



the
HEALTH
collaborative

“Lofty goals do not come to fruition by simply dreaming.

They require the collaborative efforts of stakeholders who are willing to build capacity, identify champions, develop inclusive leaders and engage the community.

This work is not accidental. It must be strategic and intentional.”

Laurie S. Moran



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Executive Summary

COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

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The Health Collaborative

COMMUNITY HEALTH NEEDS ASSESSMENT

The decision to conduct a Community Health Needs Assessment was an easy one to make. In order to move forward, we must first know where we are starting. In completing this assessment there were a number a questions that we were hoping to find the answer to including:

1. What is the current health status of the region?
2. What barriers and inequities exists within and between the communities of the region?
3. What impacts do social determinants of health have on the region?
4. What are key, meaningful indicators through which we can track progress?

To answer these questions and more, a process was designed that included both community input and the gathering of secondary data.

KEY PARTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS



NEEDS ASSESSMENT DATA COLLECTION

Data was collected in two parts. The first was gathering data from secondary sources such as the Virginia Department of Health, North Carolina State Center for Health Statistics, U.S. Census Bureau and U.S. Department of Agriculture. The second data collection process was centered on community engagement, which included a community health survey, key informant interviews and focus groups.

ENDNOTES

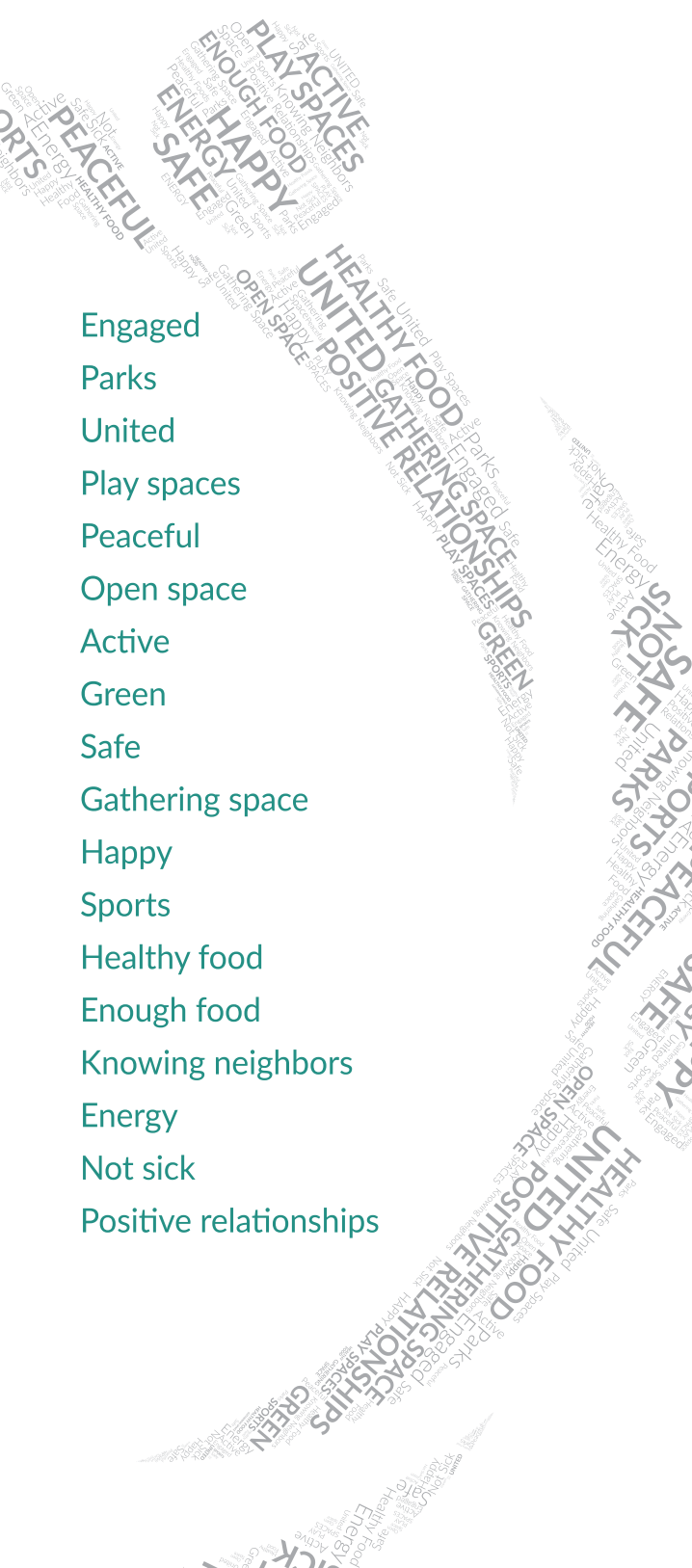
Endnotes in this document refer to data sources listed in the reference pages of the full health equity report that can be found online at www.thehealthcollab.com.



Executive Summary

COMMUNITY ENGAGEMENT FINDINGS

Participants of focus groups were asked what a healthy community meant to them. Below are the most commonly used phrases by participants.



A large, diagonal word cloud containing various phrases related to community health and engagement. The words are arranged in a way that they flow from the top left towards the bottom right. The most prominent words include 'Engaged', 'Parks', 'United', 'Play spaces', 'Peaceful', 'Open space', 'Active', 'Green', 'Safe', 'Gathering space', 'Happy', 'Sports', 'Healthy food', 'Enough food', 'Knowing neighbors', 'Energy', 'Not sick', and 'Positive relationships'. Other visible words include 'Parks', 'United', 'Play spaces', 'Peaceful', 'Open space', 'Active', 'Green', 'Safe', 'Gathering space', 'Happy', 'Sports', 'Healthy food', 'Enough food', 'Knowing neighbors', 'Energy', 'Not sick', and 'Positive relationships'.

Engaged
Parks
United
Play spaces
Peaceful
Open space
Active
Green
Safe
Gathering space
Happy
Sports
Healthy food
Enough food
Knowing neighbors
Energy
Not sick
Positive relationships

Throughout all steps of the community engagement process, participants were asked what issues impact community health the most. Below are the top five factors from each phase.

