

Turmoil, Trauma and **Resilience**



Eastern Shore Healthy Communities · 2020 Annual Report

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We are grateful to our funders, the Virginia State Office of Rural Health and Family & Children's Trust Fund of Virginia for their support of Eastern Shore Healthy Communities and our efforts to create a trauma-informed Eastern Shore.

Turmoil, Trauma and Resilience



Eastern Shore Healthy Communities · 2020 Annual Report

Eastern Shore Healthy Communities collaborators began 2020 with a shared vision for Eastern Shore resident well-being. We were confident that with a guiding vision and a solid plan, we could make a difference.

By March, life got in the way. A pandemic exploded, catching us off-guard with no vaccine and no defense save masking, handwashing, physically distancing, and staying at home. Our collaborations became virtual. We persevered. Meeting attendance soared. On March 20, the Eastern Shore Health District announced our first confirmed case of coronavirus. By December 31 we had 2,294 confirmed cases and 61 deaths.

In May, the death of George Floyd in Minneapolis police custody ignited an already active Black Lives Matter movement and by June, Americans turned out for what researchers are calling the most sweeping and sustained protests in the country's history, with protests on ESVA, in all 50 states and the District of Columbia. Our Diversity Equity and Inclusion Work Group rolled up their collective sleeves.

In November US voters elected a new president, Joe Biden, by a margin of greater than 7 million votes. The sitting president, Donald Trump, refused to concede and submitted over 50 lawsuits to contest the race. At year's end, his last ditch effort to challenge Electoral College votes was a cliff-hanger, leaving us to wonder if there would be a peaceful transfer of power. One blogger asked if he could sue the president for emotional distress.

All three of these events are public trauma. Well-being has been dealt a blow. If ever a time existed to be trauma-informed and resilient, 2020 was the year.

Executive Committee

Guiding our coalition through the miasma of 2020 were 19 community leaders: our Executive Committee. Inspiring eight work groups, 115 partners and 50 organizations requires vision and an uncommon level of skill and soul. These leaders share a vision of Eastern Shore well-being and believe that *together* they can build Eastern Shore well-being better than any *single* organization can by themselves. They lead ESHC's mission, vision, and strategic plan development, accomplishment and accountability.

In 2020 these leaders were faithful to this partnership while challenged by leading their own organizations through a time of medical, psychological, social and political upheaval. They adopted ESHC's Diversity Statement and pledged to create such a statement for their own organizations. They completed the Eastern Shore Plan for Well-Being (PWB) 2017 – 2020 and developed the Eastern Shore Plan for Well-Being 2021 – 2023. They said good bye to 11-year members Nancy Stern, who retired as CEO of Eastern Shore Rural Health System, Inc (ESRH), and Rev. Gary Miller as he rolled on to other work groups, and welcomed Matt Clay, new ESRH CEO, Karen Downing of Jerusalem Baptist Church and Andre Elliott, of Eastern Shore Family YMCA.

Wrapping up the Eastern Shore Plan for Well-Being 2019-2020, we measured the decline of teen pregnancies and the the number of low-birth weight babies. While we have not yet met the goal for teen HPV vaccination, our rates exceed the benchmark state rate. Just as food insecurity rates were improving, even meeting PWB 2020 goals, the COVID pandemic created conditions for increased food insecurity.

The group noted that a declining trend for high school graduates in institutes of higher learning 16 months after graduation and kindergarteners' failure to meet PALS-K benchmarks will have negative future economic impact on the Eastern Shore and underscores a need for closer partnership with our education leaders and partners. A decline in Eastern Shore housing affordability contributes to families "not being able to make it" and leads to an ESHC housing priority in the PWB 2021-2023. Our vision of well-being for all residents requires more work.

Executive Committee Members

Deb Brown, MBA, BS, BSN, RN, Chief Nursing Officer, Riverside Shore Memorial Hospital

Cara Burton, MLS, Library System Director, Eastern Shore Public Library and ESHC Vice Chair

Kathy A. Carmody, MHRM, SPHR, IPMA-SCP, Chief Human Resources Officer, Accomack County

Scott R. Chandler, Business Manager, Eastern Shore Health District and ESHC Past Chair

Matthew W. Clay, Chief Executive Officer, Eastern Shore Rural Health System, Inc.

Karen Downing, Associate Minister, Jerusalem Baptist Church

Andre Elliott, Executive Director, Eastern Shore Family YMCA and Chair, ESHC Diversity, Equity and Inclusion Work Group

Mozella Francis, Director, Northampton County Social Services Department and ESHC Past Vice Chair

Chris Holland, Superintendent, Accomack County Public Schools

Patti Kiger, M.Ed., B.A., Instructor, Eastern Virginia Medical School and ESHC Executive Director

Charles Kolakowski, Administrator, Northampton County

Eddie Lawrence, Superintendent, Northampton County Public Schools

Donna Smith, BFA, NPM, CEO, Eastern Shore Area Agency on Aging/Community Action Agency

Roberta Newman, MME, BME, Coordinator, Smart Beginnings Eastern Shore; President, Cape Charles Development Co. and NewRoads Consulting Inc.; ESHC Past Co-Chair

Lisa "MiMi" Sedjat, LCSW, Executive Director, Eastern Shore Community Services Board

James M. Shaeffer, Ph.D., President, Eastern Shore Community College and ESHC Chair

Nancy Stern, Retired Chief Executive Officer, Eastern Shore Rural Health System, Inc.

