WELL-BEING

2020 – 2023 Eastern Shore Plan for Well-Being


Eastern Shore of Virginia
Ontheworldmap.com
MD.
38° 00'
Marion
Crisfield
Smith Island
Ewell
Beaver Dam
Greenbackville
New Church
Oak Hall
NASA Wallops Flight Center
Chincoteague National Wildlife Refuge
Chincoteague
Oyster & Maritime Museum
National Seashore
Assateague Island
Saxis
Atlantic
Temperanceville
Hallwood
Mappsville
NASA Wallops Island
Wallops Island
Bloxom
Guilford
Nelsonia
Modest Town
Parksley
Assawoman Island
Great Fox Island
Tangier
Watts Island
Tangier Island
Smith Point
Lilian
Reedville
Fairport
Fleeton
Free Ferry
Cruise Ship Passenger
(Seasonal) Only
ACCOMACK
Ker Place
Onancock
Accomac
Tasley
Onley
Metompkin Island
Eastern Shore Community College
Harborton
Locustville
Cedar Island
Mellah
Keller
Pungoteague
Wachapreague
Painter
Belle Haven
Quinby
Parramore Island
Exmore
Willis Wharf
Franktown
Silver Beach
Nassawadox
Hog Island
Hog Island Bay
Johnsontown
Birdsnest
NORTHAMPTON
Machipongo
Eastville
Oldest contiguous court records in the U.S.
Cobb Island Bay
Cobb Island
Cheriton
Oyster
Wreck Island
Cape Charles
Bayview
Mock Horn Island
South Bay
Ship Shoal Island
Myrtle Island
Smith Island
Kiptopeke
Kiptopeke State Park
Eastern Shore of Virginia National Wildlife Refuge
Cape Charles Lighthouse
Fishermans Island
Fishermans Island National Wildlife Refuge
Railroad Barge
BAY TOLL
CHESAPEAKE BRIDGE-TUNNEL
Windmill Point
Stingray Point
Deltaville Maritime Museum/ Holly Point Nature Park
Gwynn's Island
Gwynn
Moon
Mathews
MATHEWS
New Point
Bavon
Poquoson
Plum Tree Island National Wildlife Refuge
Langley Field
HAMPTON
Buckroe Beach
Old Point Comfort
Ocean View
First Landing
BAY
ATLANTIC OCEAN
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2021-2023 Eastern Shore Plan for Well-Being

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PREFACE

To achieve well-being for all Eastern Shore of Virginia (ESVA) residents requires understanding the meaning of well-being, data to mark a starting point, and a strategy to guide needed action. Much as a reliable navigation system or map provides travel guidance, a good strategic plan begins with a starting point (current health and prosperity data) and an end point (our vision of well-being) and gives us an effective route to get from here to there.

This is Eastern Shore Healthy Communities' (ESHC) fourth strategic plan. Our initial 2010 - 2013 plan aimed to improve ESVA's overweight status from having a higher percentage of overweight adults than all other Virginia health districts. At the time it was believed that overweight was a preventable chronic disease root cause. By 2021 it is clear that obesity can be symptomatic of other issues, especially trauma. While no longer the most overweight health district, we remain in the bottom 25 percent.

ESHC initiated policy, system and environmental change strategies to reduce population level obesity based on scientific evidence at the time and we observed. We learned that most rural areas have health challenges, like higher rates of overweight and chronic diseases, and that many rural areas, unlike ESVA, lack quality accessible health services. We also learned that overweight and obesity can be a symptom and not at root cause of ill health. We learned about trauma.

Trauma is ubiquitous. It is the rare person who has not experienced trauma and most of us, data supports, have experienced multiple traumas. Examples include mental or physical neglect; mental, physical or sexual abuse; dysfunction in the home like mental illness, incarceration, physical abuse, substance abuse, or losing a parent to divorce or death.

Trauma is any event, or series of events or set of circumstances that are experienced by an individual as physically or emotionally harmful or life threatening and has lasing adverse effects on an individual's functioning and mental, physical, social or spiritual well-being.

Trauma can shorten lives and impact physical and mental health and behavior. For a community to experience well-being, residents and leaders must understand trauma, its symptoms, impact on the brain, body, behavior and community, and learn ways to respond that encourage healing. This is being trauma-informed or trauma-sensitive.

The Adverse Childhood Experiences study (Felitti and Anda, 1998) was initiated in a weight-loss clinic where most patients were morbidly obese. The results of the study established an association between trauma and obesity, as well as a long list of chronic diseases and behavioral health problems. While causality was not established, strong associations were made – strong enough to change the way we look at health and well-being today.

Well-being is health, happiness and prosperity. In this context, prosperity isn't Bill Gates or Warren Buffett wealth. Prosperity means having enough money for food, clothing, shelter, transportation and savings for emergencies. According to the United Way ALICE report (United for Alice, nd), over half of ESVA residents don't have enough money to cover the basics. We need to do something about that. Wealth and health are inextricably connected. One can't be addressed without the other.

That is why we need you and every ESVA resident, employer and faith community and civic organization leader to pay attention and take part in implementing this plan. As we teach our youth leadership academy students: **We are all born leaders: we don't get a choice about that. The only choice we get is to decide what kind of a leader we will be.** We invite you to hone your leadership skills with us and share our vision. Together, if you believe as we do, we can impact a growing, positive sense of health, well-being, and self-empowerment among residents of ESVA.

THE PLAN'S ARCHITECTURE

This plan takes its shape and genesis from *Virginia's Plan for Well-Being* (2021) and as such draws directly from its narrative and goals. Any similarities are intentional. This note is our reference to that plan.

Differences between the two plans exist because goals are adapted to respond to local needs. Measures of success have been localized. The Forward section is added to explain our mission, leadership philosophy, policies, systems and environmental change framework, social determinants of health, and resilience to break the cycle of intergenerational trauma.

You will note in this plan the reference to specific work groups. To accomplish our strategic plan, each of our seven work groups and our Executive Committee has a scope of work from the larger plan. Each creates a separate Action/Tactics Plan for their scope of work.

Our plan's architecture uses the following nomenclature system:

Mission. Why we exist as an organization.

Vision. The ultimate future to which we strive.

Aim. The targeted intention by category.

Goal. Key achievement target.

Objective. Stated as the future we intend to achieve.

Strategy. Using our policies, systems and environmental change framework, strategies are the method or approach for achieving a goal.

Measures of Success. Quantitatively or qualitatively described end points.

Action. Concrete, actionable items assigned through work group scope of work, to be developed into tactics.