Top 5 community health issues among Danville Pittsylvania survey respondents

Overweight/Obesity
Crime
Substance Abuse
Poverty
Mental Health

The 5 most important health issues facing Caswell County among 2015 CHA survey respondents

Overweight/Obesity
Cost of Care
Poor Diet/Eating Habits
Access to Care
Cancer

Most common themes from key informant interviews about factors impacting community health

Poverty
Transportation
Mental Health
Food Access
Access to Care

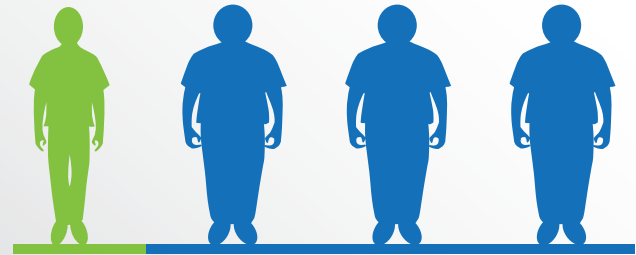
Top 5 community health issues among focus group participants

Overweight/Obesity
Heart Disease
Poverty
Mental Health
Diabetes

Many of these issues align with data from local and state health departments as well as various governmental departments at the federal level. The next few pages will explore the key findings around obesity, diabetes, cancer and the current health status. More detailed findings can be found in the full Community Health Needs Assessment report.

CHRONIC DISEASE KEY FINDINGS: OBESITY AND RELATED CONDITIONS

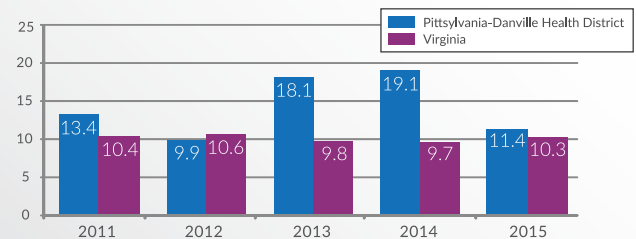
Being overweight or obese can lead to other health complications including diabetes, heart disease, high blood pressure and certain types of cancer.



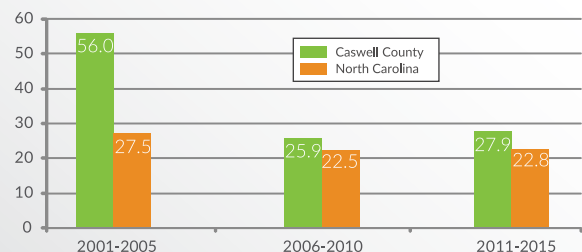
In 2015, 3 out of 4 residents aged 18 years or older in the Pittsylvania-Danville Health District were told by a healthcare professional that they were obese or overweightⁱ.



In 2013, 35.8% of adults in Caswell County, NC reported they had a Body Mass Index of 30 or moreⁱⁱ.



Percentage of Adults 18 years or older who have been told by a healthcare professional that they have diabetes (2011-2015)ⁱⁱⁱ.



Caswell County Age-Adjusted Diabetes Death Rates (per 100,000 residents)^{iv}

KEY FINDINGS: CANCER

Cancer was the leading cause of death in Caswell County for 2015^v. Furthermore, it was the second leading cause of death for Danville and Pittsylvania County in 2013^{vi}.

While the Pittsylvania-Danville Health District had a lower incidence rate in 2013 compared to the state, it had a significantly higher death rate. This means that while fewer Dan River Region residents are diagnosed with cancer, more of those who are diagnosed are dying.

Much like the Pittsylvania-Danville Health District, Caswell County, in 2015, had a lower cancer incidence rate than the state of North Carolina, but a higher death rate.

AGE-ADJUSTED CANCER DEATHS BY SEX AND RACE^{viii} (2011 - 2015)



Female All

Danville: 164.4
Pittsylvania: 145.7
Caswell: 166.6



Male All

Danville: 263.8
Pittsylvania: 216.8
Caswell: 243.9

Female White

Danville: 159.8
Pittsylvania: 151.7
Caswell: 182.8

Male White

Danville: 250.8
Pittsylvania: 210.7
Caswell: 240.2

Female African American

Danville: 177.5
Pittsylvania: 130.4
Caswell: 132.8

Male African American

Danville: 295.1
Pittsylvania: 242.81
Caswell: 245.6

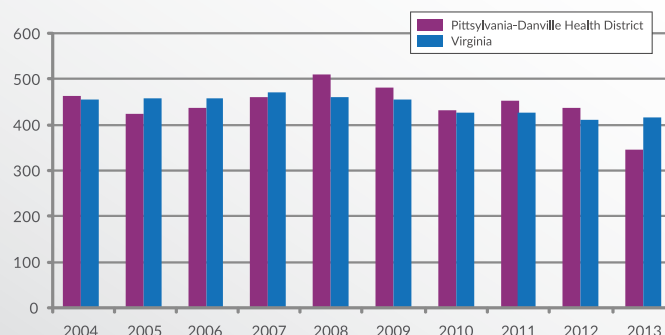
Pittsylvania-Danville HD Cancer Death Rate 2013 (per 100,000) Age-Adjusted ^{vii}	State of Virginia Cancer Death Rate 2013 (per 100,000) Age-Adjusted
189.5	161.3

Data provided by the Virginia Department of Health and the North Carolina State Center for Health Statistics

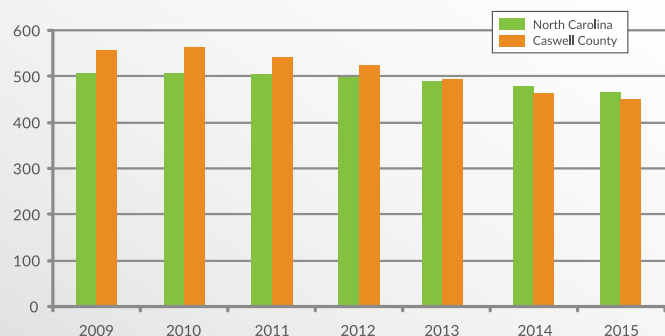
Caswell County Cancer Death Rate 2015 (per 100,000) Age-Adjusted ^x	North Carolina Cancer Death Rate (per 100,000) Age-Adjusted 2015
200.9	169.2

Data provided by the Virginia Department of Health and the North Carolina State Center for Health Statistics