Danny Vestal, Executive Director, YMCA Camp Silver Beach and ESHC Past Chair

Vicki J. Weakley, MSW, Director, Accomack County Social Services Department and Chair, ESHC Poverty Work Group



A Message from Our Chair, Dr. James Shaeffer

Dear Current and Prospective Partners,

The year 2020 was one for the record books and the word “normal” may never have meaning again. Yet our eyes are still laser-focused on well-being. On behalf of our Vice Chair Cara Burton and myself, welcome to Eastern Shore Healthy Communities’ 2020 Annual Report, our act of accountability to ourselves and our community.

Serving as chair of Eastern Shore Healthy Communities, I have come to appreciate the power of partnership and truly seen first-hand that when many community organizations and individuals merge their collective vision and energy, transformation occurs. While we have miles to go before we declare victory on Eastern Shore resident well-being, partners working together this year made great strides in improving birth outcomes, addressing racism, inequity and food insecurity, supporting senior health, encouraging physical activity, organizing to create bridges out of poverty, and becoming trauma-informed and resilient. These are big issues and 2020 required them.

As a partnership of diverse sectors, we are galvanized by our vision and shaped by strategy. This year each work group contributed to the Eastern Shore Plan for Well-Being 2021-2023. The plan is a living map that will evolve as life unfolds. We saw in 2020 how familiar roadmaps require flexibility as our world was interrupted by COVID 19, shaken by outrageous deaths of black people; and shocked by a tumultuous transfer of power. Trauma interrupts well-being in significant ways. In 2021 we need to protect ourselves with becoming trauma-informed and being students of resiliency. Our actions and strategic plan will evolve to insure this happens.

Many thanks to our partners for endless hours of service. Welcome to those who may be reading and learning about us for the first time. Perhaps you will see a place for your contribution in 2021 in this truly worthy work.

Be well and stay safe,

James M. Shaeffer, Ph.D.
Chair, Eastern Shore Healthy Communities
President, Eastern Shore Community College

2020 In Review

January

ESHC launches Diversity, Equity and Inclusion Work Group and focuses on healing centuries-long trauma. Poverty Work Group begins planning a summit. Resilient and Trauma-Informed Community Work Group begins series of Learning Collaboratives.

April

By April 11, ESVA has 11 confirmed cases of coronavirus. Partners hold final Resilient and Trauma-Informed Learning Collaborative. ESHC gets word of funding from Families and Children’s Trust (FACT) and Virginia State Office of Rural Health.

“Being involved with ESHC helps me to broaden my view of our ESVA community. The coalition’s focus is holistic, and beyond direct service delivery issues.” Kathy Lewis, RN, BSN, Nurse Manager, Eastern Shore Health District.



ESAAA/CAA Case Manager Felicia Moore gives a COVID-19 PPE care package to a grateful senior.

February

Partners thanked Co-chair Scott Chandler for 6 years of leadership and Co-Chair Roberta Newman and Vice Chair Mozella Francis for their 3 years of leadership as they stepped down and partners elected Dr. Jim Shaeffer as Chair and Cara Burton as Vice Chair.

March

The first confirmed case of coronavirus on the Eastern Shore of Virginia was announced. ESHC begins holding all meetings virtually. Meeting attendance actually increases as a result.

May

ESHC holds forum: “Creating an Environment of Information and Support in the Time of COVID 19 and Beyond” featuring panel of medical, mental health, social and spiritual leaders to answer community questions. Over 70 partners and community members attend. ESHC adopts Diversity Statement. Resilience Week features daily resilience tips on social media and *ESHC News & Updates*.

June

140 people enroll in ESHC’s four-day virtual *Bridges Out of Poverty Summit* kicking off a planning process to address ESVA poverty by advocating for concrete actions to build greater well-being among all ESVA residents.



ESAAA/CAA staff Felicia Moore delivers a COVID-19 PPE care package to Onancock Senior Center member Jessie Flynn.

“... I have seen a significant increase in depression and anxiety. The elderly are so incredibly isolated and many are disoriented to time because they cannot participate in their normal activities.” Vicki Weakley, MSW Director Accomack Co. DSS



Black Lives Matter rally on ESVA

July

Executive Committee meets in first-ever virtual retreat to wrap up Eastern Shore Plan for Well-Being (PWB) 2017-2020 and begin crafting PWB 2021-2023. Data presented to show progress made on ESVA resident well-being and challenges that still need to be addressed. This meeting triggered all work groups to begin writing their purpose, objectives and strategies for the new Plan for Well-Being. Creating a plan is like making your own roadmap for the future. It requires discipline and focus.

October

James Redford, director and producer of the documentary *Paper Tigers* dies. ESHC screened the film at the Roseland Theater in 2019. Food Access and Equity Work Group adopt new Purpose Statement.

November

Full coalition meeting features a presentation on diabetes, presented by Mack Bonner, MD, Chair of Hampton Roads American Diabetes Association Outreach Committee. He says if overweight, losing 10 percent of one's body weight can help reverse diabetes.



