

MAPP Planning Report for Charlottesville and Albemarle Virginia

In the spring of 2007, the Charlottesville/Albemarle Health Department embarked upon a community assessment and strategic planning process called *Mobilizing for Action through Planning and Partnerships*, or MAPP.

MAPP provides health departments and their community partners with a framework to collect and analyze health data; identify and prioritize community health issues; and develop and implement action plans that address defined needs. The MAPP concept was developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). It has guided communities across the nation in identifying and tackling their most pressing issues impacting health.

Locally the MAPP process has been facilitated by the Charlottesville/Albemarle Health Department for the City and County. It sought the partnership, input and advisement from a steering committee with representatives of major educational, health and human service agencies/institutions serving Charlottesville and Albemarle. (Appendix A).

Described in detail at www.naccho.org/topics/infrastructure/MAPP/index.cfm, MAPP involves a series of steps including: visioning, assessment, identification of priority issues, formulating goals and strategies and, lastly, taking action. This report summarizes highlights of the process and outcomes to date. (See Appendix B for timeline.)

First Step: Four MAPP Assessments

The assessment phase of MAPP involves the collection of both quantitative and qualitative data described below:

Community Health Status Assessment:

This assessment involved the collection, analysis and presentation of quantitative data in 13 categories (Appendix C) as recommended by MAPP to answer the following questions: Who comprises the community and what do they bring to the table? What are the strengths and risks factors in the community that contribute to health? What is the status of health in the community? Data is available in a written report and in PowerPoint; highlights of which include:

1. *Changing demographics.* Those 45 and older represent the fastest growing segment of the population. At the same time, our community is seeing an increasingly diverse population due to the influx of immigrants and refugees.
2. *Socio-economic status.* The County median household income is 77 percent greater than that of the City. While over 80 percent of City and 90 percent of County residents

are above the poverty level, children and the elderly are the most affected groups by poverty.

3. *Health resource availability.* An estimated 17,000 individuals have no health insurance in the City and County. Nearly 60 percent of County and 35 percent of City households without insurance are above 200 percent of poverty. While there have been advancements in dental access for children, it is still very limited for adults who are uninsured or underinsured.
4. *Behavioral risk factors.* Tobacco use has declined nationally; however, local statistics indicate that about 20 percent of the adult population smoke. Local childhood obesity data indicate that childhood overweight and obesity increased between 2003 and 2007, likely reflecting changes in physical activity and nutrition.
5. *Maternal and Child Health.* The infant mortality rate in the City is increasing with racial disparities in both the City and County: i.e., more African-American babies are dying within the first year of life as compared to whites and more are born at a low birthweight (i.e., ≤ 2500 grams). The City's teen pregnancy rate appears to be climbing.
6. *Leading Causes of Death.* Overall death rates are declining in both the City and County, but they are higher among African-Americans than their white counterparts, especially for heart disease and stroke. While the incidence of cancers has remained fairly stable for both the City and County, it is higher among African-Americans living in the County as compared to their counterparts in the City and the state. Overall cancer death rates have declined, suggesting detection and diagnosis at earlier stages of disease, when there is a greater chance of successful treatment.
7. *Injury.* Falls are the leading cause of unintentional injury-related hospitalization, with the elderly the largest group for whom this occurs. The suicide rate is higher than the homicide rate in both the City and County.
8. *Infectious Disease.* Chlamydia and gonorrhea are the most common sexually-transmitted infections in the City and County with higher rates among teens and among City residents. The prevalence of HIV and AIDS is slowly increasing, likely indicating improvements in treatment and survival; however, a disproportionate percent of HIV/AIDS cases occur among black and Hispanic persons.
9. *Mental Health.* Despite a relative lack of mental health data, we know that depressive, psychotic/schizophrenic and bipolar disorders account for more than 40% of diagnosed conditions treated by Region Ten, the primary provider of public mental health services. Psychoses requiring hospitalization has increased in the City, according to hospitalization discharge data.