2004-2013 All Sites Cancer Incidence Rates
(per 100,000) Age-Adjusted



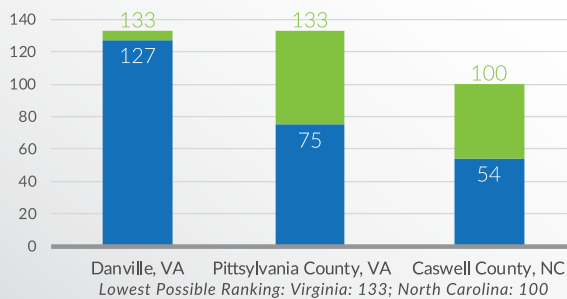
2009- 2015 All Sites Cancer Incidence Rates
(per 100,000) Age-Adjusted



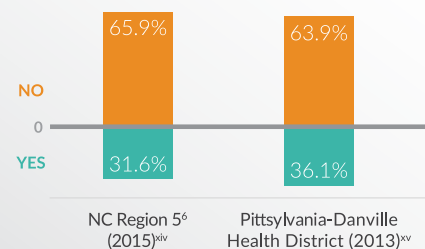
CURRENT HEALTH STATUS DASHBOARD

Each spring, the Robert Wood Johnson Foundation in partnership with the University of Wisconsin releases the County Health Rankings. While Danville, Pittsylvania County and Caswell County all improved over their 2016 scores, there are still several health challenges that need to be addressed. Throughout the Dan River Region, we are seeing high rates of chronic diseases and low rates of participation in positive health behaviors. This dashboard shows the current health status of the Dan River Region.

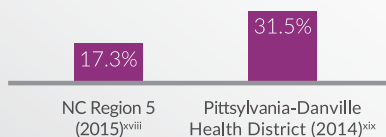
2017 County Health Rankings^{xi}



Told by a health Professional You Have High Blood Pressure

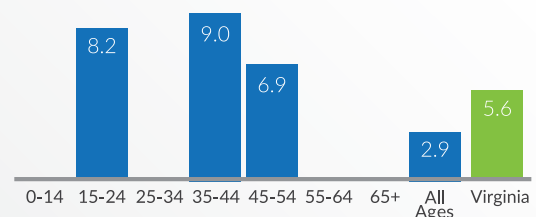


Current Smokers

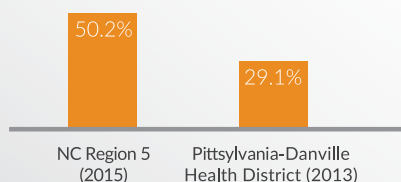


2015 PITTSYLVANIA-DANVILLE HEALTH DISTRICT RATE SUMMARY BY AGE GROUP (OPIOID ADDICTION INDICATORS)^{xv}

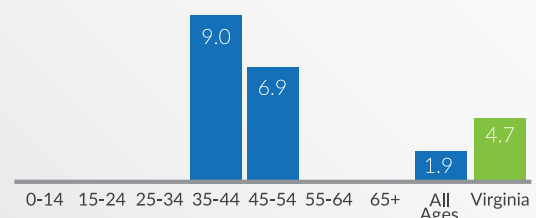
Fentanyl and/or Heroin Overdose Deaths



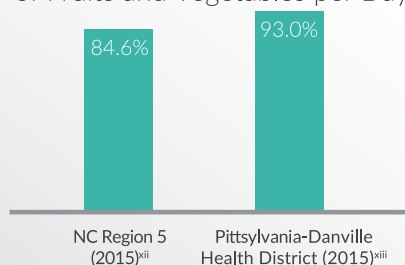
Adults Who Participated in 150 Minutes of Physical Activity/Week



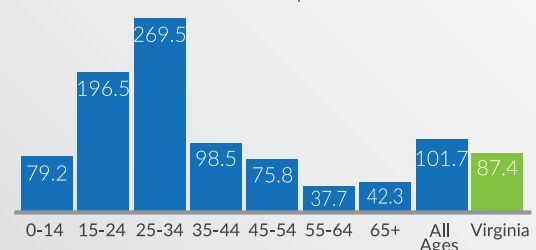
Prescription Opioid Overdose Deaths



Consumes Less Than Five Servings of Fruits and Vegetables per Day



ED Visits for Opioid Overdose

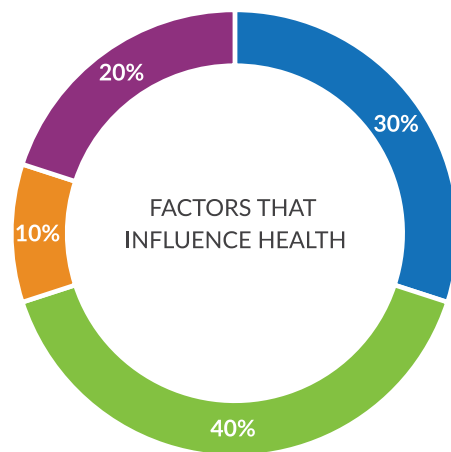


Determinants

of Health

FACTORS THAT INFLUENCE HEALTH: EXPLORING THE SOCIAL DETERMINANTS OF HEALTH

"Historically, health programs have focused on individual behavior, assuming that if you teach people what will make them healthy, they will find a way to do it. Unfortunately, being healthy is about much more than our individual choices. Where you live matters! As seen in the factors that influence health chart, fifty percent of our health outcomes are affected by factors other than our behavior and traditional healthcare.^{xlvii}" This fifty percent is made up of socio-economic and environmental factors, which comprise the social determinants of health.



- Healthy Behaviors
- Socio/Economic Factors
- Environment
- Clinical Care

SOCIAL DETERMINANTS OF HEALTH

"Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health functioning and quality-of-life outcomes and risks."^{xlvii} The five determinant (condition) areas that are a part of the social determinants of health framework are (1) economic stability, (2) education, (3) neighborhood and built environment, (4) health and health care and (5) social and community context^{xlviii}.



