Virginia FY 2018
Preventive Health and Health Services
Block Grant

Work Plan

Original Work Plan for Fiscal Year 2018
Submitted by: Virginia
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Executive Summary

This work plan is for the Preventive Health and Health Services (PHHS) Block Grant for Federal Year 2018. It is submitted by the Virginia Department of Health as the designated state agency for the allocation and administration of PHHSBG funds.

The PHHS advisory committee met on DATE and on DATE. A public hearing was also held on DATE.

Funding Assumptions: The total award for the FY2018 Preventive Health and Health Services Block Grant is $3,421,225. This amount is based on the 5/31/2018 allocation table distributed by the Centers for Disease Control and Prevention. Of the total amount, $283,042 has been allocated for administrative costs to cover salaries and related expenses, audit expenses, phone charges and IT functions. FY2018 funds are allocated to programs in priority health areas that address the following Healthy People 2020 national health status objectives:

(HO C – 12) Statewide Cancer Registries: $167,000 of the total award will support system enhancements to the Virginia Cancer Registry to increase electronic reporting of cancer cases.

(HO HRQOL/WB-1) Health & Well-Being: $70,000 of the total will support Virginia's Plan for Well-Being as a framework to guide the development of projects, programs and policies to advance Virginians' health.

(HO IVP – 1) Fatal and Nonfatal Injuries: $391,081 of the total will support the Injury and Violence Prevention Program, which will provide resources, technical assistance and training to build and maintain a statewide injury prevention infrastructure.

(HO IVP – 2) Traumatic Brain Injury: $80,340 of the total will support the Traumatic Brain Injury Prevention Program. Funds will support the provision of training, education, resources and technical assistance that will address traumatic brain injuries related to youth bicycle safety and school athletics.

(HO IVP – 9) Poisoning Deaths: $47,140 of the total will be used to support the Prescription Drug Prevention Program, which will provide training, education and resources for the prevention of prescription drug misuse and abuse.

(HO IVP – 40) Sexual Assault-Rape Crisis: $178,896 of the total is a mandatory allocation to address the prevention of sexual assaults. The Virginia Department of Health contracts with the Virginia Sexual and Domestic Violence Action Alliance to provide statewide coordination of sexual assault advocacy, data collection on victim services and outcomes, technical assistance, and training to local sexual assault crisis centers and other professionals.

(HO MICH – 21) Breastfeeding: $184,694 of the total will be used to support the

Creating Breastfeeding Friendly Environments project, which will provide technical assistance and resources to early care education settings and worksites to implement supportive breastfeeding interventions.

(HO NWS – 1) Nutrition standards for preschool-aged children: $112,213 of the total will be used to fund technical assistance and professional development to increase the implementation and integration of nutrition standards into statewide early child education center systems.

(HO OH – 7) Use of Oral Health Care System: $80,900 of the total will be used to support the Oral Health Care Access for Individuals with Special Health Care Needs (ISHCN) Program. Funds will provide education and training to dentists in an effort to encourage increased care or children with special health care needs.

(HO OH – 13) Community Water Fluoridation: $256,098 of the total will be used to maintain Virginia's optimal community water fluoridation level. Funds will be used to support the Community Water Fluoridation Program's coordinator position and for equipment upgrades, monitoring water systems, and providing training, education, and technical assistance.

(HO PA – 3) PA-3 Physical activity and muscle-strengthening: $110,755 of the total will be used to expand implementation of physical activity policy and systems change strategies to increase physical activity among school-age children.

(HO PA – 15) Physical activity opportunities: $117,119 of the total will be used to increase the number of places that implement community planning, transportation and interventions that support safe and accessible physical activity.

(HO PHI – 7) National Data for Healthy People 2020 Objectives: $357,287 of the total will be used to increase the sample size of the Behavioral Risk Factor Surveillance System; $118,580 will be used to support staff and activities of the Pregnancy Risk Assessment Monitoring System; and $80,000 will be used to support staff, activities and d data provision for the Virginia Youth School-based Surveys.

(HO PHI – 14) Public Health System Assessment: $611,180 of the total will be used to support the Centralized Support for Community Health Assessments and Health Improvement Plans initiative. Funds will support staff within the Division of Population Health Data who will provide support to each of the 35 local health districts in conducting community needs assessments and community health improvement plans.

(HO TU – 4) Smoking Cessation Attempts by Adults: $175,000 of this total will be allocated to the Tobacco Use and Control Program to fund the Quit Now Virginia quitline to provide tobacco cessation services to Virginians.

