

Community Statistics and Map

Note: Use the most up-to-date statistics possible for your neighborhood, town, city, county, or region (source suggestions: U.S. Census Bureau, State Department of Economic Security, State Department of Finance, Department of Public Health, and local school statistics).

POPULATION (in year 2010 or most recent): **40,693**

Source/Date: **U.S. Census Bureau/ July 1, 2018 estimate**

POPULATION PERCENTAGE CHANGE 2000-2010 (indicate + or -): **-11.6%**

Source/Date: **U.S. Census Bureau/ 2010 Census**

RACIAL/ETHNIC POPULATION BREAKDOWN:

White	45.4%
Hispanic or Latino (of any race)	4.6%
Black or African American	51%
Asian	1.3%
American Indian and Alaska Native (AIAN)	0.5%
Mixed Race	1.6%
Other	0.1%

Source/Date: **U.S. Census Bureau**

MEDIAN FAMILY INCOME: **\$36,301**

Source/Date: **U.S. Census Bureau/2014-2018**

PERCENTAGE OF FAMILIES BELOW POVERTY LEVEL: **25.6%**

Source/Date: **U.S. Census Bureau/2014-2018**

UNEMPLOYMENT RATE: **4.1%**

Source/Date: **Virginia Employment Commission/November 2019**

POPULATION BREAKDOWN BY AGE GROUP (percentages, if available):

19 years old and under	24.19%
20-24	6.5%
25-44	22.83%
45-64	26.41%
65 and over	20.05%