Inequities by

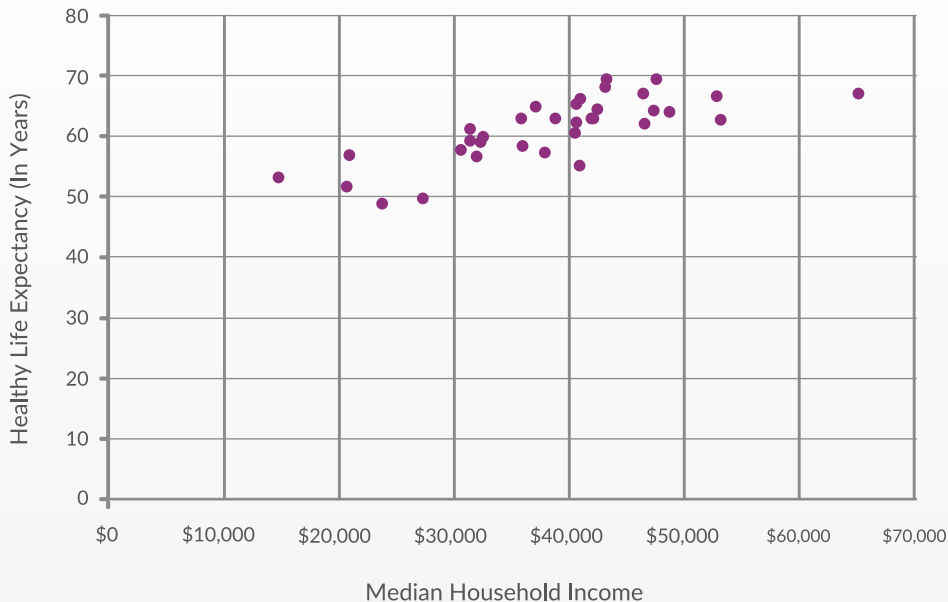
Median Household Income

MEDIAN HOUSEHOLD INCOME & HEALTHY LIFE EXPECTANCY

The scatterplot below looks at the relationship between median household income and healthy life expectancy.

This chart is showing that in general, the higher the median household income, the longer one, on average, can expect to live in full health.

HEALTHY LIFE EXPECTANCY (2007-2013)



Why Place Matters

BUILDING A HEALTHIER DAN RIVER REGION

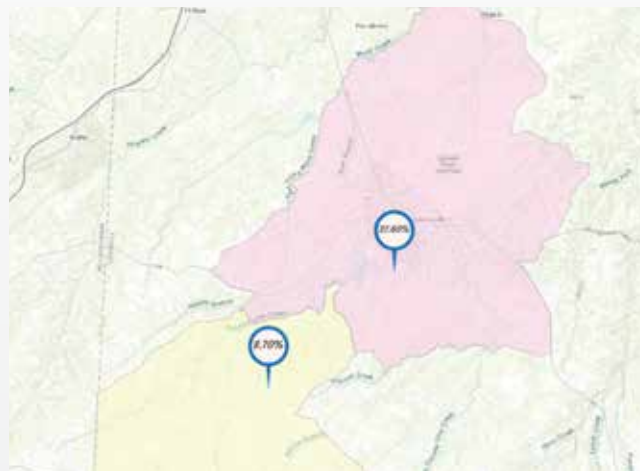
The maps, charts and graphs included in this report weave together the beginning of a story. A story of how health is affected by education, economic stability, neighborhood and built environment, health and healthcare, and social and community context. A story that brings to light differences that exist not only between the City of Danville, Pittsylvania County, and Caswell County, but also the inequities that are found within. A story whose main message is that place matters.

For residents of the Dan River Region, the maps in this book show that the conditions in which they are born, live, learn, work, play, pray, and age have a profound impact on their health. That the uneven distribution of opportunities determine to what degree they feel stress and experience challenges to good health. These barriers come in many different forms, including limited or no access to healthy foods and physical activity opportunities, living in areas of high crime, the overall impact of fear of crime, and living in poverty. The impact of these inequities go beyond neighborhood health to affect the overall community. They negatively impact our workforce and economic stability, by increasing absenteeism due to poor health and decreasing our overall productivity. In short, these inequities between census tracts strain resources, create hardships for healthcare providers, and complicate economic development strategies and support region-wide barriers to improving health outcomes.

However, what these maps do not tell us is how this story ends. That is up to us. Acknowledging that these barriers and inequities exist is only the beginning. Work now turns toward removing these barriers to ensure health equity within every community in the Dan River Region. By understanding how each community is impacted through the uneven distribution of opportunities, services, and resources we can work collaboratively and comprehensively to address these inequities. Through continued community engagement, improved public health planning and the creation of effective and inclusive policies, the Dan River Region can begin to focus energy, resources and opportunities in its areas of greatest need, while also improving health outcomes for all community members. By using this report as a tool for positive change, we can work together to build a healthier, vibrant and more resilient Dan River Region.



Map 1: Healthy Life Expectancy Gap between census tracts 7 and 6 in Danville. Those that live in census tract 7 have on average 17.9 more years where they are living in full health.



Map 2: Differences in the Percentage of Adults 25+ who have a HS Diploma and are in poverty. Caswell County's census tract 9302's percentage is a little over 3 times higher than its neighboring census tract 9305.



Map 3: Inequities in Heart Disease deaths between two census tracts in Pittsylvania County. Census tract 110.01's Heart Disease death rate is approx. 2.7 times higher than census tract 110.02 and more than 6.5 times greater than the state rate.

A

Age-Adjusted Rates - "Statistical process applied to rates of disease, death, injuries, or other health outcomes which allows communities with different age structures to be compared."

Source: <https://www.health.ny.gov/diseases/chronic/ageadj.htm>

B

Built Environment - "Includes all of the physical parts where we live and work (e.g., homes, buildings, streets, open spaces, and infrastructure)."

Source: <https://www.cdc.gov/nceh/publications/factsheets/impactofthebuiltenvironmentonhealth.pdf>

C

Census Tracts - Small, relatively permanent areas within each county or similar area (i.e., independent city). Each census tract has a population between 1,200 and 8,000 people. The size of census tracts are dependent on the area's population density. In simpler terms, a census tract is the Census Bureau's version of a neighborhood.

Source: https://www.census.gov/geo/reference/gtc/gtc_ct.html

Cerebrovascular Diseases - Cerebrovascular diseases are disorders where blood flow to the brain is disrupted. These disorders include strokes, aneurysms, clots, embolisms and the narrowing or rupturing of blood vessels.

Source: <http://www.aans.org/Patients/Neurosurgical-Conditions-and-Treatments/Cerebrovascular-Disease>

Community - "A group of people who share some or all of the following: socio-demographics, geographic boundaries, sense of membership, culture, language, common norms, and interests."

Source: (CommonHealth ACTION adapted from Centers for Disease Control and Prevention [CDC], n.d.).

Community Capacity - "The formal or informal interaction of human, organizational, and social capital existing within a given community that can be leveraged to solve collective problems and improve or maintain the well-being of a given community."

Source: Chaskin, 1999

D

Diversity - Being made of up different types of people (different races, cultures, ethnicities and/ or backgrounds).

