I pledge that I have neither given nor received any unauthorized assistance upon the completion of this work:

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**Mission Statement:** To provide quality healthcare and preventative services to all residents of the Highland Park and Church Hill communities in the city of Richmond, Virginia.

**Project Purpose:** The purpose of this initiative is to improve the health and well-being of community residents in the Highland Park and Church Hill communities that are currently underserved by the healthcare system in the city of Richmond.
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Goal 1: Community Immersion and Introduction

The city of Richmond, Virginia is located along the James River in central Virginia. It has a population of approximately 205,533 with an almost even split between Black and White residents (“State & County”). The community of Church Hill is located in the East End of the city, while Highland Park is located in Northside. Figure 1 goes into greater detail about the particular demographics of these communities.

Target Community Demographics Context of Health Challenges

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Race</th>
<th>Income (Salary/Wage)</th>
<th>Poverty</th>
<th>Single-Parent Household</th>
<th>Education Attainment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church Hill (23223)</td>
<td>Black: 69.2% White: 18.6% Other: 12.2%</td>
<td>$27,884</td>
<td>26.4%</td>
<td>72.8% of family households</td>
<td>Less Than High School: ~35%</td>
</tr>
<tr>
<td>Highland Park (23222)</td>
<td>Black: 78.0% White: 9.8% Other: 12.2 %</td>
<td>$24,079</td>
<td>22.4%</td>
<td>72.3% of family households</td>
<td>Less Than High School: ~38%</td>
</tr>
<tr>
<td>Virginia</td>
<td>Black: 19.4% White: 68.6% Other: 12%</td>
<td>$48,441</td>
<td>10.7%</td>
<td>29%</td>
<td>Less Than High School: ~14%</td>
</tr>
</tbody>
</table>

Figure 1 Data Source: City-Data.com and countyhealthrankings.org

The communities of Highland Park (HP) and Church Hill (CH) have unique challenges that require extensive and highly coordinated efforts in order to resolve. Before Allies for Health (AfH) can examine and remedy the health challenges in these communities, AfH most first examine the resident’s physical environment in order to discover factors that might contribute to poor health. Figure 1 above displays the demographics of the Highland Park and Church Hill communities as compared to broader Virginia-wide averages of the same data. The average income of households in these communities is much lower than the state average of $48,441 with CH average income being $27,884 and HP at $24,079. The percentage of families living in poverty is also substantially higher, with HP and CH poverty levels hovering around 25% of the population, whereas the rest of the state on average has a 10.7% poverty rate. Education attainment also has a need for improvement with more than a third of residents not having finished high school. Single-parent households are the dominant family situation in these communities (72.8% for CH and 72.3% for HP), especially households with children. These alarmingly high statistics present multiple challenges in terms of stability and family income, and definitely must play a factor in how Allies for Health works. These factors help us to understand the unique challenges faced by this community in terms of accessing healthcare, healthcare needs, and the economic conditions that affect the other two factors. Other challenges are more structural in nature.
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These problems include racial and income clustering with the majority of these community members being Black and impoverished. These factors lead to other problems including the inability to access healthy food, the lack of quality healthcare outside of emergency rooms, and low level of health insurance with little dental or vision coverage as a result of Medicaid deficiencies. makes these problems all the more challenging and pervasive. These demographic challenges must be taken into account in order to effectively create a plan of action for these two communities.

There are three areas in particular that must be taken into account in order to understand the health challenges that will be outlined in the next section. These are the challenges of food deserts or lack of access to healthy food options, crime rates and the environment of the community, and the lack of health insurance, which may or may not be remediated by the Affordable Care Act.

Food Insecurity:

According to a 2011 report by Feeding America, 21.4% of Richmond’s population has food insecurity representing approximately 43,220 people (“Map the Meal Gap” 2011). The US Department of Agriculture identifies the defining characteristic of food insecurity, which is “at times during the year, the food intake of household members is reduced and their normal eating patterns are disrupted because the household lacks money and other resources for food” (“Definitions” 2012). Food insecurity in the Richmond area contributes to poor diets of cheap, processed food because of the lack of resources or lack of access to acquiring healthier food options. This contributes to obesity and malnutrition, which can severely affect the health outcomes of a family or household. Challenges such as these are structural in nature and must be addressed and taken into consideration by Allies for Health.

