

Thomas Jefferson Health District

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Serving:  
Albemarle County  
City of Charlottesville  
Fluvanna County  
Greene County  
Louisa County  
Nelson County

May 30, 2014

Mr. Stephen Carter  
Nelson County Administrator  
P.O. Box 336  
Lovingson, VA 22949

RECEIVED

MAY 30 2014

COUNTY ADMINISTRATOR

Dear Mr. Carter,

It is my pleasure to share with you the enclosed report that presents data released since our health district published its *MAPP2Health* Community Health Assessment and Community Health Improvement Plan (December 2012). Four community coalitions continue to actively work to improve our community's health in the following priority areas:

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

As the report indicates, we are improving in some of these areas. I hope you'll find this progress promising and the report useful in your work. I look forward to our continued partnerships and seeing continued improvements in our community's health.

If you have any questions about the report, or if you would like to get involved in one of the coalitions, please do not hesitate to contact me, either by email ([Elizabeth.Beasley@vdh.virginia.gov](mailto:Elizabeth.Beasley@vdh.virginia.gov)) or by phone (434-972-6232).

Sincerely,

Elizabeth D. Beasley, M.P.H.  
Sr. Health Promotions Consultant

In Cooperation with the State Department of Health



# MAPP2HEALTH UPDATE

## Community Health Improvement Plan

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

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

The community's health is influenced by multiple factors including health behaviors, healthcare access, community characteristics, environmental factors, and service delivery by private, non-profit, and governmental organizations. In 2011 and 2012 community leaders across all sectors in Virginia's Planning District 10 (PD10), also called the Thomas Jefferson Health District (TJHD), developed a plan of action, **MAPP2Health**, to work collaboratively to improve the health of PD10 (TJHD) residents. The plan is available at [www.tjhd.org](http://www.tjhd.org) under *Data*. This update presents data released since the plan was adopted.

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

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

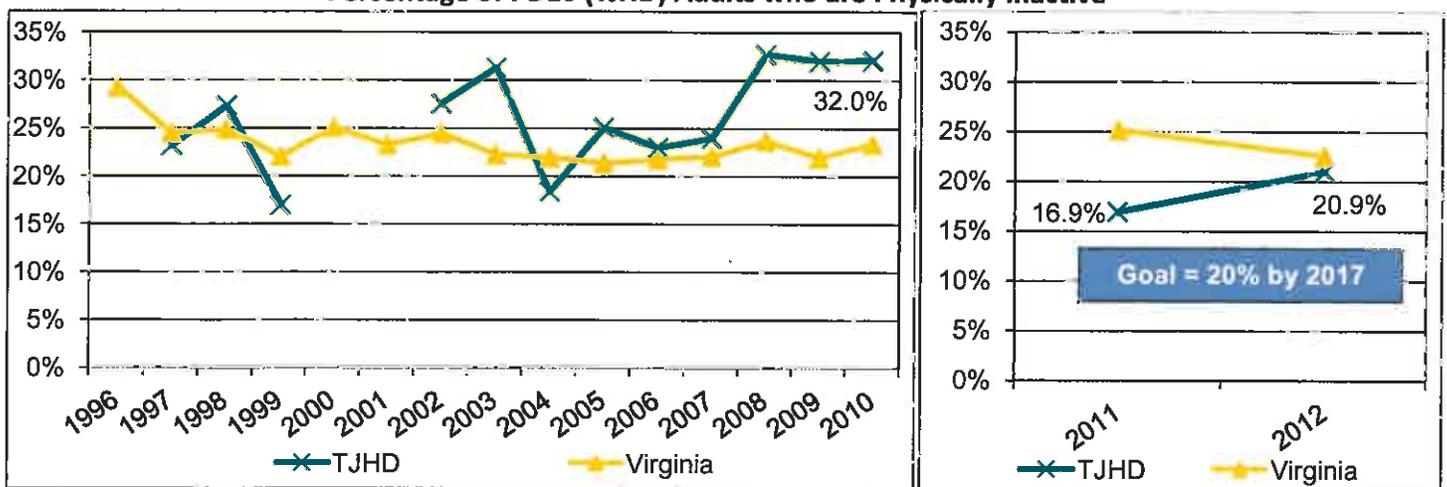
#### Community Health Issue #1: An increasing rate of obesity

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

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

**Objective 1:** By 2017, reduce the percentage of adults living in PD10 who are physically inactive from 24% to 20%. The percentage of adults in PD10 (TJHD) who are physically inactive increased from 16.9% in 2011 to 20.9% in 2012. It is important to note, however, that the confidence interval is wide (13.8, 28.0).