Foodbank distribution at Eastern Shore Community College's regular food pantry drive-thru

The Foodbank's partnership with Eastern Shore Healthy Communities speaks toward a healthy food secure community. Our partnership, specifically the Food Access and Equity Work Group, works to provide equitable access to healthy foods to those in our community who are food insecure. Charmin Horton, Foodbank Manager

August

Electronic walking trails survey shows 58 percent of respondents have walked on at least one of our trails, 29 percent have walked trails three or more times in past 3 months. Walking Trails brochure distributed throughout ESVA.

September

ESVA public schools open in hybrid mode: part in-class and virtual underscoring the need for stronger and more widely distributed broadband.

December

By New Year's Eve, ESVA's confirmed COVID cases total 2,294 with 61 deaths. Families are urged not to gather over the Christmas holidays. Work groups take the month off for a well-deserved break. And Washington prepares for the arrival of a new President.

In all, 115 ESHC partners, representing 50 employers, invested 668 hours in partnership for Eastern Shore well-being in 2020.

Work Group Reports



Antwun Ayers regularly walks or runs at the ESHC Onley Walking Trail behind the Eastern Shore Family YMCA

Creating an environment of information, support & resilience in the time of COVID 19 & beyond

Eastern Shore Healthy Communities Invites You

To A Community Conversation
This Thursday, May 14, 3-4:30 pm

Confirmed Panelists

Richard Williams, MD Medical Director Eastern Shore Health District	Minister Karen Downing Assistant Minister, Jerusalem Baptist Church
Kristee Trumbo, LPC Mental Health Therapist	Mozella Francis Director, Northampton County Social Services Dept.
Rev. Kelvin Jones Pastor, First Baptist Church Capeville	April Graham Accomack County Social Services Dept.
Rev. Alex Joyner District Superintendent United Methodist Church	Charmin Horton Foodbank of SE VA & the Eastern Shore

Partners and residents sought answers to questions as the pandemic lingered. ESHC partners were happy to oblige.

I'm new to the Eastern Shore, and I've found Eastern Shore Healthy Communities to be the convener of multiple organizations who can have a positive impact on the health of the citizens on the Shore. It is one of the only places I know of that brings leaders from education, health care, mental health, and other organizations whose mission is to support healthy communities on the Eastern Shore. James Shaeffer, President, Eastern Shore Community College.

Resiliency Key #3. Remember to Think Flexibly

#ResiliencyWeekVA #EasternShoreStrong #Eastern Shore Resilient

eshealthycommunities.org

2020 Resiliency Week social media

BUILDING BRIDGES SUMMIT

In June the Poverty Work Group invited community leaders to learn more about the poverty experience and then help us plan to reduce Eastern Shore poverty.

Better Birth Outcomes Work Group

In 2020 partners focused on family planning awareness and use, improving preconception health, and boosting prenatal and post-partum medical visits. They also expanded maternal support with home health visiting. Strong collaboration between key health providers and educational organizations pushed for and helped teachers train to deliver public school family life education. Together the partners decreased OB/GYN waiting times and increased referrals to the Eastern Shore Health District's Nurse-Family Partnership (NFP), a home visiting program for first time, low-income mothers. The close relationships established between mothers and NFP nurses helps mothers bond with their newborn, access medical care, improve nutrition and exercise, and plan for education or a job boost mom's self-esteem and financial independence.

Collaborators monitored key indicators: **teen pregnancies** decreased from 4 to 2 percent from 2018 to 2019; **low birthweight babies** decreased 2 percentage points from 2018 (6 percent) to 2019 (4 percent); and **preterm deliveries** (delivered in less than 37 weeks) increased from 5 to 8 percent between 2018 and 2019. An estimated 90 percent of Eastern Shore births are unplanned.

In 2021 collaborators will focus on reducing pre-eclampsia, a condition that places both mom and baby at risk for poor birth outcomes. Sandra Balmoria, M.D., an Eastern Shore Rural Health family practice physician, has joined the leadership team with Eastern Shore Health District Nurse Kathy Lewis, RN, BSRN, and together with their partners they will also increase media messages for family planning.



*Kathy Lewis, RN, BSRN
Work Co-Chair*



*Sandra Balmoria, MD
Work Group Co-Chair*

Better Birth Outcomes Work Group Partners

Sandra Balmoria, MD, Eastern Shore Rural Health System, Inc., (ESRH) and ESHC Work Group Co-Chair
Marissa Blair, MSN, CNM, Riverside Shore Memorial Hospital (RSMH)
Marsha Bunting, Eastern Shore Area Agency on Aging/Community Action Agency
Julie Callahan, Eastern Shore Women's Club
Saadia Davis, Eastern Shore Health District (ESHD)
Karen Emerson, Eastern VA Medical School (EVMS)
Janice Felker, Eastern Shore Public Library
Tyshia Fisher, RN, BSN, ESHD
Tanya Forlevil, RN, BSN, ESHD