Source: <https://www.merriam-webster.com/dictionary/diversity>

E

Environmental Change - A change in the economic, social or built environment.

Source: https://www.cdc.gov/nccdphp/dch/programs/communitiesputtingpreventiontowork/program/environmental_change.htm

Equality - "Equal treatment that may or may not result in equitable outcomes."

Source: <http://www.xavier.edu/diversity/Glossary-of-Diversity-Terminology.cfm#E>

Equity - "Providing all people with fair opportunities to attain their full potential to the extent possible."

Source: CommonHealth ACTION Glossary

Ethnicity - The shared sense of a common heritage, ancestor or historical past which is separate from race.

Source: <http://www.xavier.edu/diversity/Glossary-of-Diversity-Terminology.cfm#E>

F

Food Deserts - Areas with little or no access to fresh fruit, vegetables and other healthy foods.

Source: <http://americannutritionassociation.org/newsletter/usda-defines-food-deserts>

Food Insecurity - Occurs when community residents experience a lack of food. They are "struggling to avoid hunger, at risk of hunger, are hungry, or faced by the threat of hunger."

Source: Feeding America, Feeding Southwest Virginia & Feeding Texas

G

Gini Index of Income Inequality - The Gini Index measures income inequality on a scale from 0 to 1. The closer to 1 the number is the larger the differences in income levels.

Source: https://www.census.gov/glossary/#term_GiniIndex

H

Health Disparity - "A particular type of health difference that is closely linked with social, economic, and/ or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on the racial or ethnic group; religion; socioeconomic status; gender; age; mental health; geographic location; or other characteristics historically linked to discrimination and exclusion."

Source: <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

Health Equity - Providing everyone with the fair opportunity to attain the highest level of health.

Source: <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

Health Equity Lens - The lens through which you view conditions and circumstances to understand who receives the benefits and who bears the burdens of any given program, policy or practice.

Source: CommonHealth ACTION Glossary

Health Inequities - Avoidable differences in health between groups of people living in the same community. Health inequities arise from differences within and between social groups.

Source: World Health Organization

Health Outcomes - Health outcomes are changes in health that result from measures or specific investments or interventions which impact health.

Source: <https://www.cihi.ca/en/health-system-performance/quality-of-care-and-outcomes/outcomes>

Healthy Life Expectancy - The average number of years one, on average, can expect to live in full health in his or her community.

Source: Virginia Department of Health

Housing Cost Burden - Paying more than 30% of one's income on housing. This can lead to difficulties in paying for food, clothing, transportation and medical care.

Source: https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html

Inclusion - Continued engagement with diversity, including policies and practices that encourage the full participation and sense of belonging of every resident.

Source: CommonHealth ACTION Glossary

Inequity - A difference between people or groups that is avoidable and unjust.

Source: CommonHealth ACTION Glossary

L

Life Expectancy - On average how long one can expect to live in his or her community.

Source: Virginia Department of Health

P

Perspective Transformation - Changing the way we think about, talk about, and interact with our community.

Source: CommonHealth ACTION Glossary & Raising the Region's Profile report

Policy - A law, regulation, procedure, administrative action, incentive or voluntary practices of governments and other institutions.

Source: <https://www.cdc.gov/stltpublichealth/policy/>

Program - A specific set of activities combined in a specific manner to achieve a specific purpose.

Source: CommonHealth ACTION Glossary

R

Race - Socially constructed way of grouping people, based on skin color and other physical differences, which have no genetic or scientific basis.

Source: CommonHealth ACTION Glossary

S

Social Determinants of Health - "Conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."

Source: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

Systems Change - Change that impacts all elements, including social norms or an organization, institution, faith community, or other community group.

Source: CommonHealth ACTION Glossary

U

Underserved Populations - Community members whose "voices and needs are often unintentionally overlooked."

Source: <https://www.tpchd.org/files/library/d30555beb1557e78.pdf>

Unemployment Rate - Those who are 16 years and older who do not currently have a job, are looking for a job and are available to take a job.

Source: Labor Force Statistics from the Current Population Survey: https://www.bls.gov/cps/cps_htgm.htm#def

V

Vulnerable Populations - "Community groups who are economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, those with HIV and those with other chronic health conditions. This can also include rural residents who often encounter barriers to access healthcare services."

Source: <https://www.tpchd.org/files/library/d30555beb1557e78.pdf>

What Can You Do?



GET INVOLVED!

Get involved! We must all work together to create Health for All in the Dan River Region. The Health Collaborative has many opportunities for you and your organization to make a difference in your community.

Below, we've listed several projects and groups already working to create positive change. Find your interest and join the movement to help make the Dan River Region THRIVE!



JOIN THE HEALTH COLLABORATIVE

The Health Collaborative unites organizations and creates action to support health for all people in the Dan River Region. Our goal is to make the healthy choice, the easy choice - at home, work, school, faith-based community and in your neighborhood, so that all community members have a fair opportunity to thrive.



JOIN AN ACTION TEAM

The Health Collaborative has teams working in the areas of active living, healthy eating, access to healthcare, healthy spaces and leadership/capacity building.



JOIN THE OPPORTUNITY NEIGHBORHOOD'S COMMUNITY COUNCIL

The Council works toward creating more equitable communities where children and families prosper regardless of place.

Contact Wendi Everson at wgeverson@drfonline.org or 434-799-2176 Ext 309.



ADVOCATE

Advocate for policies that support healthy food options and physical activity at your work, school, childcare provider, faith community or in your local community: Contact your local government, elected officials or community/organizational leaders. **If you need help, contact The Health Collaborative.**



SHARE YOUR IDEAS

Fill out the Healthy Communities Change Form at www.thehealthcollab.com/form/request-change.

Have other ideas or need support to make it happen?

Contact **Elyse Jardine** at elyse@thehealthcollab.com, 828-269-5618,
Wendi Everson at wgeverson@drfonline.org, 434-799-2176 Ext. 309

The Active Living action team is working to increase physical activity in our region by improving access to parks, trails and open space, and creating more opportunities to walk and bike from neighborhoods to community destinations.

Action Team Co-Chair:

Mark Moore

Director of Parks and Recreation
Pittsylvania County

mark.moore@pittgov.org

434-432-7736

Action Team Co-Chair:

Emily Ragsdale

Facilities and Services Planner
Danville Parks and Recreation

ragsdes@danvilleva.gov

434-799-5215

Other Contact:

Brandon Enoch

Director of Parks and Recreation
Caswell County

enoch@caswellcountync.gov

336-694-4449

Promote biking and walking in your community.