Tactic. Steps needed to accomplish defined actions that ultimately achieve strategies and goals.

ESHC Work Groups, as well as other community organizations, have tactical plans tied to the 2020-2023 ESVA Plan for Well-Being.

The 2020-2023 ESVA Plan for Well-Being is a call to action for all ESVA leaders, government representatives, citizens, businesses, faith communities and organizations to make this plan become a reality. We invite your participation.

OUR FOUNDATION

VISION

All residents of the Eastern Shore of Virginia report a growing, positive sense of health, well-being, and self-empowerment.

MISSION

As a volunteer multi-sector partnership, Eastern Shore Healthy Communities' mission is to develop an accountable care community using policies, systems, and environmental change strategies to improve the health and success of the Eastern Shore of Virginia.

VALUES

Teamwork. We are a group of diverse people working together toward a clearly defined, shared vision.

Effective Decision Making. We support a process in which all opinions are respected and considered. All participants are equally important and working towards a common goal.

Duty/Commitment. We have a duty and commitment to work towards achieving our shared mission and vision.

Proactive. We use a "root cause" approach to community well-being issues; looking at ways to address the source of the concern to reduce or prevent the occurrence of that concern.

Systemic Equity. We belive that all persons have the right to full and equal access to opportunities that enable them to be healthy and enjoy well-being.

Creativity/Innovation. We use creative and innovative approaches to moving towards well-being.

FRAMEWORK

Eastern Shore Healthy Communities is a partnership of organizations and individuals of all ages, representing a diversity of community sectors, engaged in addressing and improving **policies, systems and environments** to support ESVA health and well-being. The partnership works together for **collective impact**.

The health burden in the U.S. has shifted from infectious diseases to chronic, non-communicable diseases such as cancer, heart disease, and diabetes and to mental health and behavioral issues like trauma, depression and anxiety. These are diseases related to modern life. That's why we say that **health begins long before we ever need to see a doctor or go to a hospital. It begins where we live, learn, work, worship and play.**

When we create **policies**, for example, worksite wellness policies that promote trauma-sensitivity and a healthy lifestyle, we impact hundreds of people in multiple organizations. When **system** improvements occur, like system-wide resilience and trauma-sensitivity within schools and work sites, thousands of children, adolescents and adults are affected. And when we alter **environments,** for example**,** to create livable communities where roads and sidewalks safely support walking and bicycling, we make active living possible for all ages.

The spectrum of health care ranges from wellness to illness and also includes health education. But today, we must go further upstream, to create places where people are prompted to and are supported in healthy and sensitive behaviors and this requires the leadership of businesses, law enforcement, government, educators, clergy, and health professionals -- every sector, and people of all ages. That is why we created Eastern Shore Healthy Communities, a multi-sector health coalition. It is a place to put down political boundaries, share talents, insights and resources to work together towards the vision of well-being for all.

Health is the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. All ESVA residents deserve to flourish. When we create well-being, all residents flourish, then education flourishes and businesses thrive – because all sectors are connected. We hope you "get" this concept, own it, and are inspired to become part of this movement. Your effort in this partnership might just be the tipping point to achieving the vision.

DIVERSITY STATEMENT

Eastern Shore Healthy Communities envisions all ESVA residents reporting a growing, positive sense of health, well-being and self-empowerment. Its mission is to develop an accountable community, using policies, systems, and environmental change strategies to improve the health and success of all ESVA residents. We believe that our partnership, as well as our community, is nourished and strengthened by the diversity of our residents. Therefore, we commit to having a partnership that is reflective of our diverse community.

Our partnership values equity, believing that all persons have the right to full and equal access to opportunities that enable them to be healthy and enjoy well-being. We intend to improve the way that vulnerable groups are treated and understood. To do this we will challenge ourselves to continuously learn and self-reflect, recognize and influence power imbalances, and remain accountable to our mission, vision, and values, especially with regard to diversity, equity and inclusion.

We intend for our actions to serve as a model for communities, educational institutions, employer organizations, and social groups and we will actively work for our community organizations and institutions to adopt similar diversity, equity and inclusion policies and practices.

CREATING AN ACCOUNTABLE COMMUNITY

The United States spends $2.5 trillion dollars on healthcare -- two times the amount that any other industrialized nation per capita. Ninety-five percent of that investment goes to medical care (McGinnis, Williams-Russo, and Knickman, 2002), and yet we place just 27th among 34 nations on health outcomes (WHO, 2000). We place 47th out of 224 countries in life expectancy at birth (79.56 years) (CIA, 2002). Gaps exist in how we use medical services and the quality of medical care we receive. Just 20% to 50% of people who need preventive care receive the needed medical help.

We over-invest in medical care and do not invest enough in the other social and environmental variables that determine health. While our nation's hospitals, physicians, and insurance providers are working at better health for people, a better care experience, and lower cost through continuous improvement – the "triple aim" (Berwick, Nolan and Whittington, 2008), communities throughout the U.S., including ESVA, are focused on all health determinants to improve overall community health. This strategic plan outlines the ESVA approach to creating an accountable care community. Planned structural components include:

1. An integrated model that emphasizes health promotion and disease prevention.

2. Interprofessional and intersectoral teams. Teams that cut across businesses, professions, and communities to ensure that all social and environmental health determinants are being addressed effectively to promote health in a self-empowering way.

3. Collaboration among all sectoral professionals to enhance planning, communication and follow-up.

4. Information technology infrastructure. Shared data facilitates, appropriate care and care transitions.

5. Shared surveillance and data warehouse. Integrated and fully mineable surveillance and data warehouse for tracking health status and intervention outcomes.

6. Dissemination infrastructure to rapidly share best practices.

7. Policy advocacy and analysis to institutionalize and facilitate success and sustainability.

Eastern Shore Healthy Communities formed itself as a multisector partnership because facing complex issues requires expanded intelligence found only in the collective expertise of leaders who can reach across sectors to solve problems that exist across sectors. As more highly qualified leaders join the partnership, group intelligence increases.

Intersectoral Leadership

- Critical challenges require sectors (like business, government, nonprofits, and faith communities) to work together to create lasting solutions.

- Intersectoral leaders often have prior experiences in multiple sectors and unique abilities to navigate different cultures, align incentives, and draw on the strengths of a range of actors to solve large-scale, complex problems. The focus is on solving problems, not winning arguments or being "right."

- The ESVA is a prime example of a complex health problem. Consider the "bio-cycle" of education, employment, and poverty.

The lower a person's educational level, the harder it is to find employment that pays a livable wage.

