

Acknowledgements

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City Manager's Office	Sentara Health System
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Department of Social Services	Suffolk Redevelopment and Housing Authority
Healthy Families	Tabernacle Church
Media and Communications	The UP Center
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Police Department	Virginia Cooperative Extension
Public Schools	Virginia Legal Aid Society
Public Works	Western Tidewater Community Services Board
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Executive Summary

In fall 2008, the Suffolk Partnership for a Healthy Community, with support from the Obici Healthcare Foundation, initiated the process of facilitating a community-wide strategic planning process to identify resources and prioritize issues that the public health system can, and should, address. The tool used to guide this process is called MAPP - Mobilizing for Action through Planning and Partnerships – and involves wide-ranging community involvement, calling on agency heads, city government leadership, non-governmental organizations, healthcare providers, advocacy groups and residents to determine ways to improve Suffolk's public health system.

Important aspects of the healthy communities' concept is engaging and empowering the citizens who live there and share common interests, services and recreation. A powerful vehicle for bringing about environmental and behavioral change, community engagement is the process of working collaboratively with groups of people to address issues that influence that community's health and well-being. Health is more than the absence of physical ailments; it is a notion that encompasses the well-being of every individual and every family. The most successful communities empower individuals to not only play an active role in their personal health but also in the safety and overall health of their neighbors.

Community-based health is primary rather than institutional or acute and often it is nurses and physician's assistants who provide much of the care. This model is designed to promote access to and utilization of quality health services in rural and underserved populations. Suffolk has a population of just over 82,000 yet it is the largest city landmass east of the Mississippi River and the sixth largest in the United States. Over 75% of the city remains agricultural although there has been a revitalization of the downtown area over the past decade. Two core growth areas where the city is focusing resources are the historic downtown and northern section of the city. In addition to the focused growth management plan laid out in the 2026 Comprehensive Plan, city planners are committed to protecting Suffolk's historic resources and agricultural heritage such as peanuts, croplands and farming. With these industries comes the migration of laborers - some undocumented - that pose new challenges for the city's service providers.

Suffolk is facing critical health issues that plague many rural-suburban communities across the United States: high rates of teen pregnancy and chronic diseases, a lack of employment and recreational opportunities for its citizens, and an extremely limited public transportation infrastructure. Data suggests that health literacy is very low. A summary of highlights identified throughout the assessment activities include:

Overarching issues and/or gaps

- Chronic diseases, particularly obesity in children
- Geographic barriers to health and recreation services
- Lack of transportation options
- Educational barriers

- Poverty

Strengths

- Care provided by the Obici hospital and the Western Tidewater Free Clinic
- Friendly community with a small-town feeling
- Strong cadre of volunteers
- Collaboration between city government, schools, businesses and non-profits

Weaknesses

- Insufficient roads and convenient public transportation
- Certain specialty and dental care services not available within the city
- Affordable housing options for the lower and middle classes
- Lack of family planning

Disparity issues

- Amount of resources, services and wealth in Northern Suffolk as opposed to other sections of the City
- Deaths caused by chronic diseases and cancers
- High rate of teen pregnancy
- Communities with sidewalks and parks versus those which have neither
- Health education / health literacy
- Growing Hispanic population often isolated because of language
- Limited services for increasing homeless population

The mission and initiatives of the Suffolk Partnership for a Healthy Community directly address these issues by coalition-building and mobilizing community resources. It is the intention of the Partnership to identify and capitalize on the energy that exists within the various neighborhoods. By increasing access to health care through the establishment of the Western Tidewater Free Clinic and garnering interest in nutrition through community gardening, results are being demonstrated around the city. However, many more community partnerships and resources still need to coalesce to tackle issues before a healthier Suffolk is realized for all citizens. The role of the Partnership also should include advocating for changes to the health delivery model to the government leadership, funding agencies and citizens. Involving citizens in the ongoing action cycle (described at the end of this report) in order to adopt issues and further progress will help prepare the foundation for sustainable change in the community.

The findings in this report, utilizing the MAPP model, support the work begun by the Suffolk Partnership as well as many other community agencies, while also providing both quantitative and qualitative data to demonstrate important trends and needs.

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Introduction

Mobilizing for Action through Planning and Partnerships – or MAPP - is a program jointly developed by the National Association of County and City Health Officials (NACCHO), the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). The MAPP handbook provides the description below.

The following seven principles are integral to the successful implementation of MAPP:

- **Systems thinking:** to promote an appreciation for the dynamic inter-relationship of all components of the local health system required to develop a vision of a healthy community.
- **Dialogue:** to ensure respect for diverse voices and perspectives during the collaborative process.
- **Shared vision:** to form the foundation for building a healthy future.
- **Data:** to provide factual information during each step of the process.
- **Partnerships and collaboration:** to optimize performance through shared resources and responsibility.
- **Strategic thinking:** to foster a proactive response to the issues and opportunities facing the system.
- **Celebration of successes:** to ensure that contributions are recognized and to sustain excitement for the process.

Listed below are just some of the benefits to be derived from the MAPP process:

Create a healthier community and a better quality of life. The ultimate goal of MAPP is optimal community health — a community where residents are healthy, safe, and have a high quality of life. According to the World Health Organization, "Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity." The Institute of Medicine echoes this definition and notes that, "health is...a positive concept emphasizing social and personal resources as well as physical capabilities."

Increase the visibility of public health within the community. By implementing a participatory and highly publicized process, increased awareness and knowledge of public health issues and greater appreciation for the local health system as a whole may be achieved.

Anticipate and manage change. Community strategic planning better prepares local health systems to anticipate, manage, and respond to changes in the environment.

Create a stronger public health infrastructure. The diverse network of partners within the local health system is strengthened through the implementation of MAPP. This leads to better coordination of services and resources, a higher appreciation and awareness among partners, and less duplication of services.

Engage the community and create community ownership for public health issues.

Through participation in the MAPP process, community residents may gain a better awareness of the area in which they live and their own potential for improving their quality of life. Community-driven processes also lead to collective thinking and a sense of community ownership in initiatives, and, ultimately, may produce more innovative, effective, and sustainable solutions to complex problems. Community participation in the MAPP process may augment community involvement in other initiatives and / or have long-lasting effects on creating a stronger community spirit.

The MAPP Model¹

In the model below, the phases of the process are shown in the center of the model, while the four MAPP assessments are shown in the four outer arrows.



¹ Achieving Healthier Communities through MAPP, A User's Handbook, 2007.

Description of the methodology used

The activities undertaken in this community health assessment followed the guidelines set by the Mobilizing for Action through Planning and Partnerships (MAPP) process summarized below. Results from the various phases are described further in the full report as well as in the subsequent attachments.

- I. **Organizing:** The Suffolk Partnership for a Healthy Community secured funding and support for MAPP from the Obici Healthcare Foundation. After engaging The Planning Council - a private, not-for-profit that plans, develops and manages human services in Hampton Roads, Virginia – the various phases of the community-wide assessment were initiated. A timeline was agreed upon for conducting the different assessments, developing tools and recruiting participants.
- II. **Visioning:** The Suffolk Partnership for a Healthy Community organized and hosted a half-day forum in October 2008 at the Hilton Garden Inn where a broad spectrum of participants gathered and answered the question: ‘What does the public’s health mean to you?’ Over 100 persons shared their personal perspectives on what is necessary for Suffolk to reach its full potential as a healthy community. The result was a community vision and associated action steps to address the most vital gaps and barriers.
- III. The four assessments conducted from January through September 2009 included:
 - **Community Themes and Strengths Assessment:** provides a deeper understanding of the issues that residents feel are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"
 - **Local Public Health System Assessment (LPHSA):** focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Public Health Services being provided to our community?" A half-day meeting was held in April 2009 that brought together community leaders, educators, health professionals and service providers to respond to questions posed in a comprehensive tool developed by the Centers for Disease Control and Prevention (CDC). Participants analyzed and rated Suffolk’s capacity to carry out the essential services throughout the city.
 - **Community Health Status Assessment:** identifies priority community health and quality of life issues. Questions answered include: "How healthy are our residents?" and "What does the health status of our community look like?" Research was conducted that demonstrated social indicators, disease rates and trends amongst the population.

- **Forces of Change Assessment:** focuses on identifying forces such as legislation, technology, the economy and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" A brainstorming session was held with community members and providers to name specific forces that affect, or could affect, Suffolk, while threats and opportunities for each were also identified.
- IV. **Strategic Issues:** identifies linkages between the MAPP assessments to determine the most critical issues to address. A meeting in October 2009 of forty key community stakeholders was held where participants developed goals and action steps around public health issues they felt were priorities in Suffolk while also naming resources needed to accomplish each one.
- V. **Action Cycle:** during this final stage of MAPP, the Suffolk Partnership for a Healthy Community will work closely with city agencies, non-profit organizations and citizens to implement activities and evaluate the community improvement process on a continuous basis.

Throughout MAPP the community's strengths, needs and desires drove the process. In addition, the community participation led to collective thinking and sustainable problem solving to affect real community health improvement in Suffolk. The details of all assessment work, surveys, research and community meetings can be found in this report.

For more information on **MAPP**, visit:

<http://www.naccho.org/topics/infrastructure/MAPP/index.cfm>

For further information about the initiatives of the **Suffolk Partnership for a Healthy Community**, visit:

<http://www.suffolkpartnership.com/>

Visioning

On October 28, 2008, over one hundred persons from Suffolk participated in a half-day forum at the Hilton Garden Inn that was hosted and facilitated by the Suffolk Partnership for a Healthy Community. Participants included Suffolk's city government, non-profit agencies, churches, businesses and residents who gathered to discuss what it would take in Suffolk to create a healthy community for everyone, while improving upon health and quality of life issues. This collaborative meeting allowed participants to be creative while identifying both the positive (community assets and developments) and negative (barriers to care, disparity among the population) aspects of Suffolk.

The meeting included an introduction of the Partnership, its Board members and what it has accomplished since its formation in 1998. The Partnership's stated mission is to: *"Coordinate the resources of our community in a collaborative effort to improve the mental, physical, socioeconomic, and spiritual health of all of its citizens."* Through its efforts, the Partnership, in collaboration with the Western Tidewater Community Services Board, successfully established the Western Tidewater Free Clinic in June 2007 and was subsequently awarded additional funding from the Obici Healthcare Foundation to initiate and advance several community health projects.

The keynote presenter, Mr. Richard Killingsworth, demonstrated the simplicity of incorporating healthy lifestyle choices into the development of neighborhoods, business centers, city streets, and at home. He emphasized the necessity to educate parents and children about nutrition and how to live an active lifestyle. Some examples in his slides showed construction barriers that exist across the United States to simple, daily tasks like walking across streets, riding a bike and playing in neighborhood parks. The presentation emphasized the fact that to build a healthy community, one must be concerned with internal and external factors in all types of neighborhoods and across all socioeconomic borders.

The group broke into smaller working groups and an identified facilitator at each table presented several questions to the participants and walked them through a visioning exercise. A key topic was selected at each table for discussion that focused on matters of interest to the Partnership and city agencies. They included:

- Healthy Eating
- Physical Activity/Fitness
- Child/Youth Issues
- Senior Issues
- Health Care Access
- Housing
- Community Design (city infrastructure)
- Personal Safety/ Security and Pedestrian Safety
- Education (general and wellness education)

Based on the various table discussions and key issues raised by the forum participants, a Vision Statement was developed. This vision represents the ideal Suffolk as a healthy community for all its citizens.

Vision

A healthy community is achieved when all citizens enjoy lifelong health through access to health care, recreational activities, good nutrition, community engagement, age-appropriate services and opportunities to high quality education and employment, all in a safe environment.

Finally, the Partnership announced its plans to initiate a community-wide strategic planning process, MAPP, to identify resources and prioritize issues affecting the public health system. MAPP is a national best practice model being implemented in over 200 communities nationwide. The Partnership engaged The Planning Council to conduct the various assessment phases involved in MAPP and the Obici Healthcare Foundation provided financial support.

The full responses from each working group can be found in **Appendix A**.

Community Themes and Strengths Assessment

During this phase, community thoughts, opinions, and concerns are gathered, providing insight into the issues of importance to the community. Feedback about quality of life and community assets is gathered from individuals, key community stakeholders, vulnerable groups, faith-based leaders and city agencies. This information leads to a portrait of the community as seen through the eyes of its residents.

Methodology

In order to obtain feedback from a broad spectrum of Suffolk's residents, three different tools were utilized:

- Community Needs Survey
- Key Informant Interviews
- Focus Groups

The questions within the **Survey** were divided into five main categories:

1. Quality of Life
2. Community Issues
3. Prevention Practices
4. Barriers to Health Services
5. Demographics

Throughout the first few months of 2009, twenty-two **Key Informant Interviews** were conducted in person and by telephone to elicit insight and opinions of persons holding key positions in the community. They included heads of city departments, service providers, hospital and health department leadership, as well as city government.

Questions posed in these interviews focused on the strengths and weaknesses of the city and asked which issues should be prioritized in order to move forward. The diversity of expertise brought to light such issues as the environment, economic development, early childhood education, safety, preventative care, chronic disease and sanitation. Each interviewee provided valuable details on the *why* and the *how* Suffolk should begin confronting its major weaknesses.

Targeted **Focus Groups** were also conducted among citizens that gathered to assist vulnerable populations. Nine questions were asked of participants to understand their perceived quality of life in Suffolk as well as their opinion of community-wide health issues.

A. Survey Results

A survey made up of 37 questions, including demographics, was distributed across the city, placed in lobbies of city libraries, the Obici Hospital, the Western Tidewater Free Clinic and the Health Department. It was also available on the City's main web page (www.suffolk.va.us) and disseminated at a community resource fair. In all, 177 responses were received.

While the survey results are neither statistically significant nor representative of the entire population of Suffolk, they provide a snapshot of opinions and experiences of everyday individuals from all sectors of the community and gather their perspective on health and quality of life issues.

Summary of the demographic characteristics:

Race / Ethnicity:	47% White / Caucasian 47% African American / Black 2% Asian / Pacific Islander 2% Native American 1% Hispanic / Latin 1% Other
Gender:	80% Female; 20% Male
Age:	78% between 25 and 64 9% over 65 13% younger than 25
Marital Status:	49% Married or with a Partner 33% Single 17% Divorced 1% Widowed
Employment Status:	45% Employed 36% Unemployed 11% Retired 8% Homemakers
Neighborhood:	52% Downtown (historic) Suffolk 8% Holy Neck 7% Nansemond, Sleepyhole and Whaleyville, respectively 6% Chuckatuck 4% Cypress
Education Level:	35% high school graduates 28% college graduates 17% without a high school diploma

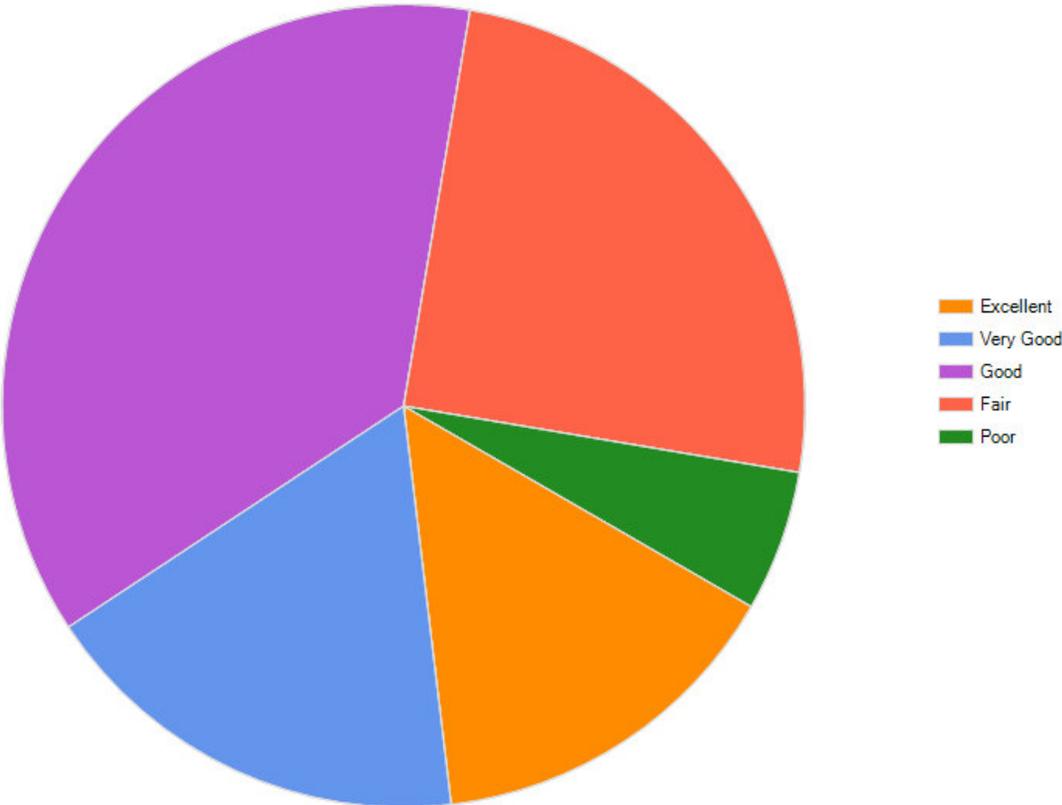
10% completed post-graduate studies
10% have no higher than a GED

Income Level:

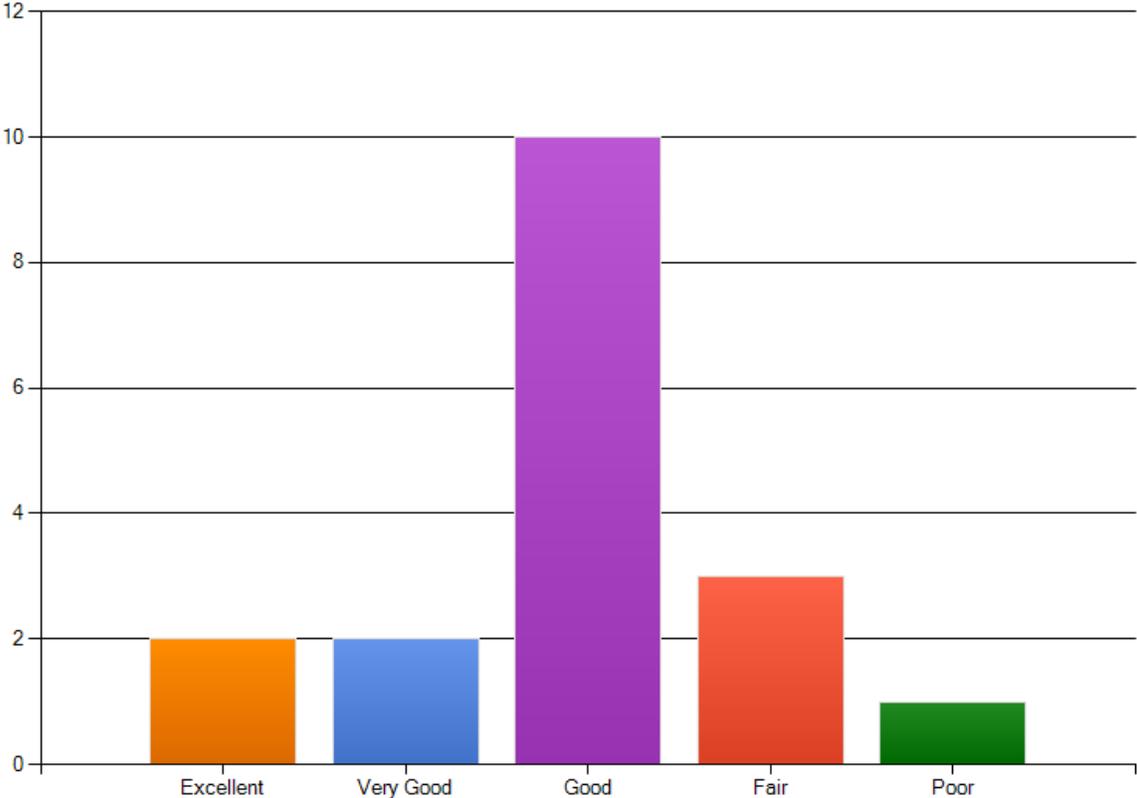
47% earn less than \$19,999
28% earn over \$50,000
25% earn between \$20,000 - \$49,999

13 of the 37 survey questions focused on gathering an understanding of the quality of life people encounter in Suffolk (i.e. safety, health, raising children, maintaining a support system, able to make a living, etc.) A few of the responses are demonstrated below in graphs while a summary of responses can be found in **Appendix B**.