Source/Date: **American Community Survey 5-Year Estimates**

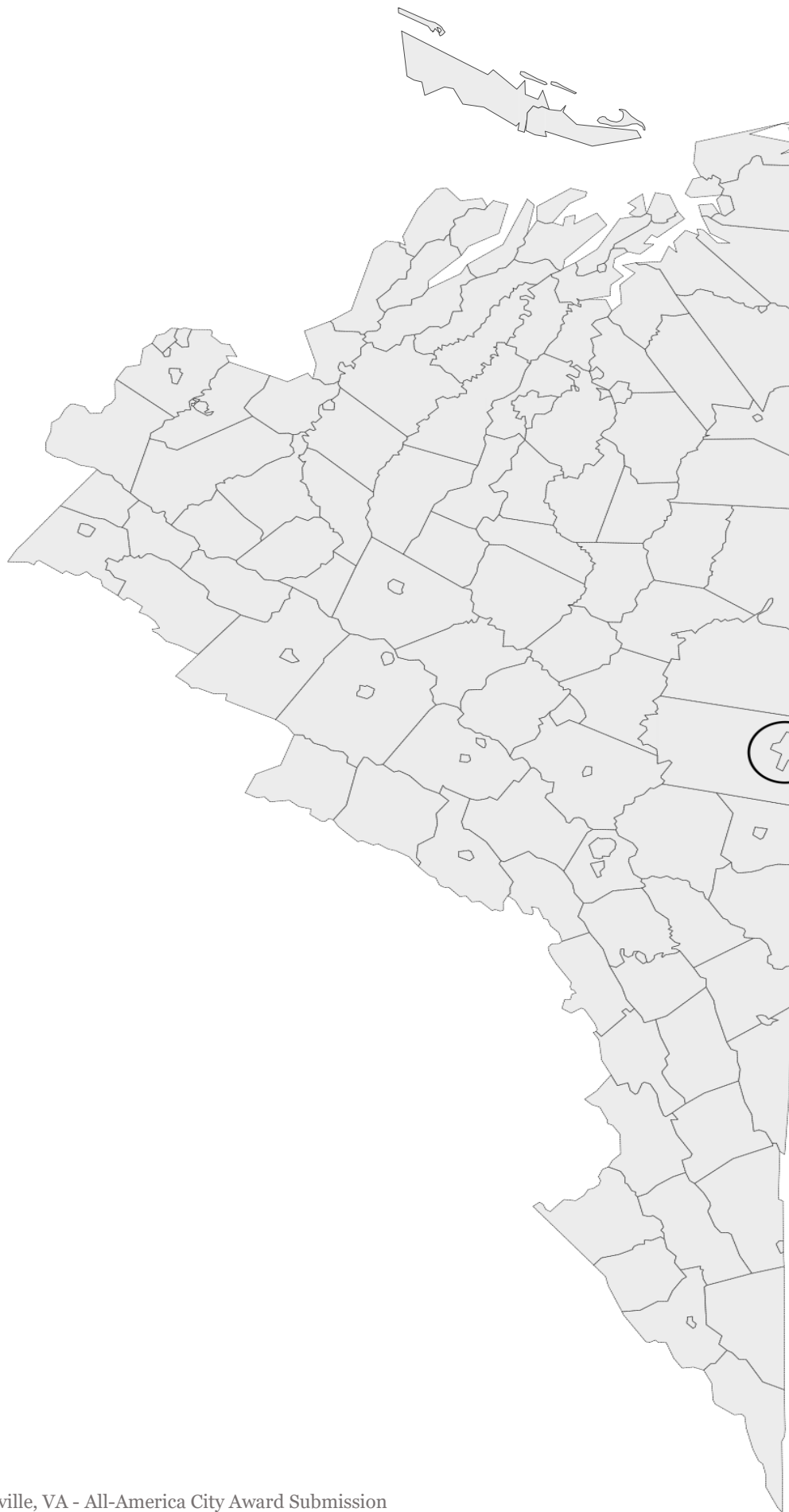
PERCENTAGE OF HOME OWNERSHIP: **53.5%**

Source/Date: **U.S. Census Bureau/2014-2018**

WORKFORCE DISTRIBUTION -- Name the three largest employment sectors (include military services and/or installations, if any) in your community and provide the percentage of total employed in each:

Health Care and Social Assistance	18.02%
Manufacturing	13.81%
Retail Trade	13.39%

Source/Date: **Virginia Employment Commission, Quarterly Census, 2nd Quarter 2019**



PART I: Greetings from Danville!

Located in south-central Virginia on the border of North Carolina, Danville's history, economically, is one of a southern mill and tobacco town. However, you no longer hear the clatter of looms weaving cloth or the chant of the auctioneers selling tobacco in the World's Best Tobacco Market.

The collapse of both industries took place shortly after the turn of the century, leaving our city with double-digit unemployment, a high poverty rate, and many of its citizens with poor health outcomes.

Fast forward to today, when Mayor Alonzo Jones speaks to groups and organizations, he talks about the Danville spirit that exists.

"It is a spirit that declares the status quo is a 'no-go,'" Jones says. "Our credo today for the way things work in Danville is 'Reimagine That.' It is a spirit that requires our city to adapt to changes and challenges that come our way by taking a step back from a situation or an established way of doing things and ask, 'Is there a better way? Let's reimagine this.'"

In our quest to "reimagine" our city, we have formed partnerships, learned from others, built frameworks, and planted seeds.

As a result, we are a city that is undergoing a remarkable transformation to a diversified, modern economy. As one major Virginia newspaper recently declared in an editorial, Danville is "a poster child for how to build a new economy out of the ruins."

We have invested more than \$60 million to build an extraordinary and specialized advanced-manufacturing workforce training solution — now studied and benchmarked worldwide — with more than 600 students in the pipeline.

Though our work is hardly done, our state's governor in the past year has made five separate announcements about new employers locating here — for nearly 1,500 jobs. No other city outside Virginia's urban crescent (Northern Virginia, Richmond and the Tidewater area) has had this many job announcements.

Also, we are our ninth year of implementing a development plan for the commercial and administrative heart of our city. This plan has led us to improve our streetscape, install new wayfinding signage, upgrade utilities, provide more parking options, and add other amenities. We have stabilized buildings and then returned to the private market for repurposing for commercial and residential uses.