Start a walking school bus for neighborhood children, form a walking or running club or plan an event for bike to work day.

Conduct a walkability audit for your neighborhood.

A walkability audit is a community-based exercise intended to highlight opportunities, identify obstacles, and evaluate how easy it is to get around a neighborhood on foot. Send your results to Elyse Jardine at elyse@thehealthcollab.com or drop off your form at 512 Bridge Street in Danville.

Volunteer with your local parks and recreation department.

Support a youth sports event, organize a parks clean-up day or help with summer programming. Contact your local Parks and Recreation Department for more volunteer opportunities.

Activate your neighborhood park by hosting a community gathering or event.

Seeing is believing! When people see others at a park, they are more likely to join in the fun.

Gather ideas for turning vacant land into healthy spaces in your neighborhood.

Vacant land can be used to promote health and beautify a neighborhood. Work with your neighbors to create a community garden, pocket park or attractive green space.

Ask your church or school to open their playground or recreation space to the community after hours.

Many areas of our region lack access to parks and recreational opportunities, but do have nearby schools, churches or businesses. Opening these spaces to the community after hours is a best practice for improving community health.



Food Deserts, areas where it is difficult to buy affordable or healthy food, exist in all three localities within the Dan River Region. To address food access, The Health Collaborative is committed to building the local food system and providing access to fresh and affordable food near where people live.

Action Team Co-Chair:

Ashley Nauta

District Extension Agent
Virginia Cooperative Extension
aswolfe@vt.edu
434-432-7770

Action Team Co-Chair:

Celia Spillmann

Fellow
Danville Regional Foundation
cspillmann@drfonline.org
434-799-2176

Volunteer with the Youth Agriculture and Entrepreneurship Program.

Help young people learn how to grow, cook and sell fresh food. Volunteers are needed for program management, gardening support and education, healthy cooking classes, business planning and more. **Contact Kirsten Halverson, at kirsten.halverson@gmail.com or 804-577-8098.**

Help connect local farmers with local institutions, restaurants and retailers.

Volunteers are needed to help promote local food sourcing, finding out what products are needed, what facilities are required and how The Health Collaborative can help make it happen. **Contact Elyse Jardine at elyse@thehealthcollab.com or 828-269-5618.**

Participate in the Lots of Potential Program.

Sign up to start a new garden on a vacant lot in the City of Danville or volunteer at an existing community garden. **Contact Jackie Wells at Jackie.wells@danvilleva.gov or 434-799-5260.**

Support your local Farmers' Market. Our markets need help with bag carry assistance programs, customer counts, cooking demonstrations, youth programming and more.

- **Danville Farmers' Market:** Contact Kenny Porzio at porziks@danvilleva.gov or 434-797-8961
- **Caswell Farmers' Market:** Contact Tammy Carter at tlcurve@gmail.com or 336-598-2537
- **Yanceyville Farmers' Market:** Contact Celia Spillmann at cspillmann@drfonline.org or 434-799-2176
- **Virginia Grown Market at Olde Dominion Agricultural Complex:** Contact Sally Stewart at sally.odac@gmail.com or 434-432-8026.

Volunteer at a Farmers' Market Donation Station.

Donation Stations allow market customers to buy extra food for those in need. **To volunteer at the station, contact Emily Holder at emily@godsstorehouse.org or 434-793-3663.**



Access to Healthcare

The Health Collaborative focuses on access to healthcare in the communities of highest need, while identifying and teaching residents how to manage their own health issues. One strategy to address these healthcare needs is the emerging Community Health Worker (CHW) Project, which improves clients' ability to manage their health through outreach, community education, informal counseling, social support and advocacy.

Contacts:

Amanda Young

CHW Project Manager
Institute for Advanced Learning & Research
amanda.young@ialr.org
434-766-6634

Kenya Elliott

Community Care Coordinator
PATHS Community Medical Center
kelliott@pathsinc.org
434-791-4122, Ext 1027

Partner with the Community Health Workers.

The CHW team is always looking for ways to get more involved with the community. If you are hosting an event, they would love to participate, volunteer, or display their services.

Help Community Health Workers connect clients to resources.

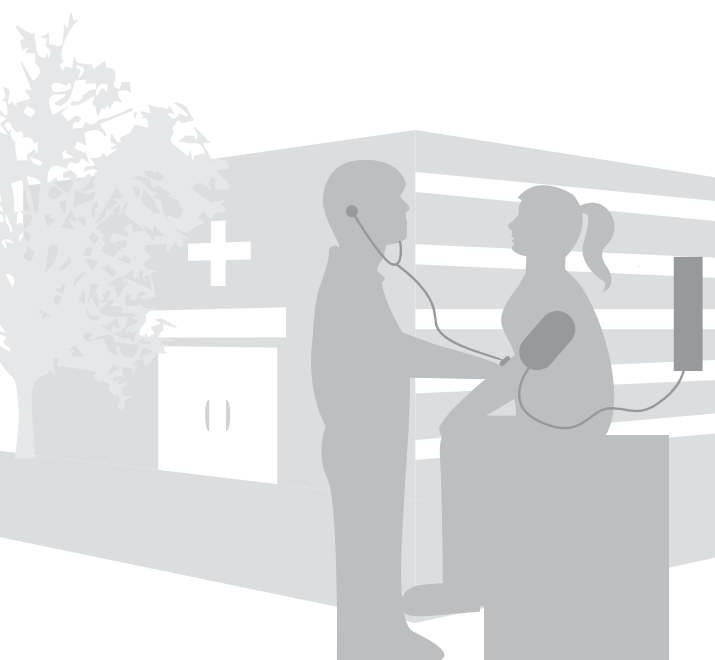
The CHWs are always looking for more community resources to share with their clients. Please share organizational information or resources that could help clients in the Dan River Region, or donate personal care products, medical supplies or food items to clients in need.

Be an advocate for healthcare. Encourage your employees to sign up for healthcare, make sure that they are all connected to a doctor, help them understand what it is to live healthily, encourage others to make healthier life style choices. Help increase your communities', employees, friends and families' access to healthcare.

Help spread the word. If you know an individual that you think the CHW project would be able to assist, contact **Kenya Elliott at kelliott@pathsinc.org or 434-791-4122**. Or, if you want to help and have skills in marketing, social media or graphic design, contact **Amanda Young at amanda.young@ialr.org**.