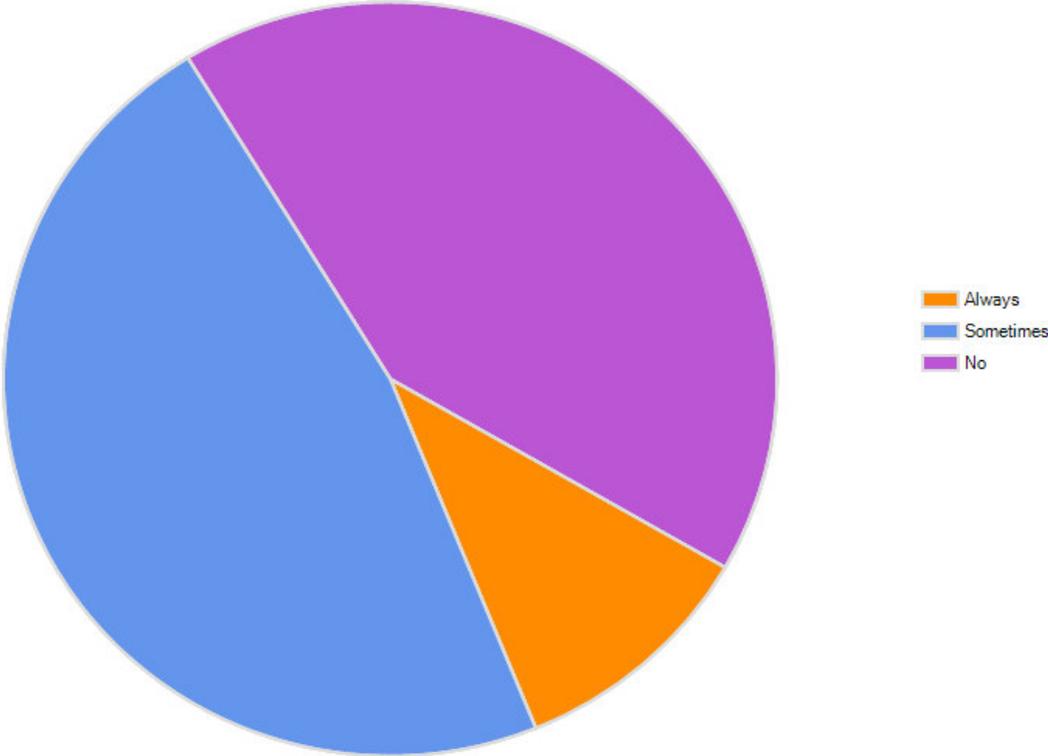
How would you rate Suffolk as a healthy community?



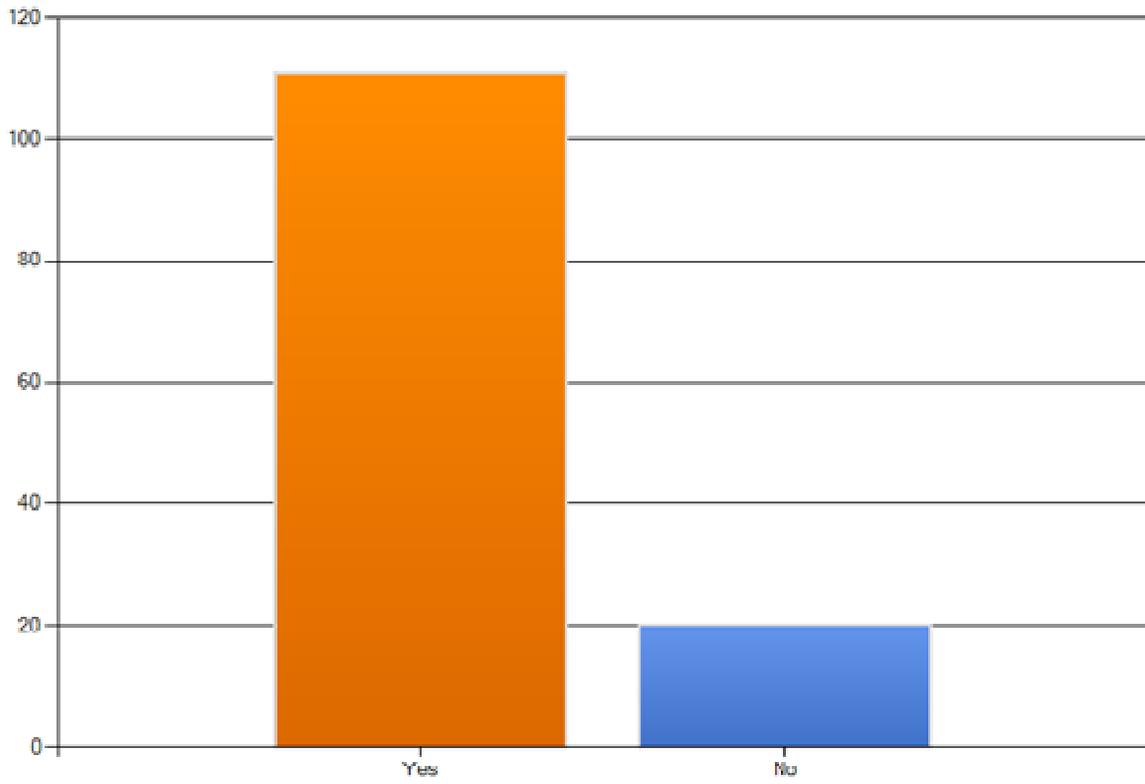
Would you say the health care system in Suffolk is:



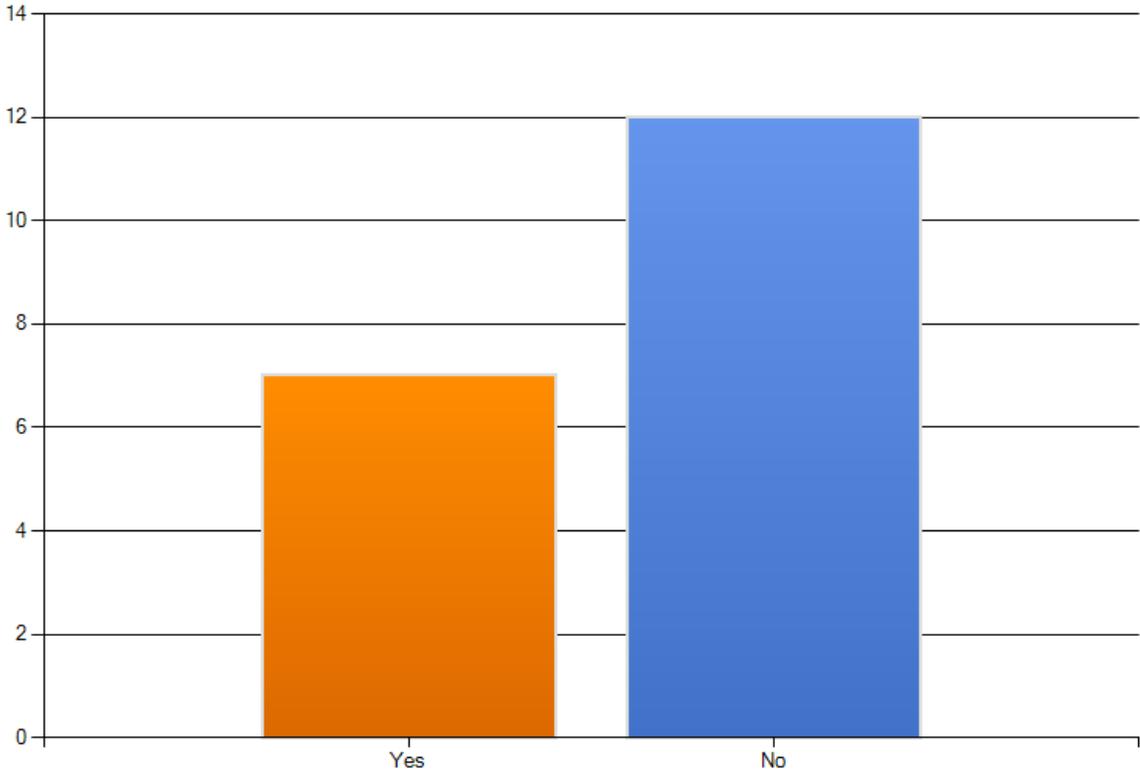
Do you have enough money to pay for food, clothing, housing and medicine?



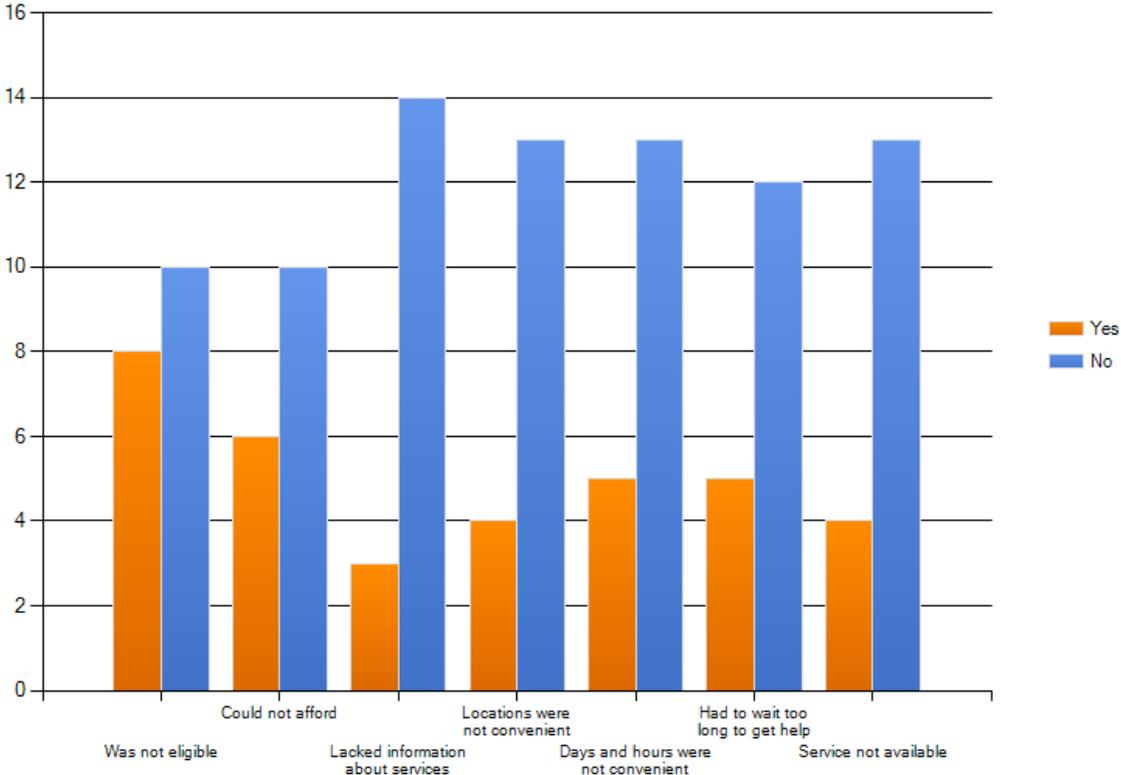
If needed, were you able to obtain the drugs?



Has a doctor told you that you have a chronic illness such as diabetes, high blood pressure, asthma, cancer or other?



Have you ever had any of the following problems when trying to use health services in Suffolk?



B. Focus Groups

Two different focus groups were held that included vulnerable populations, health care providers, and one faith leader. Responses from participants demonstrated that vulnerable populations (consumers) of city services are acutely aware of what is currently in place to assist them in their daily life, whether it's food programs, public transportation, health care services or recreation. Likewise, they could also identify which services and information are missing, such as prevention and nutrition programs, and accurately described the disparity of accessible providers across the city. The lack of women's wellness programs and services for homeless persons were noted items of concern amongst the consumers, who were also not very aware of larger public health threats currently affecting the entire city population, like chronic diseases and teen pregnancy.

Participants that provide various assistance programs discussed the improvement of service availability since the establishment of first Main Street Physicians and then the Western Tidewater Free Clinic. However, all participants stated that limited hours and long waits for appointments at both sites are barriers affecting low-income and uninsured residents. Other barriers noted included lack of education around health and prevention issues, the high number of residents living in poverty, as well as discrimination.

A composite of all responses can be found below in **Appendix C**.

C. Key Informant Interviews

For each interview, eight questions were posed that gathered a broad range of perspectives on what makes a community healthy, which barriers they encounter in their work and life, and what resources are needed to allow for improvements to happen.

Clearly the most important elements agreed upon for everyone envisioning a healthy community include:

- ✘ safety
- ✘ access to medical care and social services
- ✘ opportunities for employment and economic development
- ✘ citizen involvement
- ✘ availability of recreational activities

Respondents felt that key assets in Suffolk include:

- ✘ sense of community
- ✘ diverse population
- ✘ a strong, collaborative spirit between city government, local agencies and the business and faith communities

When asked which partnerships and collaborations are happening in Suffolk to make a change, the Suffolk Partnership for a Healthy Community was named by almost every person interviewed. The Suffolk Partnership's successful establishment of the Western Tidewater Free Clinic and opportunities for networking and linking smaller providers with larger ones were felt to be major steps towards improved community health. Residents also felt that there were vital relationships between the schools, hospital and city departments of Health, Human Services and Parks and Recreation that were benefiting children's health.

Issues that were noted the most urgent to address include:

- ✘ lack of education around nutrition and exercise, leading to a very high rate of obesity among the population (especially children)
- ✘ lack of recreational space, such as parks, biking and hiking trails

It was felt that the biggest barriers to improving the quality of life for Suffolk's citizens include:

- ✘ a limited public transportation system
- ✘ low salaries and few job opportunities within the city
- ✘ high dropout rates among school-age youth

There were strong suggestions to require building sidewalks, walkways and bike trails as a part of all new development projects to enhance opportunities for healthy living. Those interviewed felt that any progress towards improving the community – especially in poorer neighborhoods – would greatly improve citizen engagement and action. When asked to list policies or funding priorities that were needed to do this, respondents

suggested more recreational programs for youth, focus on education and teen pregnancy, and expansion of the transportation and health systems.

Individual responses from the interviews are found below in **Appendix D.**

Local Public Health System Assessment

The National Public Health Performance Standards Program

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

Methodology

During a half-day meeting in April 2009, fifty persons from Suffolk city departments, service providers and community members met to participate in the Local Public Health System Assessment. The guidance tool used was developed specifically so that health departments and others closely linked to public health services could thoroughly evaluate how essential services are being provided in each community. These National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

This report provides a summary of results from the NPHPSP Local Public Health System Assessment meetings that took place in Suffolk on April 24, 2009. The report, including the charts, graphs, and scores, was compiled by the Centers for Disease Control and Prevention after scores were uploaded and demonstrates the respondent's perceptions about the strengths and weaknesses of the ten essential services in Suffolk.

Calculating the scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard – which portrays the highest level of performance or "gold standard" – is being met.

Suffolk participants responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards. The scoring methodology is available from CDC or can be accessed on-line at <http://www.cdc.gov/od/ocphp/nphpsp/Conducting.htm>.

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Across Hampton Roads, this assessment was also conducted in 2008 in Virginia Beach, Hampton, Chesapeake, and for Greater Williamsburg. Overall performance scores from these health districts ranged from 55 to 69. Thus, Suffolk's score of 65 demonstrates the perception of those key stakeholders within the public health system that related essential services are adequate and perhaps even better than in surrounding health districts.

Understanding data limitations

These data represent the collective performance of all organizational participants in the assessment of the local public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

All performance scores are a composite; stem question scores represent a composite of the stem question and sub-question responses; model standard scores are a composite of the question scores within that area, and so on. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporate an element of subjectivity, which can be minimized through the use of particular assessment methods.

Results should be utilized for guiding an overall public health infrastructure and performance improvement process for the public health system.

Performance Assessment Instrument Results

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Below are highlights from the entire report by the Centers for Disease Control and Prevention, which can be found in [Appendix E](#).