As a result of the new amenities and stabilization of buildings, private investments are outpacing public seeding by three fold.

The transformation is best summarized by Andrew Michael Cohill, a Blacksburg-based broadband executive: "In just a decade, Danville has gone from having the highest unemployment in the state of Virginia (19% at its peak) to attracting national attention as an excellent small city with a low cost of living, world-class technology infrastructure, revitalized downtown live-work spaces and a workforce trained to meet the needs of today's high-tech businesses."

The Danville spirit also is at work throughout our community as we work to enhance health and well-being for all. We have formed partnerships, learned from others, built frameworks, and planted seeds.

Meet the Danville spirit!

PART II: Our Community's Civic Infrastructure

In the spring of 2014, the Robert Wood Johnson Foundation released its annual health rankings. Danville City again fell lower on the list to 132 out of the 134 cities and counties in Virginia.

Stunned by the continued decline, a group of concerned citizens and organizations, including representation from several City of Danville departments, gathered to discuss the challenge and how to take action. They knew that the challenges our community faced were too complex for any one organization to tackle alone.

The common link between the organizations was the desire to prevent the region's most prevalent chronic diseases and improve the quality of life for our friends and neighbors. The group decided to focus on five key areas: healthy eating, active living, access to healthcare, healthy spaces, and leadership and capacity building.

The Health Collaborative is born

The group, soon to be known as "The Health Collaborative," recognized early in the process that to have a lasting impact on the health of the community, it would have to take a long-term approach, focusing on policies, systems, and environmental changes, and the social determinants of health.

The Health Collaborative spent most of 2015 learning about, identifying, and choosing promising practices that align with this approach, while actively expanding the conversation to engage more people in the collaborative process. Collaborative members participated in idea-generating activities, reviewed existing data, evidence and case studies, went on-site visits to other communities, conducted focus groups, and prioritized strategies.

During this process, members agreed on a set of guiding principles and questions to help focus their efforts and narrow down the list of strategies they would pursue. As they made decisions together, they evaluated strategies based on three guiding principles – health impact, health equity, and feasibility. They wanted efforts to have the greatest impact on the greatest number of people, they wanted to serve those most in need directly, and they wanted to invest time and energy into efforts with the greatest likelihood of success.

Health summit leads to an action plan

A health summit was held in September 2015 to gain additional insight into the needs and desires of community members. After narrowing and refining goals and strategies, action teams were formed to develop specific, actionable steps and lead implementation in each goal area.

In early 2016, The Health Collaborative released its shared vision and mission and its "Health for All" action plan, an ambitious 10-year regional plan that supports the creation of an environment that builds health for all residents and promotes healthy lifestyles.

The plan was a true community effort, with more than 400 individuals sharing their ideas, talents, time, and commitment. The plan was a blueprint for action, and to be successful, The Health Collaborative needed support from all sectors of the community, including local government, civic organizations, businesses, faith leaders, and residents.

This was just the beginning!

Health equity report presented

In 2017, The Health Collaborative launched the region's first Health Equity Report. As part of a larger community-wide health needs assessment, this map-based report and accompanying community engagement process provided critical insight into the many factors that influence our community's health.

It identified disparities and inequities that exist between neighborhoods and communities that traditionally remain hidden in city-level data.

Throughout a 10-month process, a committee of community partners worked together to collect data, engage residents, identify common themes, and analyze trends to better understand our region's current health status.

In believing that health goes beyond the absence of disease, the report included a broad range of social and environmental factors in the study. These conditions cover economic stability, educational attainment, poverty, and the distribution of opportunities created by our current systems and environments.

What they learned was shocking.

Life expectancy, the average number of years one can expect to live, varies by nearly 10 years between census tracts in Danville. Healthy life expectancy, the number of years one can expect to live in full health, varies by up to 20 years. In one census tract, residents can expect to spend 24 years with limitations, compared to just 8.6 in another. Where we live is a strong predictor of our ability to live a healthy and productive life.