Crime and the Physical Environment:

Richmond, Virginia has a violent crime rate of 870 violent crimes per 100,000 people, which is far higher than the state average of 252 violent crimes per 100,000 people (“Rankings” 2010). High levels of crime produces increased levels of stress, especially when much of the crime in Richmond is concentrated in specific communities including HP and CH. A blighted, physical environment also contributes to high levels of stress and disease among these populations. Evidence indicates that “poor urban blacks have the worst health of any ethnic group in America” (Epstein). The problem of illness in poor, urban communities has reached the point where “black youths… have about the same probability of dying by age 45 as whites nationwide do by age 65, and most of this premature death is due not to violence, but to illness” (Epstein). Some have put forward two theories, which state that the reason for higher rates of illness and mortality in poor, urban black communities can be attributed to high levels of frequent stress that “impairs the immune system and damages the brain and other organs” and “living in a deprived environment” described as one that is not healthy to live in (Epstein). These are the circumstances that many individuals living in HP and CH deal with on a regular basis, and they are issues that must be addressed in order to improve the overall health of the community.
Health Insurance and the Affordable Care Act:

The Affordable Care Act passed under the Obama Administration is beginning to take effect. This should allow many of the currently 18% uninsured residents in the city of Richmond to gain insurance either through purchasing it through a Health Exchange or through the expansion of Medicaid (“Rankings”). These two options may, however, be out of reach for some in HP and CH depending on the decisions of the Virginia State government to expand Medicaid or not. Allies for Health will continue to monitor the situation and take appropriate action where necessary.

Diagnosis

The County Health Rankings and Roadmaps program (a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin) recently ranked the city of Richmond 125 out of 131 counties and cities in Virginia on Health Outcomes (“Rankings” 2010). This abysmal ranking is supported by statistics as shown below in Figure 2.

<table>
<thead>
<tr>
<th>Health</th>
<th>Richmond</th>
<th>Virginia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature Deaths</td>
<td>12,293 per 100,000</td>
<td>6,729 per 100,000</td>
</tr>
<tr>
<td>Low Birthweight</td>
<td>12.4%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Obesity</td>
<td>31%</td>
<td>28%</td>
</tr>
<tr>
<td>Sexually Transmitted Infections (STI)</td>
<td>1,100 per 100,000</td>
<td>398 per 100,000</td>
</tr>
<tr>
<td>Diabetic Screenings</td>
<td>82%</td>
<td>84%</td>
</tr>
<tr>
<td>Mammography</td>
<td>63%</td>
<td>67%</td>
</tr>
<tr>
<td>Teen Birth Rate</td>
<td>62 per 1,000</td>
<td>35 per 1,000</td>
</tr>
<tr>
<td>Adult Smoking</td>
<td>21%</td>
<td>19%</td>
</tr>
<tr>
<td>Inadequate Social Support</td>
<td>24%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Figure 2 Data-Source: countyhealthrankings.org

Premature Death and Health Statistics

The city of Richmond has a premature death rate almost twice as high as the state average of 6,729 premature deaths per 100,000 with a full 12,293 per 100,000 of Richmond residents dying before they reach the average life expectancy of 75 years. These numbers are unacceptable and more must be done to reduce the number of premature deaths in the city of Richmond. The other categories and statistics given in Figure 2 provide a glimpse into some possible reasons why so many die prematurely in the city of Richmond. The numbers that stand out the most from those compiled above, due to their significant divergence from the state average, are teen birth rate, low newborn birthweight, and the rate of sexually-transmitted infections. These issues must be addressed in order to improve health outcomes.
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Sexual Health and Family Planning

A new conversation needs to begin on the subject of sexual health and family planning. Contraception, condoms, and pre-natal care should be in common use in these communities more so than they are now. Preventative care and other resources need to be available and the public must be educated on sexual health and the potential dangers of unprotected sex. Particular emphasis must be placed in this area, especially due to continual spread of HIV, HPV, and other sexually transmitted diseases and viruses. This becomes all the more important for the communities of HP and CH because in 2009, and on average yearly, approximately 44% of all new infections of HIV in the country are among African Americans (“HIV Incidence” 2012). Richmond has the second highest new infection rate in the state of Virginia after Norfolk as of 2006 (McDonald 2008).