Table 1: Summary of performance scores by Essential Public Health Service:

Essential Public Health Services		Score
1	Monitor Health Status To Identify Community Health Problems	51
2	Diagnose And Investigate Health Problems and Health Hazards	93
3	Inform, Educate, And Empower People about Health Issues	45
4	Mobilize Community Partnerships to Identify and Solve Health Problems	34
5	Develop Policies and Plans that Support Individual and Community Health Efforts	85
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	66
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	80
8	Assure a Competent Public and Personal Health Care Workforce	60
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	57
10	Research for New Insights and Innovative Solutions to Health Problems	79
Overall Performance Score		65

Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 2: Rank ordered performance scores for each Essential Service

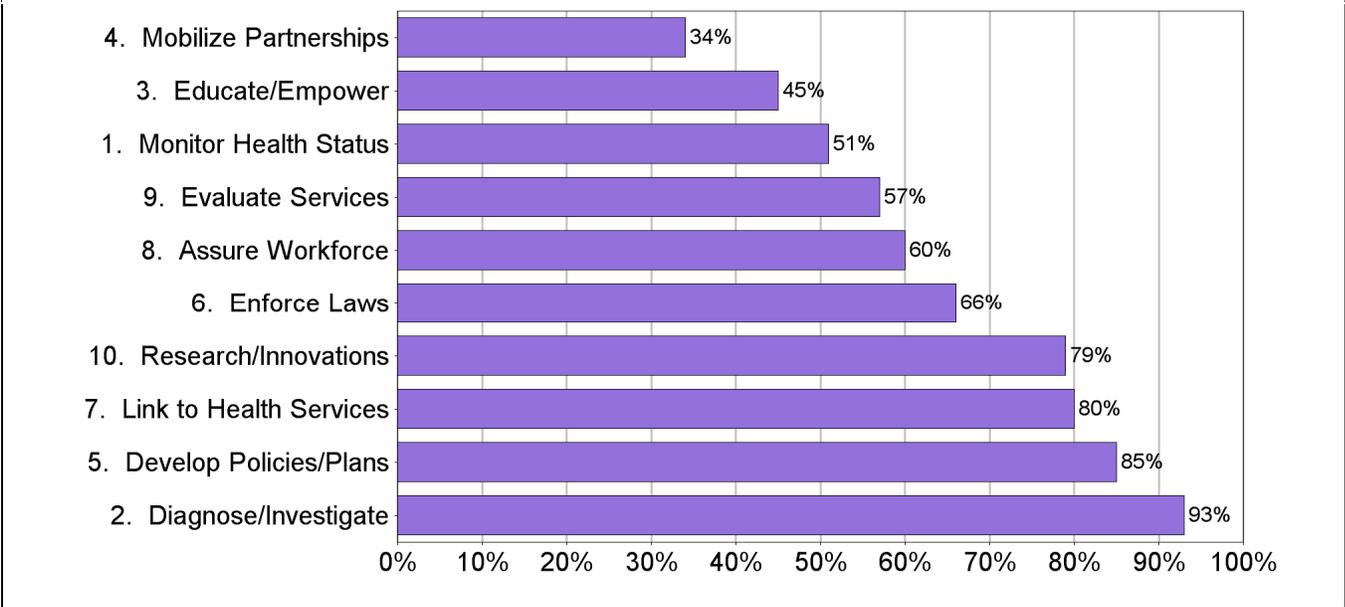


Figure 2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

II. How well did the system perform on specific model standards?

Table 2: Summary of performance scores by Essential Public Health Service (EPHS) and model standard

Essential Public Health Service	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	51
1.1 Population-Based Community Health Profile (CHP)	53
1.1.1 Community health assessment	6
1.1.2 Community health profile (CHP)	82
1.1.3 Community-wide use of community health assessment or CHP data	71
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	38
1.2.1 State-of-the-art technology to support health profile databases	38
1.2.2 Access to geo-coded health data	50
1.2.3 Use of computer-generated graphics	25
1.3 Maintenance of Population Health Registries	63
1.3.1 Maintenance of and/or contribution to population health registries	25
1.3.2 Use of information from population health registries	100
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	93
2.1 Identification and Surveillance of Health Threats	83
2.1.1 Surveillance system(s) to monitor health problems and identify health threats	100
2.1.2 Submission of reportable disease information in a timely manner	75
2.1.3 Resources to support surveillance and investigation activities	75
2.2 Investigation and Response to Public Health Threats and Emergencies	95
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	100
2.2.2 Current epidemiological case investigation protocols	100
2.2.3 Designated Emergency Response Coordinator	100
2.2.4 Rapid response of personnel in emergency / disasters	75
2.2.5 Evaluation of public health emergency response	100
2.3 Laboratory Support for Investigation of Health Threats	100
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	100
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	100
2.3.3 Licenses and/or credentialed laboratories	100
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	100
EPHS 3. Inform, Educate, And Empower People about Health Issues	45
3.1 Health Education and Promotion	33
3.1.1 Provision of community health information	31
3.1.2 Health education and/or health promotion campaigns	44
3.1.3 Collaboration on health communication plans	25
3.2 Health Communication	36
3.2.1 Development of health communication plans	25
3.2.2 Relationships with media	33
3.2.3 Designation of public information officers	50
3.3 Risk Communication	66

3.3.1 Emergency communications plan(s)	66
3.3.2 Resources for rapid communications response	50
3.3.3 Crisis and emergency communications training	75
3.3.4 Policies and procedures for public information officer response	75

EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	34
4.1 Constituency Development	30
4.1.1 Identification of key constituents or stakeholders	56
4.1.2 Participation of constituents in improving community health	25
4.1.3 Directory of organizations that comprise the LPHS	13
4.1.4 Communications strategies to build awareness of public health	25
4.2 Community Partnerships	37
4.2.1 Partnerships for public health improvement activities	40
4.2.2 Community health improvement committee	45
4.2.3 Review of community partnerships and strategic alliances	28
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	85
5.1 Government Presence at the Local Level	98
5.1.1 Governmental local public health presence	100
5.1.2 Resources for the local health department	95
5.1.3 Local board of health or other governing entity (not scored)	0
5.1.4 LHD work with the state public health agency and other state partners	100
5.2 Public Health Policy Development	78
5.2.1 Contribution to development of public health policies	83
5.2.2 Alert policymakers/public of public health impacts from policies	75
5.2.3 Review of public health policies	75
5.3 Community Health Improvement Process	63
5.3.1 Community health improvement process	100
5.3.2 Strategies to address community health objectives	50
5.3.3 Local health department (LHD) strategic planning process	38
5.4 Plan for Public Health Emergencies	100
5.4.1 Community task force or coalition for emergency preparedness and response plans	100
5.4.2 All-hazards emergency preparedness and response plan	100
5.4.3 Review and revision of the all-hazards plan	100
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	66
6.1 Review and Evaluate Laws, Regulations, and Ordinances	81
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	100
6.1.2 Knowledge of laws, regulations, and ordinances	75
6.1.3 Review of laws, regulations, and ordinances	75
6.1.4 Access to legal counsel	75
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	50
6.2.1 Identification of public health issues not addressed through existing laws	50
6.2.2 Development or modification of laws for public health issues	50

6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	50
6.3 Enforce Laws, Regulations and Ordinances	66
6.3.1 Authority to enforce laws, regulation, ordinances	56
6.3.2 Public health emergency powers	100
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	50
6.3.4 Provision of information about compliance	50
6.3.5 Assessment of compliance	75

EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	80
7.1 Identification of Populations with Barriers to Personal Health Services	92
7.1.1 Identification of populations who experience barriers to care	75
7.1.2 Identification of personal health service needs of populations	100
7.1.3 Assessment of personal health services available to populations who experience barriers to care	100
7.2 Assuring the Linkage of People to Personal Health Services	69
7.2.1 Link populations to needed personal health services	75
7.2.2 Assistance to vulnerable populations in accessing needed health services	25
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	100
7.2.4 Coordination of personal health and social services	75
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	60
8.1 Workforce Assessment Planning, and Development	25
8.1.1 Assessment of the LPHS workforce	25
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	25
8.1.3 Dissemination of results of the workforce assessment / gap analysis	25
8.2 Public Health Workforce Standards	95
8.2.1 Awareness of guidelines and/or licensure/certification requirements	100
8.2.2 Written job standards and/or position descriptions	100
8.2.3 Annual performance evaluations	75
8.2.4 LHD written job standards and/or position descriptions	100
8.2.5 LHD performance evaluations	100
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	50
8.3.1 Identification of education and training needs for workforce development	50
8.3.2 Opportunities for developing core public health competencies	25
8.3.3 Educational and training incentives	50
8.3.4 Interaction between personnel from LPHS and academic organizations	75
8.4 Public Health Leadership Development	72
8.4.1 Development of leadership skills	75
8.4.2 Collaborative leadership	75
8.4.3 Leadership opportunities for individuals and/or organizations	75
8.4.4 Recruitment and retention of new and diverse leaders	63

EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	57
9.1 Evaluation of Population-based Health Services	45
9.1.1 Evaluation of population-based health services	50
9.1.2 Assessment of community satisfaction with population-based health services	31
9.1.3 Identification of gaps in the provision of population-based health services	50
9.1.4 Use of population-based health services evaluation	50
9.2 Evaluation of Personal Health Care Services	45
9.2.1. In Personal health services evaluation	46
9.2.2 Evaluation of personal health services against established standards	50
9.2.3 Assessment of client satisfaction with personal health services	75
9.2.4 Information technology to assure quality of personal health services	31
9.2.5 Use of personal health services evaluation	25
9.3 Evaluation of the Local Public Health System	80
9.3.1 Identification of community organizations or entities that contribute to the EPHS	100
9.3.2 Periodic evaluation of LPHS	100
9.3.3 Evaluation of partnership within the LPHS	50
9.3.4 Use of LPHS evaluation to guide community health improvements	72
EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	79
10.1 Fostering Innovation	94
10.1.1 Encouragement of new solutions to health problems	75
10.1.2 Proposal of public health issues for inclusion in research agenda	100
10.1.3 Identification and monitoring of best practices	100
10.1.4 Encouragement of community participation in research	100
10.2 Linkage with Institutions of Higher Learning and/or Research	75
10.2.1 Relationships with institutions of higher learning and/or research organizations	100
10.2.2 Partnerships to conduct research	75
10.2.3 Collaboration between the academic and practice communities	50
10.3 Capacity to Initiate or Participate in Research	67
10.3.1 Access to researchers	75
10.3.2 Access to resources to facilitate research	100
10.3.3 Dissemination of research findings	50
10.3.4 Evaluation of research activities	44

Identified Areas for Improvement

Within each of the five breakout groups, activities named as part of each essential public health service were discussed in detail. Highlighted below are some general comments made where Suffolk should focus its efforts for improvements.

Essential Public Health Service #1	<i>Monitor health status to identify community health problems</i>
Participants stated that a community health assessment was not regularly conducted. In addition, technological upgrades were needed to utilize and display data that would assist with the analysis and reporting of population-based health, including registries.	
Essential Public Health Service #2	<i>Diagnose and investigate health problems and health hazards in the community</i>
The Essential Service was scored the highest of all ten and participants felt there was little improvement needed. However, it was noted that resources were needed to support disease surveillance and assist with reporting in a timely manner. Improvements to the rapid response system could also benefit the community.	
Essential Public Health Service #3	<i>Inform, educate, and empower individuals and communities about health issues</i>
Participants felt that communication and collaboration surrounding general health issues and a comprehensive plan were lacking amongst providers. The delivering of health information to the general public was not coordinated nor prioritized with adequate resources.	
Essential Public Health Service #4	<i>Mobilize community partnerships to identify and solve health problems</i>
This service was scored the lowest of all ten Essential Services. Participants felt that commitment and participation from the citizens in health issues was very limited and, overall, understanding of health-related issues was low. A directory of providers is lacking. Community partnerships and strategic alliances need to be formed to share resources and combine efforts to realize change.	
Essential Public Health Service #5	<i>Develop policies and plans that support individual and community health efforts</i>
The only areas noted for improvement included strategic planning within the Health District (particularly since Western Tidewater has several satellite offices) and that a formalized community health improvement process was needed.	
Essential Public Health Service #6	<i>Enforce laws and regulations that protect health and ensure safety</i>
Participants agreed that special attention to regularly identify public health issues and the means to modify laws and regulations was lacking. Enforcement of laws as well as information about regulations needs to be improved.	

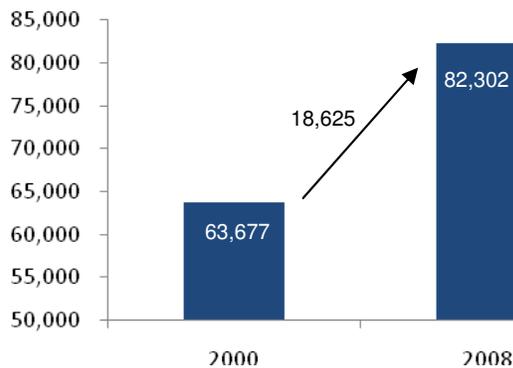
Essential Public Health Service #7	<i>Link people to needed personal health services and assure the provision of health care when otherwise unavailable</i>
The identification and linkage of the most vulnerable populations to necessary health services was deemed to be a critical weakness of the public health system in Suffolk.	
Essential Public Health Service #8	<i>Assure a competent public and personal health care workforce</i>
Workforce assessment, planning and development are almost non-existent on the macro level and should be instituted. Continuing education and training opportunities are inadequate for health care workers, as well.	
Essential Public Health Service #9	<i>Evaluation effectiveness, accessibility, and quality of personal and population-based health services</i>
Population and personal health services are not evaluated regularly to identify quality improvement issues.	
Essential Public Health Service #10	<i>Research for new insights and innovative solutions to health problems</i>
The evaluation of research activities and the lack of collaboration between academics and the practice communities were the only issues identified by participants as needing improvement.	

Community Health Status Assessment

This assessment gathers quantitative information regarding health status, quality of life, disease trends and risk factors that affect a community. The data can be used to demonstrate the foundation of health issues that need to be addressed in order to allow for citizens to live a healthy lifestyle and seek care for any physical, mental or emotional health issues.

The data in this report are gathered from various federal, state and local sources. Where possible, more than one year of data is displayed to show increase or decrease in data elements, and numbers and rates are compared to the state level (and sometimes national) to demonstrate where the City of Suffolk fares better or worse.

Population



Suffolk population density is
191.4 persons/sq.mi.

Source: The Weldon Cooper Center for Public Service at the University of Virginia

Demographics

Age Range	Suffolk – percent	Virginia – percent
0 – 4 years	7	7
5 - 17 years	19	17
18 – 49 years	48	46
50 – 64 years	16	18
65 – 74 years	6	6
75+ years	5	5

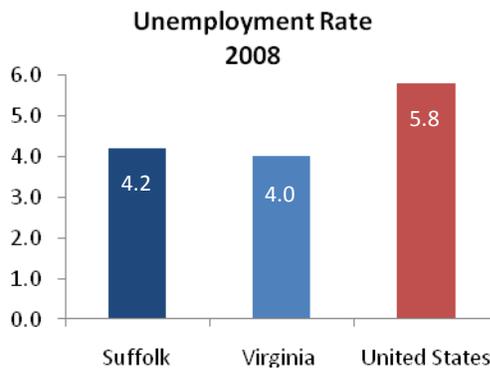
Race and Ethnicity

Race/Ethnicity	Suffolk – percent	Virginia – percent
White	56	73
Black/African American	41	20
Asian	2	4
Hispanic	1	6
Other	< 1	< 1

Source: The Weldon Cooper Center for Public Service at the University of Virginia

Social Determinants of Health

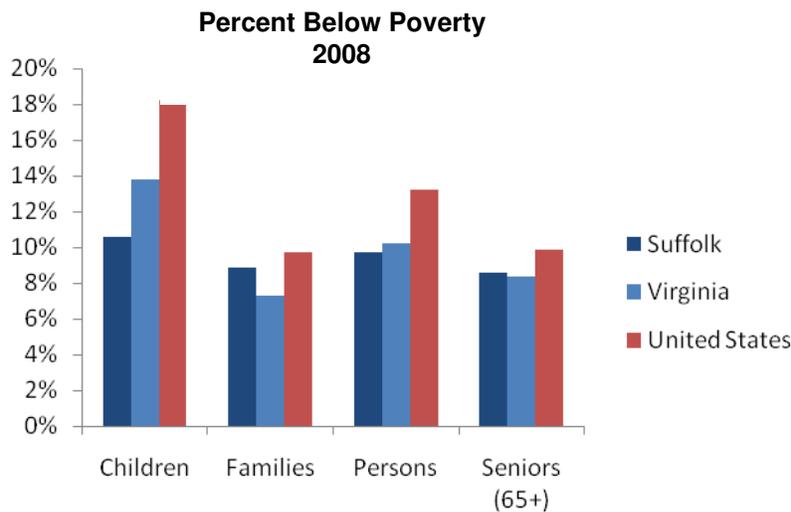
Unemployment



1,682 residents were unemployed in Suffolk in 2008

Source: U.S. Census Bureau

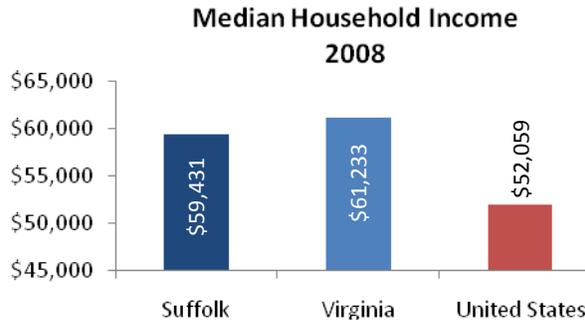
Poverty



7,864 persons, 2,285 children, 2,054 families, and 756 seniors lived below poverty in Suffolk in 2008