As income reduces, the quality of one's life, including health, reduces incrementally. Children's education and health suffer.

The poorer one's health, the more one spends on medical care; the greater the rate of work and school absenteeism. Businesses, schools and individuals all suffer. They are inextricably linked in a cycle.

Eastern Shore of Virginia

2020 Poverty

Location	People (All Ages) Living in Poverty	Children (<18 years) Living in Poverty
Virginia	9.2%	12.2%
Accomack County	17.6%	24.1%
Northampton County	16.2%	26.7%

Source: US Census Bureau, Small Area Income and Poverty Estimates (SAIPE). Estimates are for 2014.

ACCOMACK SFY 2021	NORTHAMPTON SFY 2021
Total amount spent on social services in the locality	Total amount spent on social services in the locality
$104,591,530	$57,133,051
Total Amount spent on social services contributed by the locality	Total amount spent on social services contributed by the locality
$615,201	$522,627

Source. Virginia Department of Social Services. LASER, Statewide Summary. Local expenses and expenses not eligible for reimbursement (NER) are combined). Retrieved from http://www.dss.virginia.gov/geninfo/reports/agency_wide/ldss_profile.cgi 02/2022

Six Characteristics of Effective Intersectoral Leaders

1. Balanced motivations. A desire to create public value no matter where they work, combining their motivation to wield influence (often in government), have social impact (often in nonprofits) and generate wealth (often in business).

2. Transferable skills. A set of distinctive skills valued across sectors, such as quantitative analytics, strategic planning and stakeholder management.

3. Contextual intelligence. A deep empathy of the differences within and between sectors, especially those of language, culture and key performance indicators.

4. Integrated networks. A set of relationships across sectors to draw on when advancing their careers, building top teams, or convening decision-makers on a particular issue.

5. Prepared mind. A willingness to pursue an unconventional career that zigzags across sectors, and the financial readiness to take potential pay cuts from time to time.

6. Intellectual thread. Holistic subject matter expertise on a particular multi-sector issue by understanding it from the perspective of each sector.

(Lovegrove and Thomas, 2013)

A Successful Intersectoral Leader…

- Knows oneself (has a high degree of self-awareness)
- Has a high degree of emotional intelligence regarding relationships with others
- Deploys behaviors that fit the context
- Relates to others with a stake in the issues, vulnerable to influence, and receptive to other forms of leadership
- Trusts in multi-sectoral leadership complexity
- It is not hierarchical, rather perceives him/herself within a leadership group of equal leaders
- Respects expertise of the individual and the whole

(Armistead, Pettigrew, & Aves, 2007)

Intersectoral Collaboration

Challenges

- Competing and hidden agendas
- Lack of trust
- Vulnerability to political maneuvering
- Political interference

Advantages

- Achieves collaborative advantage (Huxham, 1996)
- Contributes resources in furtherance of a common vision that has clearly defined goals and objectives (Wilson and Charlton, 1997)
- Achieves better policy coordination through joined-up thinking and strategy across sectors
- Re-conceptualizes service delivery
- Believes that working in partnership adds value over and above the ability of organizations working separately across policy fields or sectors.

(Wilson and Charlton, 1997)

Intersectoral Leadership Qualities that Create an Efficient Partnership

- Taking responsibility for the partnership
- Inspiring and motivating partners
- Empowering partners
- Working to develop a common language within the partnership
- Fostering respect and trust
- Encouraging inclusiveness and openness
- Creating an environment where differences of opinion can be voices
- Resolving conflict among partners
- Combining partner perspectives, resources and skills
- Helping the partnership reframe issues and be creative in developing new partnership solutions to key issues

(Weiss, Anderson & Lasker, 2002)

VISION:

WELL-BEING FOR ALL EASTERN SHORE OF VIRGINIA RESIDENTS

FROM WHERE DOES HEALTH COME?

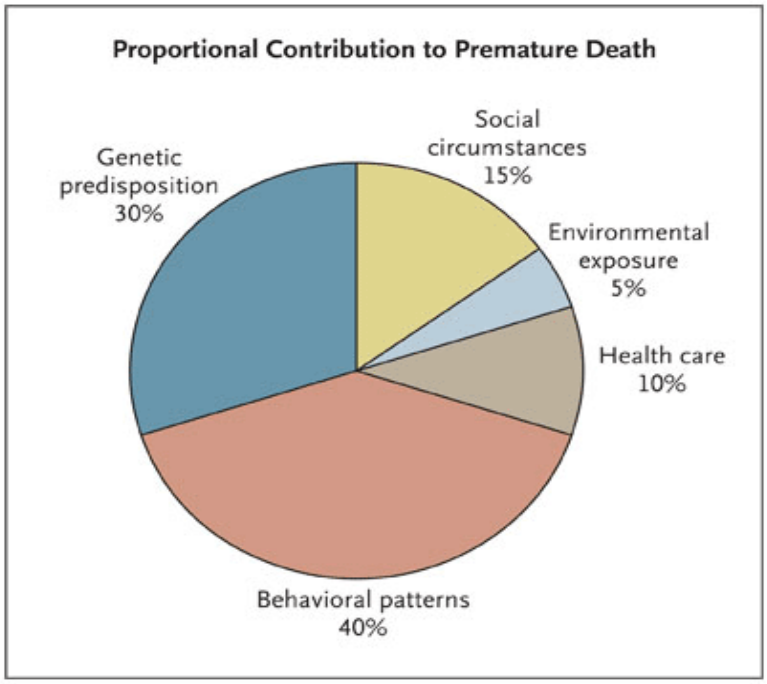

Illustration (Schroeder, 2007)

Why do we spend more on health care than any other country and yet rank poorly on nearly every measure of health status?

Pathways to better health do not generally depend on better medical care, rather they depend on other domains: genetics, social circumstances, environmental exposure & behavioral patterns.