Health Screenings

The other statistics included in the graph also are cause for concern, although they are closer to the average. A few particular areas for concern are for screenings including mammograms along with diabetic screenings. These screenings should be at or near 100%. When it comes to prevention there needs to be high compliance if these efforts are to prove helpful to catching cancer and other diseases early and in preventing the development of chronic diseases such as diabetes. A comprehensive screening service must be provided and effectively utilized in these communities in order to catch these illnesses early when they are still treatable.

Bad Habits and Their Effects

Poor health habits can significantly affect an individual’s health. Support must be given to individuals and families in their efforts to improve their lifestyles and to make healthy choices. These areas are shown by the obesity and tobacco smoking categories, both of which are higher than average in the state of Virginia. Obesity, which is a sign of poor diet and lack of physical activity, and smoking significantly increase the likelihood of developing illnesses such as diabetes, and cancer respectively that are expensive to treat and potentially fatal.

Social Support

Another important statistic is illustrated by the Inadequate Social Support section of Figure 2. This section measures the level of emotional and social support that adults feel in a community. In the city of Richmond 24% of adults feel they have little or no emotional or social support, which can lead to increased health risks. (Community Health Workers, which will be outlined in the Treatment section will take on this supporting role in order to help these individuals lead healthier lives.)
Chronic Conditions and Community Health Statistics

These statistics alone do not adequately describe the needs and complexities of the health situation in these communities. Noticeably absent from our numbers is the rate of chronic conditions such as diabetes, congestive heart failure, and other conditions. These health conditions, however, are the result of the above mentioned statistics. These conditions are also not unique to these communities, but also afflict all other communities in the city of Richmond and the United States. They are, however, concentrated in these communities and far less adequately handled and taken care of, which contributes partially to the high premature death rates in these communities. Also, the statistics in Figure 2 understate the problems in the CH and HP communities by take including far healthier and wealthier parts of Richmond in the West End communities. This makes the job of Allies for Health all the more urgent and needed because these communities health outcomes are some of the lowest in the city of Richmond.

Treatment

The Diagram below creates the visual of the organization model and services of Allies for Health:
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The primary focus of these clinics will be to provide preventative care services to residents of the HP and CH communities. These services will be available to all residents regardless of their insurance status or level of need. Primary Care doctors and Registered Nurses will be on staff at both locations to provide regular check-ups, screenings, and tests in order to diagnose possible conditions and begin treatment if necessary. These services will help to improve the health of the individuals that are treated, and prevent the development of illnesses. The two physical locations, one in HP and the other in CH, will feature state of the art equipment to allow Allies for Health doctors to share data on patients in order to adequately monitor a patient’s particular needs and condition. All patient data will be stored electronically in a secured database to ensure ease of access and patient confidentiality and security. For any other major medical emergency, the patient will be transported to a nearby hospital that has the resources to handle the particular situation.

Specific Preventative Services and Practices

All patients on their first visit will receive a thorough medical examination including a physical examination by a primary care doctor or registered nurse with a vetting of their medical history in order to effectively determine the patient’s needs. All patients will have a mandatory HIV and HPV test administered as part of standard practice. All necessary health screenings will also be utilized in order to discover any underlying medical conditions. Further examinations and procedures will be taken at the doctor’s discretion.

Community Health Workers

Community Health Workers will play a central role in Allies for Health efforts to improve the health of these communities. A report published by the WHO describes CHW’s this way:

“Services provided by community health workers are expected to be more appropriate to the health needs of populations than those of clinic-based services, to be less expensive and to foster self-reliance and local participation. Furthermore, because CHWs are more accessible and acceptable to clients in their communities, they are expected to improve the overall coverage of services as well as equity, i.e. increased service use by poorer individuals and households. In short, these programmes are expected to improve the cost-effectiveness of health care systems by reaching large numbers of previously underserved people with high-impact basic services at low cost” (Lehmann 2007).