Percentage of PD10 (TJHD) Adults who are Physically Inactive\*



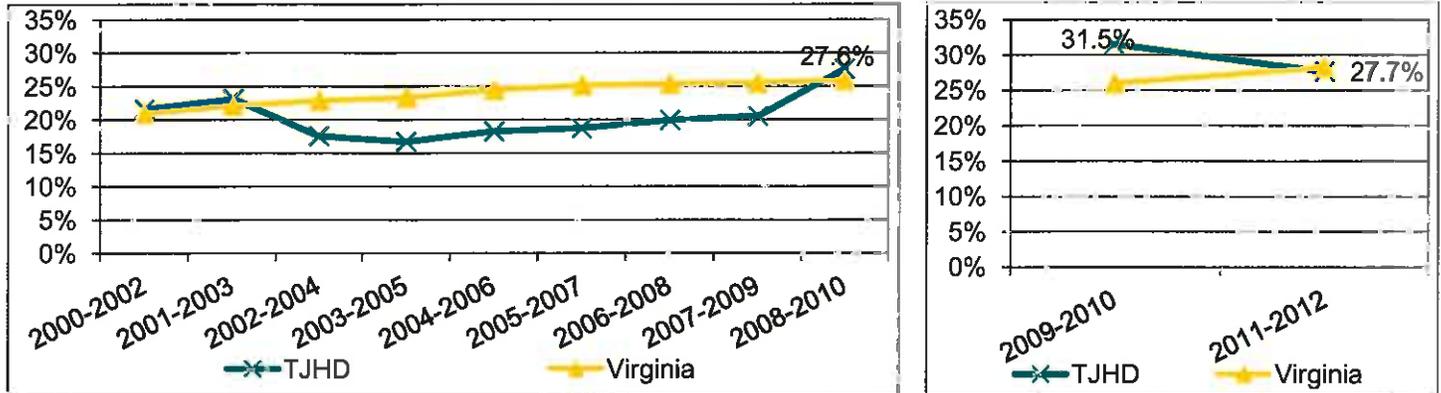
Source: Behavioral Risk Factor Surveillance Study, Virginia Department of Health

\*Virginia data was not stratified by health district level in 1996, 2000 and 2001.

\*In 2011, BRFSS introduced a new sampling scheme with changes in methodology and weighting procedures that prohibits combining the year 2011 and onward with 2010 and prior data years.

**Objective 2: By 2017, stop the trend of the percentage of PD10 (TJHD) residents who are overweight or obese from increasing.** The percentage of obese adults in PD10 (TJHD) decreased from 31.5% in 2009-2010 to 27.7% in 2011-2012.

**Percentage of PD10 (TJHD) Obese Adults\* – Self-Reported BMI >30 among Adults ≥ 20 Years Old**



Source: Virginia Department of Health, Office of Family Health Services, Virginia Behavioral Risk Factor Surveillance System

\*In 2011, a new sampling scheme was introduced with changes in methodology and weighting procedures in BRFSS data collection that disallows combining 2011 and onward with 2010 and prior data years.

