

# FORCES OF CHANGE ASSESSMENT, 2017 Henrico, Virginia

## Introduction

The Forces of Change Assessment is one of four assessments conducted in NACCHO's Mobilizing for Action through Planning and Partnership (MAPP) framework. The purpose of this assessment is to identify the trends, factors, and events that are likely to influence community health and quality of life and/or impact the work of the local public health system in Henrico County.



The Forces of Change brainstorming session focused on the following:

- What has occurred recently that may impact the health of Henrico County and its local public health system?
- Are there trends occurring that will have an impact? Describe.
- What forces are occurring locally? Regionally? Nationally? Globally?
- What may occur in the next five years that impacts the health of Henrico County and its public health system?
- What characteristics of Henrico County and/or Central Virginia may pose an opportunity or threat?
- What may occur or has occurred that poses a barrier to achieving Henrico Health District's Vision?

Henrico Health District's Vision: A community where opportunities to make healthy choices are embraced, prioritized, and promoted for everyone in Henrico.

## **Assessment Process**

In March of 2017, 15 members of the Community Health Assessment Team (CHAT) convened to conduct the Forces of Change Assessment. Members included representatives of the local public health system (see Acknowledgments for participant list).

CHAT members participated in a snow card activity that is often part of a Strategic Planning framework to identify factors that affect health in Henrico County. The assessment was designed with a Forces of Change brainstorming session, followed by a prioritization of forces/issues collaborative discussion.

The exercise was facilitated by David Calkins and Paige Phillips and posed four questions to the CHAT:

- 1. What has occurred recently that may impact the health of Henrico County and its public health system?
- 2. What may occur in the next 5 years that impacts the health of Henrico County and its public health system?
- 3. What forces are occurring locally? Regionally? Nationally? Globally?
- 4. What characteristics of Henrico County and/or Central Virginia may pose an opportunity or threat?

Using the snow card method outlined by John Bryson in *Strategic Planning for Public and Nonprofit Organizations: A Guide to Strengthening and Sustaining Organizational Achievement,* members of the CHAT answered each of these four questions by writing their answers on 5 x 7 index cards, with one idea or issue per card. Each card was taped to a large piece of paper on the wall and the idea written on it was read aloud to the group. As the number of cards on the wall grew, David and Paige organized similar ideas into categories, or themes, as shown in the photo below.



Following the CHAT meeting the ideas were categorized into general themes (Economic, Environmental, Legal/Political, Social, Medical, and Technology/Scientific/Education) and then further categorized into forces, opportunities, and threats (see Table 1 for a complete list). The CHAT members reviewed all the forces of change and identified those that came up repeatedly in the exercise. Overarching themes are listed below.

- Refugee and Immigrant Population
   Land Use
- Opioid Addiction Epidemic

- Federal Initiatives
- Local Government and Development
- Health Insurance and Medical costs
- Mental Health
- Population Growth

- Hospitals and Healthcare
- Food Access
- Cross-Sector Collaboration

## TABLE 1: FORCES OF CHANGE ASSESSMENT FOR HENRICO COUNTY, VIRGINIA Bolded items were identified as priority areas by the CHAT.

### ECONOMIC

| Force  | Opportunity   | Threat   |
|--|---|--|
| <ul> <li>Growth of Recreation<br/>and Parks</li> <li>Refugee resettlement</li> <li>Uncertainty of immigrant<br/>population</li> <li>Overall population growth;<br/>saturation</li> <li>Nationalist movement vs.<br/>global responsibility</li> <li>Expansion of Greater<br/>Richmond Transit<br/>Company (GRTC) Pulse</li> <li>Land development in<br/>western and eastern part of<br/>county</li> <li>Building new homes and<br/>restaurants; Large<br/>employers move to the area</li> <li>ALDI grocery stores move<br/>into food deserts</li> <li>Increase in large events (i.e.<br/>Innsbrook After Hours and<br/>RIR)</li> <li>Food insecurity among<br/>college students and young<br/>adults not employed full-<br/>time</li> </ul> | <ul> <li>Opportunity for lower income residents to buy a home</li> <li>Lack of housing availability</li> <li>Changes in land use</li> <li>Redevelopment of Regency Mall area</li> <li>Shift in attention and focus on underserved populations</li> <li>Restructuring of public housing communities</li> <li>Increase in tax revenue for Henrico County</li> <li>Increased accessed to affordable, fresh fruits and veggies</li> <li>Increases need for public services and provides incentives for employers to relocate</li> <li>Increase in usage of Capital Bike Trail in Eastern Henrico</li> </ul> | <ul> <li>Increase in poverty rates outside<br/>of city</li> <li>Grocery store wars</li> <li>Increase in housing foreclosures</li> <li>Farmers markets reluctant to<br/>expand due to large chain<br/>grocery stores</li> <li>Limited access to local fresh<br/>fruits and veggies</li> <li>Increase in cost of higher-<br/>education</li> <li>Continued threats from terrorists<br/>nationally &amp; internationally</li> <li>Syrian refugee crisis</li> </ul> |