All CHW will be members of the CH and HP communities. Each CHW will be at least a Certified Nursing Assistants, and will go through a 1 month training course with Allies for Health in order to work as a CHW. These workers will be expected to visit patients’ homes at least once a week.
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and possibly on a more regular basis depending on the patient’s needs. On these visits, the CHW will check-up on the living conditions of the patients, their immediate medical needs, as well as their current treatments. They will assure that the patients are taking their medicine consistently, that the home environment is conducive to healthy living, and to provide support and care for these patients. The CHW must come from the community in order to allow for the building of trust between the CHW and patients. These CHW will then confer with the patient’s doctor and social worker in order to assure that the patient’s medical and physical needs are being adequately met.

Social Workers

Allies for Health will have a group of 3 Social Workers on-staff at both the HP and CH offices. These social workers will provide guidance and support to a branch of Health Leads that will become a part of the services Allies for Health provides. Health Leads is an organization that helps to connect persons living in poverty to the resources they need. This program allows doctors to prescribe needs such as healthy food, housing, and other non-medical assistance that has a huge impact on a person’s health and well-being. Health Leads then connects these individuals and families to these resources, which can dramatically improve their living conditions (“Our Impact”). These volunteers will perform a vital service to those in communities to improve their physical environments. The social workers will also play a role in the Allies for Health hot spotting program, that will be described in the next section, as well as other areas when necessary.

Hot Spotting and The Neediest Patients

A Hot Spotting program will be available in order to help the neediest patients. The patients served by this program have some of the highest health costs and multiple complications that make the provision of adequate care very difficult. A Nurse Practitioner and a Social Worker will be assigned to each patient, which are identified with the help of local hospitals. Their job will be to ensure that the patient is receiving adequate and effectively coordinated care, but also that the patient is taking medicine on time, living a healthy lifestyle, and receiving help and support from the local community. This will reduce costs on the healthcare system, while also more importantly improving the lives of those with the greatest needs.

Family Planning and Sexual Health

Allies for Health is determined to begin and maintain a candid conversation on sexual health in the HP and CH communities. The level of teen pregnancies and sexually transmitted infections is unacceptable and can be easily addressed. The conversation must start, however, and the population must be educated on practices that will significantly reduce teen births and STI’s. Allies for Health will do this by providing a wide-range of family planning services and women’s health services on-site.
Condoms will also be readily available in each Allies for Health office and will be actively given out free of charge for all residents. Classes will also be regularly provided to educate residents about sexual health.

**Support for Mothers**

Prenatal care as well as pediatric care for newborns will be provided in order to ensure the health of the mother and the child. These services are essential to ensuring the best possible health outcomes of mothers and children. Considering the poor birth statistics of these communities, the need for these services definitely warrants their provision at Allies for Health clinics.

**Education and Community Outreach**

Health education is an important component of improving the health of the community. Classes on sexual health, healthy living, and other health topics will be regularly given and open to all members of the community. Allies for Health will also take an active role in meetings with residents in churches and other community organization in order to educate the population on health related topics. These efforts will help create an environment where health topics are regularly discussed and healthy lifestyles become the norm.

**Other Services – Psychiatry**

There is a significant need in these communities for psychiatric services for those in the community with mental illnesses. Currently many of these individuals are being taken care of by family or are on the streets with nowhere to go. A psychiatrist will be on-staff at both clinics and will have the ability to provide therapy and treatment for all patients who come in seeking help for a mental illness.

