are CATCH-trained facilitators. Move2Health received another CATCH

grant from VFHY in 2018, allowing CATCH training to continue in the planning district. The grant provides free training and all the materials sites need to implement the program.

HEALTHY EATING HIGHLIGHT: INCREASED ACCESS TO FRUITS AND VEGGIES

Harvest of the Month

City Schoolyard Garden’s Harvest of the Month was designed to build capacity, health, and food security in Charlottesville’s Public Schools. It introduces 3,500 youth and their families to a locally sourced crop each month as a snack (e.g, kale, cauliflower, peaches). Since March 2018, 21,000 servings of local, fresh fruits and veggies were prepared and served in Charlottesville City Schools. 85% of Harvest of the Month student participants reported an increased preference for fresh foods during the 2017–2018 school year while 90% of students felt happy and peaceful in the gardens and 87% learned a significant amount about healthy eating and living skills.

Fresh Farmacy

Local Food Hub’s Fresh Farmacy program was created to increase access to locally sourced fruits and vegetables through relationships with clinical providers. During FY18, 248 low-income residents were enrolled in the Fresh Farmacy fresh fruit and vegetable prescription program across six sites. The program distributed 30,000



Figure 2: A Charlottesville City School student smiles with kale. Photo courtesy of City Schoolyard Garden.

pounds of locally grown food across the sites. 82% of participants reported they are “more likely” or “will definitely” cook more at home. 48% said the program was changing their eating and wellness habits. 52% said it was changing their lives for the better, with another 36% saying this may be true.

Starr Hill Health Center

The Sentara Starr Hill Health Center is a free wellness center located at the Jefferson School City Center in downtown Charlottesville. Miranda Trent, a Certified Nurse Practitioner, has seen almost 200 patients for thousands of follow-up appointments from 2016–2018, for help losing weight or managing a chronic disease. A snapshot shows that 60% of patients had a decrease in body mass index from their first to last visit and over 50% of patients had a positive change in blood pressure. The Center participates in the Local Food Hub’s Fresh Farmacy Program and provides cooking classes, stress management programs, and connections to community partners and programs to encourage success.



Figure 3: Photo courtesy of Sentara Martha Jefferson.

POLICY HIGHLIGHT: SCHOOL WELLNESS POLICIES

The [WellSAT](#) provides a standard method for the quantitative assessment of written school wellness policies. The WellSAT tool scores wellness policies across six areas (for a total of 78 different policy items) according to comprehensiveness—whether the item is mentioned—and strength—whether the mention is specific and in-depth.

From 2016–2017, through a CDC Prevention and Public Health Fund (PPHF) Block Grant, Thomas Jefferson Health District (TJHD) staff and the Move2Health Coalition worked with the Charlottesville School Health Advisory Board (SHAB) which includes staff, officials, community members, and educators. The SHAB reviewed potential recommendations for the school system’s then-current wellness policy from 2011 and presented their recommendations to the School Board in August 2017. As reported by the Daily Progress newspaper, the “SHAB recommended formally setting physical activity time to 200 minutes per week, and teaching nutrition standards twice a year in physical education classes. The health advisory board also suggested that taking away or reducing physical activity for disciplinary reasons, as well as imposing physical activity on students as means of punishment, should not be permitted.”¹

In the following grant year, Thomas Jefferson Health District staff graded the Albemarle, Fluvanna, Greene, Louisa, and Nelson wellness policies using the WellSAT tool and met with school representatives in each of these counties to share their WellSAT scores and learn about other health and wellness initiatives within their schools. As a result of these meetings, the Fluvanna Schools Wellness Committee will be reviewing their current school wellness policy against the *Alliance for a Healthier Generation’s* model school wellness policy.

¹ The Daily Progress. “City schools consider wellness policy changes, including nixing practice of revoking physical activity as punishment.” August 3, 2017. Retrieved December 5, 2017 from http://www.dailyprogress.com/news/local/city-schools-consider-wellness-policy-changes-including-nixing-practice-of/article_5f876a80-78b3-11e7-bef6-3bcadd48d1a1.html.

MENTAL HEALTH HIGHLIGHT: HELP HAPPENS HERE CAMPAIGN

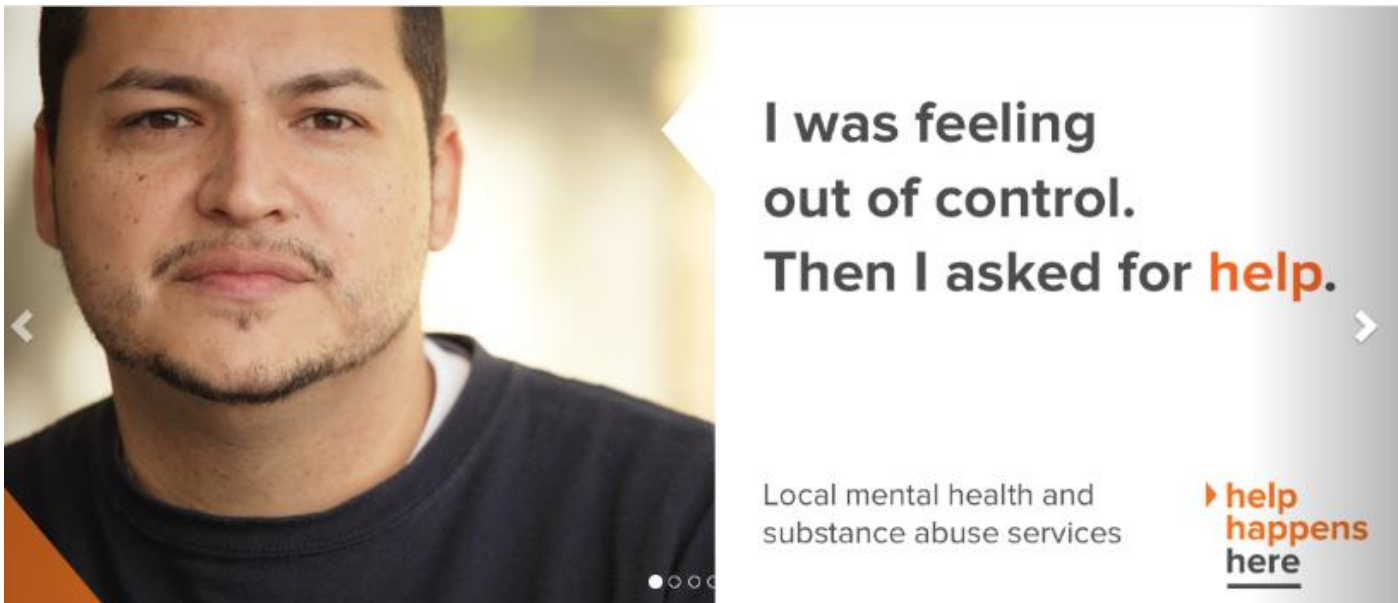


Figure 4: Photo courtesy of Help Happens Here website.

In May 2017, the Community Mental Health and Wellness Coalition launched a stigma reduction and awareness campaign called *Help Happens Here*. The campaign included the development and launch of a resource and referral website (<http://helphappenshere.org>), an information and referral phone line staffed by Partner for Mental Health during regular business hours (434-227-0641), and a public information campaign. The campaign launch included advertising through bus ads, social media, and personal networks as well as a variety of health education materials such as flyers, business cards, and posters shared with community partners and agencies across the Region Ten catchment area (which is the same area as the health district).

SUBSTANCE USE HIGHLIGHT: A SYSTEMS RESPONSE TO THE OPIOID ADDICTION CRISIS

In 2016, Virginia's State Health Commissioner declared the opioid addiction crisis a public health emergency. The Community Mental Health and Wellness Coalition is convening partners to coordinate a systems-level response that includes strategies to promote treatment and prevent misuse of opioids in the community.

Preventing Prescription Drug Medication Misuse

Promoting the use of medication disposal bags or medication disposal boxes are ways of making sure that friends and family members, especially children and teens, don't have access to unsafe or prescription medications that are not intended for them.

Several local organizations have helped to increase access to prescription drug disposal options. Sentara Martha Jefferson, UVA Health System, and the Greene, Louisa, and Fluvanna Sherriff's Departments now provide on-site medication drop boxes. In FY2018, the Thomas Jefferson Health District also distributed more than 5,000 free medication disposal kits to individuals and community partners.

3 Steps to Safely Manage Your Opioid / Pain Prescriptions

Did you know opioid overdoses kill more Virginians than car accidents?
Opioids can be addictive and dangerous.

1. Take as prescribed

- Do not share medication with others.
- Take medicine only as prescribed.
- Ask your doctor or pharmacist if you have questions.

2. Lock it up

- Keep medications locked and out of sight of children and guests.

3. Dispose responsibly

- Dispose of unused or expired medication at drop boxes or with a medication disposal bag.

2 out of 3 people misusing prescription pain medication got it from a friend or relative.

Medication Disposal Options

Greene County Sheriff's Office
10005 Spotswood Trail, Stanardsville

Louisa County Sheriff's Office
1 Woolfolk Ave., Louisa

Fluvanna County Sheriff's Office
160 Commons Blvd., Palmyra

Sentara Martha Jefferson Hospital
Outpatient Pharmacy
500 Martha Jefferson Dr., Charlottesville

UVA Pharmacy (open 24 hours)
1240 Lee St., Charlottesville

Ask your local health department for a free medication disposal bag.
Charlottesville/Albemarle - 434-972-6200
Fluvanna - 434-591-1960
Greene - 434-985-2262
Louisa - 540-967-3703
Nelson - 434-263-8315

Ask your pharmacist about safe medication disposal options.

regionten

Prevention services for mental health, substance use, and behavioral health services

For more information, contact prevention@regionten.org

Figure 5: Photo courtesy of the Thomas Jefferson Health District.

nasal spray to anyone who has completed a brief training at their local health department, and/or REVIVE! training, to help prevent fatal opioid overdoses.

In addition, the Albemarle County Police Department and Sentara Martha Jefferson Hospital hold annual drive-through medication and sharps drop-off events at the hospital; they collected over 1,900 pounds of sharps and almost 3,500 pounds of medications at the most recent event.

Community partners also developed and distributed educational materials about safe medication storage and disposal or prescription medication. Region Ten and the Community Mental Health and Wellness Coalition distributed over 5,500 safe storage and disposal materials to over 23 pharmacies as well as throughout local health systems, and at two local opioid continuing medical education (CME) events for healthcare providers.

Revive Overdose Reversal Training and Naloxone
Region Ten offers REVIVE! training for community members to learn how to recognize and respond to an opioid overdose emergency with the use of Naloxone (or “NARCAN”). The Thomas Jefferson Health District provides free Naloxone

BEHAVIORAL HEALTH HIGHLIGHT: BUILDING DISASTER MENTAL HEALTH RESPONSE CAPACITY

“I AM A HOSPICE BEREAVEMENT COUNSELOR. THE EMOTIONAL IMPACT FROM LAST YEAR’S EVENTS IN CHARLOTTESVILLE STILL COME UP IN SESSIONS WITH MY BEREAVED CLIENTS. THE TRAUMA THEY EXPERIENCED COMPLICATES THEIR ABILITY TO NORMALLY GRIEVE THE DEATH OF THEIR LOVED ONE. THE TRAINING WAS REALLY HELPFUL BY GIVING ME TOOLS I CAN USE TO ASSIST THESE GRIEVING INDIVIDUALS TO HEAL THE TRAUMA ASPECT, WHICH WILL THEN ALLOW THEIR GRIEF TO HEAL IN A NORMAL AND HEALTHY WAY. THANK YOU SO MUCH!”

Figure 6: Quote courtesy of Region Ten.

with disaster behavioral health response and recovery skills. Over 90 community members were trained in Psychological First Aid (PFA) and Skills for Psychological Recovery (SPR), and 33 new PFA and SPR-trained volunteers were recruited as part of a disaster mental health corps to the Thomas Jefferson Health District’s

Following the 2017 civil unrest events that occurred in Charlottesville, behavioral health partners came together to develop recovery supports for trauma related the violent attacks, and to develop local capacity for disaster mental health preparedness and response. The Thomas Jefferson Health District’s Emergency Preparedness and Response Program and the Community Mental Health and Wellness Coalition hosted a community training on Psychological First Aid and Skills for Psychological Recovery to provide community mental health providers

Medical Reserve Corps (MRC). These volunteers will maintain skills to provide support for any future natural disasters or traumatic community events in the district.

As part of the coordinated behavioral health response to the August 11 and 12 anniversary, a team of 21 MRC volunteers provided free drop-in behavioral health services to five individuals and offered a total of 210 volunteer hours. The Coalition and Health District also worked with community volunteer groups that provided additional therapeutic services to over 100 individuals.

HEALTH DISPARITIES HIGHLIGHT: BUILDING HEALTH EQUITY

Improving Pregnancy Outcomes for African American Women



Sentara Martha Jefferson Hospital supports a five-year Charlottesville Area Community Foundation *Shaping Futures* grant awarded in 2017 to Sisters Keeper Doula Collective (www.sisterskeeperdoulas.org) to improve pregnancy outcomes for African American females in the community. Due in part to that support, the collective has attended 189 births of black women who are Medicaid-eligible with one infant loss and zero maternal mortality. 86% of their mothers received at least two prenatal visits in the first trimester and 97% of all mothers who delivered in the first year of the grant initiated breastfeeding in the first hour after birth.

Figure 7: Photo courtesy of Sentara Martha Jefferson.

Identifying Cultural and Community Assets to Improve Health Equity

The Move2Health Coalition sponsored a Photovoice project with an empowerment group for African American female adolescents. The City of Promise and Jefferson Area CHIP facilitate the group. The goal of the project was to identify cultural and community assets organizations can build on to improve health equity. This project will be a springboard for Photovoice projects throughout the district to capture community voices. The *2019 MAPP2Health Report* will include a summary of the district-wide projects. To watch a video of the completed project, please visit <https://bcove.video/2PCQVLW>.