Community Themes and Strengths

The Community Themes and Strengths assessment seeks opinions on barriers, potential solutions, and community assets related to the most pressing health needs in our community. This was accomplished through a series of 11 focus groups with community residents and providers of health/human services in Charlottesville/Albemarle (Appendix D). Facilitated by a UVA graduate student in community psychology, the 100 focus group participants were led in discussion to address questions related to priority health issues and

their causes, potential solutions and existing opportunities/resources to address. Focus group participants identified the following as key issues:

1. Dental care, nutrition and exercise, mental health care, and primary care were identified as the most important health issues in the City and County.
2. Nutrition and exercise for children were frequently identified as important factors to prevent childhood obesity.
3. Accident prevention and medication education was particularly important among senior citizens.
4. The need for preventative health education and programs which emphasize healthy life habits and community wellness was underscored by most participants.
5. Youth and young adults reported the need for more education and services to focus on teen pregnancy and sexually transmitted diseases
6. The cost of health care is an overriding issue, especially related to special services such as for vision, podiatry, audiology, dental care, and medication.

Local Public Health System Performance Assessment:

This assessment evaluates how well the many entities within a local public health system (LPHS) collectively perform based on elements of ten Essential Public Health Services, the guiding principles by which public health systems should ideally operate. Input was gathered from 49 community representatives (Appendix E) attending one of six sessions which focused on evaluating performance related to one or two Essential Services. Each session followed a systematic discussion and voting procedure, with results entered into an online database which generated a written report. The following elements under three Essential Services (ES) needed the greatest improvement:

ES: Mobilize Community Partnerships to Identify and Solve Health Problems

Constituency Development and Community Partnerships

- Identification of key constituents or stakeholders
- Participation of constituents in improving health
- Directory of organizations that comprise the LPHS
- Creation of community health improvement committee
- Review of community partnerships and strategic alliances

ES: Evaluate Effectiveness, Accessibility and Quality of Personal and Population-Based Health Services

Evaluation of population-based health services and Local Public Health System

- Assessment of community satisfaction with population-based health services
- Identification of gaps in the provision of community-based services
- Use of population-based health services evaluation
- Periodic evaluation of the LPHS
- Evaluation of partnership within the LPHS
- Use of LPHS evaluation to guide community health improvements

ES: Monitor Health Status to Identify Community Health Problems

Population-based Community Health Profile and Access/Use of Current Technology

- Community health assessment
- Community-wide use of community health assessment or CHP data
- Use of state-of-the-art technology to support health profile databases
- Access to geo-coded health data

Forces of Change:

The Forces of Change assessment provides an overview of key trends, events or factors that currently or could potentially impact the quality of health or health care delivery. MAPP Steering Committee members identified and discussed leading forces of change in our community, the following of which were the most frequently cited:

- **Community demographics**
 - Large ethnic population shift – including more people with Limited English Proficiency and/or Spanish-speaking.
 - Community aging
- **Slowing economy:**
 - Limited revenues impacting state & locality funding of programs/services and non-profit health/human service organizations
 - Increase in number of persons needing funded services
 - Growing gap between “haves” and “have-nots”
- **Access to health care:**
 - Increasing numbers of uninsured or underinsured
 - Limited availability of health care workers esp. in light of aging population
- **Political debate at the state/national level, e.g.:**
 - Health disparities
 - Access to care
 - Medicare
 - Gun control
 - Mental health
 - “No Wrong Door” (one entry point for long-term care information)

Second Step: Determining Strategic Issues; Formulating Goals and Strategies

MAPP defines strategic issues as “the fundamental policy choices facing an organization’s or system’s vision, mandates, values, services, clients, resources, or operations based on the convergence of external opportunities and threats, system strengths and weaknesses, health status findings or community themes.” At its June meeting, a subcommittee MAPP Steering Committee reviewed results and themes based on analysis of results from all four assessments and identified four key strategic issues, formulated as questions:

- Chronic disease: How can we reduce the prevalence of tobacco use and obesity, both major lifestyle risk factors for chronic disease?

- Infant mortality: How can we reduce the infant mortality rate in our community and decrease the disparity in the rates among different races and ethnic groups?
- Mental health: How can the local community address unmet mental health needs, including substance abuse?
- Dental health: How can the local healthcare community ensure that every community member has access to affordable dental care?

In September, 2008, the full MAPP Steering Committee met to approve the strategic issues and formulate goals and strategies. Members agreed to develop goals and strategies for all but dental health, as the Free Clinic and Health Department are already involved in addressing the issues of dental access as raised by that strategic issue. The Committee created the following goals: (See Appendix F for accompanying strategies).

