



Building a Healthy Dan River Region

Addressing Health Disparities

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Today's Journey

- Introduction and background
- About The Health Collaborative
- Example program: CHW
- Challenges and Learnings
- Discussion



- Foundation
- Four program areas:
 - Health
 - Education
 - Economic Development
 - Community Development

DRF is a catalyst for innovation and an agent for transformation. DRF envisions a thriving Dan River Region that works well for everyone.



- Nonprofit consulting
- PSE-focus; historically focused on healthy eating and active living

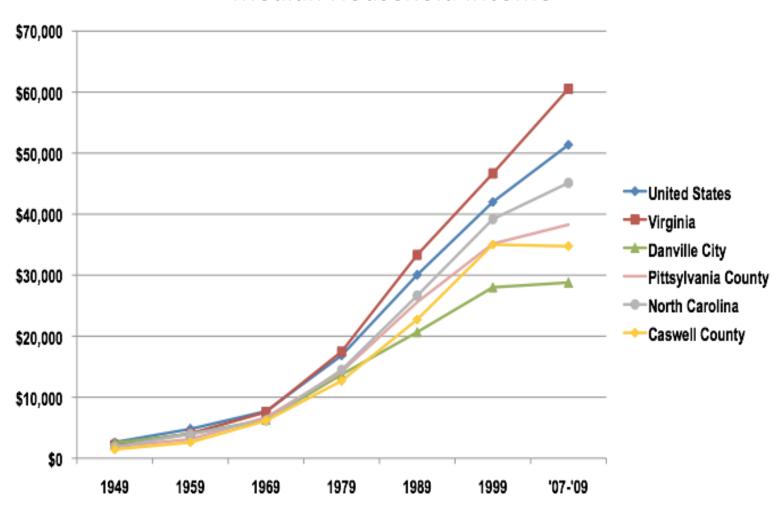
ALBD advances communityled action and proven, placebased strategies to ensure health and well-being for all.



"Lofty goals do not come to fruition by simply dreaming. They require the collaborative efforts of stakeholders who are willing to build capacity, identify champions, develop inclusive leaders and engage the community. This work is not accidental. It must be strategic and intentional."

- Laurie Moran

Median Household Income



Jurisdiction	County Health Rankings (2017)	Population (2015)
Danville, VA	127 (out of 133)	42,082
Pittsylvania County, VA	75 (out of 133)	62,194
Caswell County, NC	54 (out of 100)	22,941

Danville: Childhood Poverty Rate 40%

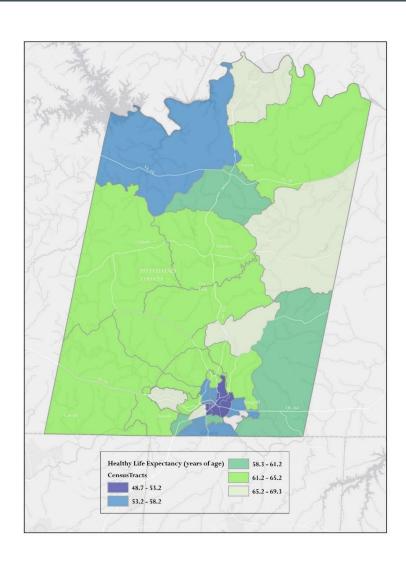
Single Parent Households: 58%

Pittsylvania County:

Primary Care Physician Ratio: 20,790:1

Caswell County:

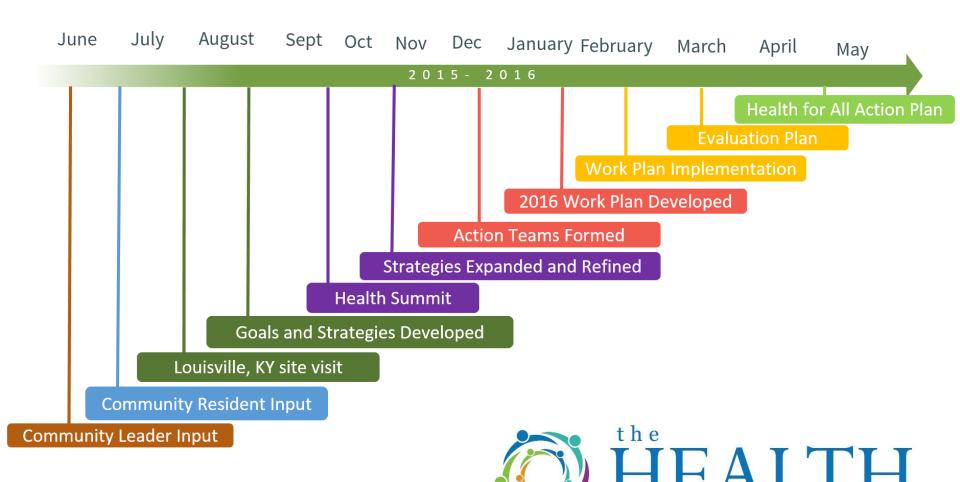
Obesity: 36%, Access to PA Opportunities: 44%