ACCESS HIGHLIGHT: IMPROVING ACCESS TO STABLE HOUSING & BENEFITS

Since 2016, the Thomas Jefferson Area Coalition for the Homeless (TJACH) and the Thomas Jefferson Health District have partnered to administer the SOAR (SSI/SSDI Outreach, Access and Recovery) program. SOAR is a nationwide program that improves access to Social Security Administration (SSA) benefits for eligible adults who are experiencing or at-risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder. These benefits provide the stable income necessary to be eligible for permanent supportive housing and other housing programs; they also provide eligibility for Medicaid or Medicare, which can be used to cover past and future medical costs. In 2018, 77% of clients served by the SOAR Benefits Specialist were approved for SSI/SSDI benefits and 75% were in stable housing. This program

has been supported by the UVA Health System's Community Health Grant program, Dorothy Batten, and the City of Charlottesville's ABRT fund.

A HEALTHY AND CONNECTED COMMUNITY HIGHLIGHT: A FAITH & WELLNESS RESOURCE GUIDE

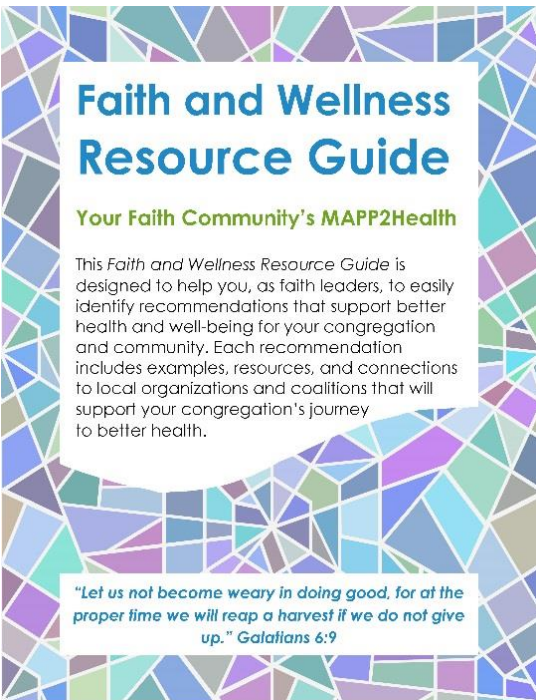


Figure 8: Photo courtesy of Thomas Jefferson Health District.

The Thomas Jefferson Health District developed a MAPP2Health action and resource guide for faith communities (available for download at www.tjhd.org). The *Faith and Wellness Resource Guide* is designed to help faith leaders easily identify recommendations that support better health and well-being for their congregation and community. Recommendations are organized around the four MAPP2Health priorities. Each recommendation includes examples, resources, and connections to local organizations and coalitions that will support a congregation's journey to better health. These recommendations are evidence-based best or promising practices, specifically tailored to the faith community, and represent ideas and activities that could have the greatest overall impact on a congregation. The focus is on policies, systems, and environments that make healthy decisions the default—instead of the more difficult choice—and ideas that support long-term changes over a one-time event or activity in order to achieve lasting positive change.

A HEALTHY AND CONNECTED COMMUNITY HIGHLIGHT: SUPPORTING HEALTHY AGING

An Age-Friendly Community

The Charlottesville Area Alliance (CAA), which includes all localities in Planning District 10, is working to make our community more age-friendly. As part of this work, the CAA launched a community survey, available both online and on paper, which has received more than 350 responses. The CAA will also be partnering with agencies serving older adults to host focus groups with community members in the spring of 2019. This process closely follows the World Health Organization and AARP models for age-friendly communities—get feedback from the community, establish a baseline metric of healthy aging, and then make improvements across community and health services and the other seven domains of livability based on community input. The results of the survey and focus groups (along with action plans) will be available in the summer of 2019.

Senior Services Navigation

Sentara Martha Jefferson Hospital hired a Senior Services Navigator in 2018. The Senior Services Navigator's goals are to support healthy aging, provide resources for seniors and their caregivers, decrease caregiver burden, and facilitate health care system navigation. The navigator completed a patient needs assessment/survey. In response to the findings, the navigator has partnered with JABA to host a chronic disease self-management workshop, brought thirteen senior chair yoga classes to Sentara Martha Jefferson Hospital, and partnered with other local agencies to offer senior care seminars. These programs are open to the community.



PROMOTE HEALTHY EATING AND ACTIVE LIVING

PROMOTE HEALTHY EATING AND ACTIVE LIVING GOAL: INCREASE ACCESS TO HEALTHY FOODS AND RECREATION THROUGH EDUCATION, ADVOCACY, AND EVIDENCE-BASED PROGRAMMING.

OVERVIEW

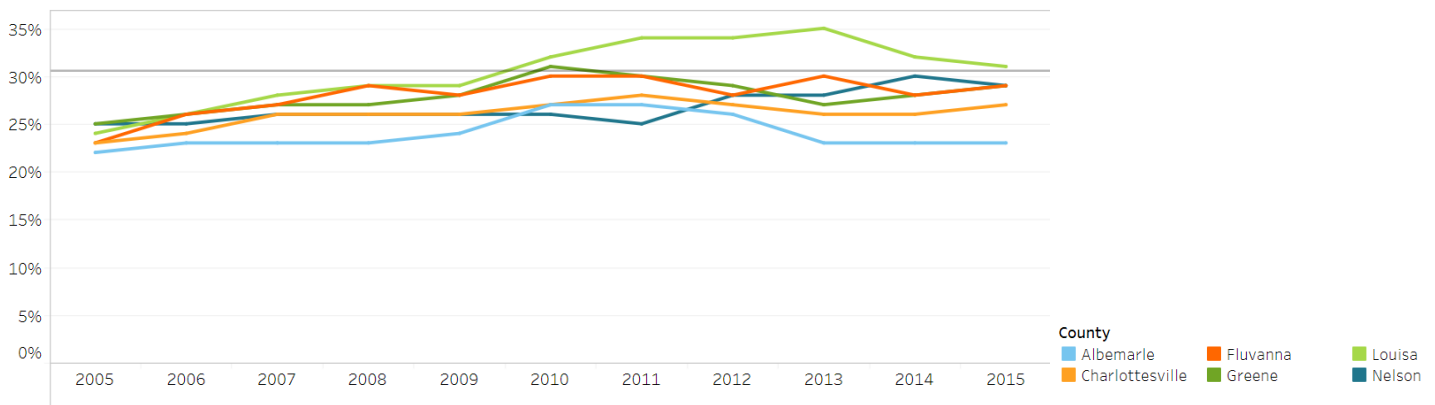
In the Thomas Jefferson Health District, the goal of this priority is to increase access to healthy foods and recreation through education, advocacy, and evidence-based programming. Virginia's *Plan for Well-being* notes that "following a healthy diet and living actively have long-term health benefits. 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 Based on a review of outpatient records at University of Virginia Health System clinics, an estimated 36.2% of adults and 18.1% of children in the Thomas Jefferson Health District were obese in 2016.³ The Thomas Jefferson Health District includes the City of Charlottesville and the counties of Albemarle, Greene, Fluvanna, Louisa, and Nelson.

Eating well and getting enough physical activity is important for both physical and emotional health and brings health benefits to people of all ages. There are many things related to their health that individuals cannot control such as their age, gender, race, ethnicity, or family history. However, diet and nutrition are risk factors for conditions such as diabetes, heart disease, and stroke so healthy eating and active living is an area where individuals and communities can have an impact.

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

³ Lobo BJ, Bonds D. *Mapping the Prevalence of Obesity in Virginia's Thomas Jefferson Health District*. Pg. 8.

OBJECTIVE 1: BY 2019, DECREASE THE PERCENTAGE OF TJHD ADULTS WHO ARE OVERWEIGHT AND OBESE.



Percentage of Obese Adults (self-reported BMI >30 Aged 20 and Older, by TJHD Locality, 2005–2015. Source: County Health Rankings and Roadmaps, 2018.

Within the PD10/TJHD localities, from 2012 to 2015, the counties of Albemarle and Louisa saw a decrease from 26% to 23% and 34% to 31%, respectively. Overall, in 2015, Louisa County (31%) was slightly over the Healthy People 2020 target of 30.5% (gray line).

OBJECTIVE 2: BY 2019, DECREASE THE PERCENTAGE OF TJHD CHILDREN WHO ARE OVERWEIGHT AND OBESE.

The table below indicates the estimated prevalence of the different BMI classifications in the Thomas Jefferson Health District from 2014–2016, where N is the number of patients in each age group used to calculate the prevalence, according to a recent study using University of Virginia (UVA) outpatient data. Among children seen in UVA outpatient settings, the percent overweight and obese held steady from 2014–2016.

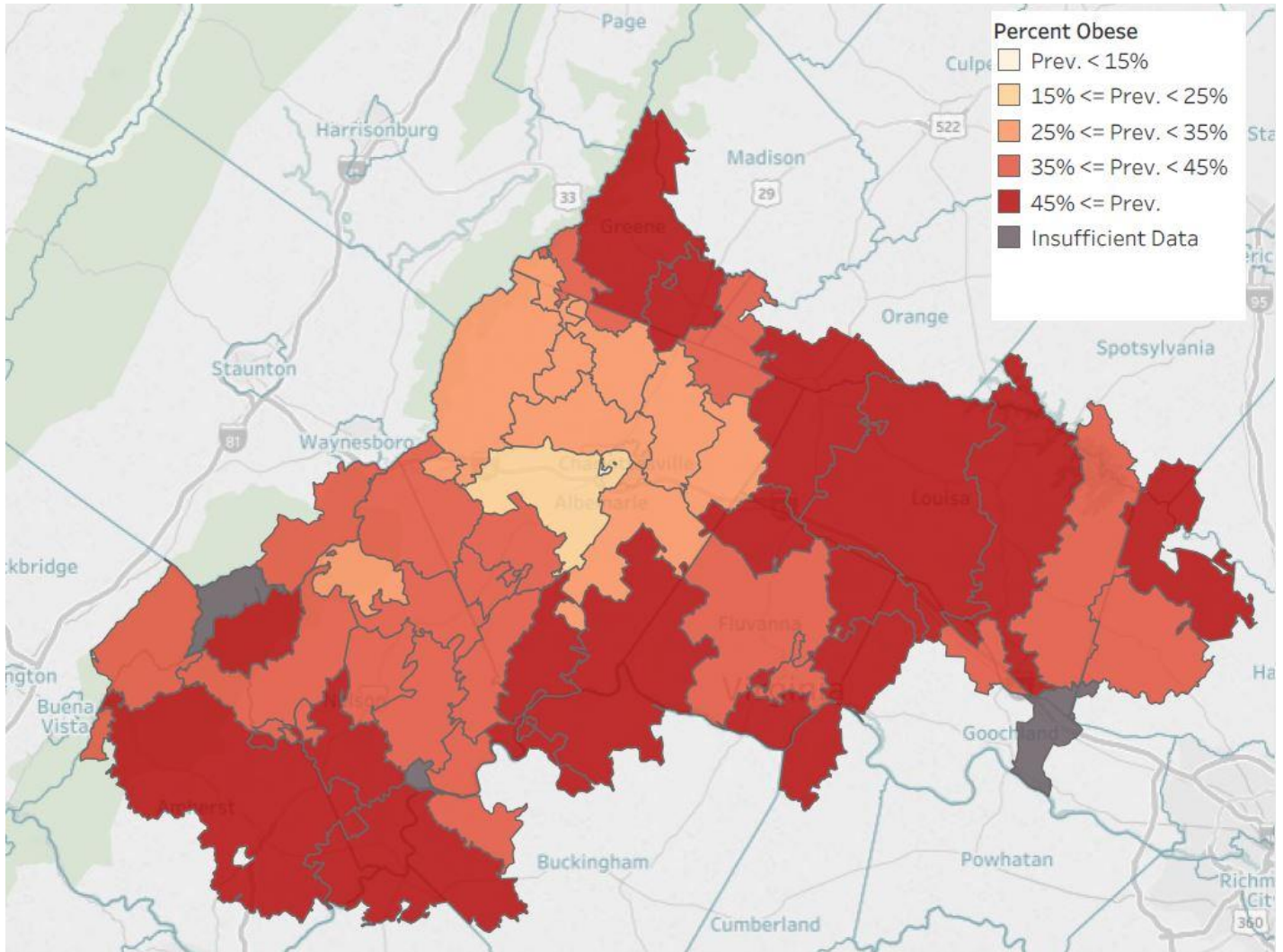
		2014	2015	2016
CHILD	N	14,274	15,070	15,536
	Underweight	3.68%	3.65%	3.64%
	Normal	63.61%	63.14%	63.74%
	Overweight	14.71%	15.20%	14.57%
	Obese	18.00%	18.02%	18.05%

Lobo BJ, Bonds D. *Mapping the Prevalence of Obesity in Virginia's Thomas Jefferson Health District* (UVA outpatients), 2016.

OBJECTIVE 3: BY 2019, IMPLEMENT DATA COLLECTION AND ANALYSIS OF OBESITY ACROSS THE LIFESPAN IN ALL TJHD LOCALITIES.

A key component of the healthy eating and active living priority is to strengthen data collection and analysis of obesity across the lifespan in all Thomas Jefferson Health District localities. Historically, MAPP obesity data

were solely from BRFSS, the Behavioral Risk Factor Surveillance System, which includes self-reported BMI numbers through telephone interviews and has a small sample size (n= 100s) for the district. The [Translational Health Research Institute of Virginia](#) at the University of Virginia (iTHRIV) partnered with the Thomas Jefferson Health District on an obesity mapping project to further this objective and provide more robust local data. Data were pulled from all outpatient visits to UVA-affiliated facilities in 2014, 2015, and 2016. After cleaning, the UVA data included 203,044 visits from 117,001 unique individuals (57% female, 43% male). The 57 zip codes for the district were mapped to 51 zip code tabulation areas and obesity was defined using CDC criteria.