Efforts to change the narrative begin

The Health Collaborative, through this process, was able to look at not only health outcome metrics as a whole, but also through the lens of residents' lived experiences.

Using the combined data and experiences at the census tract level, the Collaborative and its partners began to change the narrative around health equity and recognize that each neighborhood is not starting from the same place on this journey toward health and well-being. It became incredibly clear that each neighborhood needs different resources, strategies, and opportunities to reach their highest level of health.

This framework supports the Collaborative's regional scope, with local and hyperlocal approaches that are equitable and trauma-informed.

Today, The Health Collaborative has 150 member organizations and more than 250 individual members and has engaged thousands of community members through involvement in decision-making, programs, and health improvement projects to create a health plan for all people in our city and region.

The Collaborative is committed to supporting strategies that are resident designed, planned, and implemented. As part of this pipeline, before launching a new initiative, project or event, action teams work through a series of requirements that are put in place to ensure community voice and leadership:

- Does this idea focus on changing policies, systems, or physical characteristics of a community, rather than only changing individuals' choices?
- Is this an idea that could affect longer-term outcomes, or is it a one-time event?

- Does this idea leave out certain members of the community, like people with disabilities, people with low incomes, people of color, people who are learning English, or older or younger people?
 - If so, how can you make sure that their challenges are addressed and that their perspectives are part of the idea?
- Do residents have the opportunity to participate in designing and leading this initiative, project, or event?
- Does this project help residents build skills to advocate for healthy living opportunities where they live, work, or play?
- Does this project address access?
 - Are we meeting residents where they are or requiring them to come to you?

Danville City restructures

Within the City of Danville, we have aligned our goals and investment strategy with the goals of The Health Collaborative. We have dedicated significant staff time across departments to implement the Collaborative’s initiatives. We have changed job descriptions for several positions to allow staff members to serve in leadership roles within The Collaborative.

Also, we require plans for the City to be informed by the Health Equity Report, including the recently completed Riverwalk Trail master plan, which focuses on creating pedestrian-friendly corridors from the trail to our neighborhoods with the greatest health disparities.

This restructuring also has resulted in many successful community-wide initiatives, led by the City, and policy changes to improve health outcomes, such as:

- Complete Streets Policy
- Modified urban agriculture code
- Park Equity Plan
- Thrive Initiative
- Fit Mobile
- Health in All Policies Resolution (in development)

Together, we are moving forward on our journey to “Health For All” in our city and region.

PART III: Community-Driven Projects

Youth Health Equity Leadership Institute

The Danville Youth Health Equity Leadership Institute (YHELI) is a personal development program dedicated to empowering students to graduate high school on-time and with an action plan for the future!

The program provides students with the knowledge and skills to have successful and fulfilling education and career plans, overcome barriers to education, and decrease health inequalities by providing leadership development, critical thinking skills, mentoring opportunities, college trips and preparation, resume building, and financial planning and management skills, while maintaining a focus on personal and community health.

Establishing a solid community foundation has been a key to the program's success through partnerships with organizations including Danville Public Schools (DPS), the Pittsylvania-Danville Health Department, and The Health Collaborative (THC), as well as, their partners.

In addition to these ongoing partnerships, Danville community businesses and organizations have embraced the YHELI by volunteering at Career Days and serving as curriculum subject-matter experts. YHELI makes a consistent effort to give back to all organizations by volunteering at community events such as the annual Heart Walk and annual Cancer Awareness basketball game.

The target audience is high school students who self-enroll to participate in the program each year through their graduation. Throughout this time, the YHELI meets year-round after school and during the summer.

Five-year funding was established in 2015 by the Virginia Department of Health, Office of Health Equity, through the federal Office of Minority Health State Partnership Initiative to Address Health Disparities Grant.

A shared vision

The Health Collaborative's Health Equity Report indicates that education has proven to be a key factor in the health of all people and the community. The YHELI focuses on improving the public's health by addressing disparities that have an impact on educational attainment.