Cheyenne Goebel, ESHD
Patti Kiger, M.Ed., EVMS
Kathy Lewis, RN, BSRN, ESHD, Work Group Co-Chair
Ann Pruitt, BSRN, Riverside Shore Memorial Hospital
Diane Reimann, Eastern Shore Woman's Club
Gabby Richardson, MD, ESRH
Angela Scheib, RN, BSN, ESHD
Truss Thomas-Wyatt, ESHD
Claire TurSCALE, EVMS
Elizabeth Waring, MD, Riverside Medical Group
Kamesha Watson, Virginia Cooperative Extension
Jessie Wingate, PhD, ESRH

Diversity, Equity and Inclusion Work Group



Andre Elliott, Work Group Chair

With Andre Elliott’s leadership, ESHC launched its Diversity, Equity and Inclusion Work Group in January. Its first task was to write a purpose statement and among items included in this statement, work group partners affirmed: “We encourage respect and thoughtfulness regarding diversity of thought and political perspective.” Furthermore, the group declared:

“...because each of us 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...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.”

Work group partners also developed a Diversity Statement for the full coalition, which was approved by the Executive Committee and the full coalition partnership. That statement appears on page 16 of this Annual Report. Work group partners have shared this statement with their own employers as a model from which each organization might craft diversity statements for themselves. We were pleased to see the Chamber of Commerce of the Eastern Shore of Virginia as one of the first adopters. You can see their diversity statement on their website.

Like all ESHC work groups, these partners developed a strategy to follow for accountability and crafted strategic elements using our policy, systems and environmental change framework for sustainability. A Diversity, Equity and Inclusion 101 presentation will debut at the February 11, 2021 ESHC Annual Meeting, along with a virtual library, housed on the ESHC web site. Future meetings will include learning and dialogue opportunities and any community member is welcome to attend to engage.

Diversity, Equity and Inclusion Work Group Members

- Marsha Bunting**, Eastern Shore Area Agency on Aging/Community Agency on Aging (ESAAA/CAA)
- Phil Bjornberg**, St. George’s Parish Rector
- Kathy Carmody**, Accomack County
- Beth Carter**, ESAAA/CAA
- Karen Downing**, Jerusalem Baptist Church
- Andre Elliott**, Eastern Shore Family YMCA, ESHC Work Group Chair
- Karen Emerson**, Eastern Virginia Medical School (EVMS)
- Judy Fidds**, ESAAA/CAA
- Katie Fowl**, Accomack County Public Schools
- Patti Kiger**, Eastern Virginia Medical School

- Karen Hatch**, Boys and Girls Club Board of Directors
- Kathy Lewis**, Eastern Shore Health Department (ESHD)
- Alisa Lofton**, ESHD
- Bertrille Lomax**, VA Cooperative Extension
- Betty Martin**, Writer
- Judy Neeley**, Citizen
- Bill Payne**, Consultant
- Marcus Riley**, VA Cooperative Extension
- Donna Smith**, ESAAA/CAA
- Chris Stodghill**, National Counseling Group
- Rudy Zavala**, Northampton and Accomack Social Services Departments

Food Access and Equity Work Group

The Food Access and Equity Work Group works to reduce or eliminate food insecurity among ESVA residents through multiple means. Partners insure 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, for example youth, seniors, people of color, and immigrants.

The need is great. An estimated 6,550 ESVA residents are food insecure and yet just 4,290 receive SNAP benefits. This year partners updated, printed and distributed a comprehensive guide on where to access food or social benefits to purchase food. Partners also encouraged more farmers participating in farmers' markets to accept SNAP and Senior vouchers to increase fruit and vegetable consumption among those in need.

Leading the way, the Foodbank works tirelessly to insure that families have access to food year round through food distribution sites across the Shore as well as a mobile food outlet, at multiple food pantries, and schools during summer feeding programs and this year, when school cafeterias were shuttered from COVID-positive employees, they stepped up provide meals to students who rely on school breakfasts and lunches for nutrition.

In 2021 the group will create a messaging campaign to advise families in creating an emergency pantry as disaster preparation and encourage residents to begin growing gardens. Partners plan to create and actively advocate for a policy agenda to better meet the needs on the Shore.



*Charmin Horton
Work Group Co-Chair*



*Janice Felker
Work Group Co-Chair*

Food Access and Equity Work Group Partners

Janet Felker, Eastern Shore Public Library, ESHC Work Group Co-Chair

Mozella Francis, Northampton County Social Services Department

Meghan Gaffney, Accomack County Social Services Department

Charmin Horton, Foodbank of South Hampton Roads and the Eastern Shore; ESHC Work Group Co-Chair

Kelley Honeycutt, Riverside Shore Memorial Hospital

Annette Kellam, Northampton County Public Schools

Patti Kiger, EVMS

Bertrille Lomax, VA Cooperative Extension

Barbara O'Hare, Cape Charles Farmers Market

Bill O'Hare, O'Hare Data/Demographic Services

Kamesha Watson, VA Cooperative Extension

Wendi Westberry, Northampton County Social Services Department

Kimberly Wilkerson, Riverside Shore Memorial Hospital

Leah Williams-Rumbley, Foodbank of South Hampton Roads and the Eastern Shore

Life-Long Wellness Work Group



*Marsha Bunting
Work Group Chair*

A sign of well-being is living a long and healthy life. To that end, work Group partners address aspects of senior living that encourage engagement, mental stimulation, socialization, and health. The pandemic created unique challenges for seniors, especially those who live alone. Isolation fights resiliency. Which is why the team at the Eastern Shore Area Agency on Aging/Community Action Agency (ESAAA/CAA) flexibly transitioned to creating and delivering household food and PPE supply packages for seniors who would, under normal circumstances, receive these at the Senior Centers. Staff who ordinarily make and serve Meals on Wheels, increased production to serve seniors who needed to safely remain at home.