Lobo BJ, Bonds D. *Mapping the Prevalence of Obesity in Virginia's Thomas Jefferson Health District (UVA outpatients), 2016.*

LOCALITY-SPECIFIC IMPLEMENTATION STRATEGIES

Charlottesville/ Albemarle	Increase availability of fresh fruits and vegetables at corner markets (see Richmond’s <i>Healthy Corner Store Initiative</i> for reference).		Consider implementing a tax on sugar-sweetened beverages or restrict the availability of unhealthy snacks in public venues.	
Progress Update	From April 2017 to October 2018, the Thomas Jefferson Health District worked with City of Charlottesville staff and the Charlottesville Food Justice Network to develop a memo and presentation for City Council around food equity in the City. Based on local and national research, the proposal focused on changing the local food system rather than funding an additional program. The memo was approved by Charlottesville City Council on October 15 th , 2018 with an allocation of \$65,000 to support the Charlottesville Food Equity Initiative.		Virginia is a Dillon Rule state, meaning localities only have powers specifically given to them by the state. After the publication of the MAPP2Health report, City staff determined that a tax on sugar-sweetened beverages is not currently possible.	
Fluvanna	Create an outdoor basketball court for use by all community members.	Include cooking classes or demonstrations at Tuesday’s Table* or similar events.	Increase public awareness of free health resources.	Identify evidence-based programming that addresses healthy eating / heart health in faith-based settings.
Progress Update	Initial discussions suggested a potential cost of \$30,000. No funding is available at this time to move the strategy forward. However, according to the County Health Rankings measure “Access to Adequate Exercise Opportunities,” Fluvanna saw an increase from 52% in 2014 to 78% in 2016.	* Tuesday’s Table is a faith-based ministry in Greene County where area churches provide a meal for low-income people and families in the Stanardsville area. Area churches provide a hearty and healthy balanced meal. Blue Ridge Area Food Bank (BRAFB) provides a wide array of nutrition education programs to clients receiving food at local food pantries and mobile food pantry sites. In	The Fluvanna Interagency Council (IAC) held an Open House in March 2017 to increase membership and attendance. Health and human resources are shared regularly at IAC meetings. The Fluvanna IAC is currently planning another Open House for April 2019 that will feature an affordable housing panel and provide information on area housing resources, services, and initiatives.	The Thomas Jefferson Health District developed a <i>Faith and Wellness Resource Guide</i> with evidence-based recommendations for faith organizations and congregations for all four MAPP priorities. The guide has been shared widely and is available for download online . The guide includes several recommendations for faith-based settings around healthy eating and heart health such as having a healthy eating policy,

		<p>addition to mobile food pantries and neighborhood produce market distributions, BRAFB promotes a client choice model of food distribution encouraging the use of fresh vegetables and fruits. The “Walk The Line” nutrition education program provides quality nutrition education to the network of mobile food pantries. In Fluvanna County, in addition to handing out recipes and supplemental food and nutrition information, many pantries are engaged in cooking demonstrations, tastings, and client choice to encourage and promote healthy eating and cooking.</p>		<p>starting a walking group, planting a garden, or hosting a series of lessons using the American Heart Association’s <i>EmPOWERED to Serve</i> curriculum to learn about the risks and symptoms associated with heart disease and stroke.</p>
Greene	Connect with healthy lifestyle initiatives in Charlottesville through the Move2Health Coalition.	Offer healthy lifestyle programming where people already congregate such as at the food bank, in health clinic waiting rooms, etc.	Identify and collaborate with successful programs in Greene to provide community health information.	
Progress Update	<p>A Move2Health Coalition member who is also a Greene County resident will begin attending Greene Agencies Coming Together (ACT) meetings to help connect Greene with Move2Health activities and programming. In addition, the Thomas Jefferson Health District attends quarterly ACT meetings and shares information about new initiatives, trainings, and upcoming events.</p>	<p>The Thomas Jefferson Health District developed a <i>Faith and Wellness Resource Guide</i> with evidence-based recommendations for faith organizations and congregations for all four MAPP priorities. It has been shared widely and is available for download online. The healthy eating and active living section includes special supplementary materials on food pantry recipes and tips that organizations can use for education programming.</p>	<p>The Thomas Jefferson Health District partnered with two Greene worksites on worksite wellness programming (Greene Social Services, 2017; Greene County Schools, 2018). In 2018, worksite wellness sites received weekly employee wellness tips with resources and ideas on a variety of wellness topics.</p> <p>In addition, in June 2018, the Health District partnered with the Greene Ministerial Association to share information on MAPP2Health and solicit</p>	

		Blue Ridge Area Food Bank (BRAFB) provides a wide array of nutrition education programs to clients receiving food at local food pantries and mobile food pantry sites. In addition to mobile food pantries and neighborhood produce market distributions, BRAFB promotes a client choice model of food distribution encouraging the use of fresh vegetables and fruits. The “Walk The Line” nutrition education program provides quality nutrition education to the network of mobile food pantries. In Greene County, in addition to handing out recipes and supplemental food and nutrition information, many pantries are engaged in cooking demonstrations, tastings, and client choice to encourage and promote healthy eating and cooking a client choice model of food distribution encouraging the use of fresh vegetables and fruits.	feedback on a draft of the <i>Faith and Wellness Resource Guide</i> , which includes multiple recommendations around the MAPP priorities and links to local resources and organizations. The health district shared the final resource guide with the Greene Ministerial Association, GRACE (Greene Alliance of Church/Community Efforts), and nine other churches within Greene.
Louisa	Work with service providers to connect surplus supplies of fresh produce with those in need.	Explore implementing the Coordinated Approach to Child Health (CATCH) program at schools to introduce and/or expand obesity prevention programs.	Increase nutrition education programming when the Resource Council expansion is completed.
<i>Progress Update</i>	Through dozens of partnerships, the Louisa Resource Council (LCRC) provides thousands of pounds of produce annually to Louisa County residents. However, a series of focus groups carried out by UVA’s Center for Survey Research showed that logistics were a problem for many in Louisa County in need of food assistance. Board member Greg Shasby studied the county’s geography and population densities and created a plan for addressing this issue. As a result, LCRC is	The CATCH Coordinator trained 34 Louisa County Parks and Recreation staff as CATCH facilitators. The CATCH program is in place in four Louisa County elementary schools.	In 2017, a UVA School of Nursing professor and nursing students provided blood pressure checks and nutrition education at the Louisa County Resource Council.

	testing off-site food distribution at several sites.		
Nelson	Develop a collaborative relationship with the school system for hosting recreational/healthy lifestyle events at school facilities.	Continue collaborating with primary care providers as a key conduit for connecting people to other needed resources.	
<i>Progress Update</i>	<p>The Nelson Community Wellness Alliance’s mission is to promote wellness in the Nelson community by developing and implementing strategies to reduce youth substance youth. In April 2017, the Alliance hosted a “Stamp out Stigma” event at the local high school and middle school. Since that time, two youth representatives have joined the Alliance. For 2019, the Alliance is partnering with the Family, Career, and Community Leaders of America (FCCLA) group from the high school as part of this year’s “Stamp out Stigma” event as well as to sponsor a youth group to attend the Youth Alcohol & Drug Prevention Project (YADAPP) in summer 2019.</p> <p>While it did not result in ongoing programming or events, in 2018, Thomas Jefferson Health District staff met with Nelson County school staff to review WellSAT results (tool for grading school wellness policies), discuss potential worksite wellness programming, and learn more about the current school wellness environment, policies, and programming.</p>	Service providers continue to share services and resources through bimonthly Nelson Interagency Council (IAC), quarterly Unity in Community Service Organization, and regular Nelson Community Wellness Alliance meetings.	



ADDRESS 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.

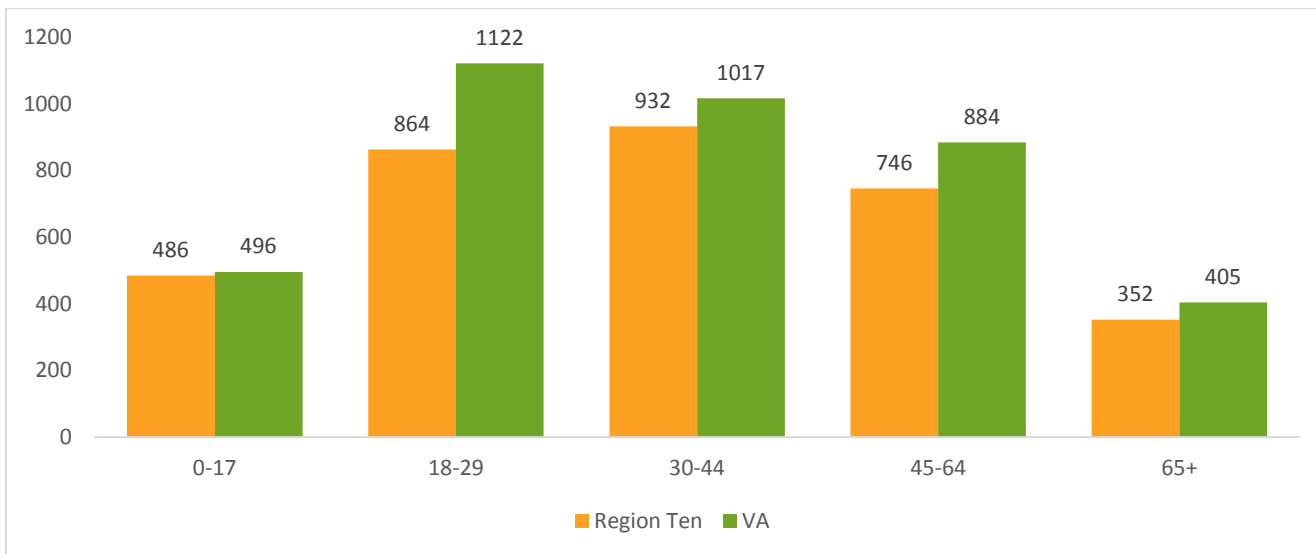
OVERVIEW

The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”⁴ Discussions about health, however, often focus on physical health and neglect the importance of mental and emotional health. Mental health concerns and substance use disorders are common and affect people across all social, economic, religious, and ethnic groups. Many factors contribute to mental health including genetic factors and brain chemistry, life experiences such as trauma or abuse, and family history. Addressing mental health and substance use are a MAPP2Health priority area because they play an important role in person wellbeing, interpersonal relationships, and the ability to contribute to community life. Nationwide, mental health concerns are one of the leading causes of disability and can lead to premature mortality.

OBJECTIVE 1: BY 2019, REDUCE THE NEED FOR MENTAL HEALTH AND SUBSTANCE USE DISORDER HOSPITALIZATIONS IN TJHD THROUGH IMPROVED ACCESS TO UPSTREAM OUTPATIENT CARE.

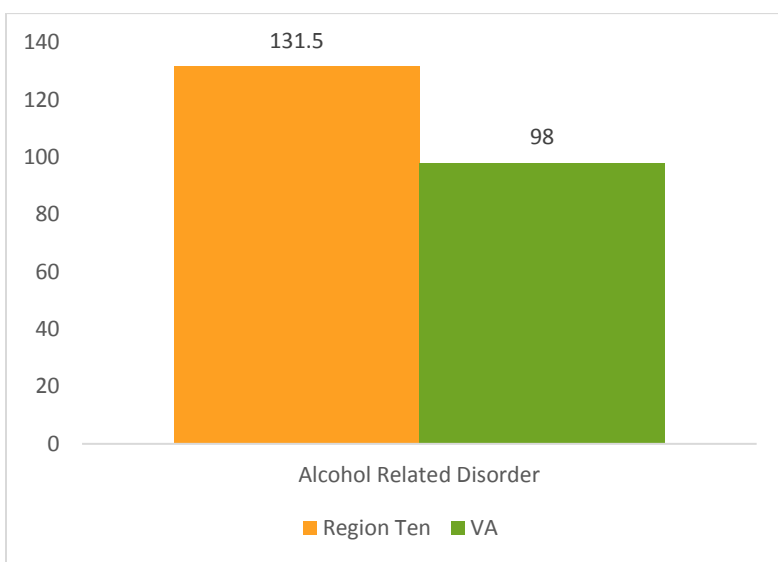
Region Ten Community Services Board (Region Ten) provides mental health, intellectual disability, and substance abuse treatment services to residents in the Region Ten catchment area (which is the same area as Planning District 10 and the Thomas Jefferson Health District). In 2016, behavioral health hospitalizations were highest in the Region Ten catchment area among adults 30-44 years old compared to highest statewide in adults 18-29 years of age.

⁴ World Health Organization. *Constitution of WHO: Principles*. Retrieved March 3, 2018, from <http://www.who.int/about/mission/en/>.



Behavioral Health Hospitalization Rates per 100,000 People by Age, Region Ten and Virginia, 2016. Source: Virginia Health Information, Virginia Community Service Board Atlas, 2019.

In 2016, the Region Ten area experienced higher rates of hospitalizations for alcohol-related disorders than the state, 132 per 100,000 people compared to 98 statewide.



Hospitalization Rates for Alcohol-related Disorders per 100,000 People by Region Ten and VA, 2016. Source: Virginia Health Information, Virginia Community Service Board Atlas, 2019.

OBJECTIVE 2: 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%.

Two providers expanded services to provide Medication Assisted Treatment (MAT) to Medicaid recipients and Region Ten obtained funding for MAT for individuals who are uninsured. The Community Mental Health and Wellness Coalition coordinated a buprenorphine waiver training for 14 providers from UVA, Region Ten, and elsewhere in September 2018 to expand the pool of trained MAT prescribers. The Coalition also supported the

development of MAT-friendly recovery resources, including small grant support for free SMART Recovery groups that are offered at On Our Own.

The Coalition also received funding from the Charlottesville Area Community Foundation's HEAL Charlottesville fund to expand Region Ten's Community Based Recovery Support Services into Friendship Court.

OBJECTIVE 3: 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.