SOCIAL DETERMINANTS OF HEALTH

15% SOCIAL

- Income
- Employment
- Accessibility of full-service grocery stores
- Adequate housing
- Public transportation
- Childcare services
- Schools & colleges
- Safety/safe neighborhoods
- A sense of acceptance
- Communication

"People with low socioeconomic status die earlier and have more disability than those with higher SES, and this pattern holds true in a stepwise fashion from the lowest to the highest classes." *(Isaacs & Schroeder, 2004)*

5% ENVIRONMENTAL

- Drinking water
- Waste water treatment
- Water quality in creeks, bays & oceans
- Storm water drainage
- Air quality
- Well-designed & connected counties, towns & cities

"Poor health outcomes are often made worse by the interaction between individuals and their social and physical environment." *(CDC)*

40% BEHAVIORAL

- Physical activity
- Body weight (overweight)
- Tobacco use
- Eating habits (nutrition)
- Feeding habits
- Cleanliness
- Self-care habits
- Self-discipline
- Work ethic
- Resiliency

10% MEDICAL

- Access to health insurance
- Access to excellent physicians & hospitals
- Accessible medical care

"Although inadequate health care accounts for only 10% of premature deaths, among the five determinants of health, health care receives the greatest share of resources and attention." *(Schroeder, 2007)*

30% GENETICS

- What you are born with
- How your genes express themselves: epigenetics

A FULL 60% OF HEALTH COMES FROM NON-MEDICAL SOURCES AND MUST BE ADDRESSED IN THE COMMUNITY

FACTORS UNDERLYING THE EASTERN SHORE PLAN FOR WELL-BEING

- Obesity and physical inactivity combined with tobacco use are the top two behavioral causes of premature death (Mokdad, et al., 2004).
- Behaviors, such as smoking, alcohol or drug abuse, overeating, or sexual behaviors may be consciously or unconsciously used because they have immediate pharmacological or psychological benefit as coping devices in the face of the stress of traumas like abuse, domestic violence, or other forms of family and household dysfunction (Felitti, et. al, 1998).
- Despite evidence supporting health's relationship to social and environmental factors like nutrition and physical activity, education, income, social circumstance, little has been done to establish policies and retool health-financing structures to incentivize productive community health.
- It's the Department of *Transportation*, not the Department of *Cars*. Rural areas are challenged because every trip is a car trip. More must be done to encourage and facilitate pedestrian (walking and biking) transportation, especially on Eastern Shore of VA, to encourage physical activity and connect people and communities.
- Education is the most consistent predictor of early death. People ages 45 to 64 with highest levels of education have a death rate 2.5 times lower than those of persons with the lowest level (Pamuk, 1999).
- Poverty is estimated to account for 6% of U.S. mortality (Pappas, et al., 1993). Policies that increase income inequality erode health by creating residential segregation, reducing opportunities for social cohesion and increasing crime and violence (Kawachi & Kennedy, 1997).
- A community's environment contributes to both individual and collective sense of place and a feeling of belonging, both of which impact health, enjoyment and general well-being.
- Active community participation in creating a healthier community requires deeper understanding of the connection between health, community environments, social circumstances and policies.
- Essential to having an active and engaged community is creating an environment where community input is welcomed and solicited.

2021 – 2023

Eastern Shore Plan for Well-Being

AIM I. HEALTHY CONNECTED COMMUNITIES

GOAL 1.1. EASTERN SHORE FAMILIES MAINTAIN ECONOMIC STABILITY.

~ Poverty Work Group ~

OBJECTIVES

1. Residents have affordable housing options and affordable financing instruments to rehabilitate existing homes

Strategy 1. Advocate for **policies** that address low-income housing by having an ESHC representative appointed to the Eastern Shore Regional Housing Coalition and Community Development Network, and the Economic Development Coalition

2. **A complete broadband network exists for all residents (universal coverage).**

Strategy 1. Advocate for a **policy** of reasonable internet connection fees, even if this requires a government subsidy, so that all residents may more fully participate in local, state and national democracy, economy, culture and society.

3. **Employers pay an equitable living wage with paid time off and sick time.**
Strategy 1. Advocate for **employment policies** that require employers to pay an equitable living wage, paid time off including sick leave.

4. Residents have an accessible transportation system to get to jobs, education and other necessary places.

Strategy 1. Advocate **for local transportation policy** that insures pedestrian and mass transportation options for all residents

5. All elected and appointed leaders and general residents understand root causes of ALICE, poverty and strategies that help individuals move from poverty.

Strategy 1. Create a media **environmen**t that explains ALICE, poverty and ways to move from poverty, including Open Table.

Strategy 2. Promote Open Table training and participation.

6. **Parents have affordable, accessible, and quality childcare options.**

Strategy 1. Advocate for **child care policies** like the Child Care Development Block Grant and the Child Care for Working Families Act to increase funding for child care options.

7. **Residents are financially literate.**

Strategy 1. Create a **system** of financial literacy programs from within the local banking system.

8. Residents have training and exposure to range of vocations.

Strategy 1. All public schools act on Virginia Department of Education **policy** to expose students to a range of vocations and encourage them to select and study several possible vocations for themselves.

Strategy 2. Create a support **system** for adults who would like to change vocations.

GOAL 1.2. EASTERN SHORE COMMUNITIES' SENIOR RESIDENTS ARE SOCIALLY ENGAGED.

~ Life-Long Wellness Work Group ~

OBJECTIVES.

1. Create and promote opportunities for seniors to connect with families, friends and neighbors.

Strategy 1. Create a **media environment** that promotes "adopting a senior" by using ESHC public communication tools (web site, monthly News & Updates, social media on Facebook and Instagram) and communication tools of partner organizations, to encourage family members, friends and neighbors to check on nearby senior residents by phone to insure they have groceries, medications and housekeeping needs met.

Strategy 2. Influence the **media environment** to encourage ESVA residents to volunteer with ESAAA/CAA for telephonic social visiting, using ESHC communication tools, and those of its partners.

Strategy 3. Create a **media environment** to promotion "No Wrong Door," a web-based referral system for seniors with social, provider or long-term care needs using ESHC communication tools and those of its partner organizations.

GOAL 1.3. ESVA RESIDENTS ARE PREPARED TO RESPOND TO MANMADE AND NATURAL DISASTERS

~ Life-Long Wellness Work Group ~

OBJECTIVES.

1. A system of disaster readiness exists for senior residents.

Strategy 1. Influence the media **environment** to encourage seniors to have a 4-part Emergency Action Plan in place: 1) Emergency contact list with names and numbers; 2) Medication list with medication names and dosage and the name and phone number of pharmacy; 3) Packed bag with 2 changes of clothing; 4) Emergency cash, using ESHC communication tools

Strategy 2. Engage in creating a **system** with Accomack and Northampton counties EMTs and Social Services Departments that assists senior residents in case of a manmade or natural disaster.

GOAL 1.4. A STRONG DIVERSITY, EQUITY AND INCLUSION CULTURE EXISTS WITHIN THE EASTERN SHORE OF VA

~ Diversity, Equity & Inclusion Work Group ~

OBJECTIVES.

1. Resources exist on ESHC's communication media (web site, newsletter, and social media) to aid current member organizations in adopting a strong diversity, equity and inclusion policy or environment within their own organization

Strategy 1. Adopt and maintain strong **policy** of diversity, equity and inclusion within Eastern Shore Healthy Communities.