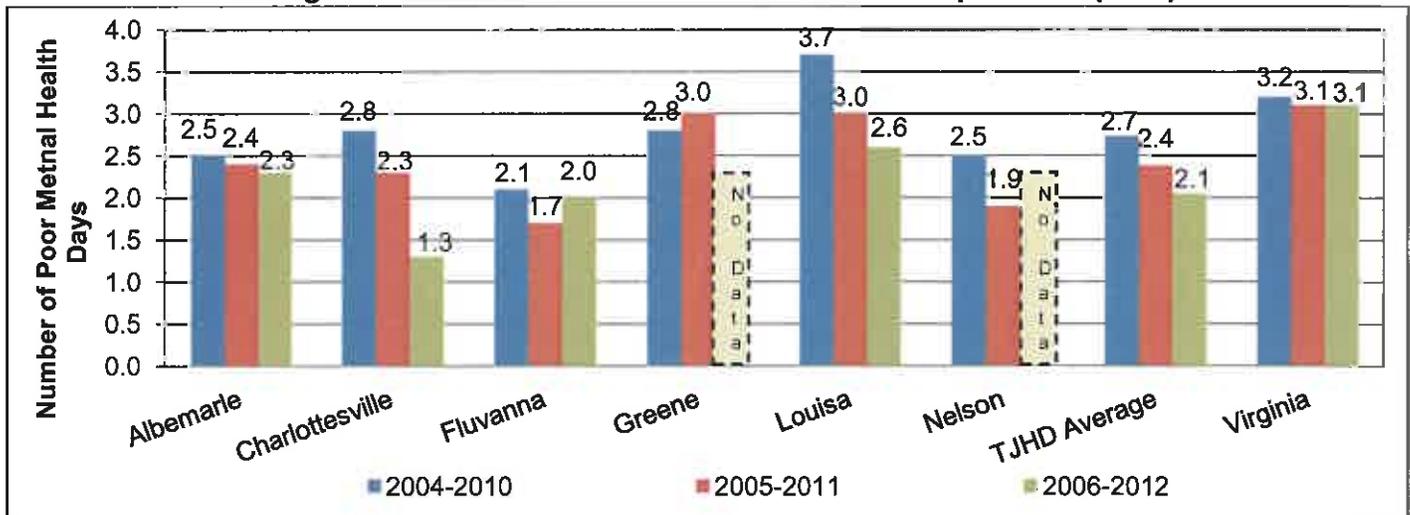
**Community Health Issue #2: Insufficient access to mental health and substance abuse services**

Strategies adopted to address this issue include:

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

**Objective: By 2017, decrease the number of self reported poor mental health days in PD10 (TJHD).** The PD10 (TJHD) average poor mental health days decreased from 2.7 in 2004-2010 to 2.1 in 2006-2012.

**Average Number of Poor Mental Health in the Last 30 Days in PD10 (TJHD)\***



Source: County Health Rankings, Robert Wood Johnson Foundation

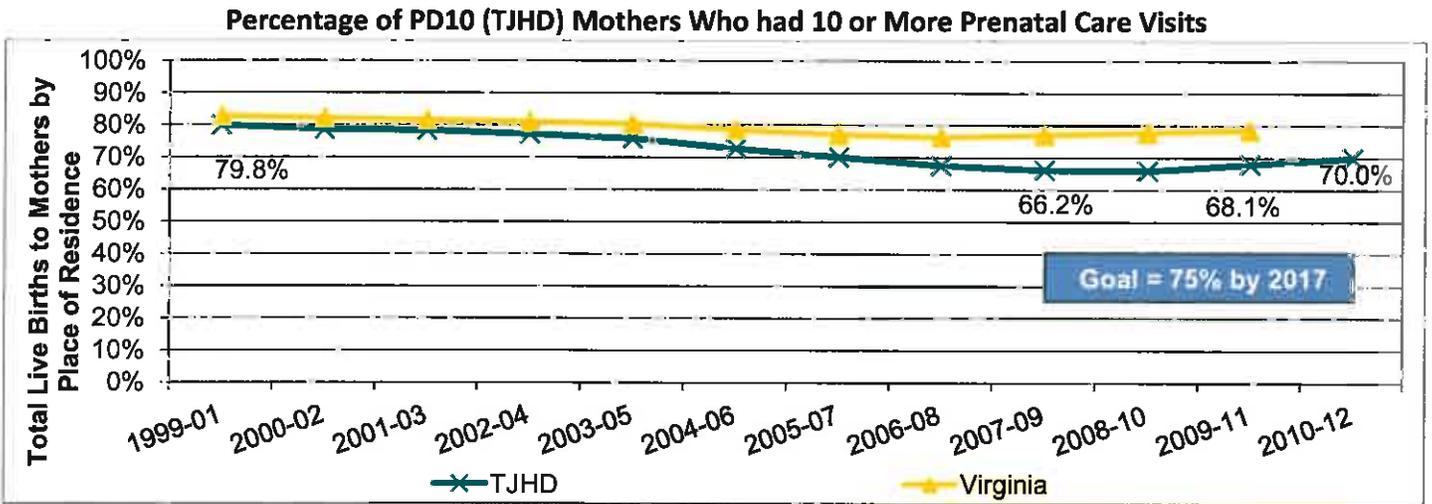
\*2006-2012 Data for Greene and Nelson Not Available