Source: U.S. Census Bureau

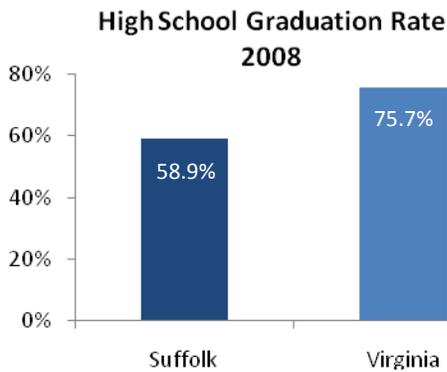
Income



\$41,115 was the median household income in Suffolk in 2000

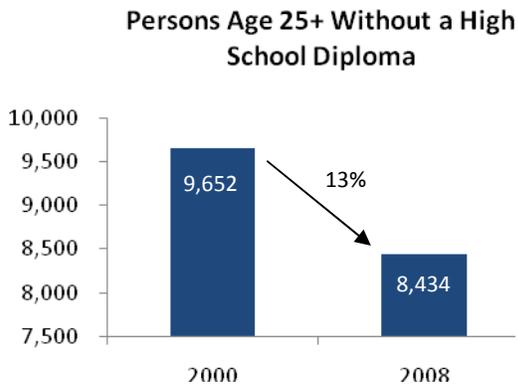
Source: U.S. Census Bureau

Education



843 students graduated from high school in Suffolk in 2008

Source: Virginia Department of Education



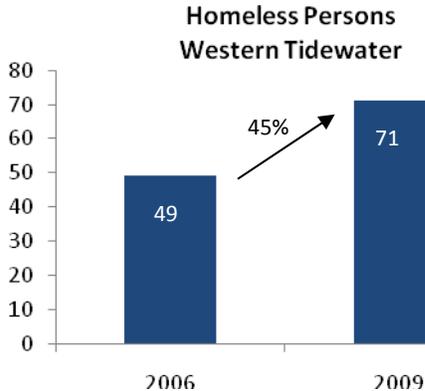
Source: U.S. Census Bureau

Migrant population

2,557 people lived out of state one year before, and 796 people lived out of the country one year before in Suffolk in 2007

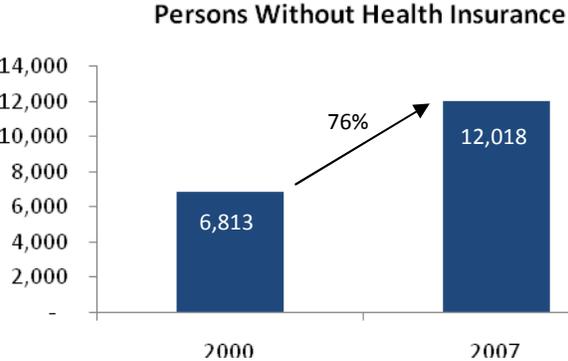
Source: U.S. Census Bureau

Homelessness



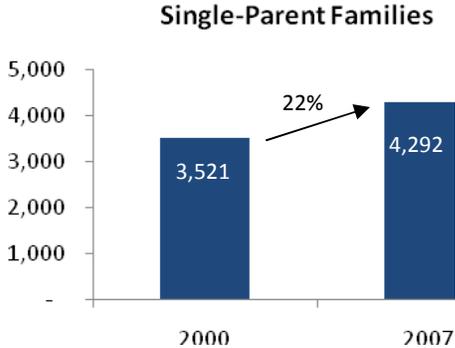
Note: Data include Franklin, Suffolk, Isle of Wight County and Southampton County
Source: Point-in-Time Counts from Western Tidewater

Health insurance



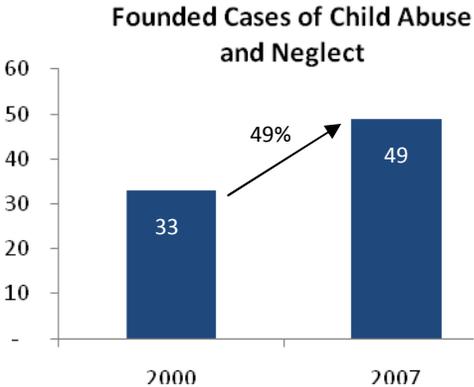
Source: U.S. Census Bureau

Single parent families



Source: U.S. Census Bureau

Child abuse



Source: Virginia Department of Social Services

Violent Crime

Homicides

Suffolk			
2000		2008	
Number	3	Number	5
Rate per 100,000 people	4.7	Rate per 100,000 people	6.1
Virginia		United States	
2008		2007	
Rate per 100,000 people	4.8	Rate per 100,000 people	5.6

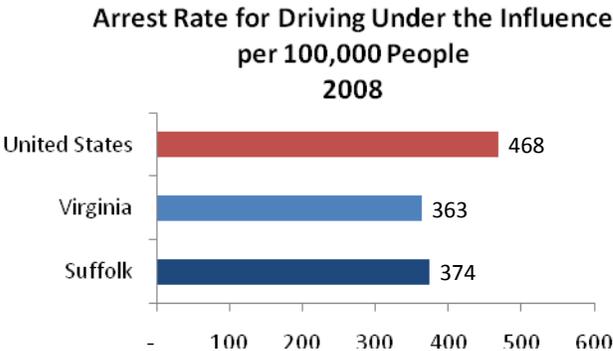
Suffolk’s violent crime and homicide rates are worse than the rates in Virginia and the United States.

Homicide, Rape, Robbery, Aggravated Assault

Suffolk			
2000		2008	
Number	394	Number	399
Rate per 100,000 people	618.8	Rate per 100,000 people	487.1
Virginia		United States	
2008		2007	
Rate per 100,000 people	330.5	Rate per 100,000 people	466.9

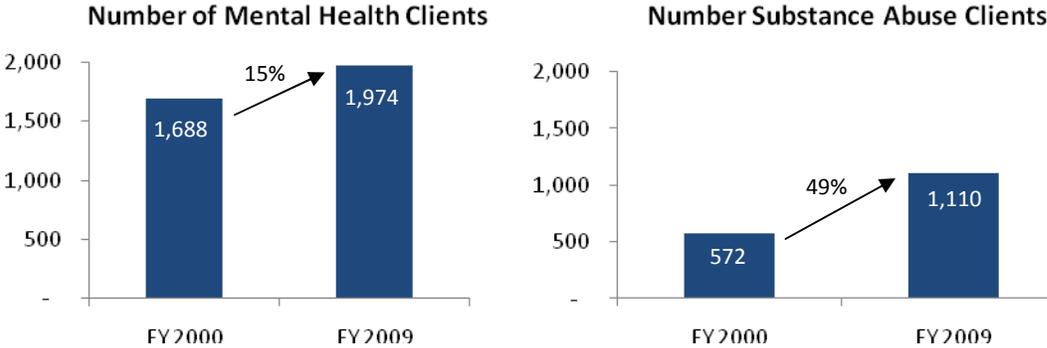
Source: Virginia State Police, Federal Bureau of Investigation

Driving under the influence



Source: Virginia State Police, Federal Bureau of Investigation

Mental health and substance abuse



Note: Data include Franklin, Suffolk, Isle of Wight County and Southampton County
Source: Western Tidewater Community Services Board

Suffolk Health Profile (2007)

Indicator	Suffolk	Virginia	Suffolk Better or Worse than State
Total Live Births	1,205	108,417	
Birth Rate per 1,000 Total Population	14.8	14.1	
Low Weight Births	130	9,344	
Low Weight Births Percent Total Births	10.8	8.6	W
Prenatal Care Began First 13 Weeks	1,070	90,225	
Percent Prenatal Care Began First 13 Weeks	88.8	83.2	B
Natural Fetal Deaths	126	7,362	
Total Teen Pregnancies Ages 10-19	173	13,766	
Pregnancy Rate per 1,000 Females Ages 10-19	30.3	27.2	W
Live Births to Teens	100	9,306	
Total Infant Deaths	12	839	
Infant Death Rate per 1,000 Live Births	10.0	7.7	W
Cancer Deaths	166	13,910	
Cancer Deaths Age Adjusted Rate	226.0	181.5	W
Heart Disease Deaths	170	13,750	
Heart Disease Age Adjusted Rate	231.7	182.8	W
Cerebrovascular Disease Deaths	38	3,197	
Cerebrovascular Disease Deaths Age Adjusted Rate	51.7	42.9	W
Unintentional Injury Deaths	33	2,881	
Unintentional Injury Age Adjusted Rate	43.1	37.4	W
Chronic Lower Respiratory Disease Deaths	37	2,760	
Chronic Lower Respiratory Disease Age Adjusted Rate	52.3	37.5	W
Alzheimer's Disease Deaths	23	1,693	
Alzheimer's Disease Age Adjusted Rate	33.5	23.3	W
Diabetes Mellitus Deaths	21	1,498	
Diabetes Mellitus Age Adjusted Rate	28.5	19.6	W

Indicator	Suffolk	Virginia	Suffolk Better or Worse than State
Influenza and Pneumonia Deaths	19	1,223	
Influenza and Pneumonia Age Adjusted Rate	26.6	16.5	W
Suicide Deaths	2	872	
Suicide Age Adjusted Rate	2.5	11.1	B
Chronic Liver Disease Deaths	2	606	
Chronic Liver Disease Age Adjusted Rate	3.1	7.4	B
Reported HIV/AIDS Cases	16	1,223	
Reported Early Syphilis Cases	13	407	
Reported Gonorrhea Cases	105	6,258	
Reported Chlamydia Cases	358	24,523	

Source: Virginia Department of Health

Chronic Diseases

Indicator	Western Tidewater (WT) Health District*	Virginia	WT Better or Worse than State
2007	Percent	Percent	
Arthritis	30.7	27.2	W
Asthma	5.0	8.4	B
Diabetes	7.5	7.4	W
No Physical Activity	23.4	21.6	W
Overweight	62.8	61.6	W
Obese	30.6	25.2	W
High Blood Pressure	28.7	28.0	W
High Cholesterol	36.1	38.1	B
Current Smoker	18.7	19.5	B
Binge Drinker	12.6	12.9	B
Have Disability	15.8	17.8	B

Source: Virginia Behavioral Risk Factor Surveillance System

Indicator	Western Tidewater (WT) Health District*	Virginia	WT Better or Worse than State
2006	Rate per 100,000 people	Rate per 100,000 people	
Cancer Rate	442.2	423.9	W
Breast Cancer Rate (Female)	116.4	121.4	B
Colon/Rectum Cancer Rate	54.8	47.9	W
Lung/Bronchus Cancer Rate	74.9	68.5	W
Melanoma Rate	22.9	18.6	W
Prostate Cancer Rate	170.1	155.6	W

Source: Virginia Cancer Registry

Hospitalizations

Indicator	Western Tidewater (WT) Health District*	Virginia	WT Better or Worse than State
2007	Rate per 100,000 people	Rate per 100,000 people	
Arthritis	455.5	322.3	W
Asthma	104.6	120.4	B
Diabetes	193.4	153.6	W
Heart Disease	1411.9	1016.6	W
Cerebrovascular Disease	336.1	274.6	W
Chronic Lower Respiratory Disease	246.9	271.0	B

Source: Virginia Health Information

Cancer Prevention

Indicator	Western Tidewater (WT) Health District*	Virginia	WT Better or Worse than State
2004	Percent	Percent	
Mammogram, Past 2 Years, Women 40+	79.9	75.7	B
Pap Test Past 3 Years, Women 18+	92.1	86.7	B
PSA Test Past 2 Years, Men 40+	53.1	53.7	W
Sigmoidoscopy/ Colonoscopy, Lifetime, Age 50+	45.2	55.1	W
FOBT Test, Past 2 Years, Age 50+	20.2	28.2	W

Source: Virginia Department of Health

Deaths

Indicator	Western Tidewater (WT) Health District*	Virginia	WT Better or Worse than State
2007	Rate per 100,000 people	Rate per 100,000 people	
Diabetes	40.4	21.7	W
Heart Disease	240.2	197.0	W
Cerebrovascular Disease	61.4	51.1	W
Chronic Lower Respiratory Disease	73.0	66.7	W
Cancer	218.0	186.0	W
Breast Cancer (Female)	31.0	25.4	W
Colon/Rectum Cancer	22.4	17.6	W
Lung/Bronchus Cancer	65.6	54.8	W
Prostate Cancer	36.8	26.6	W

Source: Virginia Department of Health

* Includes Franklin, Suffolk, Isle of Wight County and Southampton County

Forces of Change Assessment

This assessment brings together community members with various areas of expertise that can brainstorm and discuss forces – such as trends, factors and events – that either currently, or have the possibility to, influence the health and quality of life of residents or the work of the public health system.

On June 19, 2009, seven members from local non-profit agencies, care providers and city departments gathered to identify such forces that are either possible or currently effective in Suffolk. The group was asked to identify **trends** (such as migration and other population changes), **factors** (such as the community's setting and major industries) and **events** (such as tornados or new legislation.) Wherever possible, the group identified specific threats and opportunities surrounding each force that Suffolk leadership can use when planning.

The questions below provided a framework for the discussion that ensued:

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have any impact?
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?

Participants included representatives from the Eastern Virginia Medical School, Virginia Legal Aid Society, Sentara Obici Hospital, Western Tidewater Free Clinic, Health Department, Suffolk Partnership for a Healthy Community, and Congressman Randy Forbes' Office.

Meeting Results

Participants were asked to identify forces that fall within each main category, as well as any threats or opportunities that may apply in Suffolk.

I. Social Forces:

- Increase in population
- Increase in single mothers
- Increased expectations of the education and health care systems
- Sophisticated services
- Reliance on technology; the 'Rescue Me' attitude
- Decrease in resources for children entering the education system
- People more socially isolated despite increase in population
 - Changes in interpersonal communications (texting, emails, etc.)
 - People feel no one cares about them, increase in depression
- Less common to have common values within a community

- Increase in Immigration and In-migration
 - Shift of traditional or nuclear family
- Less leisure time, often leads to risky behaviors during free time
- Lack of recreational opportunities
- Universal health coverage

Opportunities Identified:

- Communal parenting: sense of community watching out for one another
- Volunteer time and input
- Breaking down barriers for new arrivals to community
- Coalition-building through initiatives like the Suffolk Partnership brings about cohesive program building
- Medicare model
- Pilot state-level models of universal coverage

Threats Identified:

- Safety in neighborhoods
- People staying inside leads to obesity

Suffolk is facing the challenge of population growth and development placing demands on infrastructures such as health services and education without adequate resources. Some of the population growth is due to foreign immigration as well as in-migration - people moving to Suffolk from other parts of the United States. It was felt that new arrivals were often eager to become active in the community and volunteer their time and ideas where needed.

Because of the large landmass in Suffolk, rural setting in most parts of the city and the lack of public transportation, people tend to interact less frequently than in more urban-suburban settings. This in addition to the practice of communicating via electronic methods has led to isolation and many health providers are seeing more persons who feel that no one cares about them. Depression is now within the top third most diagnosed afflictions across the nation and Suffolk's existing mental health services will be challenged to meet the increased demand without more resources.

On the other hand, some neighborhoods within Suffolk work together to collectively parent the children. This support network serves an important purpose, especially since there is a high prevalence of single moms in the community.

II. Economic Forces:

- Downturn
- Less jobs, unemployment
- Loss of insurance
- Forced furloughs without pay
- Business closures
- Stress-related problems due to economic recession, less workers
- Decrease in community jobs (i.e. Smithfield Packing, peanut industry)

- People forced to move away
- Impact on people who were recently well-employed
- Ports make up 1 in 10 jobs in the State of Virginia

Opportunities Identified:

- Larger inventory of affordable housing
- Volunteerism: people giving time and money

Threats Identified:

- Increased crime, alcoholism and domestic violence
- Increased demand on social and health services while resources are less
- Increase in homelessness
- Transportation lacking in Suffolk

Providers noted the overwhelming demand for social and health services while there is a decrease in resources and often a smaller staff to absorb the work. Crime, domestic violence and homelessness are much more prevalent and also adding to the service providers' burdens. However, the reassessment of properties has resulted in an increase in affordable housing units within the City and may allow for new homebuyers to move to the city and increase the tax base.

Some important and traditional industries within and surrounding Suffolk that provide many important jobs have reduced their work force or shut down. As a result, people are leaving the city to seek employment. The discussion included the fact that a recent study showed that ports provide 1/10th of jobs across the State and that the city could entice more of this type of work to come to Suffolk. Access to Suffolk's shorelines and water bodies remains a barrier for most. A viable transportation system would also be needed to support this.

III. Political Forces:

- National health care plan to address needs of uninsured
- Change in political leadership
- Disparity in safety regulations for international imports
- Live in a global community
- Planned growth
 - Mix of residents vs. businesses
 - Tax base

Opportunities Identified:

- Liability insurance cap for doctors
- Stimulus money to launch programs, initiatives
- Acceptance of strategies to adopt global thinking

Threats Identified:

- Stimulus money used to replace deficits and to stimulate something new

- Depending on government to fix all problems (i.e. drywall reimbursements) epidemics, pandemics (SARS, swine Flu)
- Instability of Iran

Clearly a vital factor that is impacting Suffolk as a community is the change in governmental leadership, both on the national and local levels. New policies, especially surrounding the use of stimulus funds, have created opportunities for improvements. Federal funding for homeless prevention, weatherization of old homes, childcare and education should be received at the local level over the next several months and provide much needed resources. There was a caution that some of the money may be used to replace deficits rather than initiate new programs and jobs.

Changes to the health care system, and to what extent, are still unknown as it is being debated in Congress now. Insurance coverage, individual payments and access to providers could all change drastically and will have a significant effect on how health services are conducted now. While access to health care services for all income levels is an urgent need, some fear that a more centralized system may create delays in receiving care quickly.

Participants felt it was important to note that Suffolk is part of a global community. International trade, policies and events often impact local residents. Recent demonstrations in Iran could pose a potential threat to the U.S. and even to Suffolk. Imported food items can create a threat of new diseases as the standards for food safety fluctuate from country to country. This is an ongoing issue for which the public health system has to be ready.

IV. Technological Forces:

- Internet: information available on health care
- Shift to electronic applications for benefits (i.e. SSA, VEC)
- Creation of body parts grown from T cells
- Modeling-assimilation industry

Opportunities Identified:

- Patients educating themselves online
- Create web-based programs to assist people
- Medical advances
- Landmass in Suffolk for development
- Expansion of transportation industry

Threats Identified:

- Scams, wrong information
- Low-income have no access to Internet and Legal Aid is often filing for the client
- No General Relief while waiting for benefits to be approved
- Centralized system can limit medical advances and mass production
- Attracting high-paying jobs vs. service jobs
- Warehousing sites deter residents

Advances in technology, and in particular relation to the medical field, pose constant changes to our community's provision of services. For persons needing assistance with public benefits, there has been a recent shift to electronic applications. Those who are poor or less educated or without access to a computer face great difficulty in completing these applications. Therefore, providers are forced to do this task for them. The waits can also be very long if there are no general relief funds to pay for services until benefits are approved.