The YHELI implements best practice models aimed at increasing student leaders and the on-time graduation rates within the community. Also, it collaborates with community partners to carry out initiatives servicing the community and works within the mission of The Health Collaborative.

The YHELI Advisory Council is a united group of over 47 community partners who meet monthly to collaborate and develop strategies to promote education and health equity.

We share each other's events, needs, and ideas as well as discuss how to improve and support each other's community engagement efforts to establish/reinforce healthy community behaviors.

The knowledge and opportunities provided to students through this program will continue to have a direct impact on their futures, as well as the community in which we live.

Civic engagement

Both the Virginia Department of Health and the Office of Health Equity have a long history of publicly disseminating program and project outcomes highlighting Danville YHELI's community impact. YHELI is

featured frequently in the Virginia Department of Health Commissioner's weekly newsletter (at least once a quarter).

YHELI students have provided feedback at the state level. In December, students, parents, and YHELI advisory council members participated in a Virginia Department of Health community conversation to revise the Virginia Rural Health Plan. Participants underscored the importance of scaling up the YHELI program as an innovative solution to addressing health inequities, promoting health equity and ultimately achieving wellness.

Also, YHELI students have participated in community meetings, including for Opportunity Neighborhood and Danville Regional Foundation's Career Pathways.

Given the financial and economic challenges that create or exacerbate barriers for Danville families to pay for post-secondary education, YHELI identifies organizations to provide and/or connect students to scholarships/grants such as your organization

Inclusiveness and equity

YHELI strengthens the Danville workforce and contributes to the city's economic development as it creates a pipeline for youth to transition from student jobs/internships to adult careers in the Dan River Region.

Collaboration

To date, YHELI has worked with over 60 different community partners to help our community make the healthy choice the easy choice in the places where we live, learn, work, play, pray, and age.

Almost every week, additional individuals and organizations contact YHELI to schedule meetings to discuss how a partnership can begin or develop further. For YHELI activities, the Virginia Department of Health and the Office of Health Equity make a conscious effort to ensure representation from Danville organizations, especially in areas that relate to the fields of education, economic vitality, community wellness, financial stability, and civic capacity.

YHELI and community partners have collaborated in many ways, such as attending and participating at each other's meetings and events, as well as discussing ways to partner on future grant initiatives.

Partners have also provided opportunities to increase the civic engagement of YHELI students through community service, meeting/event/conference invitations to attend or present, mentorship, tutoring, interning, and vocational shadowing/training.

For example, 20 YHELI students volunteer for three to six hours every week to tutor and mentor 50 to 70 youth involved in the city's youth services and gang violence prevention program.

Also, YHELI prepares students for involvement in Danville Community College's Emerging Leaders program, as well as high school programs such as the Student Council Association, National Honor Society, and Graduates of Distinction.

Innovation and impact

At Danville YHELI's inception, Danville Public Schools had the lowest on-time high school graduation rate in Virginia. Danville's rate was 75.7% compared with 89.9% for Virginia. After three academic years of program implementation, program evaluation results indicate that students who participated in the YHELI program had consistent higher grade point averages compared to their counterparts.

A critical element inextricably linked to YHELI's success is its ability to develop and sustain an interconnected network of interdisciplinary organizations that promote education and address health inequities. Danville YHELI plays an active role in developing a culture of attending each other's meetings and events and forming genuine partnerships with like-minded individuals and organizations.

This would result in increased Danville Public School student participation and overall community engagement. For example, George Washington High School requires all students to attend Open House to obtain their schedules, and due to the success YHELI has had being tour guides annually, it's been realized that's a perfect opportunity to have all partners come to share resources to introduce students, parents, faculty, and staff all Danville has to offer.

Since 2015, YHELI has developed 145 student leaders who have worked with thousands of Danville at-risk youth annually through volunteering and mentoring for local organizations and at school events.