*Donna Smith
Vice Chair*

Congregate living facilities, like nursing homes and assisted living, were virus hot spots. Residents and their family and friends, used to open visiting, found socialization curtailed to prevent virus spread. Adding to this disruption was new ownership for three local nursing and assisted living facilities, with new rules, new staff and new ways of doing things. Resilience thrives on routine and in having strong supportive relationships, especially being with family. ESVA seniors experienced disruption upon disruption. Beth McGlothlin, ESAA/CAA senior ombudsman had her work cut out for her insuring that all nursing home and assisted living residents knew how to contact her if a need arose.

Work Group partners were curtailed in their efforts to boost seniors' computer literacy skills because seniors could not come to Senior Centers. Providing physical activity classes and teaching falls prevention also stopped. As we prepare for future disasters, senior computer literacy, broadband connectedness, internet and computers access top the list. Having access to others, if only virtually, keeps people connected, stimulated, and provides options for health and access to a world of opportunities and information that wouldn't otherwise exist.

Life-Long Wellness Work Group Partners

Marsha Bunting, Eastern Shore Area Agency on Aging/Community Action Agency (ESAAA/CAA), ESHC Work Group Chair

Judy Figgs, ESAAA/CAA

Patti Kiger, Eastern Virginia Medical School

Beth McGlothlin, ESAAA/CAA

Miriam Nasuke, Commonwealth Senior Living

Donna Smith, ESAAA/CAA. ESHC Work Group Vice Chair

Tiffany Smith, ESAAA/CAA

Tina Stratton-Taylor, Eastern Shore Community College

Livable Communities Work Group

How do you design health and well-being into the structure of a town? Think about where people live, where they shop, how they get to places, and where they gather.

Livable towns have places to live for people of all income levels: apartments, townhomes, condos above storefronts, single family homes. They have nearby stores and organizations that meet basic needs, like groceries, pharmacies, clothing, hardware, healthcare libraries, and churches. They emphasize pedestrian transportation, so sidewalks, bike lanes, crossing lights, handicap accessible crossings take priority over roads.

In fact, livable communities put roads on a diet. With fewer and more narrow lanes, cars naturally go slower, making it safer for walkers, bicyclists, people in wheelchairs, and parents pushing a baby carriage. With lots of parking in town, visitors park once and walk to wherever they want to go. Residents, especially children and seniors, don't even need cars most of the time. When they need to go beyond town, they use mass transit: the bus. This means less smog and cleaner air.

Livable towns have gathering spaces, like parks with benches, where residents meet, celebrate, and play. All this enhances social capital – the way communities work together with shared values, norms and cooperation. Walking becomes the normal way to get around.

ESHC partners work to ensure that counties and towns write the livable communities' concept within their comprehensive plans. If livable communities are part of local policy, the concept becomes sustainable.

Partners also promote walkability. ESHC offered grants to towns to build walking trails – many of these trails are on already existing sidewalks that go past storefronts. We placed signs marking the trails, and this year we added smaller signs to the trail-markers that give fun walking facts. We encourage everyone to walk using social media messages. And we try to measure how many people are walking the 8 trails by conducting an annual evaluation. This year we found an increase in the number of people who are using the trails and the number of people who use the trails for a regular walk. A simple concept that is fun and healthy without thinking about it.

Go to eshealthycommunities.org to see maps and details about all walking trails: Cape Charles, Eastville, Nassawadox, Wachapreague, Melfa, Onley (behind the YMCA: free and open to all), Onancock, and Parksley. Also, take a selfie on the trail and share with us on Facebook ([eshealthycommunities](https://www.facebook.com/eshealthycommunities)) or Instagram ([well-being_eshc](https://www.instagram.com/well-being_eshc)).



*Patti Kiger
Acting Work Group Chair
Walking the Parksley Trail*

Livable Communities Work Group Partners

Tracy Dedicatoria, Eastern Shore Health District

Patti Kiger, Eastern Virginia Medical School

Clarice McGarvey, Town of Exmore

Kelley Parks, Northampton County

Zach Ponds, Town of Cape Charles

Donna Smith, Eastern Shore Area Agency on Aging/
Community Action Agency

Clara Vaughn, Accomack-Northampton Planning District
Commission

Poverty Work Group



*Vicki Weakley
Work Group Chair*

If experiencing health, happiness and prosperity is well-being, then poverty is its opposite. Poverty is trauma and can be intergenerational.

About 20 percent of ESVA residents live below the poverty level. Another 35 percent qualify as ALICE, the United Way term for “Asset-Limited, Income Constrained, Employed” – people who are working, some working two jobs, but who are not making ends meet.

Given its intractable nature, poverty is hard to escape. Some can do it on their own but most need many helping hands – social programs, friends or family, or a coalition of residents who strongly see the need to hold ourselves and our leaders accountable for developing human and social capital, reducing exploitation, and having political and economic structures that lift all residents.