Statutory Information

Advisory Committee Member Representation:
College and/or university, Community-based organization, Community resident, County and/or local health department, Faith-based organization, State or local government, Transportation organization

Dates:

Public Hearing Date(s): **Advisory Committee Date(s):**

Current Forms signed and attached to work plan:

Certifications: Yes
Certifications and Assurances: No

Budget Detail for VA 2018 V0 R0	
Total Award (1+6)	$3,421,225
A. Current Year Annual Basic	
1. Annual Basic Amount	$3,242,329
2. Annual Basic Admin Cost	($282,942)
3. Direct Assistance	$0
4. Transfer Amount	$0
(5). Sub-Total Annual Basic	$2,959,387
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	$178,896
7. Sex Offense Admin Cost	$0
(8.) Sub-Total Sex Offense Set Aside	$178,896
(9.) Total Current Year Available Amount (5+8)	$3,138,283
C. Prior Year Dollars	
10. Annual Basic	$0
11. Sex Offense Set Aside (HO 15-35)	$0
(12.) Total Prior Year	$0
13. Total Available for Allocation (5+8+12)	$3,138,283

Summary of Funds Available for Allocation	
A. PHHSBG $'s Current Year:	
Annual Basic	$2,959,387
Sex Offense Set Aside	$178,896
Available Current Year PHHSBG Dollars	$3,138,283
B. PHHSBG $'s Prior Year:	
Annual Basic	$0
Sex Offense Set Aside	$0
Available Prior Year PHHSBG Dollars	$0
C. Total Funds Available for Allocation	$3,138,283

Summary of Allocations by Program and Healthy People Objective

Program Title	Health Objective	Current Year PHHSBG $'s	Prior Year PHHSBG $'s	TOTAL Year PHHSBG $'s
Virginia Cancer Registry (VCR) Enhancement Program	C-12 Statewide Cancer Registries	$167,000	$0	$167,000
Sub-Total		**$167,000**	**$0**	**$167,000**
Virginia's Plan for Well-Being	HRQOL/WB-1 Health & Wellbeing	$70,000	$0	$70,000
Sub-Total		**$70,000**	**$0**	**$70,000**
Injury and Violence Prevention Program	IVP-1 Total Injury	$391,081	$0	$391,081
Sub-Total		**$391,081**	**$0**	**$391,081**
Traumatic Brain Injury Prevention Program	IVP-2 Traumatic Brain Injury	$80,340	$0	$80,340
Sub-Total		**$80,340**	**$0**	**$80,340**
Prescription Drug Prevention Program	IVP-9 Poisoning Deaths	$47,140	$0	$47,140
Sub-Total		**$47,140**	**$0**	**$47,140**
Sexual Assault Intervention and Education Program	IVP-40 Sexual Violence (Rape Prevention)	$178,896	$0	$178,896
Sub-Total		**$178,896**	**$0**	**$178,896**
Creating Breastfeeding Friendly Environments Program	MICH-21 Breastfeeding	$184,694	$0	$184,694
Sub-Total		**$184,694**	**$0**	**$184,694**
Improving Nutrition and Beverage Standards in Early Child Education Centers	NWS-1 Nutrition Standards	$112,213	$0	$112,213
Sub-Total		**$112,213**	**$0**	**$112,213**

Oral Health Care Access for Individuals with Special Health Care Needs (ISHCN)	OH-7 Use of Oral Health Care System	$80,900	$0	$80,900
Sub-Total		**$80,900**	**$0**	**$80,900**
Community Water Fluoridation	OH-13 Community Water Fluoridation	$256,098	$0	$256,098
Sub-Total		**$256,098**	**$0**	**$256,098**
Enhancing Physical Activity	PA-3 Physical activity and muscle-strengthening	$110,755	$0	$110,755
Sub-Total		**$110,755**	**$0**	**$110,755**
Creating Walkable Communities	PA-15 Physical activity opportunities	$117,119	$0	$117,119
Sub-Total		**$117,119**	**$0**	**$117,119**
OFHS Program Support – Pregnancy Risk Assessment Monitoring System (PRAMS)	PHI-7 National Data for Healthy People 2020 Objectives	$118,580	$0	$118,580
Sub-Total		**$118,580**	**$0**	**$118,580**
OFHS Program Support – Youth Risk Behavior Survey (YRBS) and School Health Profiles (SHP)	PHI-7 National Data for Healthy People 2020 Objectives	$80,000	$0	$80,000
Sub-Total		**$80,000**	**$0**	**$80,000**
OFHS Program Support – Behavioral Risk Factor Surveillance System (BRFSS)	PHI-7 National Data for Healthy People 2020 Objectives	$357,287	$0	$357,287
Sub-Total		**$357,287**	**$0**	**$357,287**