Help craft innovative transportation solutions.

Support the CHW program by working with the team to explore our region's transportation challenges and create solutions utilizing untapped resources.



Many adults and children spend the majority of their time outside of the home—at work, school, childcare, after-school programs and with their faith communities. These institutions have their own policies and culture, which impact healthy living opportunities. In partnering with institutions and community organizations, The Health Collaborative is working towards increasing access to healthy eating and physical activity opportunities for Dan River Region residents.

Action Team Co-Chair:

Jason Bookheimer

Division Director of Community Recreation
Danville Parks and Recreation

bookhjl@danvilleva.gov

434-799-5200

Action Team Co-Chair:

Stacey Ensminger

Director of Child Nutrition
Danville Public Schools

sensminger@mail.dps.k12.va.us

434-799-6405

Join the Thrive! Challenge. Implement healthy eating and physical activity into your school, worksite, church or other settings.

Contact Danielle Montague at MONTADR@danvilleva.gov or 434-799-5150.

Create healthy environments at school. Work with the Healthy Spaces team to improve the health and wellness of your local school. Develop and adopt healthy living curriculum and wellness policies, start new healthy eating and active living programs, incorporate physical activity into the school day.

Contact Stacey Ensminger at sensminger@mail.dps.k12.va.us or 434-799-6405.

Offer resources for those adopting and implementing wellness programs and policies.

Do you know of a program, service or resource that supports healthy lifestyles? Are you a dietitian, personal trainer, chef, gardener or health enthusiast that would like to share your skill set?

Contact Danielle Montague at MONTADR@danvilleva.gov or 434-799-5150.

Serve your community and support healthy spaces. Does your office have a worksite wellness committee?

Ask them how you can help. **No committee? Start one!**



Walkability

Assessment Form

Street/Road Name: _____

From (cross street): _____ To: _____

Conducted by: _____ Date: _____ Time: _____

INSTRUCTIONS

For each question below, please circle the number which best corresponds to the value listed in the Ranking Scale below. There are also some Yes/No questions, so please circle the one that best addresses the question (Tabulators, Yes = 0 and No = 6). If possible, please include photos of the issues you have found. Good luck!

Return completed Walkability Assessment form to Elyse Jardine at elyse@thehealthcollab.com.

Ranking Scale

1 = Excellent 2 = Very Good 3 = Good 4 = Some Issues 5 = Poor 6 = Very Poor

- 1) Are there sidewalks, paths, or trails on any or both sides of this street? **Please circle one: Yes No**
Briefly describe the type of walkway present, if one is present, and describe any pedestrian activity you observe along the street segment:

- 2) If sidewalk(s), path(s), or trail(s) is/are present, what is the condition (are there major cracks or serious deficiencies)?
Please circle one: 1 2 3 4 5 6
Briefly discuss location and nature of condition(s): _____

- 3) How safe do you feel using the sidewalk, path, or trail? **Please circle one: 1 2 3 4 5 6**
Briefly discuss any issues which make you feel uncomfortable walking on this street segment: _____

- 4) Is this sidewalk, path, or trail able to accommodate wheelchairs, strollers, or other personal mobility apparatus?
Please circle one: Yes No
Briefly discuss any issues that may relate to the inability of the sidewalk to accommodate any of the devices described above:

- 5) Is the sidewalk, path, or trail continuous (without gaps)? **Please circle one: Yes No**
Briefly discuss any gaps or obstructions prohibiting the sidewalk's continuity: _____

- 6) Is the width of the sidewalk, path, or trail a minimum of 5 feet to enable two pedestrians or a pedestrian and a wheelchair to pass each other?
Please circle one: Yes No
Briefly discuss the width of this walkway, if relevant: _____

- 7) Does this sidewalk, path, or trail have curb cuts to enable wheelchairs, strollers, or personal mobility devices access?
Please circle one: Yes No
Briefly describe the presence or absence of curb cuts and their conditions (for example, are there lips between the ramp and the street which may be obstacles, are ramps too steep, etc.):

Walkability

Assessment Form

- 8) Is the sidewalk, path, or trail free of obstructions such as utility poles, shrubs, signs, etc.? **Please circle one: Yes No**

Briefly discuss the presence of any obstructions: _____

- 9) Are there crosswalks and/or crossing signals present at intersections? **Please circle one: Yes No**

Briefly discuss the presence or absence of crosswalks/crossing signals: _____

- 10) Is this sidewalk part of a larger pedestrian network, such as a series of interconnected sidewalks and/or trails in the neighborhood or local area? **Please circle one: Yes No**

Please discuss any observable conditions you believe are relevant: _____

- 11) Did you feel comfortable crossing the streets? **Please circle one: Yes No**

Please check all that apply:

- | | |
|---|--|
| <input type="radio"/> Road is too wide | <input type="radio"/> Crossing signal did not provide enough time |
| <input type="radio"/> Lack of crossing signals | <input type="radio"/> Lack of crosswalks |
| <input type="radio"/> The crossing signal made us wait too long | <input type="radio"/> Parked cars, trees, or other obstructions blocked view of oncoming traffic |
| <input type="radio"/> Curb ramps are needed or require repair | <input type="radio"/> Traffic is moving too fast |

Briefly discuss other issues not listed above: _____

- 12) What destinations are located in the area? **Please check all that apply:**

- | | | |
|--|---|--|
| <input type="radio"/> Small grocery or convenience store | <input type="radio"/> Diner, restaurant, or café | <input type="radio"/> Farmers' market |
| <input type="radio"/> Pharmacy | <input type="radio"/> Supermarket | <input type="radio"/> Entertainment venue |
| <input type="radio"/> Place of worship | <input type="radio"/> Post office | <input type="radio"/> Bank |
| <input type="radio"/> Library | <input type="radio"/> Laundromat or dry cleaner | <input type="radio"/> Fitness center (gym, YMCA, etc.) |
| <input type="radio"/> Community center/senior center | <input type="radio"/> Park/trailhead/neighborhood space | <input type="radio"/> School |
| <input type="radio"/> College or technical school | <input type="radio"/> Retail establishments | <input type="radio"/> Workforce/employment centers |
| <input type="radio"/> Parking lots | <input type="radio"/> Civic use (police/fcity hall, etc.) | |