- Goal 1. Reduce the prevalence of tobacco use and obesity
- Goal 2. Improve mental health and ensure access to appropriate quality mental health services
- Goal 3. Reduce substance abuse to protect health, safety and quality of life for all
- Goal 4. Reduce the infant mortality rate in Charlottesville/Albemarle
- Goal 5. Reduce the disparity between white and black infant mortality in Charlottesville/Albemarle

Third Step: Taking Action

As the City-County community continues to grow and evolve, it contends with new challenges to achieving and maintaining health. While fortunate to have several healthcare resources and substantial improvements in our community's health via new programs, campaigns, laws, and other mechanisms, it still struggles with issues that affect the quality of health – and in turn, the quality of life.

For this reason, it is incumbent upon the community to use the results of the MAPP assessments to initiate and develop action plans that address identified needs. For its part, the health department will facilitate workgroups – either by collaborating with existing community coalitions or developing new ones – that seek to address at least two of the identified strategic issues, i.e., preventing infant mortality; improving mental health care, reducing the prevalence of tobacco use and obesity.

At the same time, MAPP should be a catalyst for empowering community action by the entire public health system. It is our hope that the collected data shared with physicians, governments, health institutions and agencies will be used in future research, grant applications and community planning initiatives that impact the quality of health and health care in both Charlottesville and Albemarle. In essence, data should foster the allocation of resources to areas where we can maximize benefits to the collective health of our community.

APPENDIX A: MAPP Steering Committee Members

- Ralph Allen, Professor and Director, UVA Office of Environmental Health and Safety
- Rosa Atkins, Superintendent, Charlottesville City Schools
- Carol Walker Bell, Manager of Health Services, JABA
- Diane Behrens, (formerly with) Albemarle County Schools
- Ruth Gaare Bernheim, Director, University of Virginia (UVA)
Division of Public Health Sciences
- Leslie Beuregard, Director of Budget and Performance Management,
City of Charlottesville
- David Brown, City Council, City of Charlottesville
- Bryan Elliott, Assistant County Executive, Albemarle County
- Gretchen Ellis, Director, Charlottesville/Albemarle Commission on
Children and Families
- Kelly Gurka, Assistant Professor, UVA Public Health Sciences
- Diane Hillman, Director, UVA Health System, Market Research and Planning
- Steele Howen, Albemarle County Schools
- Robert Johnson, Executive Director, Region Ten Community Services Board
- Marcus Martin, Associate Vice President for Diversity and Equity,
Assistant Dean School of Medicine, UVA
- Pat Mullaney, Director, Albemarle Parks and Recreation
- Lilian Peake, District Director, Thomas Jefferson Health District
- Mike Svetz, Director, Charlottesville City Department Parks and Recreation
- Erika Viccellio, Executive Director, Charlottesville Free Clinic
- Gordon Walker, Chief Executive Officer, JABA
- Susan Winslow, Director of Nursing Education and Community Services,
Martha Jefferson Hospital

APPENDIX B: MAPP Timeline

May, 2007

- First meeting of the MAPP the Steering Committee

June – November, 2007

- Collection and analysis of quantitative data, presented for discussion to Steering Committee over the course of four meetings.
- Local Public Health Performance Assessment conducted with health department leadership team on one Essential Service to serve as pilot.

December, 2007

- Pilot focus group conducted with Jefferson Area CHIP family support workers. Modifications made to focus group discussion guide based on experience.

January – April, 2008

- Ten focus groups conducted with residents and health/human service providers for Charlottesville/Albemarle (see Appendix for listing).
- Five additional sessions of the Local Public Health Performance Assessment conducted covering the remaining nine Essential Public Health Services.

May, 2008

- Meeting of Steering Committee; discussion of all assessments, including Forces of Change assessment.

June, 2008

- Based on results of four MAPP assessments, Steering Committee subcommittee reviews data and comes up with four possible strategic issues:

September, 2008

- MAPP Steering Committee decides to develop goals with strategies for three strategic issues.