OFHS Program Support – Community Health Assessments and Improvement Plans	PHI-14 Public Health System Assessment	$611,180	$0	$611,180
Sub-Total		**$611,180**	**$0**	**$611,180**
Tobacco Control Program	TU – 4 Smoking Cessation Attempts by Adults	**$175,000**	**$0**	**$175,000**
Sub-Total		**$175,000**	**$0**	**$175,000**
Grand Total		**$3,138,283**	**$0**	**$3,138,283**

State Program Title: Virginia Cancer Registry (VCR) Enhancement Program

State Program Strategy:

Program Goal:
The goal of this program is that enhanced capacity will significantly strengthen the cancer registry's ability to more accurately identify and quantify the number of cancer cases diagnosed in the Commonwealth and, therefore, allow VDH to identify underserved areas and to direct resources to the populations most in need. VDH will launch the *Web Plus* abstracting tool to physicians, hospitals that are not accredited by the Commission on Cancer (CoC) and other current paper reporters

Program Health Priority:
Cancer cases are grossly under-reported and unreported from physicians and outpatient clinics. While the VCR cannot directly reduce the number of cancer cases, staff can provide policy direction in order to assist in detecting cancer at an earlier stage. This will increase survivorship and reduce the disability and death from cancer. This should also assist in developing screening programs in underserved areas identified by the statistics generated from the VCR.

Primary Strategic Partners:
Primary strategic partners are physicians, hospital administrators and IT specialists.

Evaluation Methodology:
There is a current baseline of two reporting physicians. According to the Virginia Board of Medicine, there are more than 30,000 doctors of medicine, osteopathic medicine and podiatry in the Commonwealth. In addition, there are eight hospitals that are not CoC-accredited and are reporting only by paper. These paper cases are a burden to the registry, as it would take approximately 23% of the work year to abstract these cases. VCR staff will be able to monitor the number of current paper reporters who have converted to electronic reporting through the assignment of accounts in *Web Plus*.

State Program Setting:

State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Vacant
Position Title: Epidemiologist
State-Level: 20% Local: 0% Other: 0% Total: 20%
Position Name: Vacant
Position Title: Cancer Data Analyst
State-Level: 40% Local: 0% Other: 0% Total: 40%

Total Number of Positions Funded: 2

Total FTEs Funded: 0.6

National Health Objective: HO C-12 Statewide Cancer Registries

State Health Objective(s):
Between 10/2018 and 09/2019, The VCR will increase its physician electronic reporting from 2 to 250.

Baseline:
The number of physicians reporting electronically is two.

Data Source:
Virginia Cancer Registry

State Health Problem:

Health Burden:
The target population for enhancement of the VCR includes medical professionals in private practices, hospitals, clinics, labs and other clinical settings where the diagnosis and treatment of cancer occurs. This population was identified due to the health systems/information exchange enhancements that are needed per registry best practices and regulations.

Many priority physicians report sporadically by sending case information on paper that, in turn, the cancer registrars must abstract. This is a very time consuming process. The current benchmark for abstracting paper cases is fifteen per day. With more than 4,500 cases coming to the VCR on paper, this consumes about 300 work days. If we assign all five of our FTE registrars, this would take 60 work days or approximately 23% of a work year. By removing the abstracting task, VCR staff would be able to work on the other approximately 72,000 case reports that come from our electronic reporting hospitals into the VCR on a yearly basis.

According to the Virginia Board of Medicine, there are more than 30,000 doctors of medicine, osteopathic medicine and podiatry in the Commonwealth. In addition to physician reporters, there are eight smaller hospitals that are not accredited by the American College of Surgeons Commission on Cancer, fifteen outpatient clinics and fifteen pathology offices currently reporting on paper. These entities would also be able to report electronically via *Web Plus*.

Target Population:
Number: 30,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 30,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: Virginia Cancer Registry

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: National Program of Cancer Registries (NPCR), North American Association of Central Cancer Registries (NAACCR), Code of Virginia – Cancer Reporting Laws; Board of Health Regulations – Cancer Reporting

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $167,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Implement reporting system
Between 10/2018 and 09/2019, DPHD staff will implement **1** reporting system.

Annual Activities:
1. Increase number of physician reporters

Between 10/2018 and 09/2019, DPHD staff will increase the number of physician reporters to 100.

2. Utilize Web Plus
Between 10/2018 and 09/2019, DPHD staff will utilize the secure file transfer protocol (SFTP) properties of *Web Plus* to allow for secure transfer of protected health information to and from VCR.