Short-term, YHELI is making a positive impact on the community by producing more student leaders with higher academic performance and higher on-time graduation rates. From the most recent annual survey, 92.8% of YHELI students self-reported that their grades within the past 12 months were mostly A's and B's, while only 82% non-YHELI students in the control group reported the same. The YHELI evaluation team is finalizing actual GPA results and has preliminarily confirmed accuracy in the information.

GWHS administrators have also recognized the positive impact of YHELI student leaders and have annually allowed them to serve annually as Open House Student Tour Guide Ambassadors, assisting an audience of approximately 1,500 students and families.

Many positive impacts and improvements are also reported through the independent evaluation of students, parents, and staff. The feedback includes the following statements:

- "In YHELI, we talk about real things, not just about college. We learn how to deal with different people and situations and learn how to use critical thinking in every situation." - Danville YHELI Student
- "The Danville YHELI gives life-changing skills and opportunities to students that they would not otherwise have." - Danville YHELI Parent
- "Thank you for helping me expand my horizons and see opportunities that I didn't know were available to me." - Danville YHELI Student
- "I learned to use YHELI's tools and strategies to think about consequences to all my actions. I can overcome barriers in my community to achieve all my goals." - Danville YHELI Student

Long-term, the YHELI will continue to have a positive outcome on the community by improving the problem of on-time high school graduation rates. Considering education is one of the strongest predictors of health, improvement in on-time graduation rates will also improve the community's health.

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Fit Mobile

Many experts believe that the current generation of young people could be the first to live sicker and die younger than their parents. Danville and the region are not immune to this trend. To address this trend, Fit Mobile was born.

Fit Mobile is a program that offers on-site fitness and nutrition classes. Jason Bookheimer, who serves as the director of Danville Parks and Recreation's community recreation division and Chair of the Healthy Spaces action team, explains the program's impetus as follows:

"What we have found through community input sessions and conversations with our participants is that the desire to improve overall health is there, but barriers such as transportation and finances can often limit participation," Bookheimer says. "The idea behind Fit Mobile is to take the program into the community."

Fit Mobile is a collaboration between Parks and Recreation, Averett University, Virginia Cooperative Extension, Danville Redevelopment and Housing Authority, and local healthcare organizations PATHs and Gateway Health.

The classes are taught by personal training and sport management students from Averett University, which is a private, four-year liberal arts institution located in Danville. By serving as Fit Mobile instructors, these students receive college credits while applying their education to real-life situations.

The students lead free fitness and nutrition education classes at various sites in the community. Parks and Recreation staff worked alongside Averett University professors and students to develop class curriculums and coordinate class schedules.

The sites in the community include public housing developments such as Cardinal Village and Pleasant View; recreation centers; parks; and work sites.

"The Fit Mobile program was developed to create a culture of health equity," Bookheimer says. "With this program, we send college students of sport management and personal training majors to areas identified as having transportation and financial barriers that prevent residents from engaging in moderate to vigorous physical activity."

Fit Mobile not only overcomes the barriers of transportation and cost, but it educates individuals on the importance of physical activity and nutrition and provides residents the essential tools to live a healthier, longer life.

Fit Mobile has the support of The Health Collaborative, which is a cross-sector group of residents who are working together to improve the health and well-being of the region.

The Health Collaborative's goal is to make the healthy choice the easy choice — at home, work, school and in neighborhoods — so that all community members can thrive.

Fit Mobile fits neatly within that concept.

"For our region to thrive, we must continue to create environments where current and future residents have access to opportunities to live healthily," Bookheimer says.

Each semester, Parks and Recreation staff meet with members of each neighborhood to help design and determine the need of their individual program. Residents can develop a program specific to their neighborhood allowing for their specific goals and needs to be met.

Averett University students are involved in the process by meeting with residents throughout the semester to tweak and change the program along the way to meet their needs. Students and their

academic advisors guide and change the delivery of their curriculum and requirements based on what they see in the community.

The Fit Mobile program also works in partnership with the local Community Health Workers team. This team assists individuals in the community that are at risk or potentially becoming at risk of being non-compliant with their chronic illnesses.