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

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

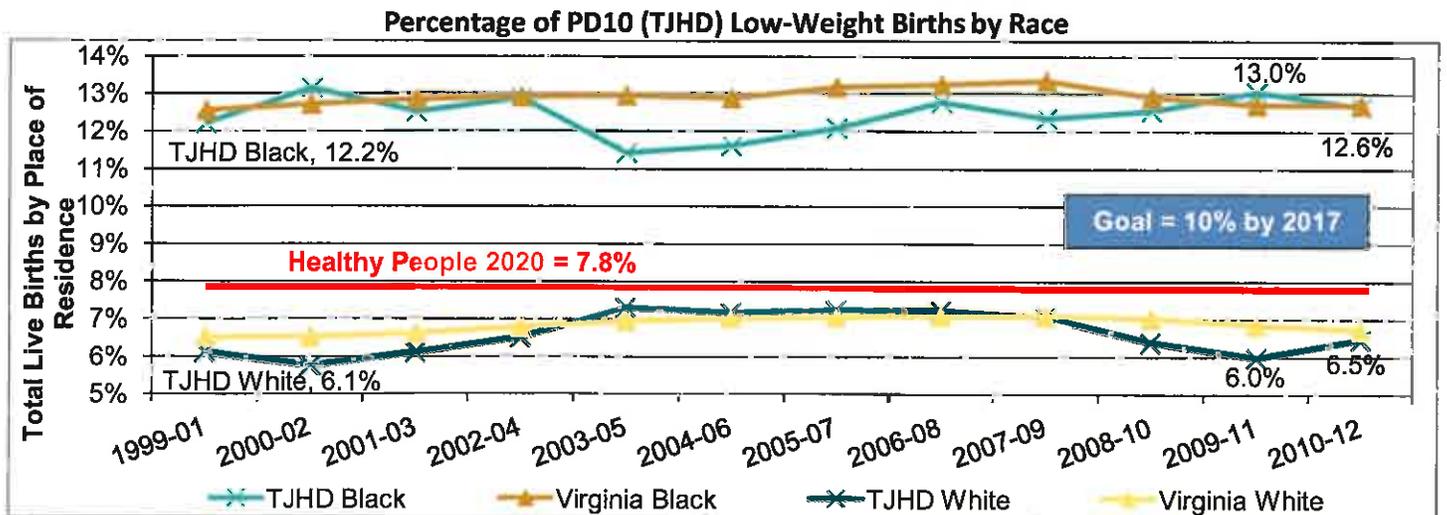
- Conduct research on why vulnerable populations of women are not receiving and accessing available prenatal care services
- Work with PD10 (TJHD) prenatal care providers to overcome barriers identified in research
- Increase awareness among vulnerable women of childbearing age about the importance of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

**Objective 1: By 2017, increase the percentage of pregnant women who receive ten or more prenatal care visits from 66% to 75% of PD10 (TJHD) pregnant women.** The percentage of pregnant women who received ten or more prenatal care visits in PD10 (TJHD) increased from 68.1% in 2009-2011 to 70.0% in 2010-2012.