Strategy 2. Influence the media **environment** to encourage organizations to adopt strong diversity, equity and inclusion statements.

2. Eastern Shore Healthy Communities partners recruit new partners that reflect Eastern Shore of VA demographic and cultural profile.

Strategy 1. ESHC adopts **policy** to shape its executive leadership, including Executive Committee and Work Group Chairs, to reflect the Eastern Shore of VA's demographic profile.

Strategy 2. ESHC Executive Committee and Work Group Chairs improves diversity of its partnership environment by intentionally recruiting people of color and diverse cultures among partnership base.

3. Eastern Shore Healthy Communities partners assist organizations in adopting a strong diversity, equity and inclusion policy or environment within their own organization.

Strategy 1. ESHC adopts, maintains, and visibly shares its diversity, equity and inclusion statement, which is a statement of **policy**.

Strategy 2. ESHC Diversity, Equity & Inclusion Work Group polls all ESHC partner organizations determine who would like assistance with development of diversity, equity and inclusion **policy** and statement.

4. Eastern Shore Healthy Communities provides training and offer resources to help employers, organizations and other institutions examine diversity, equity and inclusion issues.

Strategy 1. Diversity, Equity & Inclusion Work Group meetings feature mini-presentations on topics of relevance.

Strategy 2. Together Diversity, Equity & Inclusion Work Group and Executive Committee leaders **systematically** offer these presentations to other organizations and groups on the Eastern Shore of VA.

5. All Eastern Shore Healthy Communities partners help people of traditionally marginalized communities who would like, to gain more positions of leadership on the Eastern Shore of VA.

Strategy 1. Diversity, Equity & Inclusion Work Group partners create and use a **system** to research Eastern Shore of VA boards for diversity of gender, color, and culture in 2021 and again in 2023 to determine progress.

Strategy 2. Diversity, Equity & Inclusion Work Group partners create a **system** that enables individuals who are interested in serving on local boards to let their interests be known, by providing their name and credentials. Diversity, Equity & Inclusion Work Group leaders share access to this system with Eastern Shore of VA boards.

Strategy 3. Diversity, Equity & Inclusion Work Group partners influence the **media environment** with messages directed at Eastern Shore of VA organizations to examine and improve diversity of executive leadership.

AIM II. STRONG START FOR CHILDREN

GOAL 2.1. EASTERN SHORE OF VIRGINIA WOMEN PLAN THEIR PREGNANCIES.
~ Better Birth Outcomes Work Group ~

OBJECTIVES.

1. Pre-eclampsia is reduced or prevented.

Strategy 1. Support standard operating procedure **(policy)** for evaluating risk factors and referring women prenatally for pre-eclampsia to appropriate obstetric management.

2. High risk sexual behaviors are reduced.

Strategy 1. Northampton and Accomack counties public school systems adopt a **policy** requiring all students to take a Family Life Education course**.**

Strategy 2. Develop a **system** of non-public school options for Family Life Education courses for teens.

Strategy 3. Create **a media environment** that encourages women to have children when they are emotionally and financially prepared.

3. High risk mothers develop parenting skills, confidence and well-being.

Strategy 1. Create a **system** of referrals to Eastern Shore Health District's Nurse-Family Partnership.

Strategy 2. Create a **system** of retention supports for Nurse-Family Partnership clients.

4. Nutrition is improved and obesity reduced families and children.

Strategy 1. Impact the **media environment** to encourage women to use WIC support when needed.
Note: Food Access & Equity Work Group are also promoting WIC as a means of food security. Work with them on this strategy.

Strategy 2. Create a **system** to honor diverse local cultural cuisine with nutritious versions of local and ethnic favorite dishes.

5. Racial disparities in maternal/fetal outcomes are eliminated.

Strategy 1. All health organizations adopt a **policy** of continuous health provider training in health disparities and cultural humility to increase understanding about and sensitivity to racial disparities in health.

Strategy 2. Contribute to a **media environment** that acknowledges the unique risks Black mothers have with pregnancy, childbirth and post-partum recover and encourage early prenatal care.
Collaborate with Diversity, Equity & Inclusion Work Group

AIM III. PREVENTIVE ACTIONS

GOAL 3.1. ESVA RESIDENTS FOLLOW A HEALTHY DIET AND TO LIVE ACTIVELY.

~ Life-Long Wellness Work Group ~

OBJECTIVES.

1. Seniors enjoy healthy meals and the recommended amount of daily physical activity.

Strategy 1. Improve the **system** of home-delivered meals to senior residents by increasing the number of meals served.

2. **Senior residents recognize and make healthy food and beverage choices.**

Strategy 1. Influence the media **environment** to provide messages to seniors about nutrition, hydration and physical exercise, using ESHC communications tools and those of its partners.

3. **Senior residents recognize and practice prevention and active wellness techniques.**

Strategy 1. Influence the media **environment** to provide messages about self-care for physical, mental, behavioral and oral health using ESHC communications tools and those of its partners.

~ Food Access & Equity Work Group ~

4. Residents are prepared for the next food access challenge.

Strategy 1. Create a **messaging environment** encouraging residents to plan ahead and create an emergency pantry.

Strategy 2. Develop a **food distribution system** that addresses emergency health, weather, or any emergent event that creates barriers to normal food access.

5. Residents are prepared for potential food shortages.

Strategy 1. Create a **messaging environment** to encourage residents to grow their own food.

Strategy 2. Create **media environment** that encourage community members to make connections with neighbors and barter or share food as a means of not wasting food, saving money and saving time.

6. Government policies support community food sufficiency.

Strategy 1. Develop an annual **food policy** agenda to support specific needs, using No Kid Hungry and Foodbank legislative agendas as guides.

Strategy 2. Create **messaging environment** that encourage residents to access SNAP, WIC and Senior Farmers Market Program Vouchers and any other food benefits.

GOAL 3.2. ESVA RESIDENTS ARE PROTECTED AGAINST VACCINE-PREVENTABLE DISEASES.

~ Life-Long Wellness Work Group ~

OBJECTIVES

1. Senior residents are immunized against influenza, pneumococcal pneumonia, shingles and COVID.

Strategy 1. Life Long Wellness Work Group partners maintain a **system** with Eastern Shore Health District, Eastern Shore Rural Health System and other provider partners to receive word on where and when vaccination opportunities for pneumococcal pneumonia, influenza and COVID exist.