#### **ENVIROMENTAL**

| Force  | Opportunity  | Threat  |
|--|--|---|
| <ul> <li>Climate change/global<br/>warming/storms</li> <li>Food sustainability</li> <li>Chesapeake Bay Legislations<br/>(EPA)</li> <li>Cobbs Creek serving as reservoir<br/>for drinking water</li> <li>Increase in microbreweries</li> <li>School fire</li> <li>Mild winter weather</li> <li>Safe drug take-back</li> </ul> | <ul> <li>Re-build of new construction<br/>with green initiatives</li> <li>Limited access to public transit<br/>outside the city limits</li> <li>Safe disposal of prescription<br/>drugs</li> <li>Greater understanding on how to<br/>maintain/ improve environment</li> <li>Increase in Narcan dispensary and<br/>education</li> </ul> | <ul> <li>Housing development<br/>downtown</li> <li>Lack of access to healthy food</li> <li>Lack of transportation access</li> <li>High density of fast food stores</li> <li>Increase in availability of<br/>alcohol</li> <li>Climate change</li> <li>Water shortages</li> </ul> |
| • Sale drug take-back<br>program   |  |   |

## LEGAL/POLITICAL

| Force  | Opportunity  | Threat   |
|--|--|--|
| <ul> <li>2016 Presidential Election</li> <li>Uncertainties associated<br/>with the Affordable Care Act<br/>(ACA)</li> <li>Changes in immigration laws-<br/>executive orders related to<br/>refugees</li> <li>2016 Bond Referendum</li> <li>Foundation Funding of non-<br/>profits</li> <li>Changes in local government<br/>(Board of Supervisors)</li> <li>"Health in all policies" approach</li> <li>Sound fiscal government</li> <li>Turnover in local<br/>government; shift to younger<br/>workforce</li> </ul> | <ul> <li>Local government interest in<br/>struggling communities; ability<br/>to state needs of Henrico<br/>County</li> <li>Increase in concentrated<br/>funding but for fewer<br/>initiatives</li> <li>Revised healthcare plan<br/>could bring more choice<br/>options</li> <li>Cross-sector collaboration<br/>to pool resources</li> <li>Expansion of public health<br/>services; uptick in<br/>employment opportunities</li> <li>Turnover in<br/>government/retirees<br/>replaced by younger<br/>workforce</li> <li>Increased grass roots<br/>support as govt. changes</li> </ul> | <ul> <li>Less funding for public health<br/>programs</li> <li>Decrease in funding for emergency<br/>preparedness and response</li> <li>Shift in healthcare related<br/>priorities related to<br/>immigration laws</li> <li>Lack of minority representation</li> <li>New healthcare plan could increase<br/>disparity and leave 400K + in Virginia<br/>without coverage</li> <li>Attempts to defund Planned<br/>Parenthood</li> </ul> |