**Other Services – Gym, Grocery Store, and Pharmacy**

These services, excluding the pharmacy, will be provided with the help and support of Boaz & Ruth, a community partner that is described further in the community partner section of this plan, which will operate and staff them. These three facilities will help Allies for Health improve the overall health of the community by providing services that are often lacking in these communities. None of these services will be free, but will be provided at significantly lower rates then are currently available to most HP and CH residents. The gym will provide a place for exercise and health education classes, the grocery store will provide a fully stocked produce, meat, and dairy section with no processed foods, and the pharmacy will provide all the medicine that is prescribed by Allies for Health doctors. Having these services accessible to these communities will help provide opportunities for community members to live healthier lives.
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Community Partners

Several organizations already exist in HP and CH that can prove invaluable to the work that Allies for Health seeks to do in these communities.

- Boaz & Ruth – This organization, dedicated to economic development and support for those leaving the criminal justice system, will provide administrative support and staffing for the community gym and grocery store in both our CH and HP locations.
- Rubicon – Rubicon provides services for those recovering from addictions and will be the site where we refer community members recovering from addictions.
- Daily Planet – Provides services for the homeless including a medical respite for members of the community that are recovering from recent surgeries. They also support other community health initiatives in the Richmond community and will be a vital partner going forward.
- Bon Secour – This nonprofit hospital system provides charity healthcare to residents in Richmond. We look forward to working with them in the future to provide needed services to those in the HP and CH communities.
- MCV – The medical students at this medical school will be invaluable in their support and volunteer work to provide services in these communities, especially with our biannual programs that will be further outlined in the next section.
- University of Richmond CCE – Undergraduates at UR will function as an important source of volunteers particularly for our Health Leads program.

Biannual Initiatives

The majority of patients that will be served by Allies for Health receive their insurance through Medicaid, which does not provide dental or vision coverage. As a result, these services are greatly needed in the HP and CH communities. Allies for Health will utilize the expertise of one of our founding organizations Remote Area Medical Clinic in order to provide these services every 6 months in a weekend blitz that will be provided for free to the public. Volunteers will be provided by MCV dental school as well as Missions of Mercy. This will provide essential services that are not widely available in these communities as a result of the lack of coverage by Medicaid.

Annual Initiatives and Special Events

Allies for Health will also hold community events and awareness weeks in order to highlight specific health problems and efforts in the community. Examples of future activities include a Women’s Health week, Children’s Health week, Healthy Lifestyles, as well as others.
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Monitor

Detailed records will be taken and maintained for each patient. A sophisticated database will be utilized in order to collect data on patients and to provide better coordination between staff in order to most effectively meet their needs. A separate system will be maintained in order to track progress of each patient. This system will take into account the overall wellness of the patient as well as different indicators of health including the level that chronic illnesses are under control, number of sick days, presence of poor health habits such as smoking, BMI, and other indicators. These measures will allow the doctors and nurses to evaluate the overall health of the patient and to make a determination on the effectiveness of the treatment that they have received with Allies for Health. Allies for Health will also work with the Richmond Health District in order to conduct biannual surveys of the HP and CH communities in order to determine such things as premature deaths, increases in individuals living with chronic illness, increases in HIV and other STD infection rates, and other health indicators if deemed necessary. Allies for Health will use these surveys and patient evaluations in order to determine what areas are in need of improvement, and what areas are being successfully treated through established Allies for Health programs.

Conclusion

The Allies for Health Highland Park and Church Hill Action Plan has laid out a comprehensive initiative to revamp the healthcare infrastructure and systems in these communities. These efforts seek to not only address the issue of access to health services, but also try to provide resources to allow individuals and families to live healthy lifestyles through an improved physical environment. These efforts are taken with the support and attention of all parts of the Richmond community including: nonprofits who are already established and working in these communities, the greater Richmond health community which includes hospitals and schools that are dedicated to supporting our mission, and most importantly community members who will act as Community Health Workers, advocates, and patients that will actively seek to improve their health and the health of their communities. Allies for Health needs the support of all these stakeholders if this project is to be a success.

These services will take time to establish, and the benefit of these new services will take years to fully realize. It will take patience and dedication by our staff and community partners until we begin to see the benefits of these programs. The leaders of Allies for Health are confident that through the efforts of our volunteers and staff, a new healthcare model and way of life can take hold in Highland Park and Church Hill communities. In the not so distant future, these communities can begin to reap the benefits of better health and better quality of life that comes with it.
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Works Cited