Objective 2:
Reduce paper cases
Between 10/2018 and 09/2019, DPHD will decrease the number of backlogged paper cases from 56,000 to 50,000

Annual Activities:
1. Abstract backlog
Between 10/2018 and 09/2019, a cancer data analyst will be assigned to abstract backlogged paper cases.

State Program Title: Virginia's Plan for Well-Being

State Program Strategy:

Program Goal:
Virginia's Plan for Well-Being is focused on creating and sustaining conditions that support health and well-being. It provides a framework to guide the development of projects, programs and policies to advance Virginians' health.

Program Health Priority:
There are 13 priority goals that address issues significantly impacting the health and well-being of the people of Virginia. These goals fall within the four overarching aims of: healthy, connected communities; a strong start for children; preventive actions; and a system of health care.

Primary Strategic Partners:
Primary strategic partnerships include state agencies, community organizations, healthcare systems, healthcare providers.

Evaluation Methodology:
VDH will track outcome measures for all goals identified in the plan.

State Program Setting:
State health department,

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0

National Health Objective: HO HRQOL/WB-1 Increase the proportion of adults who self-report good or better health

State Health Objective(s):

Between 10/2018 and 09/2020, increase the number of adults in Virginia reporting good or better health from 83.1% to 83.5%.

Baseline:
83.1% (2015)

Data Source:
Virginia Behavioral Risk Factor Surveillance Survey (2015)

State Health Problem:

Health Burden:

The significance of quality of life and well-being as a public health concern is not new. Since 1949, the World Health Organization (WHO) has noted that health is “a state of complete physical, mental, and social well-being and not merely an absence of disease and infirmity.” In 2005, WHO recognized the importance of evaluating and improving people’s quality of life in a position paper. Because people are living longer than ever before, researchers have changed the way they examine health, looking beyond causes of death and morbidity to examine the relationship of health to the quality of an individual life.

When quality of life is considered in the context of health and disease, it’s commonly referred to as health-related quality of life (HRQOL). Researchers today agree that HRQOL is multidimensional and includes domains that are related to physical, mental, emotional, and social functioning and the social context in which people live.

People with higher levels of well-being judge their life as going well. People feel very healthy and full of energy to take on their daily activities. People are satisfied, interested, and engaged with their lives. People experience a sense of accomplishment from their activities and judge their lives to be meaningful. People are more often content or cheerful than depressed or anxious. People get along with others and experience good social relationships. Personal factors, social circumstances, and community environments influence well-being.

Target Population:

Number: 7,077,074
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:

Number: 7,077,074
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban

Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $70,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
1. Promote Virginia Plan for Well-Being
Between 10/2018 and 09/2019, VDH will continue the promotion of **1** Virginia Plan for Well-Being to applicable stakeholders and partners to support clarity of effort and alignment of resources throughout the state.

Annual Activities:
1. Collaborate with partners
Between 10/2018 and 09/2019, VDH staff representing all PHHS programs will participate in a facilitated process to identify alignment of PHHS funded activities and ensure promotion of priority and foundational goals within the Virginia Plan for Well-Being.

2. Expand reach
Between 10/2018 and 09/2019, VDH will continue the promotion of the Virginia Plan for Well-Being to applicable stakeholders and partners through plan dissemination and meetings.

Objective 2:

1. Assure a competent workplace

Between 10/2018 and 09/2019, the Chronic Disease Program will provide resources, technical assistance and training to maintain a statewide chronic disease network to **all** interested stakeholders and partners to support chronic disease activities aligned with the Virginia Plan for Well-Being.

Annual Activities:

1. Provide training and education

Between 10/2018 and 09/2019, the Chronic Disease Program will host **4** Chronic Disease Collaborative Network meetings for stakeholders to further collaboration and resource sharing related to chronic disease activities supporting the Virginia Plan for Well-Being.

2. Provide outreach and education

Between 10/2018 and 09/2019, the Chronic Disease Program will share resources through the Chronic Disease Collaborative Network electronic newsletter on a monthly basis.

State Program Title: **Injury and Violence Prevention Program**

State Program Strategy:

Program Goal: The goal of the Injury & Violence Prevention Program is to prevent and reduce the consequences of unintentional injuries and acts of violence, addressing risk factors at a population health level through practice and policy change.