Source: Virginia Department of Health, Division of Health Statistics

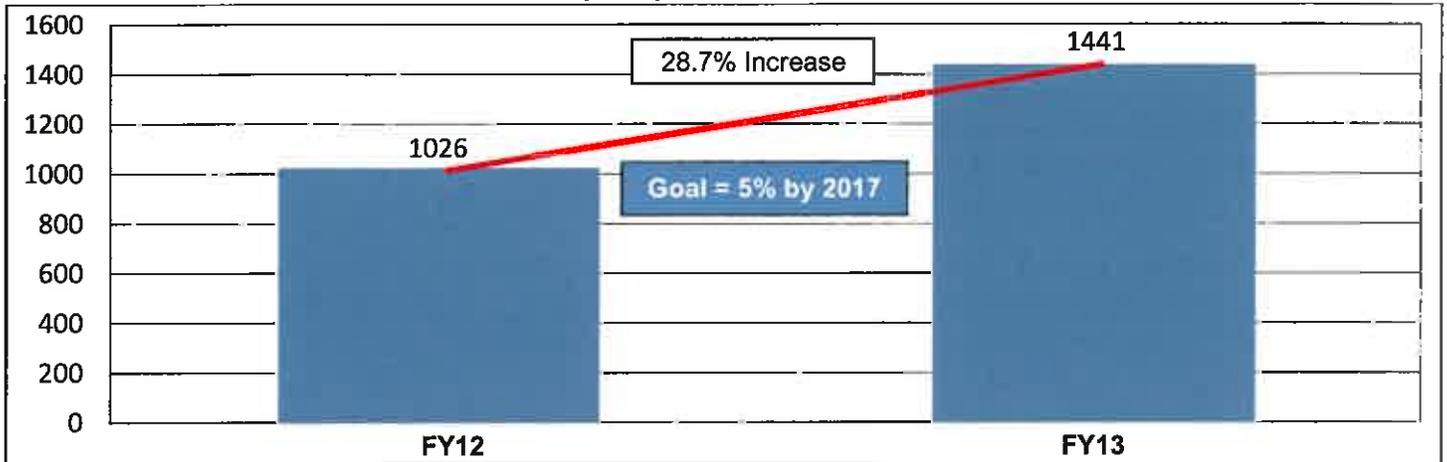
**Objective 2: By 2017, decrease the percentage of low birth weight black infants born to mothers living in PD10 (TJHD) from 12.5% to 10%.** The percentage of low birth weight black infants in PD10 (TJHD) decreased from 13.0% in 2009-2011 to 12.6% in 2010-2012.



Source: Virginia Department of Health, Division of Health Statistics

**Objective 3: By 2017, increase the enrollment in Plan First by 5% in PD10 (TJHD).** Within PD10 (TJHD), Plan First enrollment increased by 28.7% from Fiscal Year 2012 to Fiscal Year 2013.

**PD10 (TJHD) Plan First Enrollment**



Source: County: Virginia Department of Health

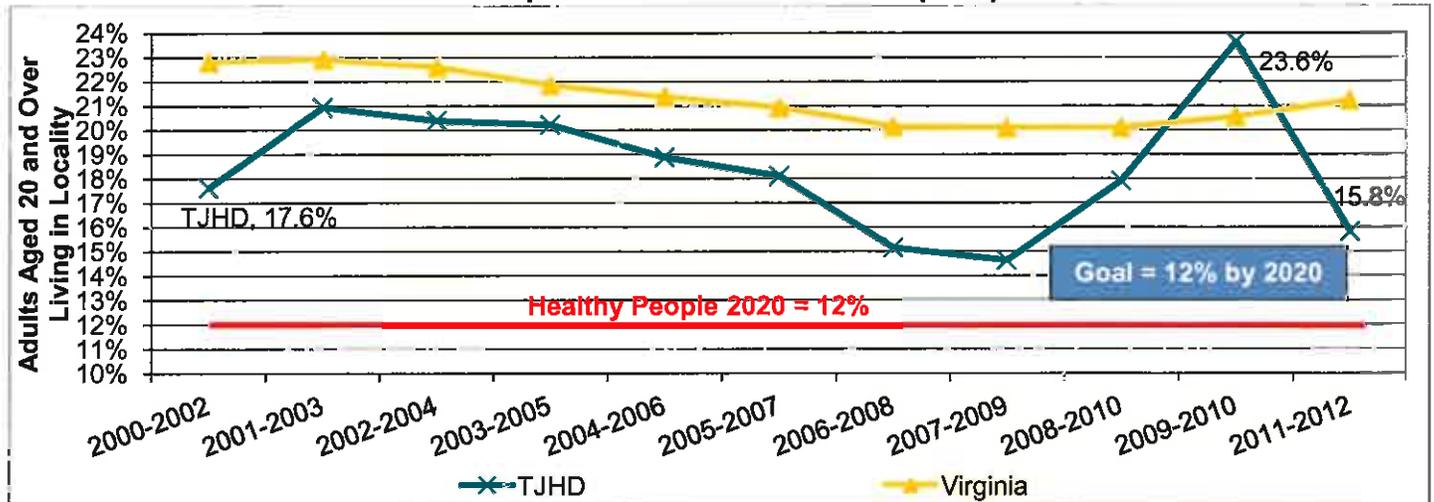
**Community Health Issue #4: Tobacco Use above the Healthy People 2020 Goal.**