To strengthen the response to the opioid epidemic, the Community Mental Health and Wellness Coalition is hosting bi-monthly systems convening with over 30 regular attendees. Partners in the group are working to increase access to medication disposal option; the area currently has five public medication disposal boxes, including two new boxes in Charlottesville now open for use. Partners also report the following:

- 87% increased understanding of a systems approach to address opioids
- 87% learned something new about a local organization
- 93% strengthened a connection with someone that will improve their work

As noted in the highlights section, following the 2017 civil unrest events that occurred in Charlottesville, behavioral health partners came together to develop recovery supports for trauma related to the violent attacks, and to develop local capacity for disaster mental health preparedness and response. The Thomas Jefferson Health District's Emergency Preparedness and Response Program and the Community Mental Health and Wellness Coalition hosted a community training on Psychological First Aid and Skills for Psychological Recovery to provide community mental health providers with disaster behavioral health response and recovery skills. Over 90 community members were trained in Psychological First Aid (PFA) and Skills for Psychological Recovery (SPR), and 33 new PFA and SPR-trained volunteers were recruited as part of a disaster mental health corps to the Thomas Jefferson Health District's Medical Reserve Corps (MRC).

As part of ongoing stigma reduction efforts, the Community Mental Health and Wellness Coalition hosted a Festival of the Book event in March 2018 with over 50 participants. The Coalition also hosted two storytelling workshops in May 2018—at The Women's Initiative and On Our Own—with over 40 participants to help local residents develop stories related to mental health and to use these for visual exhibit and social media posts. In addition, they hosted the Art of Resilience workshops with over 400 participants, and an event with over 75 participants; the workshops use art as a vehicle for promoting community conversations about resilience and recovery and to decrease stigma.

LOCALITY-SPECIFIC STRATEGIES

Charlottesville/ Albemarle	Increase culturally and linguistically appropriate mental health and substance abuse services by expanding integrated care, medication assisted treatment, and overall access to care.	Implement a mental health and substance abuse public awareness and stigma reduction campaign and other policy, system, and environmental changes.	Develop a culturally and linguistically appropriate behavioral health workforce and include opportunities for support from peer and family members with lived behavioral health experiences.
<i>Progress Update</i>	<p>Two providers expanded services to provide Medication Assisted Treatment (MAT) to Medicaid recipients and Region Ten obtained funding for 15 MAT slots for individuals who are uninsured. The Community Mental Health and Wellness Coalition coordinated a buprenorphine waiver training for 14 providers from UVA, Region Ten, and elsewhere in September 2018 to expand the pool of trained MAT prescribers. They also supported the development of MAT-friendly recovery resources, including small grant support for SMART Recovery groups to be offered at On Our Own beginning in 2019.</p> <p>The Coalition also received funding from the Charlottesville Area Community Foundation’s HEAL Charlottesville fund to expand Region Ten’s Community Based Recovery Support Services into Friendship Court.</p>	<p>In May 2017, the Community Mental Health and Wellness Coalition launched a stigma reduction and awareness campaign called <i>Help Happens Here</i>. The campaign included the development and launch of a resource and referral website (http://helphappenshere.org), an information and referral phone line staffed by member agencies during regular business hours (434-227-0641), and a public information campaign. The campaign launch included advertising through bus ads, social media, and personal networks as well as a variety of health education materials such as flyers, business cards, and posters shared with community partners and agencies across the Region Ten catchment area.</p> <p>From 2017-2018, the Coalition hosted the Art of Resilience workshops with over 400 participants, and an event with over 75 participants, using art as a vehicle for promoting community</p>	<p>The Community Mental Health and Wellness Coalition offered two trainings / community presentations on culturally responsive workforce strategies. 88% of participants at one event increased knowledge of how to apply health literacy concepts to their work.</p> <p>The Coalition also received funding from the Charlottesville Area Community Foundation’s HEAL Charlottesville fund to expand Region Ten’s Community Based Recovery Support Services into Friendship Court.</p> <p>The Coalition received funding for 20 participants to become Certified Peer Support Specialists, a training offered by On Our Own.</p>

		conversations about resilience and recovery and to decrease stigma.	
Fluvanna	Create more adult peer support groups for addiction by connecting available facilities (including churches) with people who can implement the support groups.	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.	Increase service system capacity by bringing in additional psychiatrists or psychiatric nurses.
Progress Update	Recommendation #3 (including mental health in a health ministry) in the Thomas Jefferson Health District's <i>Faith and Wellness Resource Guide</i> , provides information on how congregations can become host sites for a weekly support group such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or Nicotine Anonymous (NicA).	A reminder of this strategy was shared with the Fluvanna Interagency Council (IAC) and a representative from Fluvanna's Region Ten office was added to the Coalition distribution list. In addition, Thomas Jefferson Health District staff regularly attend IAC meetings and share information and materials from the coalition's <i>Help Happens Here</i> campaign as well as other coalition initiatives and trainings.	Currently, availability to psychiatric providers remains extremely limited, as there have been no known increases to the number of providers available in Fluvanna County, for either children or adults. And while there are providers in the Charlottesville area, it is extremely difficult to establish vendor contracts with any that are willing to accept Children's Services Act (CSA) funding.
Greene	Participate in the Community Mental Health and Wellness Coalition (CMHWC) to share resources and information and to work toward its district-wide goals.		
Progress Update	While no representative from the Greene Agencies Coming Together (ACT) has been available to attend coalition meetings in Charlottesville, Thomas Jefferson Health District staff attend quarterly ACT meetings and share information about new initiatives, trainings, and upcoming events.		
Louisa	Conduct Mental Health First Aid trainings, especially within Louisa's faith community (over 110 churches).		
Progress Update	<p>On May 18, 2017, Thomas Jefferson Health District staff participated in the eighth <i>Gathering for Faith-Based Organizations</i>, hosted by the Louisa Interagency Council's Faith in Action subcommittee and St. James Episcopal Church. Staff shared results of the 2016 MAPP2Health process, including actionable ways to get involved with the four MAPP priorities (for example, through Mental Health First Aid trainings).</p> <p>Region Ten coordinated a Mental Health First Aid (MHFA) training with the Louisa Interagency Council's Faith in Action subcommittee; 22 attendees participated in the MHFA training on March 12, 2018.</p> <p>For ongoing use, under this MAPP priority, the Thomas Jefferson Health District's <i>Faith and Wellness Resource Guide</i> recommendation #1 is to host or attend a Mental Health First Aid (MHFA) training; the guide provides information on resources and Region Ten contact information.</p>		

Nelson	Continue efforts to integrate primary and behavioral health care.	Develop collaboration between schools and agencies serving/counseling youth.
<i>Progress Update</i>	<p>Since 2017, Blue Ridge Medical Center (BRMC) has worked to integrate primary care with behavioral health by partnering with Horizon Behavioral Health and Region Ten Community Services Board to open two co-located sites. Blue Ridge Medical Center has also increased their behavioral health team, adding a Psychiatric Nurse Practitioner, Licensed Professional Counselor, Case Manager, and Peer Support Specialist. In September, BRMC's Behavioral Health team was honored with the Unsung Hero Teamwork Award from the Virginia Health Care Foundation.</p>	<p>The Nelson Community Wellness Alliance's mission is to promote wellness in the Nelson community by developing and implementing strategies to reduce youth substance youth. The Blue Ridge Medical Center is one of the founding members of the Nelson Community Wellness Alliance, and members include Region Ten as well as Nelson County Public School. In April 2017, the Alliance hosted a "Stamp out Stigma" event at the local high school and middle school. Since that time, two youth representatives have joined the Alliance. For 2019, the Alliance is partnering with the Family, Career, and Community Leaders of America (FCCLA) group from the high school as part of the 2019 Stamp out Stigma event as well as to sponsor a youth group to attend the Youth Alcohol & Drug Prevention Project (YADAPP) in summer 2019.</p> <p>Region Ten currently serves approximately 80 children and families through Therapeutic Day Treatment services and approximately 35 kids through Supportive Counseling services. Each of these services is provided in all four schools in Nelson County and requires ongoing communication and collaboration with school personnel to ensure that identified behavioral, social, and emotional needs of Nelson youth are being addressed and met consistently with an evidence-based therapeutic approach.</p>



PLANNING DISTRICT 10 / THOMAS JEFFERSON HEALTH DISTRICT

REDUCE HEALTH DISPARITIES AND IMPROVE ACCESS TO CARE

REDUCE HEALTH DISPARITIES AND IMPROVE ACCESS TO CARE GOAL: INCREASE HEALTH EQUITY AND NARROW THE GAP FOR HEALTH CONDITIONS THROUGH OUTREACH AND EDUCATION TO HEALTHCARE PROVIDERS AND COMMUNITY MEMBERS.

OVERVIEW

This is a new priority that was identified through the 2016 MAPP2Health process. In Planning District 10, the goal of this priority area is to increase health equity and narrow the gap for health conditions through outreach and education to healthcare providers and community members. Virginia's *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."⁵

Access to Care—having health insurance is an important way to gain access to the healthcare system. Having a regular and ongoing source of care, such as a Primary Care Provider, or PCP, is also important for accessing care. In the district, 86% of adults ages 18-64 have health insurance. This ranges from 89% in Albemarle County to 79% in Greene County.⁶ As of January 1, 2019, more adults in Virginia will have access to health insurance through Medicaid expansion.

Health Disparities—disparities are "differences in health outcomes and their causes between groups of people as the result of social, demographic, environmental or geographic differences."⁷ Imagine a neighborhood that has few sidewalks, no parks or green spaces, no grocery stores, but many fast food restaurants and liquor stores. Now picture a neighborhood across town with wide sidewalks, a safe, well-lit park for neighborhood children, accessible walking and biking trails, two large grocery stores, and no fast food chain restaurants. If the first neighborhood has higher rates of obesity and chronic conditions, such as diabetes, because they have little or no access to safe places to be active or to stores that sell healthy, fresh, and affordable food, we would say that there are health disparities—different health outcomes—between these two neighborhoods due to the differences described above.

⁵ Virginia's Plan for Well-Being. (2016). Retrieved November 27, 2016 from <http://virginiawellbeing.com/>.

⁶ U.S. Census Bureau. (2018). *2012-2016 American Community Survey Estimates*.

⁷ Voices for Healthy Kids, American Heart Association, and Robert Wood Johnson Foundation. (Fall 2017). *Health Equity in Public Policy: Messaging Guide for Policy Advocates*. Retrieved July 23, 2018, from https://www.metgroup.com/assets/HealthEquity_MessageGuide_Final-2.pdf.

Health Equity—the guiding principle of health equity is that “everyone has the opportunity to attain their highest level of health.”⁸ That is, everyone gets the basics of what they need to be as healthy as possible. Equality in health would be where everyone receives the same thing in order to healthy—a standard bicycle, for example. The standard bicycle would be great for some people but wouldn’t be useful for others, such as small children, really tall people, or someone in a wheelchair. Health equity focuses on the idea of people having the opportunity to be healthy as possible. In the bicycle example, everyone has a bicycle but it is appropriately sized and modified to their unique situation—the child has a child-sized bicycle and the tall man has an extra-large bicycle.⁹

OBJECTIVE 1: BY 2019, IDENTIFY UP TO THREE HEALTH CONDITIONS WITH MARKED DISPARITIES AND REDUCE THE DISPARITIES.

In 2017, a student from UVA’s Batten School worked with Sentara Martha Jefferson Hospital and the MAPP Core Group to prepare a report titled “Reducing Disparities in Diabetes Deaths: Improving Health Equity in the Thomas Jefferson Health District.” The report focused on reducing diabetes mortality disparities by reviewing existing evidence, developing potential policy options, evaluating the policy options based on pre-set criteria, and providing a recommendation and implementation strategy. In late 2017, a group of stakeholders met several times to plan for a 2018 UVA Martin Luther King Jr. event with a nationally recognized speaker on health disparities. Members of this planning group as well as additional stakeholders continued to meet in 2018 to discuss this MAPP priority. Meeting planning was provided by the United Way, UVA Health System, the Thomas Jefferson Health District, and Sentara Martha Jefferson Hospital. The group considered several approaches, including the formation of a new coalition, barriers to access, health disparities, and policy approaches. Ultimately, the group coalesced around two areas:

- Access to care—coordination among agencies around Virginia’s Medicaid Expansion (outreach and enrollment) to increase access to care.
- Health disparities—Sentara Martha Jefferson Hospital led identification of diabetes as a health condition with marked disparities and the formation of a Diabetes Steering Committee, comprised of African American and Latinx community members, to review best practices and make recommendations to involved agencies on the best approach(es) to reducing disparities in diabetes outcomes. Members were recruited through a variety of methods and selected via a short application process. As of December 2018, the Committee Chair had convened committee members to meet each other and begin work.

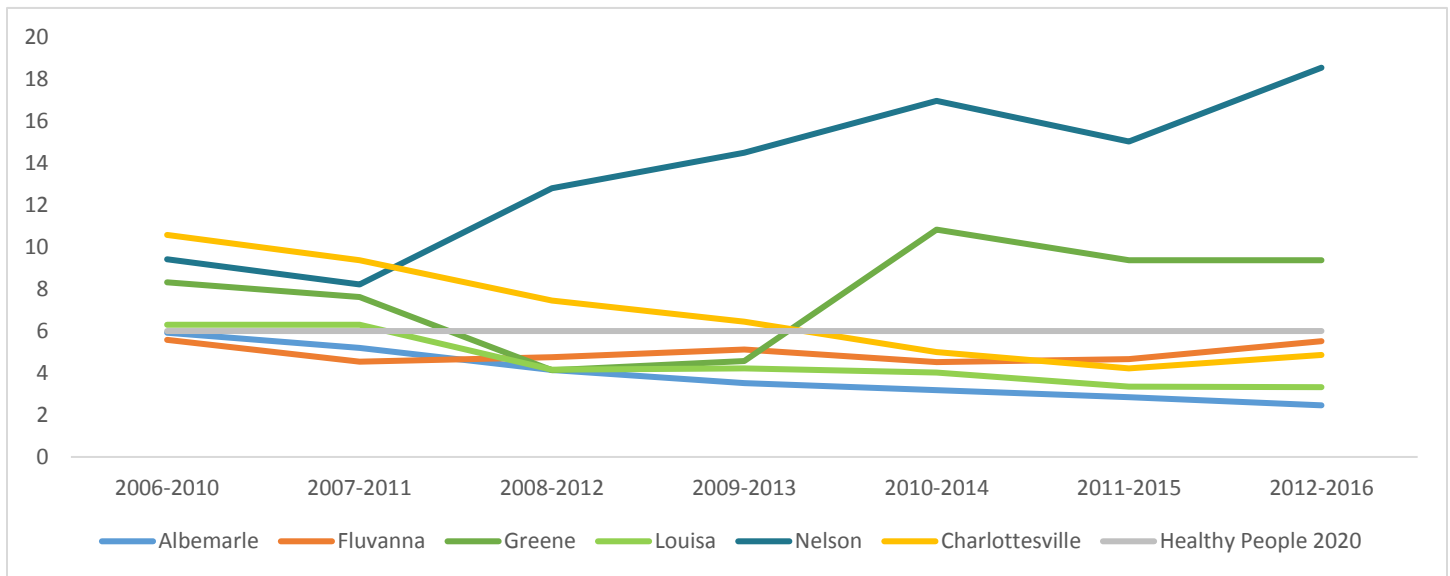
OBJECTIVE 2: BY 2019, DECREASE THE 2010–2014 TJHD AFRICAN AMERICAN INFANT MORTALITY RATE FROM 10.6 TO 5.0 INFANT DEATHS PER 1,000 LIVE BIRTHS.