Strategy 2. Life Long Wellness Work Group partners create a **system** of communication to seniors within their network of partners to encourage vaccination, announce dates, and locations of vaccination opportunities.

GOAL 3.3. ESVA RESIDENTS HAVE LIFELONG WELLNESS.

~ Life-Long Wellness Work Group ~

OBJECTIVES

1. Senior residents have full access to the internet.

Strategy 1. Influence ES Broadband Authority and internet service providers' **policy** to prioritize senior resident access to internet usage, including special rates and enhanced service.

Strategy 2. Advocate for **policy** for senior residents having access to technology enabling them to stay connected by exploring funding options and proposing to funders to help supply computers.

Strategy 3. Create a **system** of technology training opportunities for senior residents.

2. A community-wide value-neutral system exists that supports seniors in advanced planning for future healthcare choices.

Strategy 1. Propose **policy** adoption within senior-serving organizations to assist seniors with three questions 1) do they have a medical power of attorney? 2) do they have an advanced directive or "living will" in place so their wishes can be honored in case they can no longer communicate with their doctors; 3) do family members know their end of life wishes and religious preferences?

Strategy 2. Influence the **media environment** for seniors with messages supporting having three essential end of life planning tools: a written power of attorney, living will, and religious preferences, using ESHC communication tools and those of partners.

GOAL 3.4. ESVA RESIDENTS ARE RESILIENT AND TRAUMA-INFORMED.

~ Resilient & Trauma-Informed Work Group ~

OBJECTIVES

1. **Eastern Shore organizations have trauma-informed policies, systems and environments.**

Strategy 1. Identify and assist at least six organizations to adopt trauma-informed **policies, systems and environments.**

Strategy 2. Create a resiliency and trauma-informed training and support **system** that guides organizations through the four stages of Trauma Informed Organization/ Community (trauma-aware; trauma-sensitive; trauma; responsive; trauma-informed).

2. Eastern Shore residents understand and appreciate the widespread effects of trauma and are sensitive to its manifestations in self and others.

Strategy 1. Contribute to an **environment** of resiliency and trauma with training sessions and messaging to increase the number of people reached. Be especially intentional in reaching diverse and underserved residents.

AIM IV. SYSTEM OF HEALTH CARE

GOAL 4.1. EASTERN SHORE OF VA HAS A STRONG PRIMARY CARE SYSTEM LINKED TO BEHAVIORAL HEALTH CARE, ORAL HEALTH CARE, AND A COMMUNITY SUPPORT SYSTEM.

A primary care provider is an important point of entry into the complex health care delivery system. This is especially important for people living with chronic conditions like diabetes. As the number of Virginians with chronic disease increases, the need for patient-centered care coordination and programs to help them manage their medications and monitor their illness increases.

Untreated mental health disorders and substance misuse and abuse have serious impact on physical health and are associated with the prevalence, progression, and outcome of some of today's most pressing chronic diseases, including diabetes, heart disease, and cancer. Integrating behavioral health care, substance abuse prevention and treatment services, and primary care services produces the best outcomes and proves the most effective approach to caring for people with complex health care needs (SAMSA, 2015).

Bringing together our hospital system, health, mental and oral care providers, insurers and community partners to develop shared strategies to improve population health can lead to an improved delivery system and better coordination of care across settings.

~ Executive Committee ~

OBJECTIVES

1. Eastern Shore of VA has an accountable community of care providers and support teams of social workers, education professionals, employers and third-party payors that voluntarily coordinate high quality care to insure residents get the right care at the right time, avoid duplication of services, and prevent medical errors.

Strategy 1. Eastern Shore care providers establish a **communications and referral system** that connects community service providers for care coordination and accountability.

Strategy 2. Eastern Shore care providers create **policies, systems, and environments** that reinforce and strengthen resident self-direction and self-empowerment for their own health and well-being.

2. Residents with complex conditions access specialty care, behavioral health care, substance abuse services, and oral health care.

Strategy 1. Eastern Shore care providers create a **communications and referral system** that facilitates residents' referral and access to needed care.

Strategy 2. Eastern Shore care providers create a **follow-up system** that monitors referral appointment achievement and studies roadblocks referral appointment achievement.

3. Providers screen for trauma history, including domestic violence, and refer to organizations that can assist them.

Strategy 1. Eastern Shore health providers adopt **policies, systems and environments** that are trauma-informed.

2021 – 2023
EASTERN SHORE PLAN FOR WELL-BEING MEASUREMENTS

AIM 1. HEALTHY CONNECTED COMMUNITIES

GOAL 1.1. VIRGINIA'S FAMILIES MAINTAIN ECONOMIC STABILITY

By 2023
An ESHC partner actively serves on the Eastern Shore Regional Housing Coalition and Community Development Network and the Economic Development Coalition.

- New housing stock is created that is affordable to ALICE Survival Budget families.
- Funding for or affordable loans for rehabilitating existing homes is created.
- Universal broadband expansion occurs.
- All ESVA workers receive an equitable living wage including paid time off and sick leave.
- Pedestrian and mass transportation options are available to all residents.
- All community members understand root causes of ALICE and poverty and strategies that help individuals move from poverty to well-being.
- All parents have affordable and accredited child care options available to them.
- Eastern Shore banks collaborate to teach financial literacy to adults and school students.
- All public school students have taken a course in financial literacy.
- All public school students are exposed to a range of vocational opportunities.
- All adults have access to vocational education to build a career.

GOAL 1.2. EASTERN SHORE COMMUNITIES' SENIOR RESIDENTS ARE SOCIALLY ENGAGED.

- "Adopt a Senior" message appears in ESHC and ESAAA/CAA publications and social media at least 10 times each year.

GOAL 1.3. ESVA RESIDENTS ARE PREPARED TO RESPOND TO MANMADE AND NATURAL DISASTERS

- Eastern Shore of Virginia senior citizens are connected to emergency rescue system that is prepared to meet their needs in a disaster.
- "Have a 4-Part Emergency Action Plan" appears in ESHC and ESAAA/CAA publications and social media at least 10 times each year.

GOAL 1.4. A STRONG DIVERSITY, EQUITY AND INCLUSION CULTURE EXISTS WITHIN THE EASTERN SHORE OF VA

- Eastern Shore Healthy Communities Executive Committee adopts a policy for and is composed of a diverse group of leaders that match the community they serve in culture, gender and race.