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

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

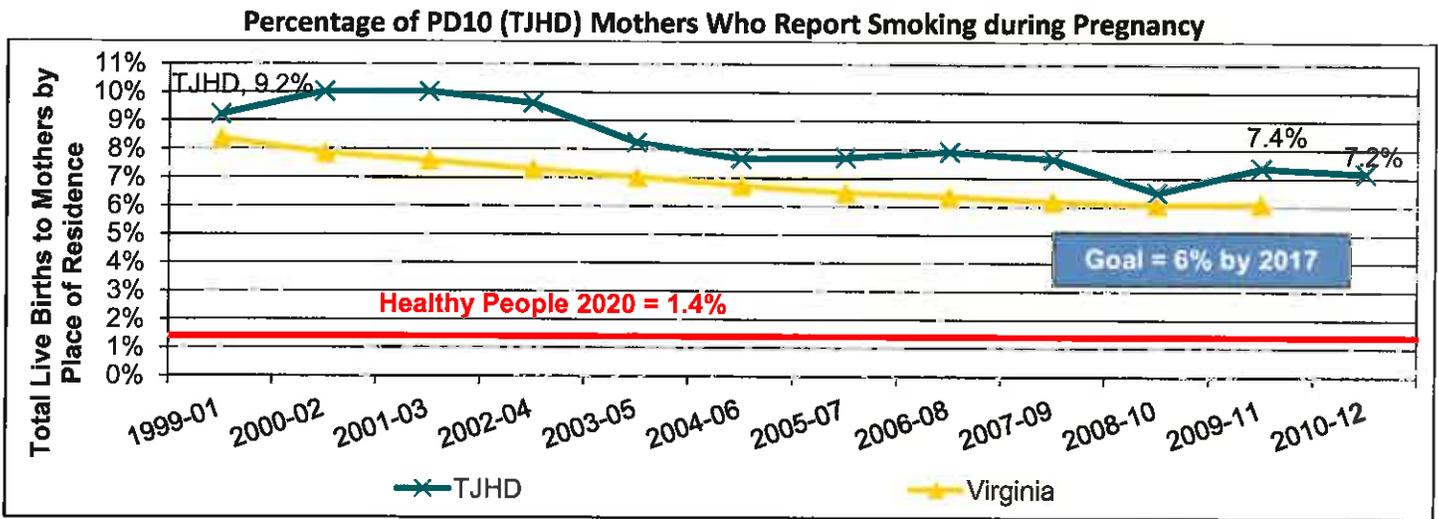
**Objective 1: Decrease the percentage of individuals who use tobacco in PD10 (TJHD).** The percentage of adult smokers in PD10 (TJHD) decreased from 23.6% in 2009-2010 to 15.8% in 2011-2012.

**Self Reported Adult Smokers in PD10 (TJHD)**



Source: County Health Rankings, Robert Wood Johnson Foundation, 2013

**Objective 2: By 2017, decrease the percentage of pregnant women who report smoking from 7.5% to 6% of PD10 (TJHD) pregnant women.** The percentage of births to mothers who smoked during pregnancy in PD10 (TJHD) decreased from 7.4% in 2009-2011 to 7.2% in 2010-2012.



Source: Virginia Department of Health, Division of Health Statistics, compiled by the Office of Family Health Services, Division of Child and Family Health, Women's and Infant Health Programs, 1999-2012