The Infant Mortality Rate (IMR) is often used as an indicator of the level of health in a country. The United States has one of the highest infant mortality rates among industrialized countries; for 2017, the Central

⁸ American Public Health Association. (2018). *Health Equity*. Retrieved July 23, 2018, from <https://www.apha.org/topics-and-issues/health-equity>.

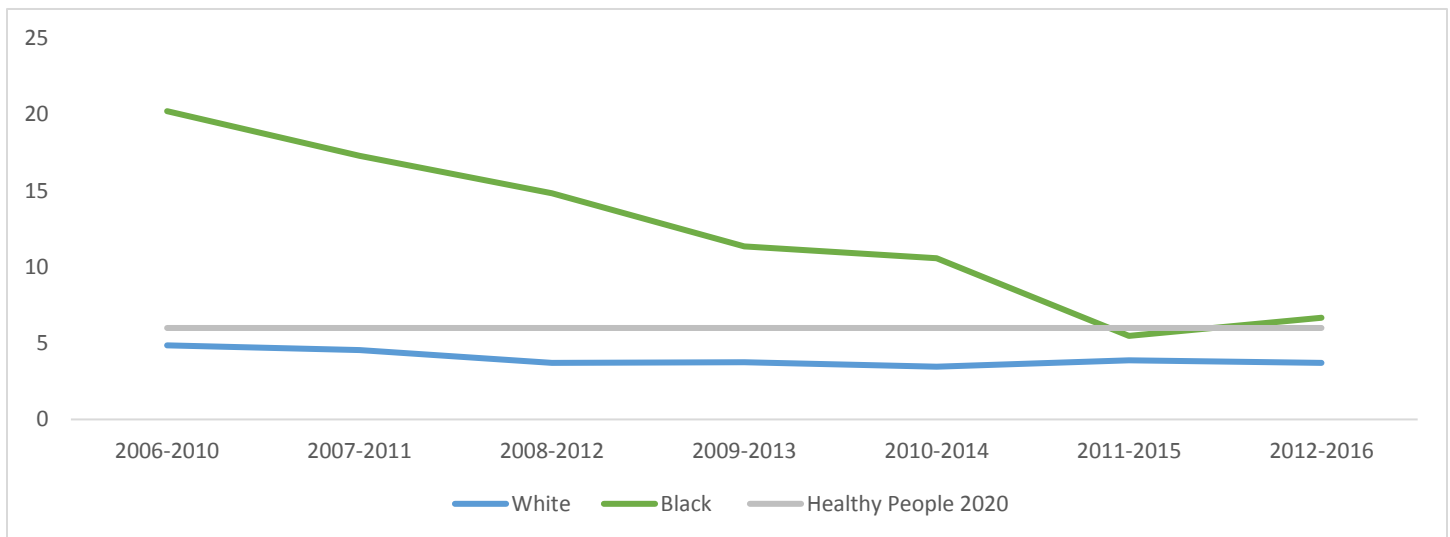
⁹ Voices for Healthy Kids, American Heart Association, and Robert Wood Johnson Foundation. (Fall 2017). *Health Equity in Public Policy: Messaging Guide for Policy Advocates*. Retrieved July 23, 2018, from https://www.metgroup.com/assets/HealthEquity_MessageGuide_Final-2.pdf.

Intelligence Agency ranked the U.S. 170th out of 225 countries included in the study.¹⁰ The infant mortality rate per 1,000 live births decreased in every Thomas Jefferson Health District locality except for Greene and Nelson from 2009–2013 to 2012–2016. In 2012–2016, four localities had a lower infant mortality rate than the Healthy People 2020 goal of six per 1,000 live births. Nelson (18.6) had the highest infant mortality rate among the district’s localities and Albemarle (2.5) had the lowest rate.



Infant Deaths per 1,000 Live Births by Place of Residence, TJHD Localities, 5-Year Rolling Averages, 2006-2016. Source: Virginia Department of Health, Division of Health Statistics, 2019.

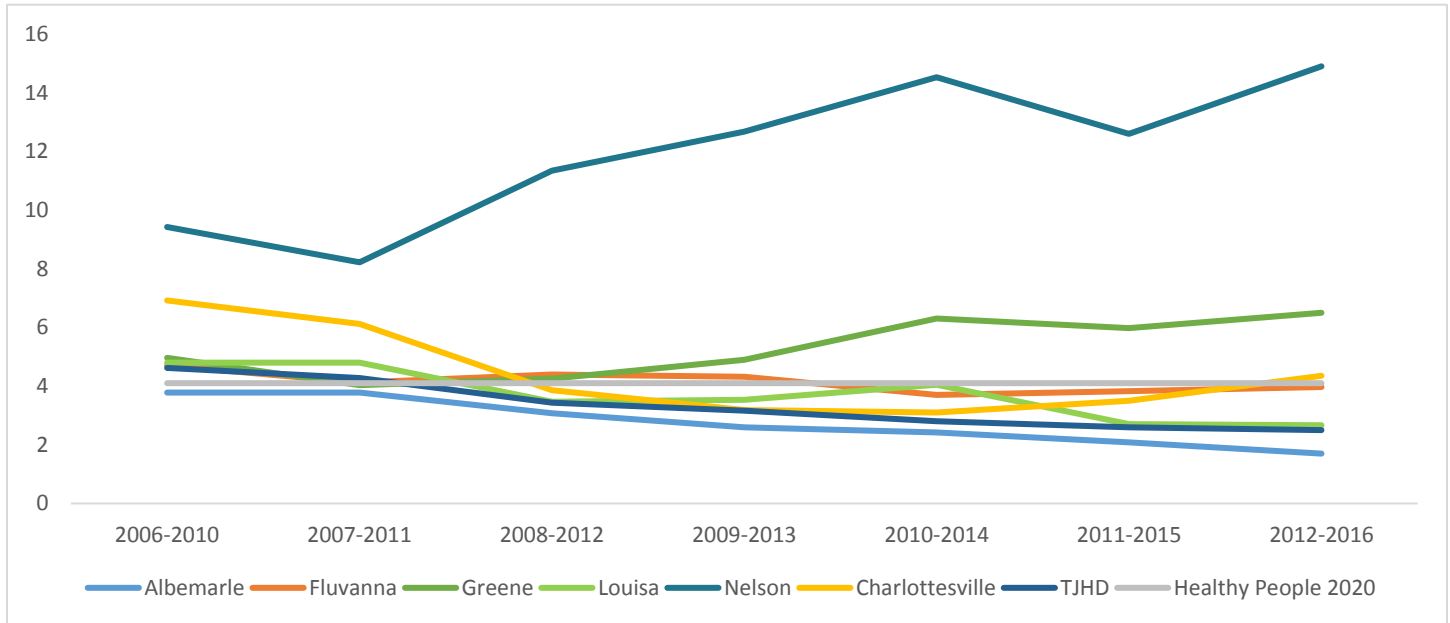
In 2012–2016, the infant mortality rate among African Americans in the Thomas Jefferson Health District was 6.7 per 1,000 live births, which is a decrease from 10.6 in 2010–2014. The white infant mortality rate in the district increased from 3.5 to 3.7 per 1,000 live births in the same years.



¹⁰ Central Intelligence Agency. *The World Fact Book: Infant Mortality Rates*. Retrieved February 6, 2019 from <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html>.

Infant Deaths Per 1,000 Live Births by Race, TJHD, 5-Year Rolling Averages, 2006-2016. Source: Virginia Department of Health, Division of Health Statistics, 2019.

Greene (6.5), Nelson (14.9) and Charlottesville (4.4) did not meet the Healthy People 2020 goal of having fewer than 4.1 neonatal deaths (infant deaths within the first 28 days of life) per 1,000 live births in 2012–2016; all other district localities met this goal. Albemarle (1.7) has the lowest neonatal mortality rate for the same years in the Thomas Jefferson Health District.



Neonatal Mortality Rate (Death within 28 days of Life) per 1,000 Live Births, TJHD Localities, 5-Year Rolling Averages, 2006-2016. Source: Virginia Department of Health, Division of Health Statistics, 2019.

OBJECTIVE 3: 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.

Cultural Humility and Implicit Bias Training

Sentara Martha Jefferson Hospital, in partnership with the Women's Initiative, UVA Health System, and other community partners has conducted cultural humility and implicit bias sessions for community members with over 350 people total in attendance. An evaluation of one of the sessions showed over 90% of participants learned new skills they plan to use.

Walking and Biking toward Equity

How can we make sure that everyone benefits from better biking and walking infrastructure? What can be done to reverse historical wrongs that continue to divide and separate people from opportunities? On November 28, 2018, the Piedmont Environmental Council (PEC), the Thomas Jefferson Planning District Commission (TJPDC), and the University of Virginia School of Architecture hosted an evening with Charles Brown, an educator and an urban planner who describes himself as a street-level researcher. He shared results from his studies on the intersections of race, gender, class and mobility, along with historical perspectives and ideas for moving forward. As a follow up, Mr. Brown held a Q&A the next day at the Boys & Girls Club for professionals, advocates, and area residents that was organized by PEC and the Move2Health Coalition. His visit was part of an intensive program of enhanced public engagement by PEC and TJPDC that was made possible by a *Strengthening Systems* grant from the Charlottesville Area Community Foundation. In the past eighteen months, PEC and TJPDC have hosted or attended more than 320 community meetings and celebrations to gather input and build an effective coalition for safe bicycle and pedestrian connections for all communities in the Charlottesville and Albemarle urban area.

Culturally Responsive Mental Health Trainings

The Community Mental Health and Wellness Coalition offered two trainings/community presentations on culturally responsive workforce strategies to over 70 participants. 100% of participants in a July 2017 health literacy training increased their understanding of health literacy and how to apply the concept of health literacy in their work. In addition, the Coalition also received funding to support a Peer Recovery Support Specialist training offered by On Our Own in fall 2018 with 20 participants.

LOCALITY-SPECIFIC STRATEGIES

<p>Charlottesville / Albemarle</p>	<p>Pick one or two concrete health disparities to improve (while still maintaining pregnancy outcomes).</p>	<p>Develop an effective coalition around improving health disparities to guide progress toward achieving this goal.</p>	<p>Explore best practices to ensure a medical home for everyone.</p>	<p>Create a healthcare workforce that reflects the diversity of the community.</p>
<p>Progress Update</p>	<p>In 2017, a student from UVA’s Batten School worked with Sentara Martha Jefferson Hospital and the MAPP Core Group to prepare a report titled “Reducing Disparities in Diabetes Deaths: Improving Health Equity in the Thomas Jefferson Health District.” The report focused on reducing diabetes mortality disparities by reviewing existing evidence, developing potential policy options, evaluating the policy options based on pre-set criteria, and providing a recommendation and implementation strategy.</p> <p>In 2018, Sentara Martha Jefferson Hospital led identification of diabetes as a health condition with marked disparities and the</p>	<p>In late 2017, a group of stakeholders met several times to plan for a 2018 UVA Martin Luther King Jr. event with a nationally recognized speaker on health disparities. Members of this planning group as well as additional stakeholders continued to meet in 2018 to discuss this MAPP priority. Meeting planning was provided by the United Way, UVA Health System, the Thomas Jefferson Health District, and Sentara Martha Jefferson Hospital. The group considered several approaches, including the formation of a new coalition, barriers to access, health disparities, and policy approaches. Ultimately, the group coalesced around two areas: (1) coordination among agencies around</p>	<p>As of January 1, 2019, thousands of Virginians ages 19–64 have access to health coverage through Medicaid expansion. Eligibility is based on income—for more information, visit www.coverva.org. Area providers coordinated Medicaid expansion outreach and enrollment efforts.</p> <p>Under this MAPP priority, the Thomas Jefferson Health District’s <i>Faith and Wellness Resource Guide</i> recommendation #1 (include access to care in your health ministry) shares resources and contacts for including access to care as part of a congregation’s health ministry. The recommendation provides resources on how congregations can provide information and assistance around Medicaid expansion to community members.</p>	<p>Under this MAPP priority, the Thomas Jefferson Health District’s <i>Faith and Wellness Resource Guide</i> recommendation #4 is to connect youth to careers in healthcare and provides resources and connections to local programs that faith congregations and other can use to connect youth to local opportunities and learning experiences.</p> <p>For example, Sentara Martha Jefferson conducted their first annual health sciences camp for kids of color in partnership with Piedmont Virginia Community College. The camp exposed kids to a variety of healthcare careers to help encourage them to consider careers in healthcare.</p>