By partnering with Community Health Workers, Fit Mobile can receive constant feedback from residents about their wants and needs. The Community Health Workers team also relays education material and information about Fit Mobile classes.

With this feedback, the Fit Mobile program has reshaped its delivery and site locations based on the information provided by residents through their communication with the Community Health Workers team.

The Fit Mobile program works with organizations that provide free education and services to the residents of low-income areas.

For example, the Community Health Workers team and Virginia Cooperative Extension staff help residents increase their health literacy by educating them on the effects of sodium and sugar, how to shop for groceries affordably, and how vital signs reflect essential body functions.

Also, the Danville Redevelopment and Housing Authority provides classroom space and aids with promoting the classes. Each class is equipped with fitness equipment designed for all fitness levels and various activities.

The strongest resource of the program, however, is the Fit Mobile instructors. They are well educated in implementing a fitness program.

Also, they create beneficial relationships with Parks and Recreation staff, bond with residents in the program, and mentor many of the children.

In its first year, the Averett University students provided 12 weeks of fitness and nutrition classes in three neighborhoods. More than 225 adults and 350 children participated. Participants logged nearly 300,000 steps and more than 1,000 pushups during 160-plus hours of classes equaling more than \$5,000 of in-kind services.

The biggest impact in this program, however, was not the amount of physical activity adults reached weekly, but on the children who rarely have stability in their lives. The Averett University students consistently showed up each week to spend time with the children — much of which was over the allotted time they were scheduled.

“Participation was great,” said program coordinator Danielle Montague. “The students did an amazing job, not only teaching but also encouraging all of our participants. We hope that as we continue the program into this school year, participation numbers will grow as will the program’s impact.”

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Community Health Worker initiative

The Community Health Worker (CHW) initiative is one example of the effective projects created by The Health Collaborative's Access to Healthcare Action Team. While early on there were complicated histories with some organizations, political leadership that was interested but cautious, and logistical barriers to overcome, a pilot CHW project was launched.

Through relationship building and cultivating a good faith approach, the project serves as a successful model for bringing different sectors together to rally around a common goal. Many of these partners have worked together to change policies and systems within health care organizations.

One of the largest ways is through the Community Health Worker Initiative, which is tasked with increasing our community's ability to manage chronic diseases.

The health challenges that we face in the Dan River region are large and complex. Rates of chronic disease, obesity, poverty, and unemployment are higher than the state and national averages. Obesity now plagues 35 percent of adults in our region and 14 percent suffer from diabetes. Rates of heart disease, stroke, teen pregnancy and sexually transmitted diseases are all nearly double the state average.

Today's youth are at a greater risk of developing serious health conditions, including heart disease, stroke, cancer, and type 2 diabetes. Minority children carry the greatest burden.

The region also suffers from high rates of poverty. In Danville, nearly 40 percent of children live in poverty, and in our most vulnerable neighborhoods, this number rises to nearly 70 percent. Substantial evidence confirms a direct link between socioeconomic status and health status, meaning that people struggling with poverty are at the highest risk for serious illness. The reason for this connection is complex, but includes lack of education, social support, resources, healthcare and opportunities to make healthy choices.

The CHW project was established to help improve population health by bringing awareness to the health disparities and social determinants that our region is facing. The primary goal of the CHW project is to decrease avoidable emergency department use by people who are frequent emergency department users, uninsured, low income and have no recorded affiliation with a medical home.

Community health workers provide one-on-one care coordination assistance to individuals that are at risk or potentially becoming at risk of being non-compliant with their chronic illnesses. They are there to educate and encourage health and wellness to these individuals by establishing goals during their time in the program.

The workers are lay community members who serve as advisors, advocates, outreach educators, community representatives, peer health promoters, and community navigators. They are culturally competent and often share ethnicity, language, socioeconomic status, and life experiences with the members they serve. They reach community residents where they live, eat, play, work, worship, and receive care.

