

Norfolk Forces of Change Assessment Report

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Prepared for:

Norfolk Department of Public Health

Contract Number VDH-15-032-0084

March 2016



Norfolk Health District



INTRODUCTION

The Norfolk Department of Public Health (NDPH), in collaboration with community partners, is leading a community health planning process called Mobilizing for Action through Planning and Partnerships (MAPP). The purpose of MAPP is to engage community members and partners in conducting a series of four assessments to identify important issues that they can address collectively.

The Forces of Change Assessment is one of the four MAPP assessments. The purpose of this assessment is to identify forces of change that influence the health of the Norfolk community or Norfolk's public health system. Forces of Change can be trends, factors, and events outside of our control that may influence the health of our community or our local public health system.

- **Trends:** patterns over time (e.g., Norfolk's growing population)
- **Factors:** discrete elements (e.g., influence of naval bases and tunnels)
- **Events:** one-time occurrences (e.g., natural disaster)

These forces reflect both the recent past and the near future.

PROCESS

In January 2016, the NDPH hosted a Forces of Change brainstorming session. Over 26 community leaders and service providers participated, representing 19 organizations. Participants were divided into groups that were themed around five types of forces: social, economic, political/legal, environmental, and technological/scientific. They were asked to focus on the following questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

After an initial thirty-minute brainstorming session, groups rotated around to all of the other "forces" to include any additional issues that may have been missed. Participants then shared key ideas for each force and prioritized issues by voting with stickers. Following the Forces of Change meeting, the issues identified were grouped and summarized.

RESULTS

Key issues that participants prioritized during the brainstorming session include:

- Poverty and income disparity;
- Increased community tensions among residents;
- Lack of regional planning;
- Presence of Medical School, Universities and Teaching Hospitals;
- Local flooding;
- Skilled employees leaving to work in other communities;
- Slower economic growth of Hampton Roads region; and
- Access and delivery of outreach materials and plans through technology.

The tables in the following pages provide a summary of the issues brainstormed. The priority issues are starred. While it would be impossible to include all the external forces that influence Norfolk's health, the issues outlined in the tables represent the collective knowledge of expert stakeholders and community leaders.

Forces of Change Assessment Results: Economic Forces

Force	Threats Posed	Opportunities Created
Skilled employees leaving to work in other communities**	Lack of qualified applicants to fill positions. Higher teacher turnover rate in schools as teachers leave to work in other cities.	Forecast business needs (including DoD). Build career-training initiatives that reflect employer needs and requirements. Build system to help align people with resources and employment opportunities.
University presence**	Student lifestyle choices. Increased crime near campus. Transient population.	Bring intellectual capital (especially EVMS). Contribute to diversity of population. Provide sporting events.
Changing employment opportunities	Military downsizing. Fear of impacts to shipyards. Small businesses struggling. Lack of employment opportunities.	New jobs being created through new development (Main, Waterside, Outlet Mall) and retail (Aldi, expansion of farmers markets). Growing small businesses.
Changing transportation systems	Tolls for ERT tunnels will reduce job opportunities and regional cooperation.	Expansion of light rail transportation will increase transportation options.
Military presence	Transient population. Increased traffic congestion. Reduction of military personnel and families could have economic impact.	Largest naval base provides economic stability with increased consumer spending, home purchasing/renting. Exiting military personnel and their families could be an untapped work force.
Expanding medical facilities	Lack of coordination across facilities. Transporting and sharing medical records between providers and hospital systems.	Increased investment in community. Expansion of Sentara Norfolk General Hospital. Bon Secours expanding clinics. Increased neighborhood focus.

**Indicates a priority issue

Forces of Change Assessment Results: Social Forces

Force	Threats Posed	Opportunities Created
Slower economic growth of Hampton Roads**	Increased homelessness. Lack of employment opportunities. Higher rates of unemployment.	Increased focus on job creation and affordable housing. Open up more Section 8 certificates.
Increased community tensions among residents, particularly between rich and poor**	Polarization and isolation. Lack of inclusion of all community members. Community members feel left out and do not believe they have a voice.	Increased diversity and inclusion could provide more robust solutions. Opportunity to focus on inclusiveness. Opportunity to build on neighborhood identity and focus on neighborhood voice.
Large pockets of poverty**	Gaps in educational achievement. Food deserts. Minimum wage employees and undocumented workers cannot afford healthy food or health care	Creating community hubs to provide community services. Ministers Coalition and Affordable Care Act initiatives.
High rates of sexually transmitted infections	Stigma of STIs. Perceived privacy invasion of services.	More services focusing on prevention and treatment.
Aging population – current population is aging and retirees are moving to Norfolk.	Lack of capacity to handle baby boomers increased need.	Expansion of and new senior living communities. Increased focus and support for aging in place.
Increased use of social media and internet to get health information	More consumers are getting health information from non-experts. Social media messaging can move faster than facts.	Easier to share information and launch health campaigns.