	<p>formation of a Diabetes Steering Committee, comprised of African American and Latinx community members, to review best practices and make recommendations to involved agencies on the best approach(es) to reducing disparities in diabetes outcomes. Members were recruited through a variety of methods and selected via a short application process. As of December 2018, the Committee Chair had convened committee members to meet each other and begin work.</p>	<p>Virginia’s Medicaid Expansion (outreach and enrollment) to increase access to care and (2) Sentara Martha Jefferson Hospital led identification of diabetes as a health condition with marked disparities and the formation of a community-led Diabetes Steering Committee to review best practices and make recommendations on the best approach(es) to reducing disparities in diabetes outcomes.</p>	<p>UVA Health System explored partnerships to create a network of primary care providers to ensure a medical home for community members.</p>	
Fluvanna	<p>Have a Fluvanna County representative actively participate in the newly developed coalition that will address this goal.</p>	<p>Increase public awareness that Medicaid patients have access to free medical transportation to and from medical appointments.</p>		
Progress Update	<p>A group of stakeholders met in late 2017 and 2018 to explore options for this priority area; a representative from the Fluvanna Interagency Council was invited to participate in these meetings but was not able to attend. As noted in <i>Objective 1</i> above, the group ultimately decided not to pursue the development of a new coalition.</p>	<p>Thomas Jefferson Health District staff attends monthly Fluvanna Interagency Council meetings and shares information about new initiatives, trainings, and upcoming events. At the October 2018 meeting, health department staff highlighted Medicaid expansion and shared the flyer and information for a training for navigators sponsored by the United Way.</p> <p>Under this MAPP priority, the Thomas Jefferson Health District’s <i>Faith and Wellness Resource Guide</i> recommendation #1 shares resources and contacts for including access to care as part of a congregation’s health ministry. As noted above, there is information on Medicaid expansion in Virginia (started January 2019) including a flyer to share for additional information and enrollment information.</p>		

Greene	Have a Greene County representative actively participate in the newly developed coalition that will address this goal.				
Progress Update	A group of stakeholders met in late 2017 and 2018 to explore options for this priority area; a representative from Greene Agencies Coming Together/Greene Care Clinic participated in these meetings. As noted in <i>Objective 1</i> above, the group ultimately decided not to pursue the development of a new coalition.				
Louisa	Expand access to dental care services.	Increase awareness of primary care options in Louisa County.	Host the Community Extravaganza twice each year.	Create a Facebook page to inform the community about health improvement efforts.	Identify a champion for each goal to drive efforts toward achieving goals.
Progress Update	Based on MAPP data shared with the Louisa Interagency Council’s Community Health Assessment Sub-Council, the Louisa County Resource Council (LCRC) Board is studying the need for low-cost dental care in the area and researching rural program models. In 2018, the LCRC Board heard a presentation given by UVA nursing students—their professor served on the Louisa CHA Council—about availability of local dentists and programs for low-income patients. As quoted in the LCRC’s spring/summer 2018 newsletter, Earl Mielki, LCRC Board Chairman noted “we are terribly alarmed by the large	The Health and Wellness Center of Louisa is a federal qualified health center in Louisa that is part of Central Virginia Health Services. The Health and Wellness Center provides medical, dental, and behavioral health services. Visit their website or call (540) 967-9401 for more information. On August 11, 2018, the Center hosted a community health fair to share information on available primary care options as well as to provide access to services such as blood pressure checks as well as mobile mammography, vision, and hearing screenings. Sentara’s Spring Creek Family Medicine is	Founded in 2011, the Community Extravaganza is an annual outreach event organized by several local churches that aims to promote the spirit, body, and soul. The event was held in 2014 and 2017 but is not currently held biannually. Thomas Jefferson Health District staff participated in a separate community extravaganza and health fair at Mt. Zion Baptist Church in July 2017 and 2018 along with Sentara Martha Jefferson/ American Heart Association and the Louisa Health and Wellness Center in 2018.	MAPP partners did not create a new MAPP Facebook page as MAPP activities and initiatives are regularly shared on MAPP partner pages—for example, the Move2Health Coalition, Community Mental Health and Wellness Coalition, Thomas Jefferson Health District, Region Ten Community Services Board, Jefferson Area Board for Aging, and many more.	In 2017, Thomas Jefferson Health District staff worked with Interagency Council staff in Fluvanna, Greene, Louisa, and Nelson to identify county champions to drive each priority forward. However, after several months of discussion, MAPP partners ultimately decided to pursue strategies by organization/agency, through community coalitions, and via interagency collaborations. Most counties did not have representatives that could commit time and resources to moving forward multiple strategies within each priority.

	<p>number of Louisa County citizens who have no access to dental care. We're committed to helping resolve this serious problem. With the help of area dentists and this caring community, we can do that."</p>	<p>located in the Zions Crossroads area and provides healthcare services for those who live or work in Louisa and Fluvanna counties. Visit their website or call (434) 654-8900.</p> <p>The University of Virginia's Medical Associates of Louisa location offers comprehensive primary care services for patients of all ages. Visit their website or call (540) 967-2011 for more information.</p>			
Nelson	Explore the possibility of using volunteer drivers to increase transportation services.		**Note: strategy #2 contained in the 2016 MAPP2Health Report was moved to the final priority of "Fostering a Healthy and Connected Community" as it was a better fit for the strategy.		
Progress Update	<p>In the May 2017 Nelson Interagency Council (IAC) meeting, attendees heard a presentation from the Transportation Planning Director of the Virginia's Region 2000 Local Government Council about the possibility of a transportation connection between Lynchburg and Charlottesville to facilitate health care and other transportation needs. At the September 2017 meeting, attendees discussed resources and model volunteer driver programs as part of a discussion on disparities and access to care. The meeting also featured a special presentation by JAUNT as part of the Transit Development Plan to identify the strengths and weaknesses of existing services, and highlight opportunities for service improvement and expansion. However, at this time, no concrete plans have moved forward.</p>		<p><i>See update in the "Fostering a Healthy and Connected Community" priority that follows.</i></p>		



FOSTER A HEALTHY AND CONNECTED COMMUNITY FOR ALL AGES

FOSTERING A HEALTHY AND CONNECTED COMMUNITY FOR ALL AGES GOAL: INCREASE WELL-BEING ACROSS THE LIFESPAN BY SUPPORTING EDUCATION, PREVENTION, ADVOCACY, AND EVIDENCE-BASED PROGRAMMING.

OVERVIEW

This a new priority that was identified through the 2016 MAPP2Health process. In Planning District 10, the goal of this priority area is to increase well-being across the lifespan for people of all ages by supporting education, prevention, advocacy, and evidence-based programming. Virginia's *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."¹¹ Where people live, work, play, and pray impacts their health and well-being. Therefore, when thinking about health and well-being, it is important to consider factors like housing, transportation, jobs, education, and social support in addition to family history, access to healthcare, and personal health behaviors. In fact, "feeling safe, supported, and connected to family, neighborhood, and the community is critical for well-being."¹²

In a 2016 survey of residents across the district, people in all six localities selected services for children and youth as a top area for improvement and people in three out of the six localities selected services for older adults for improvement. For children, their experiences—both positive and negative—have a tremendous impact on lifelong health and opportunity. Childhood experiences of abuse, neglect, and other household challenges can disrupt neurological, social, and emotional development and have been linked to risky health behaviors later in life, such as substance abuse and poor diet, as well as chronic conditions, such as diabetes and obesity.¹³ For older adults, living alone and/or in poverty can increase social isolation, limit transportation options, and require additional medical supports to ensure a healthy life. Of the approximately 38,600 residents age 65 and older in our district, 25% live alone and 2,197 (6%) were living below the poverty line.¹⁴

¹¹ Virginia's Plan for Well-Being. (2016). Retrieved November 27, 2016 from <http://viriniawellbeing.com>.

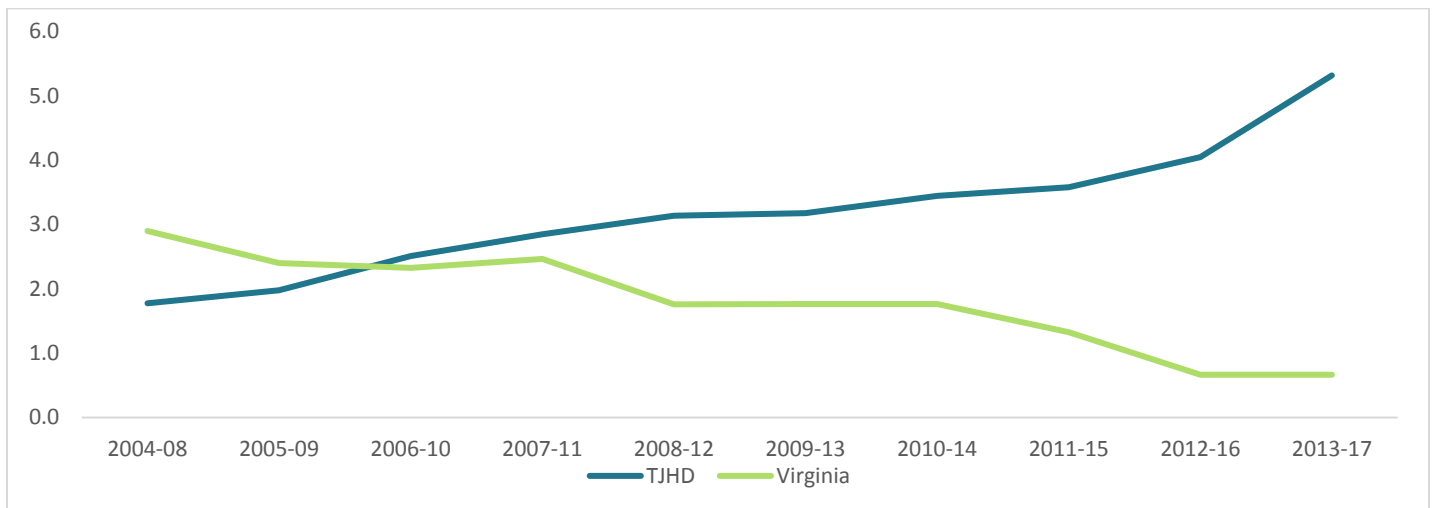
¹² Virginia Department of Health. (2016). *Virginia's Plan for Well-Being 2016-2020*. Retrieved November 27, 2016, from <http://viriniawellbeing.com>.

¹³ 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.

¹⁴ U.S. Census Bureau. (2017). *2012-2016 American Community Survey*.

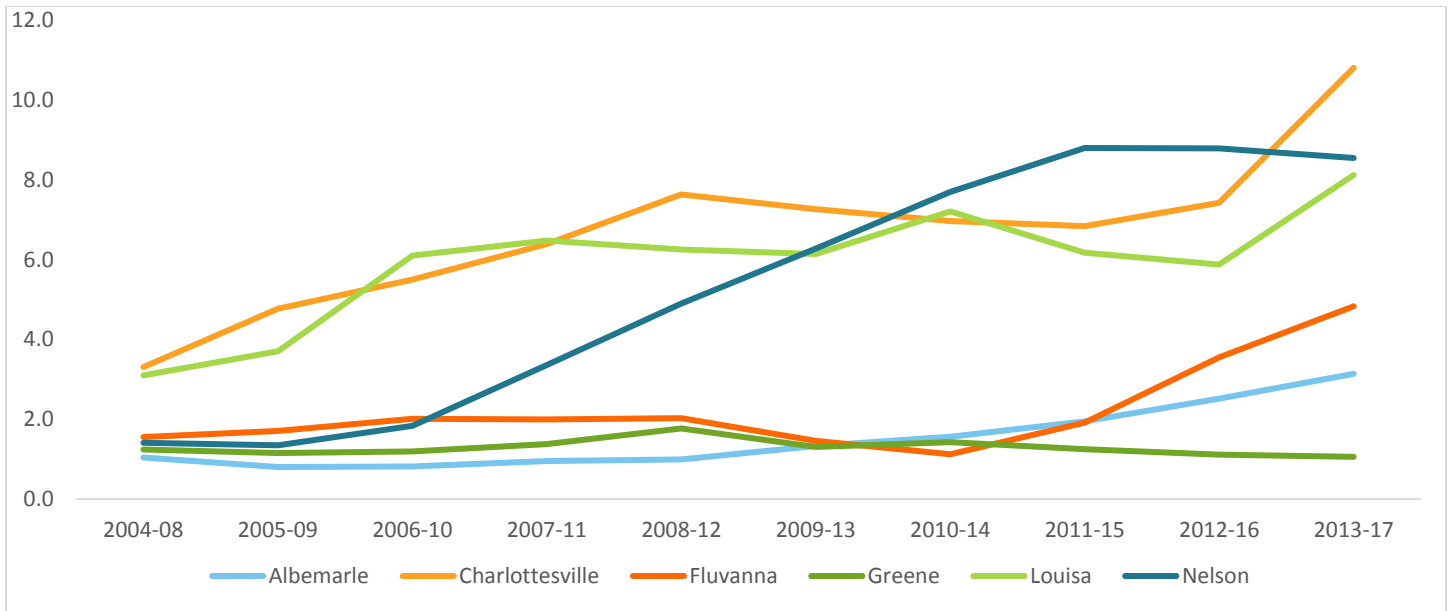
OBJECTIVE 1: BY 2019, DECREASE THE FOUNDED/SUBSTANTIATED CHILD AND ADULT ABUSE AND NEGLECT REPORT RATES.

Only a small proportion of reports for maltreatment actually qualify for review. Founded child abuse and neglect reports must show strong proof of child abuse and/or neglect after the facts and evidence have been reviewed. The statewide four-year rolling average for the rate of founded child abuse and neglect cases has continued to decrease since 2004-2008, having gotten as low as 0.7 cases per 1,000 children from 2013-2017. However, the rate of child abuse and neglect cases has increased significantly in TJHD since 2013. As of 2013-2017, the average rate in TJHD was 5.3 founded cases per 1,000 children compared to 0.7 in Virginia.