Opportunities within the sciences provide hope that in the foreseeable future, problems related to diseases and other medical afflictions can be resolved with new medicines and / or technologies.

VI. Environmental Forces:

- Hurricanes, tornadoes
- Poor soil (Western Tidewater)
- Global warming
- Rural area
- Rabies
- Runoff into water
- Lead paint exposure
- Air pollution

Threats Identified:

- Economic impact of storms
- Access to sewer, water is limited
- Providing services in rural area
- Coordinating emergency response
- Bacteria levels in water
- Increased rates of asthma (coal and peanut dust, chemical plants)

Suffolk is facing many changes related to agriculture and global warming that are directly affecting the quality of lifestyle for many. Global demands on food types are affecting the farming and crops being produced. The quality of soil is poor in some areas, especially in the western section of Suffolk. The City is striving to maintain a rural farming community in the southern half of the city while implementing planned, mixed-use development in other parts.

Growth and increased traffic have contributed to runoff into the waters as well as noise and air pollution. Some of the local industries such as peanut farming have created some health risks for those living near them (such as allergies to peanut dust). Suffolk has a large inventory of homes in the early and mid-1900s and therefore a high prevalence of lead paint.

VI. Scientific Forces:

- Medical advances for curing diseases

- Resources like NASA, Jefferson labs, university labs and research

Opportunities Identified:

- Cures for diabetes and neurological diseases
- Organ growth
- Photon beam therapy developed at Hampton University

Threats Identified:

- Increased rates of breast cancer
- Accessibility for treatment (MCV only option for uninsured, low-income)

The Hampton Roads region has many research and technology-based facilities, including military and university laboratories. There are many opportunities for the local government to partner with these institutions and entice them to locate their offices in Suffolk.

There are some significant breakthroughs for certain medical conditions, such as diabetes, that may affect the health of many of Suffolk's citizens. Due to the high prevalence of obesity, the chronic disease rates in Suffolk are extremely high. Cures and medical advances would help those living with chronic diseases to live longer and more productive lives.

VII. Legal Forces:

- Mortgage rescue scams (landlords taking rent but not paying mortgage and renters being taken to court)
- Backlog of people applying for social benefits
- Increased need for services
- Amount of scams, slumlords
- Car dealers preying on people with poor or no credit
- Pay day and car title loans
- National health care plan
- Transportation legislation

Opportunities Identified:

- Virginia Poverty Law Center
- Volunteers for Legal Aid to educate community

Threats Identified:

- Lobbyists stronger than the voice of the poor

Due to the economic crisis and lack of lending by banks, predatory lenders have negatively impacted many residents of Suffolk. There are landlords in foreclosure that collect rent from tenants who are then forced to leave their homes and are taken to court and held accountable for the unpaid mortgage. There are citizens purchasing used cars for extremely high interest rates. Payday loans, car title loans and other scams also prey on the poor who are desperate to pay for basic food, shelter and

health. Many of these people are seeking legal protection and yet cannot afford to pay for legal services. Therefore the Virginia Legal Aid Society and other providers are challenged to meet the needs.

The changes coming to the health insurance structure and the transportation system to and within Suffolk will undoubtedly impact the citizens greatly.

Strategic Issues

Strategic issues are those fundamental policy choices or critical challenges that must be addressed in order for a community to achieve its vision. A strategic issue is a key issue that is also long-term, has community impact, requires community resources and will have consequences if not addressed. On October 13, 2009, the Suffolk Health Department hosted a meeting with over forty representatives from twenty-three agencies to discuss the highlights of the MAPP assessments described above and to collect input from key community leaders on how to address the strategic issues that were evident.

The culmination of the research and data collection activities described above is the identification of those strategic issues that the Suffolk public health system can, and should, address. The group reviewed the findings, including strengths, weaknesses and disparities that were expressed and identified in the four assessments, and determined how they affect the achievement of the shared vision. The vision for Suffolk, created one year earlier, states:

A healthy community is achieved when all citizens enjoy lifelong health through access to health care, recreational activities, good nutrition, community engagement, age-appropriate services and opportunities to high quality education and employment, all in a safe environment.

A summary document was prepared for the meeting, which collapsed the information into the following categories in order to guide the discussion:

Overarching issues and/or gaps

- Chronic diseases, particularly obesity in children
- Geographic barriers to health and recreation services
- Lack of transportation options
- Educational barriers
- Poverty

Identified strengths

- Care provided by the Obici hospital and the Western Tidewater Free Clinic
- Friendly community with a small-town feeling
- Strong cadre of volunteers
- Collaboration between city government, schools, businesses and non-profits

Identified weaknesses

- Insufficient roads and convenient public transportation
- Certain specialty and dental care services not available within the city
- Affordable housing options for the lower and middle classes
- Lack of family planning

Disparity issues

- Amount of resources, services and wealth in Northern Suffolk as opposed to other sections of the City
- Deaths caused by chronic diseases and cancers
- High rate of teen pregnancy
- Communities with sidewalks and parks vs. those which have neither
- Health education / health literacy
- Growing Hispanic population often isolated because of language
- Limited services for increasing homeless population

Meeting Results

After opening the meeting with key findings from each assessment, participants noted that the rural environment, lack of public transportation and medical providers in Suffolk and its surrounding areas demand a different approach to providing direct health services as well as education. Fundamentally, accessibility (affordability) of services does not mean availability (workforce) of services for many residents.

It was suggested that since it was unlikely there will be an increase in physician coverage, it was important to focus on “extenders” within the community, building on the role of nurses, case managers and others as health educators. By doing this, there is more availability of “community encouragers” and the pressure on medical providers would be allayed.

Results of the community needs survey demonstrated that while many citizens feel healthy the data shows the population has many health needs. The group felt there was an urgent need to address the high rate of teen pregnancy in Suffolk, which is directly related to the high percentage of newborns with low birth weight and infant deaths.

There is very low health literacy among a large portion of Suffolk’s population and outreach and programs need to be implemented and targeted within certain neighborhoods. Trends in technology and telemedicine can provide a different model to provide services – bring the services to where the people are.

The change in the population demographics will also need to be addressed when planning and providing care services: in particular, for the growing Hispanic and elderly populations.

Larger themes emerged throughout the discussion and the following strategic issues were brought forth:

- Prevention and Education
- Access and Availability

Discussion around each strategic issue resulted in formulated goals and action steps that were perceived as realistic for the City of Suffolk to address using existing (or shared) resources and through improved collaboration with partner agencies.

Strategic Issue #1:**Prevention and Education**

Expand / extend programs through agency collaboration and shared resources.

Action Steps:

- Prioritize education and prevention programs to first address the most critical issues: teen pregnancy, chronic diseases and cancer rates
- Increase education efforts around family planning needs, focusing first on prevention of teen pregnancy
- Create partnerships with community colleges to train community volunteers to provide health education
- Create home health extension programs and opportunities within existing delivery system
- Increase nutrition and health education at schools and within children's programs
- Implement wellness programs, nutrition education, self-care for chronic disease management, and fall prevention during group meals for seniors
- Utilize community health centers as 'extenders' of the health home model
- Identify and use all existing channels to disseminate information around health issues
- Service delivery models should be client- and population-based
- Evaluate changes in the population and culture and adapt services as necessary
- Focus education efforts on legislators and partners to build a comprehensive health services model with committed resources

Participants named several guiding principles around prevention and education that should be included throughout all action taken to change the health model in Suffolk:

- Inclusion
- Community ownership
- Client / population-based
- Cultural competency
- Accountability
- Outcome-focused
- Best practices

Strategic Issue #2:**Access and Availability**

Expand / extend the health services delivery system.

Action Steps:

- “No Wrong Door”: create friendly entry points specific to various age groups for linking them to services and information
- Publish and disseminate city Resource Guide, update as necessary
- Increase health care workforce available for in-home care
- Set up health kiosks at libraries and recreation centers
- Listen to citizen’s stories and assess specific needs within each community to create appropriate services
- Use Suffolk Partnership website to link to online resources, such as Senior Navigator, city resource guide and others
- Create informational programs through faith-based entities
- Compare changes in population / growth vs. service availability in the city’s Unified Development Ordinance and Comprehensive Plan
- Seek funding and other resources for expansion of training and sustainability
- Develop advocacy goals and action steps to move forward
- Utilize and leverage volunteers and the faith-based community to increase system resources

Action Cycle

The final step of the MAPP strategic process is the **Action Cycle**. The above information is crucial to launch this cycle and provides the framework in which ongoing community health improvement tasks can be conducted. Once the strategies are selected, key stakeholders within the public health system must now adopt them and plan to implement change. Strategies may be adopted in their entirety or in stages.

The three stages of this phase include:

- Planning – determining what will be done, who will do it and how
- Implementation – carrying out the activities identified in the planning stage
- Evaluation – determining what has been accomplished

In order to assure sustainable implementation the following questions should be considered:

- What is expected from the leaders of the process in terms of commitment, resources, coordination, and so on?
- What kinds of communication mechanisms need to be in place among participants?
- What products should result from evaluation and monitoring activities?

For each strategy and goal developed as a result of the MAPP process, measurable outcomes should be created and responsible parties identified. Action plans should be developed that describe specific tasks for each responsible person or party. Realistic timelines should be agreed upon to realize results as well as monitor progress on a regular basis. Action plans should be reviewed regularly for opportunities for coordination as well as to update them as needed. Each participating individual or agency should be well informed as to the expectations from action plans.

Evaluation methods should be designed for each goal and objective set within the action plans. Questions should consider: how effective was the activity, did it meet the stated goals, and what improvements can be made? Analysis of progress made should be based on data collected and should not be based on any one person's perspectives.

Finally, results should be shared. Media outlets can be utilized to educate the public about progress being made related to strategic issues. Evaluation results can improve existing processes and help create new strategies and activities. Successes should be celebrated and recognition should be given to those community members that were involved. Continuing celebration of success and recognition will go a long way toward sustaining the momentum and keeping the process alive.

Throughout these assessments several positive programs were touted as community successes that should be expanded and supported by all in order to address very important gaps in Suffolk's public health system:

- Suffolk Partnership for a Healthy Community
- Western Tidewater Free Clinic
- Recreation Center / Youth-focused programs
- Community gardening
- Focus on preventative and community health issues

Other Resources

Some useful online resources to use when looking at tools to implement change or learn about communities that have successfully implemented best practices are listed below:

MAPP Clearinghouse:

<http://www.naccho.org/topics/infrastructure/mapp/clearinghouse/>

MAPP Demonstration Sites:

<http://www.naccho.org/topics/infrastructure/mapp/demosites/index.cfm>

CDC Healthy Living: <http://www.cdc.gov/HealthyLiving/>

South Carolina Rural Health Research Center: <http://rhr.sph.sc.edu/index6.html>

Association of Community Health Nursing Educators:

<http://www.achne.org/i4a/pages/index.cfm?pageid=1>

American Public Health Association – Healthy Kids, Healthy Neighborhoods:

http://www.leadershipforhealthycommunities.org/images/stories/lhc_aa_strategies_doc_for_the_web1.pdf

Appendix A

Visioning Table Discussions Report

Suffolk Partnership for a Healthy Community - October 28, 2008 Forum**1. CHILD / YOUTH ISSUES****Facilitators: Katie Humphrey, The Children's Center, and Corrie Leary, Western Tidewater Community Services Board*****What does a healthy community look like?***

- play opportunities and locations
- availability and affordability
- safety
- recreation facilities
- sports activities
- reliable transportation
- interaction
- appropriate for variety of ages
- quality childcare

Suffolk will have achieved its goal of becoming a healthy community when it has done what?

- support ECDC and Office of Youth
- youth representation and involvement
- raise funds
- bicycle and walking trails
- expand recreation opportunities
- neighborhood parks
- accessibility to recreation
- community involvement

What are the most prominent barriers for Suffolk in becoming a healthy community?

- money
- community size
- childcare issues
- different community experiences
- teen pregnancy prevention and schooling issues
- transportation
- child-parent relationships/home environment
- single parenthood
- grandmothers raising grandchildren
- mentoring programs

What are the greatest strengths and/or assets for Suffolk in becoming a healthy community?

- early childhood development coalition
- Kid Zone park → various needs
- Office of Youth

- programs (i.e.: H.S., early H.S., Smart Beginnings, Early Intervention, YMCA, WIC, PN)
- collaboration and partnership
- passion
- YMCA → safe haven

2. COMMUNITY DESIGN

Facilitators: Selena Cuffee-Glenn, City of Suffolk and Leonard Horton, Department of Social Services

What does a healthy community look like?

- activity
- people visible
- access to healthy eating
- family-oriented (all ages)
- greater park system in city park
- social interaction/community engagement

What are the most prominent barriers for Suffolk in becoming a healthy community?

- companies that are not family-oriented (do not encourage family engagement)
- Live, Work, Play, Grow – all in the community
- personal safety/feelings of security
- transportation and connection/accessibility
- funding
- must be a family/community priority

What are the greatest strengths and/or assets for Suffolk in becoming a healthy community?

- land/open space
- natural resources: lakes/rivers, etc.
- citizens: strong history
- commitment of citizens
- diversity in business sector
- Obici Healthcare Foundation (asset)

What is the role of government in helping Suffolk to be healthier?

- encourage companies to promote healthier lifestyles
- back initiatives that encourage healthier lifestyles (Smart Beginnings, Healthy Communities, etc.)
- ensure safety and security of community
- enhance communication and participation in advisory groups
- pattern of language to carry the vision/message
- encourage civic involvement

Who are other organizations/individuals who should be a part of this process?

- churches

- business community, especially HR representatives
- non profits and local foundations
- collaborator/partnerships with other localities for recreational activities

3. HEALTH CARE ACCESS

Facilitator: Bobbie Chapman, Suffolk Partnership for a Healthy Community

Transportation

- Transportation is an issue that prevents many from getting to health care providers
- There are resources: buses until 5:00, Medicaid cabs, Angel Wings, etc., but many are not aware of what transportation is available
- Need to create awareness of resources
- Some don't have money to pay the fare
- Consider having a certain number of tickets per month or per person available at a reduced cost

Mental Care

- There is a critical need for psychiatric resources in the Suffolk area
- Agencies are overwhelmed with needs to refer patients to psychiatrists and due to the supply being so limited there is nowhere to refer them
- Suggestion that perhaps the psychiatrists with the school system might be tapped as a resource to help fill the need

Barriers

- Lack of awareness/knowledge in many segments of the community about the resources that are available in the city
- Great need to have a directory of resources in all areas of health support, health and wellness, support services, city services, etc. available to the community at large
- One example of a service that is available is the UP Center/ Understanding People/Understanding Problems which assists citizens in need of psychological counseling and psychiatric medical needs

4. HEALTHY EATING

Facilitators: Karen Brower, Health Department and Janice White, Suffolk Public Schools

What is the most important issue in design a community to support health, especially active living?

- Healthy eating would lead to healthier citizens which could lead to increased person volunteering for community service
- Access to open places needed: bike trails, fishing, walking trails
- More facilities to encourage activity; no recreation centers
- Church needs to have organized sports activities

- YMCA membership not affordable for many people; cost prohibits use be average person
- New developments should be required to support green way: playgrounds, not just sidewalks
- A grocery store should be located within senior communities.
- Healthy build environment lead to healthier choices; mind set will begin to change.

5. HOUSING

Facilitator: Clarissa McAdoo, Suffolk Housing and Redevelopment Authority

What does a healthy community look like?

- housing should not cause harm (i.e. no lead base paint)
- safe for children inside and outside the home
- need safe places for children to play
- more afterschool programs in community center for youth and elderly

Suffolk will have achieved its goal of becoming a healthy community when it has done what?

- community “safe person” or “neighborhood captain” where children can go
- adopt a kid/adopt a grandparent: connect seniors with children
- build houses with front porches so people can sit outside; promotes neighborhood safety
- need to connect and secure “dead corners” of neighborhoods (normally where drugs deals take place)
- build neighborhoods from family on out so ownership of community belongs to the families
 - Family→Neighborhood→Community
- more assisted-living facilities to make seniors feel more secure and independent
- environmentally friendly buildings

What are the most prominent barriers for Suffolk in becoming a healthy community?

- age segregated populations
- lack of multi-generational dwellings
- lack of mixed usage zoning

6. PERSONAL SAFETY / SECURITY AND PEDESTRIAN SAFETY

Facilitator: Chief William Freeman, Police Department

What does a healthy community look like?

- Visual interactions between generations
- Access to health care for everyone
- Coordination of services
- Transportation

Suffolk will have achieved its goal of becoming a healthy community when it has done what?

- Early childhood education to prevent unhealthy lifestyles
- Complete online resource guide
- Physical activity at school

What are the most prominent barriers for Suffolk in becoming a healthy community?

- Fear of stigma
- Safety
- Education
- Created culture of mass production which has eliminated physical fitness activity

What are the greatest strengths and/or assets for Suffolk in becoming a healthy community?

- People
- City incorporated into building codes for all to include sidewalks

7. PHYSICAL ACTIVITY AND FITNESS - A

Facilitator: Lakita Frazier, Department of Parks and Recreation

What does a healthy community look like?

- more church involvement
- get religious institutions involved in physical activity/fitness
- get church/home/YMCA to get together and train individuals about physical activity and healthy eating

Suffolk will have achieved its goal of becoming a healthy community when it has done what?

- Tabernacle Christian Church
 - provide transportation
 - behavioral education
 - one year free membership
 - Why haven't they come?
 - need to change the culture
- employers who promote physical activity (i.e. GlaxoSmithKlein)
- get the word out and make it a priority
- provide childcare and education for parents

What are the most prominent barriers for Suffolk in becoming a healthy community?

- the need to define healthy community
- effective communication process
- bridge the gap of older and newer communities when it comes to perception

8. PHYSICAL ACTIVITY AND FITNESS - B

Facilitator: J.B. Matthews, Suffolk Partnership for a Healthy Community

What does a healthy community look like?

- sidewalks and bike trails
- access to walking and play areas
- green space
- access to facilities offering physical fitness programs
- more community facilities offering programs
- better transportation (bus) service
- activities for seniors and a way for them to get there
- supervised after school activities for children
- quality programs and leadership where there are facilities
- build safety into infrastructure for walkers and bikers

What is the most important issue in designing a community to support health, especially active living?

- put facilities offering active living programs where the people are
- provide better public transportation
- reclaim some of the older neighborhoods and provide space and activities there such as is being done in a lot of the newer communities

What are the most prominent barriers for Suffolk in becoming a healthy community?