- "Make a stand for diversity" message appears in ESHC and Executive Committee publications and social media at least 10 times each year.
- Eastern Shore Healthy Communities partners include a diversity of individuals that match the community they serve in culture, gender and race.
- Eastern Shore of Virginia boards match the community they serve in culture, gender and race.
- "Executive leadership reflects our community" messages appear in the ESHC and Executive Committee publications and social media at least 10 times each year.
- Diversity, Equity & Inclusion partners offer their mini-lectures to community organizations at least five times (in total) during each year.
- Board Diversity Message appears in ESHC and Executive Committee publications and social media at least 10 times each year.

AIM II. STRONG START FOR CHILDREN

GOAL 1. EASTERN SHORE OF VIRGINIA WOMEN PLAN THEIR PREGNANCIES.

- More Eastern Shore of Virginia women seek prenatal care to plan pregnancies than to diagnose unplanned pregnancies.
- Northampton County and Accomack County Public Schools offer Family Life Education for students.
- Eastern Shore Healthy Communities develop a system of Family Life Education programs for community teens.
- "Plan your pregnancy" messages are posted on ESHC social media pages at least 10 times per year.
- Eastern Shore Nurse Family Partnership remains at capacity with women who stay in the program for the full amount of time allowed.
- WIC messages are posted on ESHC social media pages at least 10 times per year.
- All local medical providers are committed to and present programs on racial and ethnic sensitivity.
- "Be your own best advocate" messages are posted on ESHC social media pages at least 10 times per year.

AIM III. PREVENTIVE ACTIONS

GOAL 1. ESVA RESIDENTS FOLLOW A HEALTHY DIET AND LIVE ACTIVELY.

- "Nutrition, hydration and physical activity" message appears in ESHC and ESAAA/CAA publications and social media at least 10 times each year.
- "Take responsibility for physical, oral, mental, and behavioral care" message appears in ESHC and ESAAA/CAA publications and social media at least 10 times each year.
- "Create an emergency food pantry" message appears in ESHC and Foodbank publications and social media at least 10 times each year.

- ESHC Food Access and Equity Work Group convenes stakeholders to develop and write an emergency food distribution system plan.
- A series of "Grown Your Own Food" messages are created and posted in ESHC publications and social media at least 10 times in each year.
- A series of "Don't waste food" messages are created and posted in ESHC publications and social media at least 10 times in each year.
- A series of messaging to encourage "SNAP, WIC and Senior Farmers Market Program Vouchers" are created and posted in ESHC publications and social media at least 10 times in each year.
- The number of reported Eastern Shore of Virginia residents who are food insecure reduces over time.

GOAL 2. ESVA RESIDENTS ARE PROTECTED AGAINST VACCINE-PREVENTABLE DISEASES.

- "Get your vaccines" message appear in ESHC and ESAAA/CAA publications and social media at least 10 times each.

GOAL 3. ESVA RESIDENTS HAVE LIFELONG WELLNESS.

- Universal broadband is achieved on the Eastern Shore of Virginia.
- Eastern Shore of Virginia have access to technology to enable them to stay connected electronically.
- Digital training opportunities exist for seniors to learn computer and internet use.
- All senior-serving care facilities provide seniors determine if seniors have a medical power of attorney, an advanced directive or "living will," and families understand their religious preferences or the care facility provides seniors with the opportunity to develop these items.
- "Do you have these three essential end-of-life planning tools?" message appears in ESHC and ESAAA/CAA publications and social media at least 10 times each year.

GOAL 3.4. ESVA RESIDENTS ARE RESILIENT AND TRAUMA-INFORMED.

- At least six organizations commit to becoming trauma-sensitive.
- Presentations are created and ready to share with organizations.
- At least six organizations receive prepared trauma presentations and attend work group meetings for "micro-dosing" lectures.

AIM IV. SYSTEM OF HEALTH CARE

GOAL 4.1. EASTERN SHORE OF VIRGINIA HAS A STRONG PRIMARY CARE SYSTEM LINKED TO BEHAVIORAL HEALTH CARE, ORAL HEALTH CARE, AND A COMMUNITY SUPPORT SYSTEM.

- A seamless referral and communication system is established between Eastern Shore organizations that provide care and well-being services to Eastern Shore residents.
- A consistent adoption of trauma-sensitive, as well as diversity, equity and inclusion principles, as well as an understanding of poverty and its causes and relief are present in key caring Eastern Shore of Virginia communities, especially those represented in Eastern Shore Healthy Communities.
- All organizations represented on Eastern Shore Healthy Communities Executive Committee make a commitment to and receive training on becoming a trauma-informed organization, including understanding principles of diversity, equity and inclusion, and factors that positively and negatively poverty.
- All Eastern Shore of Virginia primary and behavioral health provider organizations have committed to being “trauma-informed and trauma-sensitive” organizations, have made training in trauma and resiliency mandatory for their employees, and have created a protocol for referral of or additional treatment of trauma-impacted patients.

EASTERN SHORE HEALTHY COMMUNITIES
WORK GROUP PURPOSE STATEMENTS

EXECUTIVE COMMITTEE

The Executive Committee is Eastern Shore Healthy Communities governing body. It recruits and nominate officers. Eastern Shore Healthy Communities voting partners elects officers by vote. The Executive Committee hires or appoints an Executive Director or Coordinator. The Executive Director or Coordinator may be an employee of the Lead Agency. The Executive Committee creates Work Groups and appoints Work Group Chairs. Officers include a Chair, or Co-Chairs, and a Vice Chair. The Chair presides over Full Coalition meetings and Executive Committee meetings and the Vice Chair presides over these meetings in the absence of the Chair. These Officers determine issues requiring a full vote of the voting Organizational and Individual Membership. They participate in setting meeting agendas with the Executive Director or Coordinator. They also appoint Task Forces, Work Groups, and Committees and their Chairs and ensure Coalition Mission accomplishment by appointed Groups and Chairs. In addition, the Executive Committee sets the Coalition's strategic agenda by creating and monitoring the coalition's strategic plan. The Executive Committee may also be charged with strategies for accomplishment. The Executive Committee oversees alignment of all Eastern Shore Healthy Communities' work with the coalition's vision, framework and diversity, equity and inclusion statement.

BETTER BIRTH OUTCOMES WORK GROUP

Better Birth Outcomes is focused on the health of pregnant women and their babies. We work to ensure that all people have access to family life education, all women have access to birth control measures with which they are comfortable, all low-income women who are pregnant for the first time have in-home support during their pregnancy and the first two years of their child's life, and all women have access to providers that increase the rate of healthy birth outcomes regardless of social determinants of health.