The ultimate goal of the workers is to:

- Reduce health disparities and promote equity.
- Bridge the gap between communities and the health and social service system.
- Navigate the health and human service systems.
- Provide culturally appropriate health education and information.
- Advocate for individuals and community needs.

- Provide direct services.
- Build individual and community capacity.

The 12 community health workers serve as the link between healthcare, social services, social determinant of health resources, and community members in order to improve client's ability to manage their health through outreach, community education, advocacy and social support.

Six of the 12 workers are stationed in local Housing Authority neighborhoods, where we have seen the most need for the peer-to-peer services. The remaining specialists service our rural counties, which are Pittsylvania and Caswell counties.

The CHW project allows the workers to meet with their clients during home visits over a period of up to 90 days. The team works with the client to set goals for health improvement, identify barriers to good health, and work together to overcome them. Home visits focus on medical and social-support service delivery, with the ultimate goal of promoting self-management and transitioning the client to a medical home.

The workers collaborate with each client's primary care provider to ensure optimal outcomes and the smooth transition to a medical home. They also work closely with social service agencies and community organizations to help clients overcome barriers to receiving care. The CHW team addresses the client's needs holistically, recognizing that to impact intractable medical problems you must address basic needs like housing, transportation, food insecurity, and low literacy.

Clients are engaged by meeting them where they are. The number one priority is building the relationship with their clients and obtaining their trust. They receive client input in setting achievable goals and assist in keeping them accountable during their 90 days in program. They provide education, resources, and system navigation to clients in overcoming health and social barriers.

Civic engagement/innovation

The CHW project has led to the creation of a Community Advocates program. The program is coordinated by volunteer residents of Cedar Terrace neighborhood of the Danville Redevelopment and Housing Authority. These residents come together to promote the health and well-being of each other. The approach meets residents where they are and provides subject matter that is important to them.

As part of the Community Advocates program, a monthly seminar/training series called "Keeping You in the Know" was created to bring awareness to issues and needs that community residents are dealing with on a daily basis. It also focuses on topics focusing on health and the well-being of the community.

The series, started in October 2018, builds unity and energy in living a better and healthier life within their community, and it gives residents a voice to say what is important to them, instead of service providers saying what is important.

Since the start of the series, over 1,100 residents have participated. The topics that they have presented so far have been Breast Cancer Awareness, Lupus/Alzheimer, HIV/AIDS, Community Resources, Heart Health, Medicaid Expansion, Autism/ Bullying, and Community Engagement. The community health workers help bring experts to the table.

Impact

The community health workers are also there to be advocates to the clients and communities in which they serve. One of the social barriers that the workers have been experiencing with their clients is lack of confidence.

The workers bring awareness not only to the clients, but also to the community and stakeholders. The Health Collaborative meetings allow the community health workers an avenue to advocate for the clients that they serve.

Transportation has been a prime example of the advocacy efforts by community health workers. Like other rural areas, transportation is one of the largest barriers in our area. The workers gathered data on this issue, and then brought this information to the attention of the Access to Healthcare Action Team with The Health Collaborative. Through this advocacy work, the Action Team developed a transportation task force that led to cars being donated to transport clients, as a last resort, to urgent appointments.

Advocacy efforts also have led to policy changes at the local level. For example, clients are now allowed to schedule an appointment with a primary care provider at our Federally Qualified Health Center when carrying a balance. Prior to this change, clients had to pay their balance in full before they could schedule an appointment.

Since the start of the program in January 2016, the CHW project has had 1,032 referrals with 674 enrolled clients. Out of the enrolled clients, the project has had 428 individuals that have graduated from the program and they have made 326 connections to a primary care physician.

The CHW project has been able to reduce hospital emergency department visits by 1,600 over a two-year period. This is a 75% decrease in admits from “super-user” clients.

The community health workers have made over 4,354 connections to health/social resources for their clients. These connections could be assisting in scheduling a doctor’s appointment, to assisting with housing, finding a food resource, or providing information on our local parks to allow the client space for physical activity.

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