**Indicates a priority issue

Forces of Change Assessment Results: Environmental Forces

Force	Threats Posed	Opportunities Created
Local flooding**	Schools and businesses close. Large impacts on transportation system and public safety.	Opportunity to apply for federal funding.
Global warming	Rising sea level. Increase in mosquito borne diseases. Economic disruption. Chemical contamination.	Increased economic productivity (construction). Greater regional cooperation. Funding through the resilience program.
Large-scale disasters and accidents	Increased risk of hurricanes, tornadoes, widespread contamination, terrorism, plane crashes, etc. Complex evacuation plans. Disruption in supply chains.	Relationship building across agencies and within communities to address problem. Increased resource sharing. Unified training.
Emerging infectious diseases	Viruses such as Zika and West Nile Virus spreading within Norfolk. Increased illness and death.	Relationship building across agencies and within communities to address problem. Increased resource sharing.
Traffic congestion	Restricts overall mobility. Reduced emergency response. Increased pollution. Reduced job opportunities.	Improve mass transportation and ride sharing systems. Increase regional collaboration.
Lack of parks, greenways, opportunities for recreation and pedestrian space	Fewer opportunities for wellness and fitness. Lack of mobility. Automobile dependent.	Increase green space, trail connectivity, and tree canopy. Improve connectivity. Improve sense of community. Attraction for tourists and businesses. Expansion of Elizabeth River Trail.
Questions on water rights	Water pollution. Grandfathering rules and regulations for old industries.	Engage partners to clean waterways.
Aging built environment and infrastructure	Sewage and water infrastructure old and breaking. Brownfield contamination. Aging buildings contributing to lead contamination.	Federal brownfields grants.

**Indicates a priority issue

Forces of Change Assessment Results: Legal & Political Forces

Force	Threats Posed	Opportunities Created
Lack of regional planning**	Lack of common solutions and collaboration (e.g., transportation, The Tide). Independent cities and counties pose major barrier. Dillon Rule limits innovation.	Regional planning provides unique advantages in cooperation with state to address regional issues. Healthy competition between cities encourages improvement.
World conflicts	Terrorism. Displaced populations. Political polarization.	Economic development. Growing research at universities.
City Council	Making decisions with a lack of information about the impact.	Poverty Commission created and funded as well as literacy efforts. Community health hubs. Support for educating residents.
Affordable Care Act	Lag in getting health information and technology to the public.	Community health assessments are mandated. Increased health insurance coverage for low-income families and individuals.
Increasing population	As a result of Certificate Of Public Need (COPN), health facilities have the ability to create business by ordering more tests, regardless of need, and driving costs up. Legislative efforts are being introduced to get rid of COPN requirements. Infrastructure strain created by more needs.	Certificate Of Public Need (COPN) required to gain approval for large-scale medical expansions (MRI, operating suites, opening a new emergency room) to help ensure the health decisions made are based on need and to control cost. Reinvent communal growth.
Medicare/Medicaid changes	Underemployed workforce. Lack of understanding by participants about changes. Lack of Medicaid expansion.	Advancing technologies to support enrollment. Centralization of databases that link client data.
Shift to public health from direct services	Perception of reduced free clinic services	Focus on prevention rather than reaction to crises.
American Disabilities Act (ADA)	Lack of accessible spaces. Lack of accessible facilities and planning.	Inclusive planning resulting in an accessible community.

**Indicates a priority issue

Forces of Change Assessment Results: Technological and Scientific Forces

Force	Threats Posed	Opportunities Created
Presence of Medical School, Universities and Teaching Hospitals**	Historical Higher Education Model. Moving beyond journal publications to focus on communication with community. Community needs a voice throughout any research process.	Innovation and ideas. Increased funding opportunity for local data.
Access and delivery of outreach materials and plans through technology**	Not everyone has technology. Digital divide among aging population and low-income population.	Increased transparency. More training and educational opportunities for community.
STEM Education	Lack of education focused on math and science (e.g., STEM)	Some STEM focus at elementary level in Norfolk Public Schools (e.g., Compostella STEM School). STEM Medical Research. Growth in STEM jobs.
Healthcare delivery technology	HIPAA. Transporting and sharing medical records between providers and hospital systems. Infancy of technology. Lack of affordable assistive devices.	Telemedicine represents an increased opportunity to provide services. Advanced imaging and surgical technology.
Artificial intelligence (AI): Robotics, Emerging Tech Industry	Displaced workforce.	Educating and retraining a workforce to specialize in AI. More investment in technologies that address key patient issues.
Data portal	Difficulties in collecting data. Database challenges.	Ability to share data and information. Increased opportunity for collaborative initiatives and grant seeking.
Personalized medicine	Lack of understanding about cultural barriers and perspectives on health.	Improve health outcomes by treating individuals and addressing cultural barriers.
Focus on evidence-based practice	Education by providers/of providers on best practice. Resistance to change by medical professionals.	Better medical delivery for patients.

**Indicates a priority issue