Please list any other destinations not listed above: _____

- 13) How comfortable and pleasant was your walk? **Please check all that apply:**

- | | | |
|--|--|---|
| <input type="radio"/> More trees, grass, or flowers needed | <input type="radio"/> Did not feel personally secure | <input type="radio"/> Trash present, unkempt |
| <input type="radio"/> Not well maintained | <input type="radio"/> No bench or resting place | <input type="radio"/> Traffic moving too fast |
| <input type="radio"/> Not well lit (if day, are any streetlights present?) | | |

Please list any other deficiencies not listed or elaborate on those you checked: _____

- 14) Is a buffer located between the sidewalk and the street? **Please circle one: Yes No**

Please check all that apply:

- | | |
|-----------------------------------|-----------------------------------|
| <input type="radio"/> Trees | <input type="radio"/> Landscaping |
| <input type="radio"/> Bike Lane | <input type="radio"/> Parked cars |
| <input type="radio"/> Other _____ | |

HOW CAN YOU IMPROVE YOUR COMMUNITY'S SCORE?

1) Did you have room to walk? <ul style="list-style-type: none"> • Sidewalks or paths started and stopped • Sidewalks broken or cracked • Sidewalks blocked • No sidewalks, paths or shoulders • Too much traffic 	What you and your child can do immediately. <ul style="list-style-type: none"> • Pick another route for now • Tell local traffic engineering or public works department about specific problems and provide a copy of the checklist 	What can do with more time. <ul style="list-style-type: none"> • Speak up at board meetings • Write or petition city for walkways and gather neighborhood signatures • Make media aware of problem • Work with a local transportation engineer to develop a plan for a safe walking route
2) Was it easy to cross streets? <ul style="list-style-type: none"> • Road too wide • Traffic signals made us wait too long or did not give us enough time to cross • Crosswalks/traffic signals needed • View of traffic blocked by parked cars, trees, or plants • Needed curb ramps or ramps needed repair 	What you and your child can do immediately. <ul style="list-style-type: none"> • Pick another route for now • Share problems and checklist with local traffic engineering or public works department • Trim your trees or bushes that block the street and ask your neighbors to do the same • Leave nice notes on problem cars asking owners not to park there 	What can do with more time. <ul style="list-style-type: none"> • Speak up at board meetings • Write or petition city for walkways and gather neighborhood signatures • Make media aware of problem • Work with a local transportation engineer to develop a plan for a safe walking route
3) Did drivers behave well? <ul style="list-style-type: none"> • Backed without looking • Did not yield • Turned into walkers • Drove too fast • Sped up to make traffic lights or drove through red lights 	What you and your child can do immediately. <ul style="list-style-type: none"> • Pick another route for now • Set an example: slow down and be considerate of others • Encourage your neighbors to do the same • Report unsafe driving to the police 	What can do with more time. <ul style="list-style-type: none"> • Petition for more enforcement • Request protected turns • Ask city planners and traffic engineers for traffic calming ideas • Ask schools about getting crossing guards at key locations • Organize a neighborhood speed watch program
4) Could you follow safety rules? <ul style="list-style-type: none"> • Cross at crosswalks or where you could see and be seen • Stop and look left, right, left before crossing • Walk on sidewalks or shoulders facing traffic • Cross with the light 	What you and your child can do immediately. <ul style="list-style-type: none"> • Educate yourself and your child about safe walking • Organize parents in your neighborhood to walk children to school 	What can do with more time. <ul style="list-style-type: none"> • Encourage schools to teach walking safely • Help schools start safe walking programs • Encourage corporate support for flex schedules so parents can walk children to school
5) Was your walk pleasant? <ul style="list-style-type: none"> • Needs grass, flowers, trees • Scary dogs • Scary people • Not well lit • Dirty, litter • Lots of traffic 	What you and your child can do immediately. <ul style="list-style-type: none"> • Point out areas to avoid to your child; agree on safe routes • Ask neighbors to keep dogs leashed or fenced • Report scary dogs to the animal control department • Report scary people to the police • Report lighting needs to the police or appropriate public works department • Take a walk with a trash bag • Plant trees, flowers in your yard • Select alternative route with less traffic 	What can do with more time. <ul style="list-style-type: none"> • Request increased police enforcement • Start a crime watch program in your neighborhood • Organize a community clean-up day • Sponsor a neighborhood beautification or tree-planting day • Begin an adopt-a-street program • Initiate support to provide routes with less traffic to schools in your community (reduced traffic during am and pm school commute times)
* A quick health check <ul style="list-style-type: none"> • Could not go as far or as fast as we wanted • Were tired, short of breath or had sore feet or muscles • Was the sun really hot? • Was it hot and hazy? 	What you and your child can do immediately. <ul style="list-style-type: none"> • Start with short walks and work up to 30 minutes of walking most days • Invite a friend or child along • Walk along shaded routes where possible • Use sunscreen of SPF 15 or higher, wear a hat and sunglasses • Try not to walk during the hottest time of day 	What can do with more time. <ul style="list-style-type: none"> • Get media to do a story about the health benefits of walking • Call parks and recreation department about community walks • Encourage corporate support for employee walking programs • Plant shade trees along routes • Have a sun safety seminar for kids • Have kids learn about unhealthy ozone days and the Air Quality Index (AQI)

Healthy

Community Change Form

The Health Collaborative is working to reduce the barriers to achieving Health for All in the Dan River Region. Please fill out this form if you discover a barrier to healthy living or have an idea for improving health in your neighborhood or community. Examples include more opportunities to get fresh food into neighborhoods, a new crosswalk near a school, park or neighborhood destination or transportation support for neighbors that lack proper healthcare. This may also include adopting a new policy, modifying an existing policy or removing a policy at the city or county level, as well as ideas to create healthy community spaces, such as at schools, worksites or faith communities.

Return completed Community Change Forms to Elyse Jardine at elyse@thehealthcollab.com.

CONTACT INFORMATION (OPTIONAL)

Name: _____

Email: _____ Date: _____

Action Team or Project Name: _____

REQUEST INFORMATION

Action Team or Project Name: _____

Policy Name (If Applicable): _____

RATIONALE

Describe why this change is needed to promote healthy living and how you discovered this barrier or idea. Describe what specific change you think needs to be made and if it is necessary to move a current effort forward.

Resources: Please attach or provide links to any resources that might help the Coordinating Committee communicate this need, such as research/data, community input, reports.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



the
HEALTH
collaborative