This work group began their efforts with a 4-day virtual Building Bridges Summit, June 17, 19, 22 and 23, led by Catherine Pemberton, a Bridges out of Poverty trainer. Starting from a place of shared information, 140 participants were invited to help in the strategic planning process, creating a roadmap for future actions. The plan is robust and the work group is determined. 2021 will require work but this team is ready.

Poverty Work Group Partners

Latisha Banks, Accomack County Department of Social Services (ACDSS)

Ebony Brown, Eastern Shore Academy of Cosmetology

Marsha Bunting, Eastern Shore Area Agency on Aging/Community Action Agency (ESAAA/CAA)

Kathy Carmody, Accomack County

Selena Coulbourne, ACDSS

Keva Davis, ACDSS

Saadia Davis, Eastern Shore Health District (ESHD)

Karen Downing, Mary N. Smith Alumni Association

Janice Felker, Eastern Shore Public Library

Mozella Francis, Northampton County Department of Social Services (NCDSS)

Tange Francis, ESAAA/CAA

Meghan Gaffney, ACDSS

April Graham, ACDSS

Nadine Greenley, ACDSS

Madison Greer, ACDSS

Michelle Hart, ACDSS

Sheryle Hinmon, NCDSS

Charmin Horton, Foodbank of Southeastern Virginia and the Eastern Shore

Kerrie Jensen, ACDSS

Vaughn Johnson, ACDSS

Charlena Jones, Business Consultant

Gar Kellam, ACDSS

Patti Kiger, Eastern Virginia Medical School

Kathy Lewis, ESHD

Laura Lewis, ACDSS

Reneta Major, NCDSS

Pat McArdle, Market Street United Methodist Church

Sara Meyer, Telamon Corp.

Rev. Gary Miller, St. John’s United Methodist Church

Nanette “Malaika” Mitchell, Catholic Charities

Roberta Newman, Smart Beginnings Eastern Shore

Jolynn Perry, Accomack/Northampton Corrections Department

Loretta Rhodes, ACDSS

Dr. Linda Schulz, Smart Beginnings Eastern Shore

Donna Smith, ESAAA/CAA

Iris Smith, ACDSS

Annabelle Spence, ACDSS

Tina Stratton-Taylor, Eastern Shore Community College

Shelly Strain, Eastern Shore Coalition Against Domestic Violence

Jonathan Tapman, ACDSS

Jodi Urban, ACDSS

Rev. Bart Weakley, AICC

Vicki J. Weakley, ACDSS

Elena Zavala, ACDSS

Rudy Zavala, ACDSS/NCDSS

Resilient and Trauma-Informed Communities Work Group

The number of children and adults impacted by trauma is alarming. After a year like this one, perhaps no longer shocking. Trauma is part of life. So much research has been published since the 1998 emergence of the Adverse Childhood Experiences study. So much help is available to individuals and organizations to help reduce the causes and impact trauma. We just have to agree to become trauma-informed, create trauma-informed and resilient environments, and be sensitive to others.

This work group was formed to increase awareness of trauma and its impact on body, brain and behavior and to help Eastern Shore individuals, organizations and community become trauma-informed. A description of a trauma-informed organization is found on pages 16 and 17 of this Annual Report.

On May 14 our full coalition meeting was devoted to dealing with the trauma that COVID 19 had dealt our community with “Creating an Environment of Information, Support and Resilience in the Time of COVID 19 and Beyond: A Community Conversation.” Nine panelist representing medicine, public health, mental health, social services and faith communities answered questions from community members, weaving into their responses resilience techniques that people can practice to strengthen their own resiliency. Also in May, we celebrated resiliency week, with a new resiliency message presented each day in our News & Updates newsletter, and on Facebook and Instagram. Our coalition has joined the Virginia Trauma-Informed Network so that we can exchange ideas and resources with other similar coalitions and partnerships throughout the state. We have also been asked to join a new committee developed by the Virginia Hospital and Health Association to insure uniformity of trauma training for all Virginia hospitals.

Meanwhile, ESVA organizations have been taking steps towards becoming trauma-informed, including Eastern Shore Healthy Communities. These include Accomack County Public Schools, Accomack County Social Services Department, Eastern Shore Health District: Nurse-Family Partnership, Eastern Shore Community College, Eastern Shore Community Services Board, Eastern Shore Rural Health System, and Riverside Shore Memorial Hospital.

Much work is required for 2021 and leadership is needed. Work Group partners will train anyone who desires to be a trainer so that we can expand our network of speakers and organizational coaches. Thanks to grant funding, we will even pay our partners to network with and provide training to organizations.