APPENDIX C: Community Health Status Assessment Categories

- Demographic
- Socioeconomics
- Health resource availability
- Quality of life
- Environmental health
- Behavioral risk factors
- Maternal and child health
- Causes of death
- Cancer
- Injury
- Infectious disease
- Ambulatory care sensitive conditions
- Mental health

APPENDIX D: Community Themes and Strengths Focus Groups

December 13, 2007	Jefferson Area CHIP family support workers (pilot group)
January 31, 2008	City and County public school nurses
February 4, 2008	Faith community nurses and representatives
February 20, 2008	Scottsville and Esmont senior center participants
February 21, 2008	Health professionals serving City and County
February 25, 2008	MACAA Project Discovery teens
February 27, 2008	Head Start parents (Jordan Center – predominately Latino)
March 12, 2008	Urban Vision/Friendship Court residents
March 20, 2008	Millmont Grille restaurant employees
March 26, 2008	Human service providers
March 26, 2008	Small business owners

APPENDIX E: Local Public Health System Performance Assessment participants

Dyan	Aretakis	UVA Teen Health Center
Beth	Baptist	Charlottesville City Schools
Diane	Behrens	Albemarle County Schools
Karen	Beiber	JABA
Carol	Walker Bell	JABA
Tom	Berry	UVA Health System Emergency Preparedness
Jean	Blackenship	Martha Jefferson Hospital
Bruce	Bosselman	CATEC
Nisha	Botchwey	UVA School of Architecture
David	Brown	Charlottesville City Council
Pat	Cheeks	Martha Jefferson Mid-life Center
Cheryl	Cooper	JABA
Susan	Erno	Charlottesville Adult Learning Center
Ruth	Gaare Berheim	UVA Public Health Sciences
Kelly	Gurka	UVA Public Health Sciences
Diane	Hillman	UVA Health System Marketing and Research
Laura	Humbertson	UVA Health Resource Center
Rita	Jackson	Thomas Jefferson Health District
Frank	Jargowsky	Martha Jefferson Hospital
Robert	Johnson	Region Ten Community Services Board
Pam	Kulbok	UVA School of Nursing
Joyce	Martin	Charlottesville Dept of Social Services
Marcus	Martin	UVA and UVA School of Medicine
Jeff	McDaniel	Thomas Jefferson Health District
John	Miller	Albemarle County Police
Pat	Mullaney	Albemarle County Parks and Recreation
Eric	Myers	Thomas Jefferson Health District
Kelly	Near	Claude Moore Health Sciences Library
Norm	Oliver	UVA Family Medicine
Ida	Perea	UVA Employee Assistance
Lilian	Peake	Thomas Jefferson Health District
Susan	Pleiss	Charlottesville Parks and Recreation
Kathy	Ralston	Albemarle Dept of Social Services
Joan	Richards	Thomas Jefferson Health District
Nila	Saliba	UVA Cancer Center
Judy	Smith	Thomas Jefferson Health District
Alice	Sorum	Thomas Jefferson Health District
Mike	Svetz	Charlottesville City Parks and Recreation
Marge	Thomas	Emergency Communications Center
Lynn	van der Sommen	Piedmont Virginia Community College
Linda	Vasquez	Thomas Jefferson Health District
Erika	Viccellio	Charlottesville Free Clinic
Emily	Pellicia	Charlottesville Fire Department
Sue	Winslow	Martha Jefferson Hospital
Barbara	Yager	Thomas Jefferson Health District

APPENDIX F: MAPP Goals and Strategies

Goal 1: Reduce the prevalence of tobacco use and obesity

Tobacco Strategies

1. Increase resources for the development of smoking cessation programs
2. Develop voluntary and business and legislative activities to eliminate smoking in public places
3. Improve public education for the prevention of smoking, esp. among youth

Obesity Strategies

1. Cultivate partnerships that provide access to quality program, facilities and services, regardless of income.
2. Support strategic efforts of COTF, Local Motion, Parks and Recreation
3. Support legislation for “No Child Left Inside” Act
4. Promote healthy workplaces

Goal 2: Improve mental health and ensure access to appropriate quality mental health services

Goal 3: Reduce substance abuse to protect health, safety and quality of life for all.

Strategies

1. Create a system to better coordinate mental health and substance abuse services
 - a. Compile a list of existing providers and services in the area
 - b. Develop a centralized interagency data sharing system
2. Increase the capacity to meet demand (i.e., more clinicians)
3. Convene a stakeholders group for next steps
 - Private providers
 - Mental Health America
 - Local provider groups
 - UVA Student Health counseling services

Goal 4: Reduce the infant mortality rate in Charlottesville/Albemarle

Goal 5: Reduce the disparity between white and black infant mortality in Charlottesville/Albemarle

Strategies:

- Develop a coalition of community partners, including individual healthcare providers to identify and address risk factors and access issues associated with infant mortality – or integrate into the Prenatal Workgroup under the Partnership for Children.
- Develop activities that promote community and personal awareness about behaviors that result in healthy births