Nearly 10 year difference in life expectancy

20 year difference in healthy life expectancy

Development of THC ('15-'16)



collaborative



Is there a local health collaborative in your community?



Mission

The Health Collaborative unites organizations and creates action to support health for all in the Dan River Region.

Impact Statement

Indicators reflect a healthy, active, engaged, and educated region where everyone lives in an environment where they can thrive.



Community Involvement

Action Planning and Community Voice

Action plan and current strategies 922 Voices

Member by Industry





In what innovative ways is the community involved in decisions about health?

The Approach / Values

Health Impact

• Will the strategy influence a greater number of people over a longer period of time in order to create a healthier population? Can we demonstrate this impact and show our success over time?

Health Equity

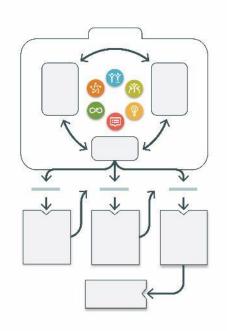
• Is the strategy likely to directly serve individuals most in need? Does it create opportunities for neighborhood and community residents to design, lead and implement initiatives to improve their own health and the health of their neighbors?

Feasibility

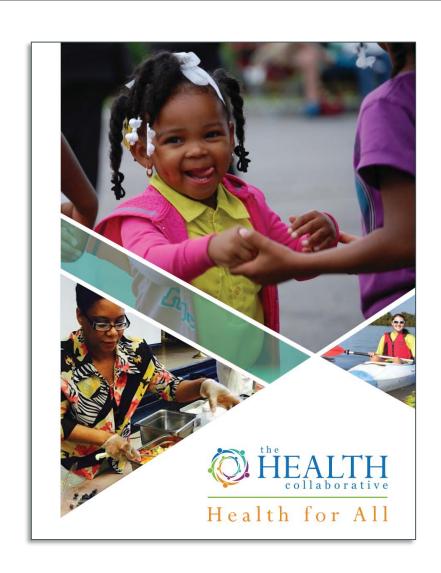
• Is the strategy likely to happen based on current capacity, available resources and political will? Do we have leadership in place to sustain this effort, and/or can we engage and support new leaders?

The Approach / Values

- **Mealth Equity Focus**
- **Community Engagement**
- **Facilitative Leadership**
- Sustainable Thinking
- Q Culture of Learning
- Strategic Communication

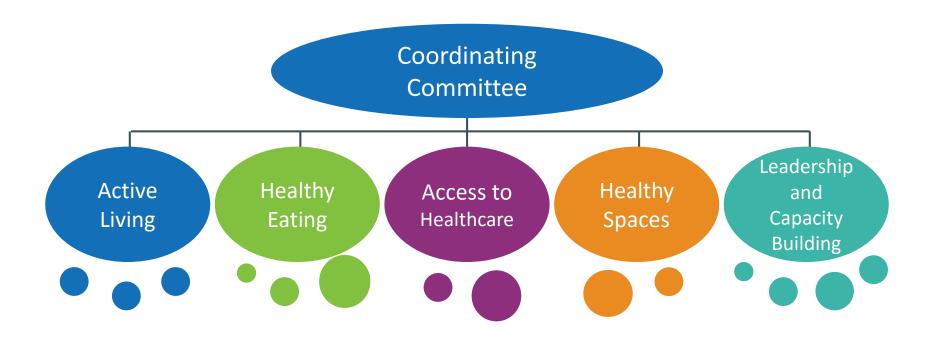


Health For All Action Plan



Active Living Goal 1 Create equitable access to opportunities to be physically active **Healthy Eating** Goal 2 Access to Healthcare Increase access to healthcare, resources and Goal 3 education for low income, minority and other underserved populations **Healthy Spaces** Goal 4 Capacity, Leadership Development, **Community Engagement** Goal 5 adaptation and evaluation of the action