Resilient and Trauma-Informed Communities Work Group Partners

Marsha Bunting, Eastern Shore Area Agency on Aging/Community Action Agency (ESAAA/CAA)

Karen Downing, Mary N. Smith Alumni Association

Karen Emerson, Eastern Virginia Medical School (EVMS)

Lori Graham, Peninsula Child and Family Practice

Patti Kiger, Eastern Virginia Medical School

Charlena Jones, Northampton County School Board

Beth McGlothlin, ESAAA/CAA

Nanette “Malaika” Mitchell, Catholic Charities of Eastern Virginia

Linda Paschal, Riverside Shore Memorial Hospital

Nancy Proto, Retired Citizen

Angela Sheib, Eastern Shore Health District

Dr. Linda Schulz, Smart Beginnings Eastern Shore

Donna Smith, ESAAA/CAA

Kristee Trumbo, Capture Your Own

Amy Wilcox, Accomack County Department of Social Services

Jesse Wingate, Eastern Shore Rural Health System

Understanding What It Means to Be a Trauma-Informed Individual and Organization

Trauma is everywhere. It is the rare person who has not experienced trauma and many have experienced multiple traumas. Mental or physical neglect, mental, physical or sexual abuse, dysfunction in the home like mental illness, incarceration, physical abuse, substance abuse, or divorce can be adverse experiences that traumatize.

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 lasting adverse effects on an individual's functioning and mental, physical, social, emotional or spiritual well-being.

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

Trauma can be subjective. Two people can experience the same trauma and have two entirely different responses to it. Often the difference can be explained by innate resiliency. Resilience is the antidote to trauma and we can learn techniques to improve resiliency.

Trauma can be intergenerational. Parent or caregiver trauma can be passed down to the child in utero and that can impact a child's development, behavior, health or gene expression. This trauma can be passed down to future generations through behavior and environment. It is important to break the cycle of intergenerational trauma by helping people understand and address their own trauma.

Historical trauma is multigenerational and collective trauma experienced by a specific cultural, racial or ethnic group. It is related to major events that oppressed a particular group of people such as slavery, the Holocaust, and the forced migration and violent colonization of Native Americans.

Systemic trauma relates to practices and procedures implemented by institutions or their leaders that directly or indirectly cause harm to particular individuals or specific groups of people. These practices and policies perpetuate inequality, injustice, marginalization, exploitation and oppression of certain groups. An examples of systemic trauma is zero tolerance policies in schools that lead to the school-to-prison pipeline. Historically school suspension practices have penalized black students at three times the rate of white student. Students who are suspended are more likely to drop out of school and that limits economic opportunity.

Racism and Systemic Trauma. Scientific evidence suggests that the chronic stress, resulting from frequent racist encounters, is associated with chronic low-grade inflammation — similar to having a chronic low fever. This may wear a person down physically over time, which could put them at a higher risk for a heart disease and other health conditions.

A trauma-informed organization realizes the widespread impact of trauma and understands potential paths for recovery. They teach their employees to recognize the signs and symptoms of trauma in each other and in their customers (clients, patients, students – whoever the customer is). And they move forward to create an environment that does not re-traumatize and emphasizes resilience.

A trauma-informed organization realizes the widespread impact of trauma and understands potential paths for recovery. They teach their employees to recognize the signs and symptoms of trauma in each other and in their customers (clients, patients, students – whoever the customer is). Six principles guide trauma-informed organizations.

1. Safety. The feeling of being safe both physically and emotionally is a high priority for trauma-informed organizations. Having predictable environments with schedules, routines, structures, even routine celebrations, with clear rules and expectations contribute to employees and clients (or students, patients, customers) feeling safe. Trauma-informed organizations focus on emotional safety. Having connected, caring relationships are a priority. Individuals, especially management in trauma-informed organizations, pay attention to their body language, non-verbal cues, and tone of voice.

2. Trustworthiness and Transparency. Trauma-informed organizations keep processes and decision-making transparent to build trust within the employee ranks and among their customers. They explain processes and procedures, use clear and effective communication, are true to their word and follow through on commitments. Consistency and admitting mistakes contribute to trustworthiness and transparency.

3. Peer Support. Trauma-informed organizations use the peer support of trauma survivors. Trauma survivors share their experiences to establish safety, hope, build trust, and enhance collaboration. Using trauma survivor stories and lived experiences promotes healing and resiliency. Trauma-Informed Leadership Teams (TILT) are small groups that regularly meet to share experiences related to their work and applying a trauma-informed lens. As these TILTs meet more frequently, they grow in their trauma-informed skills.

4. Collaboration and Mutuality. In business circles, collaborative management has replaced top-down management because it is more effective in a complex society. Organizations require more effective leadership to get the job done. So little wonder that collaboration and mutuality are important principles of a trauma-informed organization. Level the power, not just among staff, but between staff and clients or customers. Healing happens within relationships and relations are better formed among equals. Work with clients, customers, patients, students – whoever your customer is—on goal planning. Seek their input and feedback. Share decision-making. Provide opportunities for the client to contribute.

5. Empowerment, Voice, Choice. Empower the workforce and empower clients (or students, patients, customers) by recognizing and building upon strengths and experiences. Include them in decision-making and goal setting. Encourage and cultivate self-advocacy skills. If you work with patients, remember to facilitate recovery, not control it. Plan and set goals with staff and clients. Give some autonomy within decision-making. Create time to celebrate successes and failures. Remember that failures are opportunities to learn.