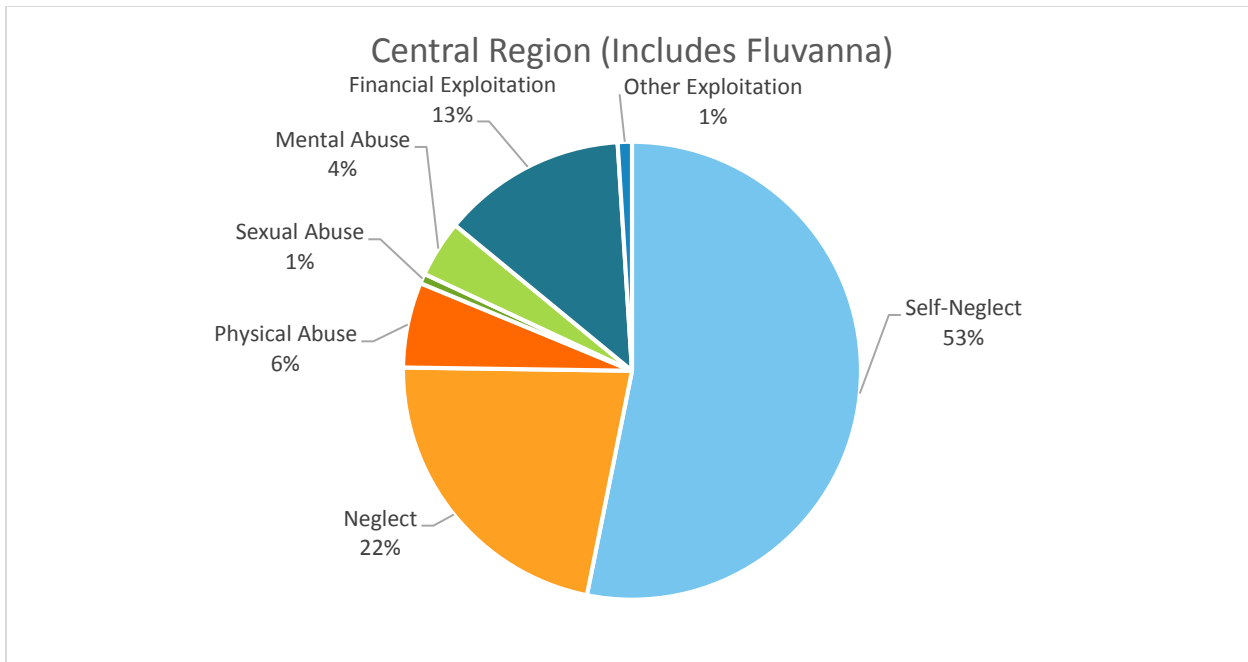
Founded Child Abuse and Neglect Report Rate per 1,000 Children Aged 0-17 Living in TJHD and Virginia, 2004-2017. Source: Virginia Department of Social Services Report, Rate of Abuse/Neglect per 1,000 Children by Locality, Completed Founded Investigations, 2019.

Every locality in TJHD had higher rates per 1,000 children than the state average in 2013-2017. Greene County is the only locality that experienced a slight decrease of 0.2 since 2009-2013, every other locality has experienced an increase in rate. Charlottesville continues to have the highest rate in 2013-2017 at 10.8, having increased from 7.3 in 2009-2013.

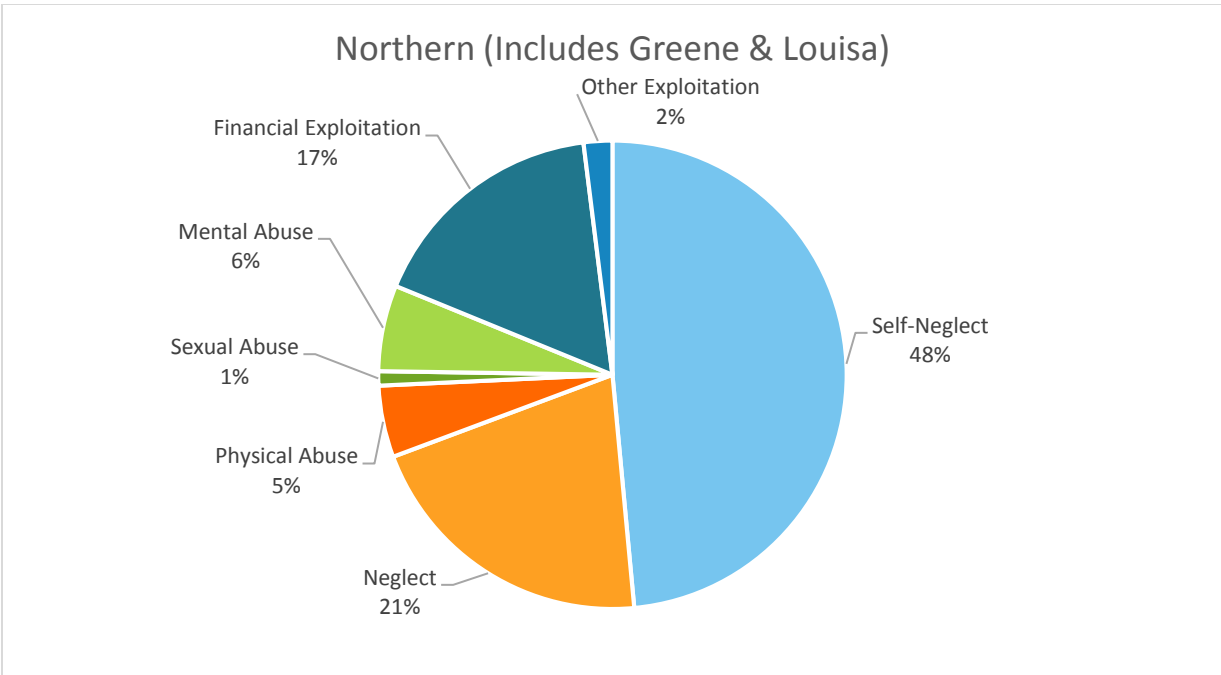


Founded Child Abuse and Neglect Report Rate per 1,000 Children Aged 0-17 Living in Locality, TJHD Localities, 2004-2017. Source: Virginia Department of Social Services Report, Rate of Abuse/Neglect per 1,000 Children by Locality, Completed Founded, 2019.

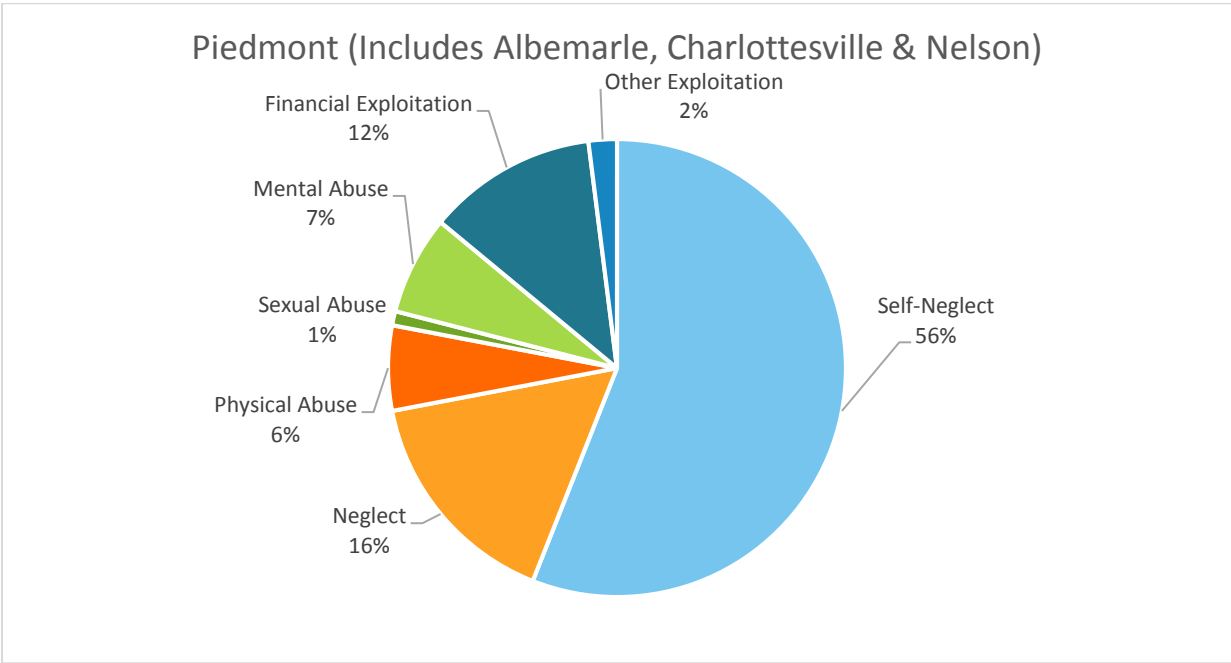
The Virginia Department of Aging and Rehabilitative Services tracks adult abuse reports and provides data at a regional level. Within each region, the majority of adult abuse cases were founded as self-neglect wherein an adult lacks the ability or will to take care of themselves. The second leading form of adult abuse was neglect by a caretaker, followed closely by financial exploitation.



Other localities in this region include: Buckingham, Goochland, Cumberland, Prince Edward, Lunenburg, Nottoway, Amelia, Powhatan, Chesterfield, Petersburg, Hopewell, Charles City, Richmond City and County, Henrico, Hanover, King William, King Queen, Caroline, Kent, Essex, Middlesex, Northumberland, and Westmoreland.



Other localities in this region include: Spotsylvania, Madison, Orange, Fredericksburg, King George, Stafford, Culpeper, Page, Rockingham, Harrisonburg, Shenandoah, Warren, Frederick, Winchester, Clarke, Fauquier, Rappahannock, Loudon, Manassas, Manassas Park, Prince William, Fairfax, Arlington, and Alexandria.



Percentage of Adult Abuse by Forms of Abuse, Central, Northern, and Piedmont DSS Regions, Fiscal Year 2018. Source: Virginia Department of Aging and Rehabilitative Services, Adult Protective Services Division, FY 2018 Annual Report, 2019.

OBJECTIVE 2: BY 2019, STRENGTHEN HEALTHY RELATIONSHIPS ACROSS THE LIFESPAN THROUGH EXPANSION AND IMPLEMENTATION OF EVIDENCE-BASED PROGRAMMING.

In FY2018, **Jefferson Area CHIP** used evidence-based tools to strengthen family relationships and promote healthy development for 540 children age 0-6 in 342 families. CHIP provides services in Albemarle, Charlottesville, Fluvanna, and Louisa and expanded its outreach and service capacity in Charlottesville and Louisa County during the year.

To strengthen healthy relationships, **ReadyKids** provides the following evidenced-based programming to the Charlottesville area:

- Home visiting services and mental health counseling to mothers and children ages 0-5
- Social-emotional and community-based early learning programs for pre-school aged children
- Trauma informed counseling for children ages 2-18
- Mental health counseling for teens

Planned Parenthood provides “Get Real,” an evidence-based comprehensive sexuality education curriculum designed for middle school-aged youth that delivers accurate, age-appropriate information and emphasizes healthy relationship skills and family involvement. Get Real was implemented at the Boys and Girls Club Cherry Avenue in the fall of 2017 and spring of 2018, at the STARS Girls group home in the fall of 2017, and at the STARS boys group home in the spring of 2018. Planned Parenthood also provides “Making Proud Choices!” another evidence-based curriculum that provides a safer-sex approach to HIV/AIDS and teen pregnancy prevention. Making Proud Choices was implemented at the Blue Ridge Juvenile Detention Center and the Boys and Girls Club Southwood in the summer of 2017.

Region Ten implemented an evidenced-based, strengths-based parenting program called Family Check Up that received 80 referrals in 2018. The Virginia Department of Behavioral Health and Developmental Services is encouraging a focus on trauma-informed practices, so that information is incorporated into the Family Check Up model for parents. In addition to Family Check Up, Region Ten provided 60 trainings for trauma-informed practices and trained 3,242 community members.

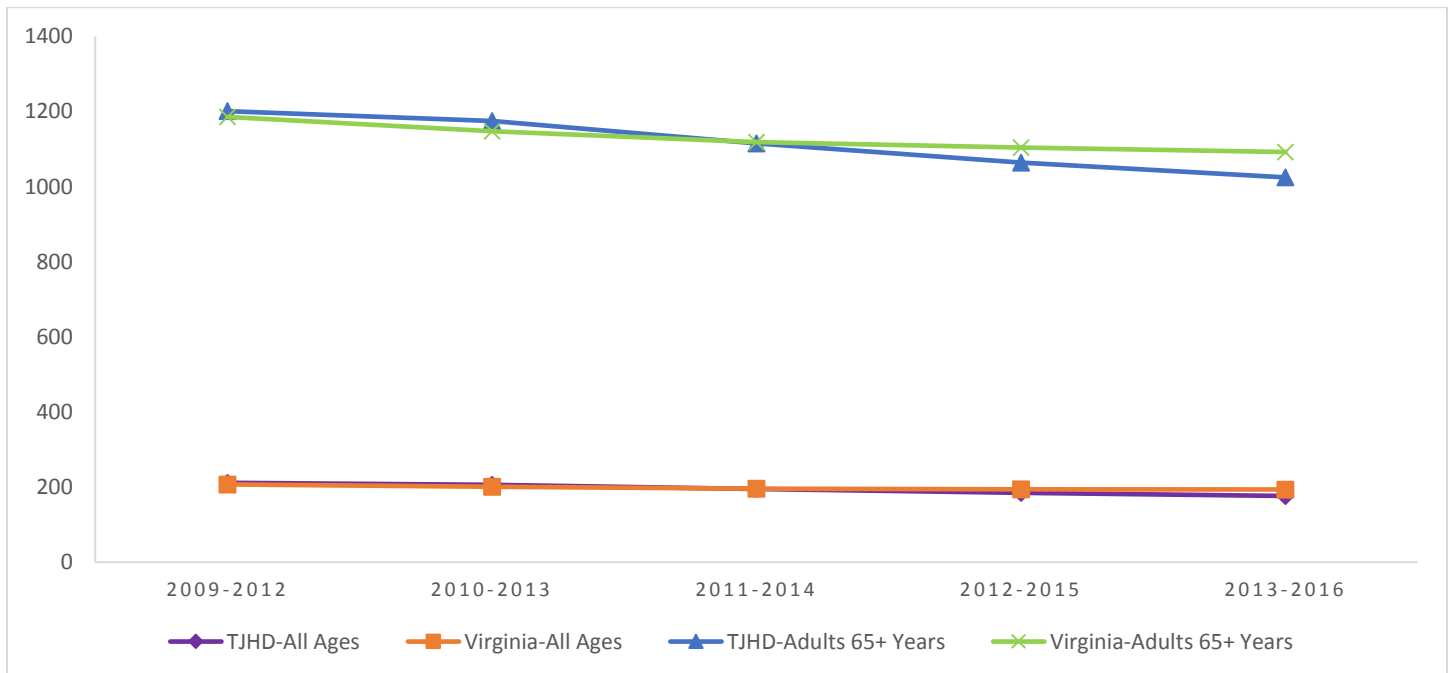
The **Sexual Assault Resource Agency (SARA)** provides the Green Dot program, a comprehensive abuse prevention program, in two district high schools. In 2018, the SARA Prevention Team provided 149 trainings for high school students about consent, respecting boundaries, healthy relationships, equality, objectification, and bystander intervention. SARA also provided 192 trainings for middle school students about identifying sexual harassment, bystander intervention, addressing gender stereotypes, and consent/boundaries. SARA also provided trainings for parents, teachers, administrators, college students, counselors, and the general community; specifically, 41 training sessions for parents, 17 training sessions for teachers, 12 trainings for school administrators, 14 trainings for college students, 6 trainings for counselors, and 6 general community trainings.