- infrastructure and financing
- lack of access

What are the greatest strengths and/or assets for Suffolk in becoming a healthy community?

- land mass
- room to expand/dream with
- existing parks (i.e. Lake Mead, Peanut Park)

9. PHYSICAL ACTIVITY / FITNESS - C

Facilitator: Gloria Seitz, Sentara Healthcare

What are the most prominent barriers for Suffolk in becoming a healthy community?

- Need neutral sites to extend to smaller communities (i.e. Chuckatuck, Holland)
- Change name of activity to something that sparks interest and sounds like fun
- Must involve parents with children and youth
- Perception of physical activity is that it is inconvenient and it hurts
- Transportation
- Funding: shared responsibilities (government, Partnership, etc.)

Suffolk will have achieved its goal of becoming a healthy community when it has done what?

- Involve churches for communication in programs and also use churches as a site
- Sell people on why physical activity is important; sell over and over (repetition is important)
- Show/demonstrate to parents why it's important to health of children
- Use old Obici property for activities
- Teach kids how to cook
- Consider a partnership between YMCA and public/private schools

10. SENIOR ISSUES

Facilitator: Dr. Lisa McCoy, Health Department

As a senior here is Suffolk, what does a healthy community look like to you?

- Affordability and safe for the seniors
- Not a lot of people congregating on the corners in groups – this makes elders feel unsafe
- Resources to help in staying as independent as possible; seniors don't want to lose their independence - like giving up driving your car
- Ability to stay in your own home as long as possible
- People don't like to call on others for help or sometimes family members are working
- Need better public transportation - you can sometimes call and get a ride from handicapped ride transportation system, but that often takes a long time and is not dependable
- A care plan would also help with resources to access necessary medications
- Safety in the home – perhaps community watches or “each one, care for one” initiative where neighbors adopt a senior to look in on them /each other from time to time.
- Community activities and access to intergeneration activities
- Need to know what is available

Some of the barriers to staying at home include:

- No one available to assist with daily tasks; working children cannot stay home with you
- Assisted living centers can help with maintaining a quasi-independent status
- Lack of resources for stabilization in the home
- Hard to find good options for healthy eating; healthy meals often hard to find in many restaurants
- The city council members are often misinformed about resources within Suffolk; councilmen need good information sources to pass on to constituents.
- NEED BETTER MORE RELIABLE INFORMATION ON RESOURCES AVAILABLE FOR SENIORS!!

Ideas for creating healthy communities for seniors

- Nursing homes and childcare centers should be next to each other – facilitates intergenerational activities

- Workshops and other activities in the community for seniors
- Better designed assisted care facilities. For instance, Lake prince has a continuum of care available ranging from highly independent residents to those needing skilled care /nursing care services
- Friendship Manor was suggested as another well-designed assisted living center. This facility offers:
 - Social outlets – day trips, workshops, arts and crafts, swimming pools and trips
 - 17 buildings, 30 apartments in each building so lots of other seniors to interact with
 - Nice community room
 - Buses to provide transportation to outside shops
 - Dialysis on site
 - Roanoke hospital sends patients there for rehab
 - Tenants association
- Create a resource book that is frequently updated
- Have a one-stop center to coordinate access to resources for seniors,
- Legislature should require that only 30% of income when federal \$\$ are used
- Would help to have skilled people to assist with developing care plans (plans or blueprints that cover the next 5 – 10 – 15 years of your life, anticipates needs and identifies resources to meet them)
- Similar idea to above: Life coach or navigators program accessible to them to assist with personal planning in a range of areas

Appendix B

Community Needs Survey Results

Appendix C

Focus Group Responses

1. How long have you lived and/or worked in Suffolk?

13 years
15 years
5 years

32 years
45 years
16 months

16 months
2 years

2. What is it about Suffolk that helps you stay healthy?

- The availability of good medical care and a hospital.
- Open space
- Friendly atmosphere
- Public transportation
- New clinic openings
- Food service / pantry
- Recreation Center on Sixth Street
- Access to gyms and the YMCA

3. Are you aware of places to go in Suffolk to get regular exercise?

- My neighborhood is designed with a lake to walk around and promotes exercise.
- YMCA
- Carolina Road track
- Gym
- You can walk to where you need to go in downtown

4. Are there any things in Suffolk that you think are a public health threat or hazardous to the public's health?

- I know the medical community here is concerned about diabetes and obesity. Poverty, ignorance and lack of education
- Limited access to medical care
- Health insurance barriers
- Factories
- Ignorance
- The bike paths in downtown, urban areas of Suffolk

5. Do you think that Suffolk provides enough places to receive routine medical care, or is it necessary to go outside of Suffolk?

- The availability of services is excellent, especially for those over 65 or under 18 who have Medicare and Medicaid.
- The Western Tidewater Free Clinic has touched those who work but have no insurance.
- We can get all of our care here except that there are no doctor's offices in many parts of the city. Northern Suffolk, the hospital and downtown are the only areas where they are clustered. South and Central Suffolk are lacking doctors.

6. Which health care services do you think are missing in Suffolk?

- Wellness and prevention services, including nutrition and exercise components. There are people who don't know to even raise the question. The lack of education and poverty are real barriers for many.
- The expansion of the Western Tidewater Free Clinic is very much needed.
- A mobile mammography unit is needed to provide free testing and diagnostics for women. Obici used to offer a discount but I don't think it's available anymore.
- Dental van

- Infectious disease specialists
- Shelter services for homeless are very limited.
- Pap smears for free

7. What types of barriers exist for people in Suffolk to get help when they need it?

- Public transportation
- Education
- Poverty level
- Medical care services are very spread out across the city and hard to get to for a lot of people.
- Lack of insurance
- Health literacy
- Interest to get healthy
- Fear of discrimination
- Western Tidewater Free Clinic has very limited hours
- You have to wait about seven weeks to get an appointment at Main Street Physicians
- More service providers are needed.

8. Are there any groups of people you know of that have trouble receiving assistance in Suffolk?

- Racial barriers and cultural differences exist. The City is very black and white but has a growing Hispanic community.
- Homeless men are very vulnerable because the City lacks a shelter for them. They also often have emotional and mental issues.
- Persons with HIV, hepatitis or any infectious disease must travel to clinics in Norfolk
- Women in general can't get enough assistance except for pregnant women at the Health Department.
- The elderly have programs but I don't think they utilize them.

Appendix D

Key Informant Interview Results

1. What do you believe are the 2-3 most important characteristics of a healthy community?

- **Access to medical care, social care, and legal care.** All three are necessary. You can't have a holistic approach to the community without all three.
- It should be a place where **everyone has a home, regardless of his or her jobs, careers or income.** Another is access to health care and that there is a good educational system.
- Equal access. I'm not sure this is happening, as it should be around the city for everyone. The Health Department has similar challenges like the public school system in terms of getting the word out about services that are available. **The perception of well-being is a big component of a healthy community.** We need to do better dental care and there are other trends that trouble me in kids, such as diabetes. **Recreation and public safety** are also a big part of a healthy community. People need to get out and walk.
- One of the most important would be **involvement of the citizens** that live there – interest in what's going on. When that happens everyone has a part in it, they want to participate and make it a healthy community and a good place to live. Another important component would be that there is a vehicle for the health concerns of individuals in the community that seem to fall through the crack. **Mental health is extremely important** to me because it's what I do. I think we have to be concerned with all the citizens in the community, not just those that can afford health insurance.
- **Health, education and income are the three pillars** of United Way and I really do think if you're missing any of those then the others will suffer and it's not going to be a balanced life.
- In the economy at this point there is such a lack of access to care for lower income persons, many are laid off. The **issue of lack of health care** used to be for those only with low income but it is **now affecting those in the middle-income bracket.** People who were previously making ends meet can't afford to go the doctor now.
- Accessibility to quality health care. Children that are healthy and ready to enter the education field. **Public awareness of health prevention programs.** One of the big issues is taking it from hearing it to applying it and I'm not sure how you do that. You need community buy-in with

the understanding that health care prevention is the key to good health in the future.

- Access to the resources they need, knowing what they are. Having a **community that is very supportive of the other members and being a tolerant community.**
- **Steadily growing.** Growth is important because if you're not growing then you're declining. **A healthy tax base:** a mix of residential and business taxes. In economic development, I've heard that it's 70% residential and 30% business but in Suffolk it's 60-40.
- **Actively engaged physically.** One that is **attuned to the environment** and changes that need to be made to make it a healthier environment to be part of. One that has adequate health care resources regardless of the person's ethnic or economic station in life.
- Access to health care is major, especially in the rural area. Having the opportunities to get to doctor's offices and clinics. There's also a dental problem in the rural areas. The educational piece, as far as where the resources are, directions to take, **childcare, healthy babies.**
- I believe community health recognizes issues that need to be confronted. One of the main issues in Suffolk is **togetherness**; we have a split community. We need to address youth, sexuality, drug abuse, etc. Also, our educational system is not doing the best it can do as it's focused on passing SOLs and needs to focus on the basics of reading, writing and arithmetic.
- Leadership. A sense of community. Security and overall health. **Consistent, controlled growth.** For example, the City of Charlottesville is very outdoorsy, very visibly has a health emphasis. The University Hospital system also helps.
- Community involvement – **leadership, organization and volunteers. Dissemination of information.** Informing people is key or resources are wasted. However, there is little opportunity for individual growth. The Western Tidewater Free Clinic was marketed well, signs announced it everywhere and that effort garnered lots of utilization and volunteers.
- **Safety. Personal health. Education.**

- **Connected city government.** Public education system. Medical facilities and access to good medical care.
- **Parks and recreational activities that are available to the citizens.** Access to health agencies that provide information to healthy, active living and disease prevention. Also, **a community that values its senior population** with resources and opportunities for them.
- **It has to start with the younger generation** – to motivate them to be involved in sports, healthy eating and outdoor activities. The schools have made progress in doing that in Suffolk. Our Parks and Recreation Department has also made a lot of progress. The new Recreation Center has already enrolled about 1,200 people to participate in activities and be members. The activity leaders – schools, Parks and Recreation, or any activity – need to bring in the parents and caregivers to be active, too. **The entire family needs to be involved in being active and practicing the message of good health together.**
- Access to health care would be my top characteristic. In Western Tidewater there is about a 16-17% uninsured rate with a high poverty level so access to good health care is a big issue. Safety – a safe environment from a lot of different perspectives: safe schools, neighborhoods, and parks. The stimulus money trickling down was discussed by City Council and they identified some neighborhoods and public housing that need help. Also, **people being able to access age-appropriate recreation.** Our youth need more recreational opportunities and healthy eating. Through the Partnership we're starting community gardening, we've got two sites identified for that.
- It would be something around **health literacy.** If everyone in the community could get the info they need, process it and act on it, i.e. make good decisions, it would be the root of building a healthy community.
- A community that is **strong in preventative health care**, that includes flu shots, mammograms, etc., and people are up to date on the need for it all. A community where obesity is not a major issue, unlike ours, unfortunately. Also, where **children are covered with health insurance** and where there is a **low teenage pregnancy rate.** It's about how healthy we are as a community. Does everyone in the community have a family physician? No matter the mechanism, there needs to be someone that coordinates their care.
- The first thing is **low infant mortality rate.** Then, a healthy community's citizens need to have some level of access to health care.

- **Quality of life.** I mean things in the community that add to it; e.g. parks, open space, opportunities for everyday life like shopping, religion, whatever. The second would be **diversity in the population:** in businesses within the city, in the opportunities available to the residents.

2. What makes you most proud of Suffolk?

- I was born here and lived here since 1980 doing home and public health. I'm proud to see the task force and years of planning that went into opening up **the Free Clinic**. With Western Tidewater being the largest area per square mile, and Suffolk the largest land area, we were the last without a Free Clinic. The four Health Departments in our area do not provide general medical services like Hampton-Newport News. There is no access to care except for the ER. Main Street Physicians (community health center) is a minimum of \$25 to get in the door.
- I am most proud of **the selflessness of the people who make things happen** in Suffolk. Because I have a long history here (I grew up in Suffolk), I've learned a lot about Suffolk. What I've come to find out now is that there are a lot of people who have done a lot of good for the city but were humble and selfless and the real history is lost about who did what, where, when and how? I am a history buff and like the accuracy of the history. I'm proud of what has been accomplished.
- **Recent efforts to address concerns, including the part of city leaders regarding equity issues.** We've opened a **recreation center in East Suffolk**. The Police efforts regarding public safety. The efforts of Dr. McCoy and the Health Department are exceptional. We've had good health directors in the past, and I've worked with several of them, but there now seems to be a **focus on community health**. There is also more collaboration than ever before.
- I've been to many meetings in the past year and they really seem to be active and want to bring Suffolk along. It's such an old, rural community and they're really interested in **making it an active, more vibrant community**.
- **The community feeling.** There is still that neighborhood feeling but I also think that's our lame duck, too. We tend to turn our eyes and not acknowledge that a big gang community is also building up here. I do think there's **a bit more hand holding here across the board between business and non-profits** than in bigger cities.

- Suffolk still has that local feel to it. It hasn't gotten that metropolitan feel to it yet and I think people that lived here all their life want to keep it that way. Of course, we have growing pains, too. We still have a lot of rural community and that can be a challenge for community health, living outside the core downtown area.
- The **people here, the leadership, are very cooperative and more than willing to put forth energy to assist** with any project that will improve the community. Suffolk has a bright future and is a growing community. We're **seeing an increase of health providers and health facilities**. It's a good time for us to look at future initiatives for health.
- Right now **the direction in which we're moving**. I think **people are starting to work together and break down some barriers**. It's not just everyone being isolated in their little area. Not just Department of Social Services looking at their work, or the Health Department looking at their own work. We're all coming to the table.
- Part of the reason I was attracted to Suffolk is **the diversity – of the population, the economic development assets**. Mixture of manufacturing distribution, modeling simulation, medical technology. It's a good balance because in bad times Suffolk won't just fold up. The fact that it's growing and is fairly progressive for its size.
- Small town feel with big town ideas. **Ease of mobility throughout the city**. I'm comfortable here; moved away but then came back and I'm just comfortable. The accessibility to regional airports and highways that allow me to get to where I need to go. The accessibility to leave the area for other purposes, business or pleasure.
- They're **very community-oriented** and were it not for the volunteer idea of the Suffolk folk probably a lot of resources would not be there. There's a community effort when it comes to getting things done: caring for the elderly and children. **If there is a crisis, people pull together**.
- Suffolk has become **a melting pot with diverse people** coming into Suffolk. Northern Suffolk has grown and people are moving into the downtown area. The **downtown area is revitalized** and it's positive.
- Access to medical care – not because it's easy but **the depth of specialty care in Suffolk is good**. In the past people drove to Norfolk or Virginia Beach but now we have just about every specialty here. There is also **the new hospital, new free clinic and also ancillary services**. Transportation and affordability may not be easy.

- Suffolk **maintains a small town, community atmosphere yet continues to grow.**
- Rotary Club, Suffolk Sixty Care, the Western Tidewater Free Clinic and the sense of volunteerism.
- The collaboration between agencies. **People are willing to give up their time and care about the community.**
- **Well-blended community, lots of cultural events.**
- The **level of professional relations between schools, city staff and the business community.** The diversity makes me very proud.
- They have preserved and continue to **promise to preserve the green line**, the agricultural property that has always been the major income producer in Suffolk. It's what brought me and keeps me in Suffolk. In my employment, it's that our Economic Development Department along with Workforce Development is **trying to fill jobs in Suffolk with people from Suffolk.** I'm glad that that's finally becoming very important.
- I am proud of the way that we've **made great progress on the race relations' front.** We have groups where we bring together all races to work together for the good of the community and it's one of the things that make me proud. I think we're **making progress in identifying citywide what we need, whether it's housing or recreation.** Culturally and historically we recognize that we need to have resources and those are being put into place so there are opportunities for people from all walks of life to access cultural things that contribute to overall health.
- **The openness of people.** I've never lived in a place where people look you in the eye and greet each other so openly on the street. People are more open to connect, they're not afraid to catch your eye and say 'hi'.
- There is a tremendous sense of community and the leadership of the City is coming together. **There is visible work together across multiple industries for the common good** of the city.
- The **people are so nice**; it's the nicest place to be.

- The way **the city is growing and developing and maturing**. I've lived here since I was a small child and we used to think you had to go somewhere else but now Suffolk is maturing as a city, has more opportunities and provides a better quality of life.

3. What are some specific examples of people or groups working together to improve the health and quality of life in Suffolk?

- We partner with **Virginia Legal Aid Foundation, Community Case Management Services** with Sentara (who see patients at home), and are exploring other partnerships in Suffolk and Western Tidewater to provide a holistic approach in the community. Patient outcomes are key for funding. I believe there are so many issues above and beyond just visits to the doctor or clinic. We strive to improve our role at the clinic and within the partnership to fulfill our mission (similar to Obici Health Care Foundation). We strive to remove the barriers to health care – quality of life, patient outcomes, mental health, etc. We partner with **Planned Parenthood** to provide women's health, Family Planning, STD care. We partner with the **Health Department** for these and have a very active 'well woman' clinic with them. Many fall through cracks trying to get disability assistance and need housing, food, etc. Legal Aid addresses much more than legal issues that help remove these barriers. An example: if someone does not have electricity then they don't focus on their medications. People need food stamps and other benefits to do their job. The most beneficial for me is the fact that I have knowledge of resources available and what the State expects from **Social Services, the Housing Authority**, etc. Knowing those resources helps tremendously.
- **Individuals who fought for better wages and working conditions** at the factories and in the hospital.
- In health matters there is a long-standing partnership between **public schools and the Sentara Obici Hospital**. It's been in place for fifty years, since the 1960s. A great example of collaboration is the schools and Parks and Recreation joint-use facilities partnership. The Suffolk Partnership for a Healthy Community is also a good example because they were really the catalyst for getting the Free Clinic started, the ones who were the fire in the furnace.
- **The October Forum of the Partnership was a great example of working together** to get all organizations pulling together to see what the obstacles are in the City of Suffolk and when you put great minds together it helps recognize obstacles and the goals. Also, Obici Health Care Foundation provided a grant to us to for mental health services

for individuals who fall through the crack and it's a great example of an organization recognizing the need and doing something about it.