Structure and Projects



Complete Streets Policy	Pittsylvania County Middle School Parks	
SNAP/EBT at Farmers' Markets	Youth Agriculture Entrepreneurship Program	
Thrive! Challenge	Gardens at schools	CHW Project



Is there a lead agency and/or structure for initiating community-driven projects? What are some pros/cons to having such an entity?

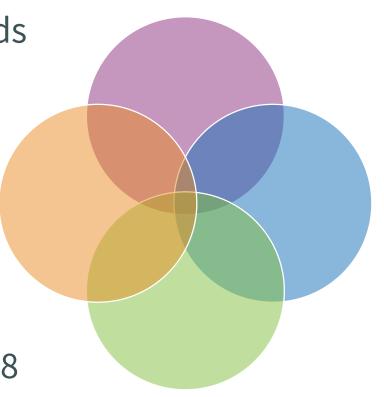
Community Health Worker (CHW) Project

- Addresses multiple interests: aligns with workforce development goals
- Bringing together health care groups with different histories
- DRF's and ALBD's roles
- Current status
- Next steps

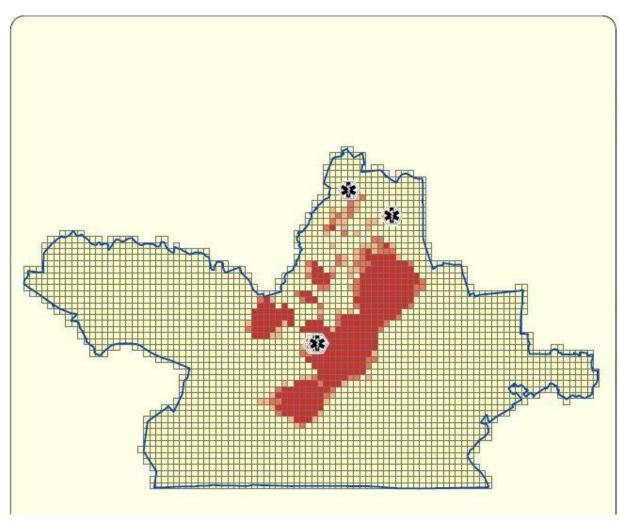
CHW Project

Identification of Highest Needs

- ED superusers
- Clients who are noncompliant
- Residents of the N. Main Street corridor
- Those who live in public housing or receive Section 8 vouchers



CHW Project



EMS Calls 2015

Hot Spot Analysis (clustered areas with high amount of calls)



This map was created
May 2016
courtesy of
the City of Danville's
Department of
Information Technology.

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CHW Project

DAN RIVER REGION

HEALTH

EQUITY REPORT

2017





The Health Collaborative Today

- Community engagement
- Cohesiveness across
 urban/rural <u>and</u> honoring local
 needs, interests and assets
- Sustainability (funding and beyond)

Lessons Learned

- Celebrate wins early and often
- Constant scanning, self-assessing
- Momentum requires short-term projects without losing sight of larger change
- It's messy and there are models, but you have to create your own playbook
- Building trust and transparency is perennial
- Relationships and networks are a must
- Have the right message and the right messenger



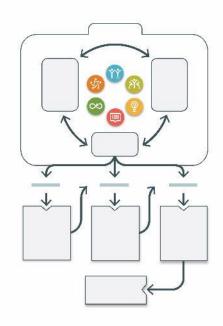
Pair and Share

- 1. Partner up with a person near you
- 2. Rank order how you think your community does implementing the six essential practice from greatest strength (1) to greatest need (6)
- 3. With your partner, discuss why you ranked your community the way you did
- 4. Brainstorm ways to strengthen 1-2 essential practices you think are most likely to make immediate impacts
- 5. Share with the larger group

Six Essential Practices



- **Mealth Equity Focus**
- **©** Community Engagement
- **Facilitative Leadership**
- Sustainable Thinking
- **©** Culture of Learning
- Strategic Communication





Additional Questions and Discussion

Thank You! For more information, contact:

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