The **Trauma-Informed Community Network (TICN)** strives to improve trauma-informed care by educating professionals and the community on the impacts of trauma and by advocating for trauma-informed systems of care. TICN defines trauma-informed as “an organization, system, or community that incorporates an understanding of the pervasiveness of trauma and its impact into every aspect of its practice or programs.” The TICN recognized from the outset that high quality training and ongoing professional support are key to the development of a comprehensive, holistic trauma-informed system of care. The Network has dedicated its resources to educating professionals and the community.

OBJECTIVE 3: BY 2019, DECREASE THE RATE OF UNINTENTIONAL INJURY HOSPITALIZATIONS DUE TO FALLS.

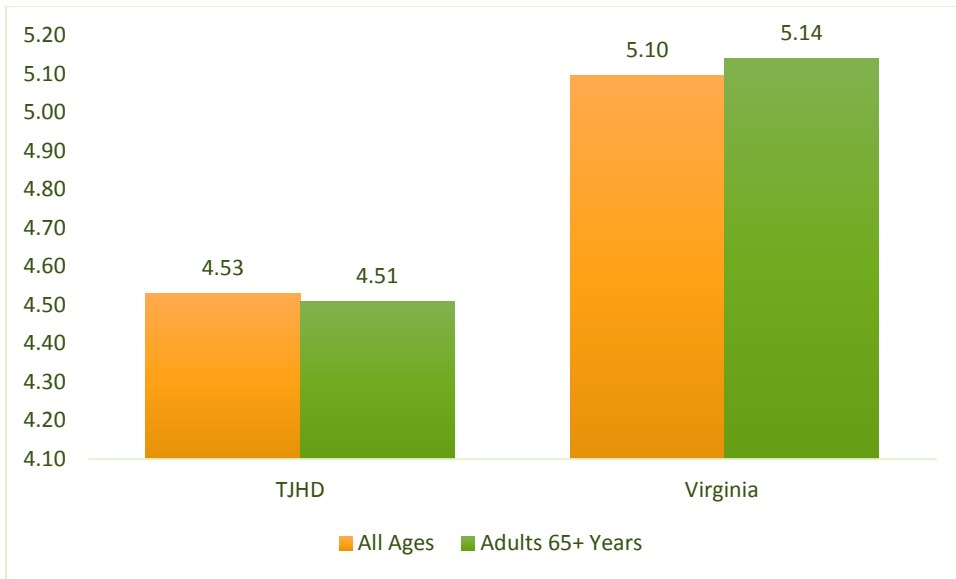
The University of Virginia Trauma Program, in partnership with The Center (formerly known as the Senior Center) in Charlottesville began offering the evidence-based fall prevention program, **A Matter of Balance**, in 2018 to the public and is working to expand the program into other areas of the health district.

Since 2009, the hospitalization rates for falls has remained at least five times greater for adults older than 65 than for those of all ages. The rate of unintentional falls for both adults over 65 and those of all ages has slightly decreased since 2009–2012 in the Thomas Jefferson Health District and statewide.



Rate of Unintentional Injury Hospitalizations Due to Falls per 100,000, All Ages (Age-Adjusted), 3-year Rolling Averages, TJHD and VA, 2009-2016. Source: Virginia Department of Health, Online Injury Reporting System, 2019.

Data reported in the *2016 MAPP2Health Report* found that not only are hospitalizations due to falls more common among those older than 65 years, they also led to longer hospital stays on average. However, updated data for 2014–2016 shows that hospital stays on average are the same for those of all ages, including adults older than 65. For all age groups, hospitalizations due to falls last longer across Virginia than in the Thomas Jefferson Health District, five versus four days, respectively.



Average Length of Stay in Days for Unintentional Injury Hospitalizations Due to Falls, TJHD and VA, 2014-2016. Source: Virginia Online Injury Reporting System, 2016.

LOCALITY-SPECIFIC STRATEGIES

<p>Charlottesville/ Albemarle</p>	<p>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.</p>	<p>Implement a measurement of wellness across the age continuum (look to WHO model, structure and benchmarks).</p>	<p>Provide a handout on parenting skills and resources when every child enters school.</p>
<p><i>Progress Update</i></p>	<p>Review Objective 2 above for an in-depth listing of evidence-based programs offered by organizations across the district that are designed to promote healthy relationships and decrease sexual assault. Providers include Jefferson Area CHIP, ReadyKids, Planned Parenthood, Region Ten, and the Sexual Assault Resource Agency, among others. In addition, the Trauma-Informed Community Network (TICN) strives to improve trauma-informed care by educating professionals and the community on the impacts of trauma and by advocating for trauma-informed systems of care. The network recognized from the outset that high quality training and ongoing professional support are key to the development of a comprehensive, holistic trauma-informed system of care and has dedicated its resources to educating professionals and the community.</p>	<p>The Charlottesville Area Alliance (CAA), which includes all localities in Planning District 10, is working to make the area more age-friendly. As part of this work, the CAA launched a community survey, available both online and in paper, which has received more than 350 responses. The CAA will also be partnering with agencies serving older adults to host focus groups with community members in the spring of 2019. This process closely follows the World Health Organization and AARP models for age-friendly communities: get feedback from the community, establish a baseline metric of healthy aging, make improvements across community and health services and the other seven domains of livability based on community input. The results of the surveys and focus groups (along with action plans) will be available in the summer of 2019.</p>	<p>In spring 2019, Charlottesville City Schools Student and Family Engagement will be hosting two nights of “Parent University” for families of preschool to fourth grade students. For questions, contact Velvet Coleman at familyengagement@charlottesvilleschools.org.</p> <p>The Charlottesville City Schools designed a brochure to explain their updated school wellness policy and distributes the brochure to all parents; it is also available for download on their website: http://charlottesvilleschools.org/wellness/.</p> <p>The Piedmont Regional Education Program (PREP) provides a monthly informational newsletter to families of children with disabilities and special needs. PREP serves the school districts of Albemarle, Charlottesville, Fluvanna, Greene, Louisa, and Madison. To view resources, prior</p>

			newsletters, or to subscribe to the distribution list, visit http://www.prepivycreek.com/prc .
Fluvanna	Explore collaboration with pastors to develop a faith coalition to support meeting the community's needs.	Develop a Faith Day that allows the community to gather, discuss, and learn about health and social issues.	Provide a handout on parenting skills and resources when every child enters school.
Progress Update	There are several existing faith groups and collaborations in Fluvanna. Thomas Jefferson Health District staff met with a Scottsville pastor in spring 2018; he is a member of a Fluvanna pastors group that meets regularly (however, he recently retired)—the health district shared a draft copy of the <i>Faith and Wellness Resource Guide</i> for comments with him. The final version was also shared with a variety of Fluvanna congregations as well as the Fluvanna Interagency Council and is available here .	The Thomas Jefferson Health District developed a <i>Faith and Wellness Resource Guide</i> with evidence-based recommendations for faith organizations and congregations for all four MAPP priorities. Recommendation #3 under the Access/Disparities priority suggests including health equity in a congregation's health ministry. One resource to learn about health, social issues, and health inequities is the <i>Unnatural Causes</i> documentary. Clips from the documentary, a discussion guide, screening toolkit, and additional information is available at https://unnaturalcauses.org .	Fluvanna County Public Schools publishes an annual Parent Resource Guide for parents and families that includes information on school policies and procedures as well as community health resources and family/educational support services. To view a copy of the 2018-2019 guide in English or the 2017-2018 guide in Spanish, visit http://fluco.org/parent-resource-guide/ .
Greene	Help childcare providers to strengthen programming through the inclusion of educational and physical activities to help children thrive and blossom.	Consider implementing the Coordinated Approach to Child Health (CATCH) program to increase activity in after-school programs.	Implement an evidence-based parenting program.
Progress Update	In August 2018, two afterschool sites in Greene County consolidated—students enrolled in after school daycare at the Nathanael Greene Primary School transitioned to the site at Ruckersville Elementary School. Preliminary information in 2019 suggests that the afterschool program at Ruckersville Elementary School, as well as the summer childcare program, will be closing this year.	The CATCH Coordinator position turned over in 2018. The new Coordinator hired in December will target Greene County Parks and Recreation and Greene County ESP (after school program) for CATCH programming.	Region Ten implemented an evidenced-based and strengths-based parenting program called Family Check Up that is available throughout the Region Ten catchment area.

	<p>However, the Youth Development Council in Greene continues to facilitate afterschool and summer programs for elementary and middle school students to enhance the academic, social, personal and character development of Greene County youth.</p> <p>In addition, there are currently two licensed childcare providers in Greene—Greene County Child Care Program and Piper Ivy Child Care.</p>		
Louisa	Implement and/or expand evidence-based parenting classes in a neutral location such as schools to avoid stigma.	Have parenting classes partner with churches to reach more parents.	
Progress Update	<p>In FY2018, Jefferson Area CHIP used evidence-based tools to strengthen family relationships and promote healthy development for 540 children age 0-6 in 342 families in Charlottesville, Albemarle, Fluvanna, and Louisa through their home visiting program. CHIP also expanded its outreach and service capacity Louisa County during the year.</p> <p>Family Check Up is available through Region Ten Community Services Board to anyone who is parenting/ caretaking in Louisa. Region Ten has provided trauma-informed care trainings to the Louisa County Department of Social Services. In addition, Region Ten’s prevention team provided trauma-informed practices training during Louisa’s “Teen Day” in the summer of 2018. In February 2019, Region Ten will provide a suicide prevention presentation in Louisa County.</p>	<p>Under this MAPP priority, the Thomas Jefferson Health District’s <i>Faith and Wellness Resource Guide</i> recommendation #2 is to connect families to early childhood programs. Resources include a link to the <i>Improving Pregnancy Outcomes’ Pregnancy and Parenting Resource Guide</i> (available at www.tjhd.org) and connections to parenting and family classes and programming through local programs such as Jefferson Area CHIP, ReadyKids, and Region Ten Family Wellness. In addition, recommendation #3 under this priority shares information on how congregations and faith-based organizations can connect parents and families in need to car seats and cribs.</p>	
Nelson	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.	Collaborate with the schools to host family-friendly education and community events.	Focus efforts on child safety by strengthening connections and communication between organizations and programs.
Progress Update	<p>* Tuesday’s Table is a faith-based ministry in Greene County where area churches provide a meal for low-income people and families in the Stanardsville area. Area churches provide a hearty and healthy balanced meal.</p>	<p>The Nelson Community Wellness Alliance’s mission is to promote wellness in the Nelson community by developing and implementing strategies to reduce youth substance abuse. In April 2017, the Alliance hosted a “Stamp out Stigma” event at</p>	<p>The Nelson County Health Department (part of the Thomas Jefferson Health District) provides free car seats to families who qualify through their car seat safety program. Parents attend a short class to learn the correct placement and</p>

	<p>The free monthly ecumenical Community Fellowship Luncheons are one of Nelson County's Unity in Community's programs whose purpose is to foster unity and bring together members from many different churches (and anyone else interested) for fellowship and information sharing. Unity in Community's luncheons are an opportunity to serve a hot nutritious meal and disseminate information to the public from speakers on a wide array of subjects including health, wellness, and physical activity.</p> <p>Through a grant, Thomas Jefferson Health District staff conducted faith-based outreach in 2018. In partnership with Unity in Community, staff presented information on MAPP2Health, the <i>Faith and Wellness Resource Guide</i>, and other ideas for healthy eating and active living to ~45 attendees at one of the monthly community fellowship luncheons. Staff gave a similar presentation to a group of older adults at JABA's Nelson Community Center on August 13, 2018.</p>	<p>the local high school and middle school. Since that time, two youth representatives have joined the Alliance. For 2019, the Alliance is partnering with the Family, Career, and Community Leaders of America (FCCLA) group from the high school as part of this year's "Stamp out Stigma" event as well as to sponsor a youth group to attend the Youth Alcohol & Drug Prevention Project (YADAPP) in summer 2019.</p>	<p>use of the car seat. To apply, applicants must be: (a) eligible for Medicaid or FAMIS or qualify by income, (b) be a resident of Virginia, and (c) be a woman in the last three months of pregnancy, or a parent, legal guardian or foster parent. From 2017 to 2018, 75 car seats were distributed in Nelson County.</p> <p>Region Ten currently serves approximately 80 children and families through Therapeutic Day Treatment services and approximately 35 kids through Supportive Counseling services. Each of these services is provided in all four schools in Nelson County and requires ongoing communication and collaboration with school personnel to ensure that identified behavioral, social, and emotional needs of the Nelson youth are being addressed and met consistently with an evidence based therapeutic approach.</p>
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