- The **Raising a Reader program**. Suffolk was the first to implement it in all the schools because we realized the level of illiteracy and the need to start when they're young. It was a big collaboration between agencies, businesses, the school and the City.
- The newly formed Partnership is an excellent opportunity to make some differences in our community. The new **Western Tidewater Free Clinic** is another but they're maxing out and have got to be able to expand. We also have a very competent health director and staff.
- There are several groups right now working together. First, the **Suffolk Partnership for a Healthy Community**. They've been a good advocate for many years. **Smart Beginnings** that is just beginning to develop and will concentrate on making sure children are ready for school. The Free Clinic was just established. We've got the **Obici Health Care Foundation** that is certainly a group of people very interested in health issues. They are a public-private, philanthropic partnership and have plenty of money to improve the community.
- Clearly the Partnership. I've been involved with it for years. The last year or so there is new energy and life and I am excited about the potential for what we can do for the community. There is also the Smart Beginnings program and on that you've got citizens and folks – **Department of Social Services**, the Health Department and others, schools, **child care providers**. When people come together to collaborate at one table to get things done.
- The hospital network and assets that we have. Between **Obici and Bon Secours** that's huge. By having those there are medical businesses and research entities that crop up around it. I think that Suffolk is very involved. The **Health and Human Services building** is a great example of a public-private partnership and will provide a beautiful place for people to come and get help.
- The new Free Clinic and the Partnership are good examples. The Partnership serves as an umbrella for organizations to pull and to work together. I think the Health Department is not keenly understood and is deemed to only help the underprivileged. I think there is a lot of stuff going on here. I think **people are not aware of the array of organizations working together and need to come together** so people know where to go, who to talk to and how to access health care.

- The Free Clinic. Seeing where the gaps are and pulling things together. Suffolk has been conscious of senior issues and I'm proud of the **Senior Center** together with the nutrition site here. The new **Cultural Arts Center** has been a great boost to the elderly and the children, offering real culture at an affordable or no cost.
- There's a group I'm a part of – **Healthy Families**. They oversee how to bring health and wellness to the community. Many people are without healthcare and their children don't have basic needs and so I think from that point of view that family health is important. The **YMCA** also does a great job helping parents and children who are under privileged to come and get programs and be nurtured.
- The **new recreation center** (although we need more).
- **Physical Therapy Works** is a private, small business in Suffolk and working to help the community. There is also a **local auto leader** that makes a big investment in education. It's impressive how local business owners are involved to give back to the community. There are also multi-generational folks that are very committed to Suffolk.
- Smart Beginnings. The Suffolk Partnership for a Healthy Community. The Healthy Families Advisory Board.
- At Obici Health Care Foundation we've gone into a lot of the community. The Western Tidewater Free Clinic. Sentara does a lot of screenings. **Churches** are strong advocates of health and bring people together to inform and educate.
- The Partnership for a Healthy Community is a wonderful opportunity to bring many together from different disciplines. The **Healthy Eating Task Force**. Healthy Families.
- I am a part of the Healthy Families Advisory Board and that is a conglomeration of people from hospital, Health Department, City and schools (including Isle of Wight). We discuss a lot of the initiatives that can be made available to the family – **Babycare**, the health clinic, **Main Street Physicians**, whatever is available. I came as a Medicaid advisor and I add this to make sure people are insured and get the best care. The Resource Fair we did in February was important and I wish we could do more of them in the community. We need mobile health services to go into communities. I'm also on a committee for **Western Tidewater Community Services Board** and we have initiatives like No Smoking, No Drinking, issues for teens in the high schools, etc. Many of the things they do reach the preteens. They go into schools and discuss smoking and drinking and run some

campaigns throughout the schools. I am also on the **Red Cross Health and Safety committee** and we're starting to do things together like CPR classes, First Aid for different groups, etc. As low cost as we can to get it into all businesses. We're doing a business awareness breakfast on March 12th at the Red Cross and will show them the new heart machines and give them a quick CPR lesson and encourage them to bring that into their businesses.

- The Suffolk Partnership, certainly, which started in 1998 and has done quite a bit to address health issues. It's brought hospital representatives, public health, private citizens and a lot of city representatives together. It spawned the Free Clinic and it, in and of itself, has brought together many, many people - **doctors, retired nurses, pharmacists, social workers, and general citizens** that want to do their part to provide health care to the uninsured. The **Redevelopment and Housing Authority** addresses housing issues that affect general health. The YMCA is doing a good job and is very involved beyond just exercise for youth. The Healthy Eating Taskforce has brought together people and has taken on a life of its own to deal with healthy eating. The **Obici Health Care Foundation** is working hand in glove with the Partnership and supports so many groups here. Also, the **Suffolk Nansmond Historical Society**. There are many people who care deeply about the history in Suffolk and they are doing their part in keeping that in the forefront. We're looking at quality of life for all citizens, not just the underserved. We have some really active communities that have their own things going on. There are wonderful church groups that have come together to make improvements.
- The Suffolk Partnership for a Healthy Community is a wonderful group. Church groups do a lot. There are **youth groups** that are really incredible. The **Obesity Task Force** has been doing focus groups and the ones with young people are blowing their minds - how innovative and energetic they are.
- The Partnership has been very, very critical. The support people have shown the Free Clinic is another huge coming together to make things work. The work I see now with **all city agencies**; it seems they are more collaborative and cooperative than in the past.
- I was involved with the **United Way** for many years and we were involved in several initiatives where people work together to find various solutions to problems, whether it's literacy or senior services.
- Many civic organizations that are vital for the City that have volunteers to make the community better, whether it was the Jaycees, Lions Club, Rotary, whatever. **City and business can't do it all and need**

volunteers. Also there are **many diverse types of religious organizations throughout the community.** When we had the tornado here a year ago many civic and religious and nonprofit groups stood up (Obici, Suffolk Foundation, YMCA, etc.) to help. I think there are examples everyday of those doing that in the community.

4. What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in Suffolk?

- **Access to education about the disease process.** The ability to be informed about nutrition and afford foods that lead to a healthy lifestyle. To be able to be in some kind of program that promotes a healthy lifestyle – the YMCA, walking (although there are not many sidewalks in the City). I think having people living out on their front porches connects them to the community.
- Suffolk has become a flowing city but it still has the same people living in it who are not able to afford everything. It's **important that housing costs are brought to a level where there is real affordability for everyone.** I think growth is a big issue. Suffolk cannot retain the small town image that it's had. It **will need to be an economic hub** so people don't leave the city to buy things. Thirty years ago I thought it would be a lot different in thirty years than it is now.
- **Nutrition** is the single most important issue for me. **Kids and folks aren't eating well** and it contributes to issues like obesity, diabetes and high blood pressure. Some of these issues can be addressed if we decrease salt from the diet, add some greenery, get a balanced diet. I remember we once did nutrition training with some kids and one came back and said he told his mom about the nutrition training and she said 'we can't afford to do it.' We need to get the message to parents because kids don't have control over it. Also getting them trained on eating healthy. We need to learn where to shop; we're into convenience more than health. We need to hammer home to parents that they're doing their kids a disservice with unhealthy eating habits. Exercise is a big thing. We use TV as a babysitter with video games, etc. **Parents need to take the time to walk with their kids** every once in a while, get outside.
- **Gangs are a real issue** in Suffolk. Because it's such a rural area the children don't seem to have a lot of activity so gangs are attractive to them. I'm also struggling to find a psychiatrist for patients I see as that is a big need.
- I think **health care** is a big piece; in general, there is not enough of it. What we do have, people often can't get transportation to. We're kind

of out in the boondocks. **Workforce development** is another. There is such a break between the lower and upper middle classes, not a whole lot of in-between to take those middle jobs so there's a lot more competition at the minimum wage level.

- **Better access to health care** no matter what the income level of the family might be. So many doctor's offices demand payment right then and it's not always affordable for a family to do that. Being **more flexible to make payments** is needed.
- We need to have **affordable and accessible health care**. It's universal everywhere. We need to take the need and knowledge for **preventative health care** and generate participation and see results so that people buy in. We need to take the next step of participating and doing what is right. Suffolk's got some specific issues like people being overweight; diabetes is a problem here, high blood pressure. Many issues are hereditary but some can also be prevented with early interventions. If people involved don't take action how do you expect those who aren't aware of it to do what needs to be done to improve their health? I'm always amazed when I read about things like Smoke Outs and weigh-ins in other places and I wonder what it takes to get such a mass of people to participate.
- I'm a nurse by trade so I'm passionate about **healthy eating** and **opportunities to get people active**. The whole obesity issue in Suffolk is a top one. People are so obese it prevents them from coming out of their house and it limits what they can do in the community. There is also the toll on their personal health. There seems to be different classes of people within Suffolk who are not really mingling. The Southern part has a lot of poverty and in North Suffolk there is a lot of wealth. It seems we need to be one somehow to see progress.
- Overall **public education** needs to be improved. From economic development we look at the dropout rate and it's pretty high compared to neighboring communities. For a city that's as affluent and progressive as we are it has a pretty high dropout rate, which affects the poverty rate. None of those things are good for quality of life and, ultimately, health. Someone dropping out of school has a slim chance of getting a job and then can't afford decent health for themselves and their children, etc. It's a vicious cycle.
- **Obesity** is number one. I think the obesity issue cannot be overlooked, it's so prominent. As I walk around I see it in young, old, etc. and it leads to all kinds of health care issues. **Socially transmitted diseases** among all levels of the population as it pervades the entire

spectrum of human kind. It's a major issue people don't talk about and deal with, openly and honestly without moral judgments.

- **Transportation** is a major problem – to doctors, drug stores, shopping. It's such a large, rural area and the public transportation is nothing like we need. Affordable housing for the elderly and for young people, as well.
- **Housing** is one of the major problems in Suffolk. Housing needs to be looked at; people need better places to live. Needs to be a **Seniors** program to help those who can no longer afford their home so they can live with dignity and honesty. The **communities need to be cleaned up** – I mean, drugs and other things that are in the community.
- Improve **access to recreational activities**.
- Events for youth like **affordable after-school care**. Even the YMCA is quite expensive for families once they pay membership dues then additional for childcare, camps, aftercare, etc. All cost extra and many can't afford it. Substandard supervision with the 'old lady down the street' is the only other option. **Community education**. For example, **youth obesity**. Parents honestly don't know how to cook healthy meals. Transportation of all kinds is just not available here.
- **Teen pregnancy. Childhood obesity**.
- It comes down to the **public school system** and if we can get to kids before they become adults with issues. **We need to begin at the schools** to be more comprehensive.
- Transportation. Access to more recreational facilities. **More communication of what services are out there**, one-stop shops with all information about healthy things going on in Suffolk.
- Suffolk needs **more places for recreation**. Why don't they turn the old Obici lot into a park, build some basketball hoops, indoor bowling alley, something where people can get out and do things? I would love to see tennis courts, anything that would invite people to come outside and move around. Also **bike and walking trails**. In Virginia Beach they did a beautiful job connecting a large part of the city with a bike trail and Suffolk should do something like that with its land mass.
- With what's going on with the economic downturn I think we'll see more uninsured people. I hear daily about people who have lost their jobs. Keeping these people healthy is a big issue that we're going to

have to contend with for some time to come. I also think Suffolk has an extremely high rate of **Hypertension, diabetes and all chronic diseases that come from unhealthy eating**. I think eating habits in Suffolk, whether impoverished people who can't afford it, or from the hog industry, aren't good and our obesity rate is up with the worst. We're trying to give it attention, particularly for the youth. I think we've got to make inroads to role model for the youth and teach them different habits than they're accustomed to. The Office of Youth in East Suffolk, together with the senior group, will develop the **community garden** and teach the youth how to grow fresh food for their personal use.

- After **health literacy** I would say **prenatal care** and **early childhood interventions**. By age 3-4 so much of the child's outlook and life path is set and people tend to put so little money into those years. Secondly, there are so many types of cancers that we can prevent. No one has to develop them let alone die from them. It's one of the biggest causes of death in this community. The daily newspaper in Suffolk has a question of the day and I remember the one asking if people had heard of colonoscopy. About 15% said 'yes' and about 60% said 'they did not know what it was'. This is the second biggest cancer killer and yet people don't know about it.
- We have to get a handle on obesity. We have to **find a way to have people's primary care needs met on a consistent basis** so that the Emergency Department is not their family practice clinic. I think we need a very **robust safety net** and find a way to **curb teen pregnancy, STDs**, whatever. We have a very sexually active population and need to best address their needs.
- Access to health care on various levels. **Working people need access to private health care**. We need it so that those who can't afford it have some access for when they can't afford it. Some sort of **universal access to quality health care**.
- One is being done now and that's the Western Tidewater Free Clinic that is providing opportunities for those under-privileged to get some type of health care. The demand shows that it could probably be bigger and help more people. I would also say **more investment in the City's parks system to provide additional opportunities for programs for children** (Little Leagues, etc.) and to **have parks connected by trails and sidewalks so people can experience physical activity in a safer environment**. The Planning Department started requiring sidewalks and developers thought it was ridiculous and that neighborhoods wouldn't want sidewalks. More emphasis on open space and recreational activity.

5. What do you believe is keeping the community from doing what needs to be done to improve health and quality of life?

- **Unemployment rate, the lack of health insurance, lack of ability to pay for meds, healthy food, gasoline, etc.** 24,000 are without health insurance and many more cannot afford their co-pays. Their priorities are food, clothing and shelter so it's tough focusing on a healthy community. You must start with the employer to offer programs and opportunities to make it a priority. Offer incentives. The clientele we serve aren't really focused on healthy lifestyles, it's not realistic.
- **Small minds.**
- **Time management** is an issue. Everyone agrees it needs to be done but people need to dedicate time to do what needs to be done. The **lack of available resources** is certainly another. There is an old conversation in Suffolk regarding a major bike trail through the city that never happened, for example. The recreation center opened in East Suffolk is great and I hear has a wonderful exercise room but nothing exists like it in the Southern or Western parts of the city.
- There are a **lot of families with two parents working** or one struggling to pay for rent and food and the child is at loose ends. Without structure they have so much opportunity to get into trouble. This is an issue not just here but in many communities.
- People turned a blind eye to the health, education and income problems that we do have and think we're good people; we don't have those problems here. There are **too few agencies to cover such a large land mass**. Getting a homeless person from IOW to Suffolk is almost impossible.
- The dollar is the first thing. **Because we are still quite rural with a large land mass, transportation and accessibility are big issues.**
- Another universal issue: **lots of conflicting priorities and limited resources**. We have to decide whether we can build a school that is needed or can we build a gym. Well, they build the school because it has the most pressing need. Sometimes what's most urgent does not necessarily offer the best bang for the buck and unfortunately the next several years will be much, much more difficult.
- Part of it is because of the way we're structured. Suffolk is so large and also a lot of the people making decisions about what needs to happen are not those that would most benefit. I work with a lot of

impoverished families and we have to sit back and decide for them what needs to be done when really we need to bring them together and ask what they need to get done. We are trying to conduct focus groups but getting people to participate is such a challenge and people feel no matter what they do they are stuck.

- From working in the public sector I see that **lots of people expect the government to fix it**. The government can only be a partner and is as broke as everybody else. I think Suffolk does more than its fair share of tending to the needs of our health but there needs to be a more active private sector. This particular year it's tough to make any statements because the economy is causing people to be afraid and fear is paralyzing. It's an unusual time. My perspective from other places I've lived is that the health assets are increasing in Suffolk.
- I think plenty of information is out there but what's important is the delivery with an understanding of the pockets of the communities that think they're immune or recognize it's prevalent but don't know what to do about it. **People don't understand all the information**. I go to meetings and see the same people over and over again and people who need the information need to be at the table. **More need to be committed and involved and recruit in places that we normally don't recruit**, take the message to where it usually does not reach. Need to use the media and have one voice that addresses the issues that needs to be dealt with in the greater community. And be honest about it.
- Being a rural area, a farm community still, there's **not a big opportunity for an affordable housing development**. And the economy plays a huge part, especially in a rural area, where the major industry is farming. **Zoning is a barrier**.
- **People are afraid to speak out and speak up**. They have been made promises before from the City as to things they were going to do to improve the quality of life and it has not been accomplished so they feel if they say anything, nothing's going to be done.
- **Funding**. We often start too big with a grand idea but we need to build small, successful programs. These can be pulled together later and be big once they're up and running.
- **Accessibility, education, resources**.
- **The lack of education regarding teen pregnancy**. These teens and parents are misinformed and their pregnancies are not planned. Obesity is funding: people buy what they can afford. Healthy foods

cost more. **Connecting people.** There is a missing link. There are a lot of good programs going on but no connection to them.

Transportation is often a barrier.

- **We make running starts at things**, throw money at it and for a bit it works. **We need to follow through.** Educational system is the core.
- **Funding.**
- **Funding and leadership.** If the funds were there and they appointed someone to form a steering committee and get some of this in motion maybe it could happen.
- **Revenue resources** are the biggest thing that we have to contend with. We're giving direct care but we need do more on a preventative basis. **We need to build a library, put classes in place on prevention and how to live healthy.** That all takes money; to run the Free Clinic and treat the diseases but we want to go beyond that and provide for the community. If we can't accomplish that it will be due to revenue restrictions. We need to convince more of the 'haves' to contribute to the 'have nots'. I think we have a lot of very generous people and groups and foundations but I guess you can never have too many.
- Certain things get all of the attention and the money. Things like roads and bridges, which are all important. Safety issues like police and crime. I think **it would be good if a group could bring everyone together to move forward** on this – someone with influence who is respected and has the power to move the system forward.
- It's a matter of **money and physician resources.** We don't have a large number of physician practices that are taking new patients so part of it is that very thing: we need more physicians. We also need to have a paid physician as part of the Free Clinic because **the workload on the volunteers is incredible.**
- **The problems are bigger than the community.** Access to health care is a problem that Suffolk can do only small things about. At our business our health care insurance went up 50%, making it difficult to afford - for people and for the company. The Western Tidewater Free Clinic is only one place – we're doing what we can do. There are only so many hands and resources.
- Money. **Tax base** would be one. You've got to be able to pay for the parks. Everyone wants a great quality of life but there is a lack of

understanding of how to pay for it if you want it. **Funding and education** about this would help.