### SOCIAL

| Force   | Opportunity   | Threat                               |
|---|---|--------------------------------------|
| • Opioid epidemic   | <ul> <li>Reduction of stigmas related to</li> </ul>   | Decrease in resiliency among         |
| • Implementation of Prescription  | substance abuse and mental health   | youth and young adults - puts strain |
| Monitoring Program (PMP)  | disorders   | on families and employers            |
| <ul> <li>Rise in popularity of high-</li> </ul>                                     | <ul> <li>Multi-disciplinary teams addressing</li> </ul>                                       | Increase in violent crime in         |
| deductible health plans   | opioid epidemic; removing silos   | metro areas                          |
| • Trauma informed care  | <ul> <li>Financial supports for Opioid Task</li> </ul>  | • Increase in opioid overdose deaths |
| Lack of outreach to rural parts of  | Force   | Misuse of prescription drugs         |
| the county  | Increase in needle exchange programs  | among youth                          |
| <ul> <li>Public perception of social</li> </ul>                                     | Reduction in over-prescription of   | Changing values                      |
| service agencies and their clients  | opioids   | Substance abuse and prescription     |
| • Little focus on physical activity in  | • Lower insurance premiums allow  | drug use                             |
| outlying areas of the city and  | <ul> <li>more people to obtain coverage</li> <li>Healthcare provider education and</li> </ul> | Cultural attitudes                   |
| county  | training  | • Perception of crime and safety     |
| Aging population and increase in  | Mental health first-aid   | • Culture that glamorizes gangs      |
| <ul><li>millennials</li><li>Vaccine ethics- to vaccinate or not?</li></ul>          |   | and drugs                            |
|   | Shift in understanding addiction as   | Large disparity between rich         |
| <ul><li>Pockets of diverse populations</li><li>Rising suicide rates among</li></ul> | medical condition vs. behavioral choice   | and poor                             |
| teens/children  |   | Increase in daily life stressors     |

#### **MEDICAL**

| Force   | Opportunity                             | Threat  |
|---|---|---|
| <ul> <li>Increasing obesity rates</li> </ul>          | Affordable Care Act                     | Increase in health disparities                      |
| <ul> <li>Zika virus and other emerging</li> </ul>     | Progressive view of judicial            | among racial/ethnic groups                          |
| infectious diseases                                   | enforcement                             | <ul> <li>Shift in healthcare related</li> </ul>     |
| <ul> <li>Continued prediabetes and</li> </ul>         | Local ordinances related to             | priorities related to                               |
| diabetes epidemic                                     | health                                  | immigration laws                                    |
| <ul> <li>Antibiotic resistant diseases</li> </ul>     | Minority representation                 | <ul> <li>Lack of minority representation</li> </ul> |
| <ul> <li>Increase in infant mortality rate</li> </ul> | • 2017 requirement for                  | • Increase in generic Rx costs, turns               |
| <ul> <li>Increase in Sexually Transmitted</li> </ul>  | antibiotic stewardship in long          | people away from taking                             |
| Infections (STI)                                      | term care facilities                    | medications at all                                  |
| Communicable disease outbreaks                        | Education, awareness, & field           | <ul> <li>Lack of new antibiotics</li> </ul>         |
| in schools  | training with Medical Reserve           | Increase in cost of end-of-life                     |
| <ul> <li>Increase in Rx medication</li> </ul>         | Corp (MRC) around infectious            | care  |
| costs   | diseases                                |   |
| <ul> <li>Increased use of long-acting</li> </ul>      | Increased life expectancy due           |   |
| reversible contraceptives (LARCs)                     | to medical advances                     |   |
|   | • Healthcare delivery to adapt to needs |   |
|   |   |   |
|   |   |   |

### **TECHNOLOGY/SCIENTIFIC/EDUCATION**

| Force  | Opportunity   | Threat  |
|--|---|---|
| <ul> <li>Increase in social media use<br/>across all sectors</li> <li>Electronic Medical Records<br/>(EMR); Shift in traditional<br/>healthcare delivery</li> <li>Higher education</li> <li>Strong educational system<br/>(pre-K through college)</li> <li>Increase in higher educational<br/>attainment</li> <li>Technology and safety in<br/>transportation</li> <li>Cyberterrorism</li> <li>Tech programs in schools for<br/>trades</li> <li>Well-educated Community</li> </ul> | <ul> <li>Access to technology; Social<br/>Media</li> <li>Research, innovation changing<br/>science, and medicine</li> <li>Breaking news disseminated to<br/>many instantaneously</li> <li>Increase use of tele-health<br/>companies</li> <li>Stand-alone Emergency</li> <li>Departments</li> <li>Overall increase in technology<br/>access</li> <li>Safer cars and travel, less motor<br/>vehicle accidents, injuries,<br/>fatalities, etc.</li> <li>Reevaluate security systems</li> <li>IT companies even more<br/>appealing</li> <li>Educational opportunities about<br/>specific populations</li> </ul> | <ul> <li>Technology overload and<br/>lack of technology accuracy –<br/>what is true, what is false?</li> <li>Lack of inter-personal<br/>communication skills among youth<br/>and millennials</li> <li>Lack of high speed internet</li> <li>Government agency shut down;<br/>plane crashes</li> <li>High school dropout</li> </ul> |

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