DIVERSITY, EQUITY AND INCLUSION WORK GROUP

Our community is nourished and strengthened by the diversity of its residents. Eastern Shore Healthy Communities believes that to strengthen and nourish our partnership and its ability to work towards well-being for all Eastern Shore of Virginia residents we must intentionally recruit partners to reflect the diversity of residents within our community. This conscientious act of inclusion will provide a diversity of voices and perspectives to our consideration and action to promote the well-being. This diversity of our partnership will also provide a better perspective on issues of equity, or what is needed to provide equitable opportunity for well-being throughout our communities.

Further, we believe that our vision of Eastern Shore of Virginia well-being requires a special focus on diversity, equity and inclusion. To that end, we have appointed a special Work Group to raise awareness of issues unique to certain race, ethnicities, cultures, genders, people with unique sexual identities, those with disabilities, and financial challenges. **We encourage respect and thoughtfulness regarding diversity of thought and political perspective.** This Work Group has accepted the responsibility to study these matters; create a diversity statement for the coalition; and develop a strategic approach regarding Diversity, Equity and Inclusion for our 2021-2023 strategic plan. Further, this Work Group will inform and advise our Executive Committee on such matters and assist and advise other ESHC work groups as diversity, equity and inclusion infuses all topics on which ESHC works.

Eastern Shore Healthy Communities as a partnership, and as member organizations and individuals, accept the responsibility to serve as role models to our community for diversity, equity and inclusion. Our intentional actions in this regard align with our mission, vision, values and framework. We intend for our actions to serve as a model for communities, educational institutions, employer organizations, and other social groups and we will actively work for our community organizations and institutions to adopt similar diversity, equity and inclusion policies and practices.

Finally, because each of us is unique in our traditions, customs, and lifestyles, we must not presume that we know the life experience of others. For this reason, we will intentionally practice **cultural humility**, a process of reflection to gain a deeper understanding of cultural differences. With cultural humility we intend to improve the way vulnerable groups are treated and understood. We recognize that the more we are exposed to cultures different from our own, we will come to realize how much we don't know about others. Our intention to practice cultural humility will require constantly challenging ourselves, continuous learning and critical self-reflection, recognizing and influencing power imbalances; and remaining an accountable partnership and encouraging others to do so as well.

FOOD ACCESS AND EQUITY WORK GROUP

Eastern Shore Healthy Communities Food Access and Equity Work Group reduces or eliminates food insecurity among Eastern Shore of Virginia residents through multiple means. Work Group partners ensure that a system of affordable, healthy, and nutritious food exists and that residents understand how to access food within this system either by their own financial means or with assistance. Work Group partners identify and eliminate barriers to food system access either by sharing knowledge about food access points and processes, expanding food access options, or advocating for needed policy. All initiatives are planned through a health-equity lens, considering the unique needs among population segments (like youth, seniors, people of color, and immigrants). As a rural area with acres of farmland and nautical miles of ocean and bay teeming with seafood, Eastern Shore of Virginia residents live in an environment of abundant natural food resources in addition to its commercial and philanthropic food access points. No resident should go hungry or be ashamed of seeking help when they need it. The purpose of the Work Group is to ensure all food insecurity needs are addressed.

LIFE-LONG WELLNESS WORK GROUP

One in four Eastern Shore of Virginia residents is age 65 years or older. The Life Long Wellness Work Group's purpose is to promote **life-long well-being** using **policies, systems and environmental change strategies** to give our senior residents the best opportunity to live independently as long as possible and enjoy a long life of health, happiness, and financial prosperity. We create and promote interpersonal support **systems** because socialization and knowing that others care about us is life enhancing. We provide **environmental supports** to access and use electronic technology to connect in the modern world for most every needed service: food, services, entertainment, care, communication, education and transportation. We address and advocate for **policies** that support disease prevention, health promotion, electronic connectedness and acknowledge that when our life is near completion, our end-of-life wishes will be planned in advance and honored. We partner with many other community organizations to address this purpose because we know that together, we create outcomes greater than any one of us can achieve alone.

POVERTY WORK GROUP

Eastern Shore Healthy Communities envisions all residents reporting a growing, positive, sense of health, well-being and self-empowerment. Its mission is to develop an accountable community, using policies, systems, and environmental change strategies to improve the health and success of the Eastern Shore Virginia. We believe that our partnership, as well as our community, is strengthened by the self-sufficiency and well-being of all of our residents. Therefore, we commit to having a partnership that works towards reducing and preventing poverty among all Eastern Shore of Virginia residents, using the tools we have at the population level.

Poverty, we have learned, is the extent to which people do without the following resources:
1. Financial. Money enough to feed, clothe, house, transport, and provide childcare and healthcare for a family, with enough left over for emergencies.
2. Emotional. Being able to choose emotional responses particularly to negative situations without engaging in self-destructive behaviors.
3. Mental. Having the mental abilities required to respond within a community, like reading writing, and computer skills to deal with daily life.
4. Spiritual. Believing in a divine purpose.

We believe our purpose as a work group is to hold our communities accountable for developing human and social capital, reducing exploitation, and having political and economic structures that lift all residents. We will therefore provide information to our community about those things that cause poverty and can lift individuals from poverty; promote poverty-preventing agendas for our school boards, county boards of supervisors and town councils; and provide poverty-related data annually to shine a light on our challenge, strategies we believe will improve our circumstance as a community, and successes achieved.

Understanding behaviors, conditions, exploitation, and structures that lead to poverty. While individual behaviors and circumstances contribute to poverty, so too does the absence of human and social capital within the community. Human capital is the skills, knowledge, and experience possessed by an individual or a population, viewed in terms of their value or cost to an organization or community. Social capital is the networks of relationships among people who live and work in a particular community, enabling that community to function effectively. Community conditions also contribute to poverty, for example underfunded schools, access to high quality schools, childcare and preschools, and jobs with living wages. Exploitation, for example, payday lenders, subprime mortgages, sweatshops, human trafficking, contributes to community poverty, as does political and economic structures. Racism, and discrimination is perhaps the most consistent contributor to poverty across all four areas of individual behaviors, community conditions, exploitation, and political/economic structures.

RESILIENT AND TRAUMA-INFORMED COMMUNITY WORK GROUP

Trauma is pervasive and it significantly impacts the way people relate to one another and react to events. Therefore, the purpose of the Resilient & Trauma-Informed Work Group is to assist organizations to adopt trauma-informed and resiliency-based practices, including understanding 1) what trauma is; 2) how it impacts brain development and the overall health and well-being of individuals; and 3) what they can do to reduce trauma and increase resiliency among their members (employees, etc.) and those they serve (patients, students, customers, clients, parishioners, etc.).

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Eshealthycommunities.org
eshc@EVMS.com