6. What actions, policies, or funding priorities would you support to build a healthier community?

- We are constantly striving – funding comes from grants, none from the state or federal governments, some from local sources. We provide for 200% below Federal Poverty Level. The Health Department is facing tremendous budget cuts and not able to provide for those falling through the cracks. **We need people in the political arena to support policy and have money to keep policies in places to support a healthy community.** We rely heavily on volunteers to run our programs. The bottom line is **getting legislation passed at the state level that supports action at the local level.**
- I would support tax increases that have earmarked money going to the development of the City. I would **support tax increment financing so we see commercial and business hubs developed, even residential areas, and Suffolk becomes a key destination.** The taxes need to go toward the growth and development of the City.
- I'd like to see **equal access to resources.** There needs to be something in other parts of the city like the new recreation center. It's not a real issue in Northern Suffolk because there is a YMCA and other gyms but there is nothing in the Southern part. We need to make equal access a priority for health issues. **The Health Department needs more resources for educational outreach to parents.** The school's core mission is to educate the kids but other agencies need resources to focus on the parents.
- I'd love to have more money for us to **provide mental health services for individuals** we serve. If you have no insurance then where do you go? We provide services for people with Medicaid, which a lot of agencies do not do, but even then some people fall through the cracks – they're over-income or have insurance. If you have to put gas in the car or food on the table then what do you do? It's a no brainer that that's what you do first. There is also a huge problem of people not being able to pay for their medication. A percentage of my clients are finding a shortage of doctors who see clients on a sliding scale. If you don't have the services to keep you well it costs so much more after it's too late. **It would be so much smarter to take care of people before they get sick and end up in the hospital.**
- **Health care** is a big one. We need it more spread across the board. We also need a **better checks and balances system so that people**

that need it are not abusing it. If we start there we start to dig people out of the holes they've gotten themselves into.

- I would support **expanding the Free Clinic** and **expanding the health department programs**, as well. They've been much more limited as to what they can do.
- **Public awareness campaign.** Would like to see us support some type of **long-term prevention program. Encouraging early screening for different types of health issues**, encouraging programs that help people understand the importance of exercise and obesity. My overriding theme is that **any policy or action or program that would take it from knowledge to actual application** so we see results from people who have taken it from knowing to doing what they need to do.
- One of the things I'm excited about with the Partnership is that we have city government on the Board and I think they've been left out previously. City Council and government don't necessarily have a buy-in on a healthy community but I really think a push from their end for **a special day or month surrounding a community health issue would be good.** I feel that level needs to be promoted. Sometimes things coming from the grass roots level don't always have the impact they can have if it's city leadership saying this is what needs to be done.
- I think we're doing fairly well at attacking it. I don't know the history and the 'where' and the 'why' but grants and things like it are fewer and fewer. That's a sign that the government doesn't have money to give and I think a lot goes back to education. **If people are educated they take better care of themselves and generally are more informed, pay attention, are more productive.** I don't know that it's a policy but I think it's more social than anything else.
- I would start with **anything that would assist in getting the real message out.** We need to get it out in a meaningful way. Something with long-term goals that gets other stakeholders to buy into it. The reality is problems (drugs, gangs, etc.) cut across all communities.
- We do have to look at federal and state monies for certain things: development, growth, housing, etc. We won't get enough from other sources. **Major money has to be federal and state.**
- The City needs to look at **the overall picture of youth programs.** I look at recreation centers that are not available to lower or middle class families and there needs to be something to address children

who are on the street. During the summers they have nowhere to go. **There needs to be investment in Parks and Recreation** to have bowling alleys and bring in businesses with entertainment for our children, especially downtown where there are no movie theaters, skating areas, etc. They go to Northern Suffolk but something needs to be developed downtown.

- **Recreation.** A sports complex could be created here, like in Virginia Beach, and people would come to it and be exposed to Suffolk. We have the land; just need someone to get it started. **Corporate wellness.** Employers should get involved in wellness activities and recognize that prevention is cost-effective before heart attacks or chronic disease strikes. It's a good thing that nutrition services are now included in health insurance.
- **Educational seminars. School-based intervention health programs.** The schools want to do it and I don't believe there are any interventions right now.
- **After-school programs for youth.** Stroke prevention, including educational classes that are required. **Blood pressure medicines for those who cannot afford them.**
- **Teen pregnancy. Education in schools. Family planning** is not consistently taught. Another missing link is **we need teens around the table.** They have great ideas and their input is needed. They listen to each other. With Smart Beginnings we're looking at screening with every family that walks through the door. The ideal is to prevent the pregnancy. We can't prevent low-weight births and other issues if we can't get to them before they walk in the schools.
- Maybe we need to do **more town hall meetings in various communities and find out what the issues are** and pick apart the elephant. **People would like to see progress, feel involved** and see it touch the community.
- **Transportation initiatives**, making **better infrastructure in our city** so people can walk or bike. More **nontraditional transportation like hiking trails, sidewalks.** Opportunities for people to get out and walk. Also any research based programs that show where we are with childhood obesity. We don't know the numbers and how to target the population. Also a **community garden so people have access to healthier foods.**
- I want Suffolk to **recycle** again. I want them to **push health in the schools.** I would like every teacher and counselor to get together and

talk the same language and not be afraid to tell someone they're practicing unhealthy habits. I see twenty year olds that cannot walk up a flight of stairs. In City Administration, I want to see it as a priority. No one pushes health and talks the talk; they just let Weight Watchers come in to do it for them. It has to start at the City Manager's cabinet or in Council – somewhere where they can provide the way for people to be healthy and safe.

- The City is a contributor to the Free Clinic and the Partnership and I think they all support our mission but are confined to what their budgets allow. There are policies that can be changed. **Reasonably priced transportation** is needed, especially for seniors. We can always do better on the safety front. Some say they are afraid to get out and walk, they don't feel safe. **We need to improve the environment and create more trails**, particularly for the youth, so people can walk and bike and feel safe.
- **Universal health care**, where anyone in the community who needs access or services can receive them regardless of cost. Combined with **health literacy**.
- **Expansion and medical support of the Free Clinic**. We also need to **take advantage of FAMIS** and get that message out. I think we've worked at that but I think there are still a number of children who can benefit from that. We don't even know who may qualify and there are children who are out there but don't know about the program. Have we gotten the word out through churches and other community mechanisms to sign them up?
- It would be to **work toward healthier people so that the focus does not need to be so much on providing health care**. In California there are cities with networks of bike paths and sidewalks where people were out and about. Suffolk does not have this although they're trying and want to have it.
- I would support an action to **create a plan or roadmap of what it takes to get to a healthy community**. Some type of action to create a study. Doing exactly what you're doing with the Partnership – **research the people to know what it takes**. Also, funding. In order to have a better quality of life there has to be a commitment to funding, whether that's to increase taxes to make improvements. I would be in support of that.

7. What would excite you enough to become involved (or more involved) in improving our community?

- I think **there is serious neglect or apathy in action within our faith-based community**. They send patients to us but we don't see a lot of donations that would help us continue. We could double those we help if we had more support from the faith-based community. There is great support from local groups but the faith-based in Suffolk and Western Tidewater have a very long hold on the community. I **would love to go to the churches and talk to them about what the situation is and what it would take to improve it**. Being faith based they should focus on not only the religious component of folks' lifestyles but the quality.
- I'm excited about the opportunities now. **The Partnership is a great opportunity** and I like to be part of the dialogue. The **Obici Foundation**, the **Suffolk Foundation** – I work closely with them, as well. I also work closely with the head of Parks and Rec. There are **LPN and Nurses aid programs**...I'm engaged as much as time allows. Still, we need to educate the parents. Parks and Recreation has a slogan I like, something about educating and recreating. Anything that addresses that I'm excited about.
- I **get excited when I see the community get involved**, too, when people come out because they're passionate about something. Someone sees something they want changed, then get their neighbor involved and then on and on; **it's a trickle-down effect**. I think we have this happening now and I see it in my work.
- To **see the impact, the turn-around**. I feel like we go to a lot of the same meetings and discuss the same things yet sort of chase our tail around.
- I plan to **stay involved with the Partnership initiative**. I was quite impressed with the event I attended in October and I would like to become more involved. The new Health Department building may offer chances to provide more services and I know they're thrilled to have it. The **Red Cross does a lot of educational programs** that we're always trying to expand on, as well. **Obici Healthcare Foundation provided a grant for an Automated External Defibrillator (AED) program** that we're hoping to extend with more time and money. We did a community-wide assessment and were surprised at the number of public and private buildings that did not have an AED machine or anyone trained on it. We would like to supply more education and equipment in the next year.
- I saw an example of a citywide initiative where the city was going to walk X number of thousand miles then have a citywide weigh-in with a goal to lose X number of pounds. **I'd like to see something that**

invigorates the whole community; something that everyone would buy in on and that improves the health of the community.

- To actually see progress, see things really happening. The Forum was really exciting but now I think we're kind of taking a lull and I know that things are happening but I don't think the general public sees that. **Something visible for the community would excite me** more to know we're actually doing things. I coordinate a race for the Y and one of the things we've done is adding a walking element to promote walking, especially for first-time walkers. I promoted it and was hoping that city departments would have internal challenges to help their staff. I don't think that's happening but it was my hope and dream. **An event like the walk** is a family event and would be very energizing because the community would see it and know that we're doing something. Maybe we can get it under the Partnership's umbrella and they can help.
- **Each month I'm here I'm more excited to be involved.** I work more than 40 hours a week as my job is lots of communities and committees. I'm available to be part of any action group. The more I meet people I think the network will absorb me as I go. I'm a doer and motivated by accomplishment.
- I'm willing to do whatever it takes. **I'll go into places others won't go and will encourage my friends to do it.** It depends on energy and time but I'm willing to do what it takes to help people and communities to improve their quality of life.
- I'm very, very gung ho about **the power of the people. Presenting legislation** and getting out there and **voting** and showing up in Richmond with a group of folks that say: 'here's what we're doing and what needs to be done, what are you going to do about it?' **Politics is the only way to get anything done:** get in front and stay in front of your Congressman and representatives.
- At Tabernacle Church we do **summer programs** and extend them to the community. We also partner with the YMCA and kids come to our church to get picked up to go there. There needs to be more interaction not only with churches but also city departments and other entities that have programs for youth. **Churches and businesses collaborating to come up with ways and means to help out children.**
- **More opportunities for Suffolk's low-income population.** It's frustrating how we build in areas for high-income groups only. The

projects are targeted where there's money and created a big gap. There is nothing for low to moderate-income folks.

- **Achievable goals with community resources to get behind them.** Big plans fall apart and go away. I'd like to see achievable results. I would also do more volunteering in the community to educate.
- **Start with the baby, the child, the whole family** either at birth or prenatally. Also lacking are kids that lose Medicaid, work for minimum wage and can't afford health insurance to be healthy.
- **A chance for something to happen, a plan with goals that we can follow** when it's all laid out.
- If more individuals were involved from the nutrition side of **healthy eating and living**, I think the **education is really needed**. If I could get involved with a group concentrating on **increasing activity and exercise in the school system** I would like that. Anything that focuses on how to get kids more active.
- **Organize activities and be the group leader.** For instance, a free aerobics class three times a week at a school or the Red Cross; group biking or rollerblading. **Anything that will have a leader who eventually turns it over to someone else.** A steering committee should be formed to bring more outdoor activities to Suffolk. Each one should have a target audience – bikers, walkers, whatever – and go out and bring in a group of all ages, have a meeting place and provide an incentive to get people going. It wouldn't start big but could grow. I don't think the City Administration or budget takes any involvement in community activity. It could come from a grant, a pilot program.
- What has excited me is **the Suffolk Partnership for a Healthy Community** and I've stayed involved beyond retirement. **Also, the Free Clinic. Anything that benefits the general welfare of the community** but most particularly improving the health of the citizens of Suffolk.
- I can't be more excited. I feel very much invested right now and it's high on my priority list. **As you see momentum build in a project and more and more people getting it, that also helps build excitement.**
- **Results.** It's hard to stay excited unless you see the results that are happening. More support.

8. Is there anything else you'd like to add from your perspective after hearing these questions about community health in Suffolk?

- It was a tremendous undertaking for several people from a variety of backgrounds that saw the need to get the Free Clinic up in Suffolk. Many are from out of town and work here because they saw the great need. **New Suffolk and Old Suffolk have great disparity.** There are tremendous strides in past 6-7 years to 'redo' the whole uptown and areas with high crime and I think it's just the beginning of change in Suffolk. It will take more people, less apathy to realize they're doing this for their children and grandchildren. We've got to put forth time and effort to change things in the community. **We want a safe community for our kids.** The changes put in place will benefit the generations that follow. We want Suffolk to be a place that draws people for what we've done for our community. It takes a continuous effort and many different volunteers to make Suffolk a place where we want to live and grow old.
- I'd love to see it all happen. **So much is affected by the health of our kids.** Health impacts their ability to concentrate. We often medicate but maybe some of it could be controlled with a better diet and exercise. A kid with a high sugar diet can't consistently concentrate. There are no sodas or high sugar snacks in the schools. We even oven bake fries in most schools, especially at elementary schools. The kids hardly resisted to the change in snacks, it was harder for the teachers. The vending profits did not drop off as everyone feared. **We have to model our behavior for our kids.**
- I think that **Suffolk is working in the direction of where they see goals and they're doing what needs to be done.** I think there is an active, loosely built community of concerns that are out there but they're now working towards this.
- I'd like to see us **buy into the regional approach** more, whether more agencies come here or we start to partner. Forkids is a great example: they're a strong agency and they're bringing their strength to Suffolk instead of starting a new agency with new employees that would be separate.
- Maybe better **education in the community about what we do have to offer.** I'm not sure of, for example, what all the health department offers and it would be nice to know that.
- **Early screenings of newborns** to establish a program to identify risk factors early off and avoid costly health and behavioral issues.

- One of the frustrating things I see as a nurse is the funding cutbacks because the Health Department can't do everything they should be able to do. I'd **love to see health care providers more active in the community health initiative** because if you've got your health then the sky is the limit.
- The **East Suffolk Recreation Center** opened this month and it's a great example of the City donating a public building with history and tradition and refurbishing it for the community. It's open less than a month and the membership is more than 1,000. It's very affordable to join and I think from what I've seen just this month there needs to be something like that everywhere. The city's Parks and Recreation Department is publicly funded and operated. The YMCA is great but Suffolk is so spread out I think we need more of those types of centers, making it accessible to address childhood obesity, safety issues. **More places are needed to do organized activities for kids, old people, everybody.** Suffolk is a huge city. The great thing about it is the diversity – the villages, the commercial area, and the Northern area – but it is just one city. We need to still think as one and this is about social impact. You can't do the same thing everywhere but a big part of our job is to remember Suffolk is one place and this is a challenge for us. Our unemployment rate is 5.2 vs. 7.1 nationally and so we're not the worst. We need to try and **attract businesses to create jobs** and we can't wallow in self-pity because of the economy.
- I think the state of our community health is probably like other places our size. Some **pockets are working to develop healthy lifestyles** and there are others who are not. Some got the information and did not understand it or do anything with it, maybe ignored it.
- I've been an advocate and involved so long and because of the kind of community effort we have that we stay focused in the right direction. I think Suffolk certainly tries for that goal. **I want to bring about change to sleeping cells** that have not changed in so long. We have to keep shaking the bushes.
- We really need to **take a serious look at the morals around sexuality.** We don't want to talk about it in church or the community but our children are in school and see it on TV, etc. **We need to be proactive and talk to our children** about what the dangers are. The ills they have now can affect them for the rest of their lives and we need to address this so they don't just learn it on the streets.
- **Suffolk has rich, natural resources and water.** It would be nice to see people take advantage of it. Parks are hidden and too few. **We need walking trails that are safe and facilitate exercise.**

- We need to **take advantage of the small community atmosphere**. People need to get behind issues and I think Suffolk as a city could get it done. **We have companies here that would readily support a well-laid out plan.**
- When I came to the Partnership forum in October I was really impressed by the presentation about sidewalks and how they impact the community. **We don't provide a healthy community here; we're not built for it.**
- Some facilities I go into are ill kept and ill outfitted and it's even reflected in the staff. People need to step up. **We have to demand more of people if we want them to have pride in themselves.**
- We've come a long way but still have a long way to go and **community collaboration is going to be so important during this economic downturn.**
- I really think that **there are some organizations that could call in the talent that we know and bring them together and discuss how to get people together and enthusiastic**. I could furnish the place but just start there, with people already active in some type of community involvement and get it started. There are other cities that have done this.
- I think we need to **continue to teach young people about sexual health**. The unmarried birth rate is high in Suffolk and I do think we need to strive to help the youth who desire to learn birth control and enable them to get through their teenage years without being saddled with a child so they can improve themselves as citizens through education and training.
- I really **like the idea of working to establish a broad definition of community health**. There are so many aspects, such as social, mental, safety, economic. It's the importance of making sure our definition is broad enough.
- Only that **I'm proud of the fact that people are coming together to make it successful.**
- I went to the Forum and certainly **the idea of the community becoming healthier by enabling exercise was very helpful.**

- **Improving the Parks and Receptions system and transportation.** Traffic congestion was just being discussed at a meeting. On the one hand people want things to be located in Suffolk but then they complain that it brings too much traffic. There's a trade-off. **If traffic is the problem then we need to be committed to solve the problem,** not just from the Federal and State government but also from the local government.

Key Informant Interviews:

- Beth Cross, United Way of South Hampton Roads
- Bobbie Chapman, Suffolk Partnership for a Healthy Community
- Brooke Birdsong, Sarah Meinertzhagen, Tory Bishop, Physical Therapy Works
- Cindy Cave, Economic Development
- Clarissa McAdoo, Suffolk Redevelopment and Housing Authority
- Faye Byrum, American Red Cross
- Gail Clements, Senior Services of Southeastern Virginia
- Katie Humphrey, The Children's Center
- Lakita Frazier, Suffolk Department of Parks and Recreation
- Leonard Horton, Suffolk Department of Social Services
- Lisa McCoy, Western Tidewater Health District
- Lori White, Sentara Obici Hospital
- Mary Brantley, The UP Center
- Michele Lachtara, Workforce Center
- Milton Liverman, Superintendent of Suffolk Public Schools
- Pamela Witt, Western Tidewater Free Clinic
- Phyllis Stoneburner, Obici Hospital
- Priscilla Taylor, Duke Auto
- Reverend Upton, Tabernacle Christian Church
- Rhonda Bowles, Sentara Obici Hospital
- Ross Boone, Citizen
- Scott Miller, Department of Planning

Attachment E

National Public Health Performance Standards