6. Cultural, Historical and Gender Issues. Recognize, acknowledge and work to combat historical and current cultural and race-based trauma, systems of oppression and gender issues. A trauma-informed organization actively works to dismantle systems of oppression and racism. Many white people do not understand their own privilege and this requires actively working to be anti-racist. Ensure all policies, procedures, and practices are responsive to the racial, ethnic and cultural needs of all clients served. Use the healing value of traditional cultural connections. Check out your workforce and work towards matching it up to the clients you serve. Finally, insure that all materials and literature are accessible to all of the people you serve.

For further information or to schedule a presentation or consultation contact kigerpg@evms.edu

Our Partnership Stands On This Foundation

Vision

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 Eastern Shore of Virginia residents.

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 believe 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.

Diversity Statement

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 all Eastern Shore of Virginia 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.

A Final Word from the Executive Director

Partners and Friends

While 2020 has ended, the turmoil and trauma continues on ESVA and throughout the world. This trauma is real and will impact our health and our behavior until we become trauma-informed and work on resilience as individuals, as organizations, and as a community.

The struggle to avoid COVID 19 has left its mark on us all, whether through isolation, laboring on the front lines, or losing jobs. We've missed school, church, and spending time with friends and family. This season of COVID will evolve. It is February and I have my first vaccine. I hope that you will get vaccinated too.

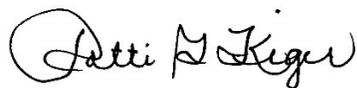
The more I read about diversity, equity and inclusion, the more I learn of oppression omitted from history books. The stories of African Americans, whose Lives indeed Matter, and that of women, Jews, Native Americans, LBGQTIA folks, immigrants and others who have been terrorized, shamed, and ostracized because of power imbalances--that history is now more widely written, published, and read. We can now see more clearly, if our minds and hearts are open.

ESHC will continue to encourage cultural humility: an approach to engagement across differences that acknowledges systems of oppression and embodies the following key practices: (1) a lifelong commitment to self-evaluation and self-critique, (2) a desire to fix power imbalances where none ought to exist, and (3) aspiring to develop partnerships with people and groups who advocate for others on a systemic level.

Polemic political bickering must end and we need to elect leaders, not politicians, who understand the difference between leading and pledging allegiance to re-election. Get engaged in promoting and having productive dialogue over good ideas and advocacy to improve Eastern Shore well-being.

After a year of turmoil and trauma, our strong and resilient partnership remains. We will move forward in 2021 with a new strategic plan and renewed energy to influence the policies, systems and environments that promote Eastern Shore well-being. The gift we share as a partnership is trust – the trust we have in each other and the trust that accountability engenders.

Best wishes,



Patti G. Kiger, M.Ed.

Executive Director, Eastern Shore Healthy Communities

Instructor, Pediatrics Community Health and Research, Eastern Virginia Medical School



Patti Kiger

Eastern Shore Healthy Communities 2021 Meetings Schedules

Full Coalition Meetings

Dr. James Shaeffer, Chair; Cara Burton, Vice Chair
Quarterly, 2nd Thursdays, 3 – 4:30 pm
February 11 (Annual Meeting), May 13, August 12, November 11

Executive Committee Meetings

Quarterly 2nd Thursdays, 1-2:30 pm
January 14, April 8, *Friday*, July 9 (Retreat), October 14

Better Birth Outcomes Work Group

Dr. Sandra Balmoria & Kathy Lewis, Co-Chairs
Monthly, 2nd Tuesday, 8:15 – 9:30 am
January 12, February 9, March 9
April 13, May 11, June 8
July 13, August 10, September 14
October 12, November 9, No December meeting

Diversity, Equity & Inclusion Work Group

Andre Elliott, Chair
Monthly, 2nd Wednesday, 4 -5:30 pm
January 13, February 10, March 10
April 14, May 12, June 9
July 14, August 11, September 8
October 13, November 10, No December meeting

Food Access & Equity Work Group

Charmin Horton & Janice Felker, Co-Chairs
Monthly, 3rd Monday, 10-11:30 am except as noted*
January 25*, February 22*, March 15
April 19, May 17, June 21
July 19, August 16, September 20
October 18, November 15, December 20

Resilient & Trauma-Informed Communities Work Group

Patti Kiger, Acting Chair
Monthly, 2nd Tuesdays, 1 – 2:30 pm
January No Meeting, February 9, March 9
April 13, May 11, June 8
July 13, August 10, September 14
October 12, November 9, No December meeting

Life Long Wellness Work Group

Marsha Bunting, Chair
Monthly, 3rd Wednesday, 1 – 2 pm
January 20, February 17, March 17
April 21, May 19, June 16
July 21, August 18, September 15
October 20, November 17, no December meeting

Livable Communities Work Group

Patti Kiger, acting chair
Monthly, 3rd Thursday, 2-3:30 pm
January 21, February 18, March 18
April 15, May 20, June 17
July 15, August 19, September 16
October 21, November 18, no December meeting

Poverty Work Group

Vicki Weakley & Charlena Jones, co-chairs
Bi-Monthly, 1st Wednesday, 10 – 11:30 am
March 3, May 5,
July 14, September 1, November 3
no December meeting

For further information about each work group, contact the chair or contact

Patti G. Kiger, M.Ed., Instructor, Pediatrics, Eastern Virginia Medical School & Executive Director, Eastern Shore Healthy Communities at kigerpg@evms.



eshealthycommunities.org

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