Program Health Priority:
Injuries impact everyone at some point in their lives and represent the leading cause of death in the US and Virginia for those 1-44 years of age. The Centers for Disease Control and Prevention estimates that every three minutes someone in the US dies from an intentional or unintentional injury. Although death is the most severe result of injury, it represents only part of the problem. The majority of those who incur injuries survive. Depending on the severity of the injury, victims may be faced with life-long mental, physical and financial problems as a result of loss of productivity and stress to the victim, family, and other caregivers.

Unfortunately, because injuries are so commonplace they are often accepted as an inevitable part of life. However, research has proven that the causes of injuries are predictable and preventable and not randomly occurring accidents. Injuries can be prevented through potentially modifiable factors, which affect the occurrence and severity of injury, such as behavior change, policy, environment and the use of safety devices.

The Injury & Violence Prevention Program supports promising and best practice injury prevention activities at the local level that address leading or emerging injury issues.

Primary Strategic Partners:
In addition to collaborating with relevant programs in the VDH Offices of Family Health Services, Emergency Medical Services, and the Chief Medical Examiner, the Injury Prevention Program partners with a variety of organizations and agencies at the state and local levels depending on the mechanism of injury being addressed. These include but are not limited to drug free organizations, Safe Kids coalitions, schools, child care centers, fire and police departments, health systems, Poison Control Centers, Virginia High School League, Virginia Association of Independent Schools, Virginia Chapter of the American Academy of Pediatrics, Bike Walk Virginia, AAA divisions, Anthem Blue Cross and Blue Shield of VA, VA Association of Health, Physical Education, Recreation and Dance, VA Recreation and Park Society, VA Safe Routes to School Network, VA Fire and Life Safety Coalition, Virginia Association of School Nurses, Brain Injury Association of VA, Drive Smart Virginia and the Virginia Departments of Social Services, Criminal Justice Services, Education, Aging and Rehabilitative Services, Fire Programs, Conservation and Recreation, Motor Vehicles and Transportation.

Evaluation Methodology:
All funded projects will require an evaluation plan following the RE-AIM framework to

include, where applicable, the systematic measurement of: the number of participants in training events and the level of exposure for awareness activities (Reach); the impact of trainings and educational sessions on behavioral change and changes in the rates of available Virginia injury data (Efficacy); the number of new partnerships and/or policies developed to support implementation (Adoption); fidelity to best practices at the project level (Implementation); and the extent to which the program becomes institutionalized or part of the routine organizational practice (Maintenance). Outcomes of awareness and training activities will be assessed through tracking of activities; monitoring of audience exposures to information provided; and behavior change that results from activities. In addition, data on the type and number of distributed resources will be collected.

State Program Setting:
State health department, medical or clinical site, community health center, local health department, Other: Injury and Violence advocate groups

FTEs (Full Time Equivalents):
Position Name: Heather Board
Position Title: DPHP Director
State-Level: 8% Local: 0% Other: % Total: 8%

Position Name: Lisa Wooten
Position Title: Injury and Violence Prevention Program Supervisor
State-Level: 5% Local: % Other: % Total: 5%

Position Name: TBD
Position Title: Community Systems Program Coordinator
State-Level: 75% Local: Other: % Total: 75%

Position Name: Jennifer Schmid
Position Title: Injury & Violence Prevention Program Support
State-Level: 30% Local: % Other Total: 30%

Total Number of Positions Funded: 4
Total FTEs Funded: 1.18

National Health Objective:
IVP-1: Reduce Fatal and Nonfatal Injuries

State Health Objective(s):
1. Reduce the rate of injury related deaths by 3% from the 2012 baseline of 51.9 per 100,000 to 50.3 per 100,000 by 2020.

2. Reduce the rate of injury related hospitalization by 5% from the 2012 baseline of 428.4 per 100,000 to 407 per 100,000 by 2020.

Baseline: 1. 51.9 per 100,000 (2012)
2. 28.4 per 100,000 (2012)

Data Source: 1. Vital Records
2. Virginia Health Information

State Health Problem:

Health Burden:
Injuries represent the leading cause of death in the US and Virginia for those 1-44 years of age; the 2014 all cause injury death rate for Virginians was 55.3 per 100,000. Although death is the most severe result of injury, the majority of those who incur injuries survive; the 2014 all cause injury hospitalization rate for all Virginians was 400.3 per 100,000. Depending on the severity of the injury, victims may be faced with life-long mental, physical and financial problems as a result of lost productivity and stress to the victim, family and other caregivers. Injuries impact everyone regardless of age, race or economic status. Because injuries are so commonplace, they are often accepted as an inevitable part of life. However, research has demonstrated that injuries can be prevented through modifiable factors such as behavior, policy and the environment.

Target Population:
Number: 7,882,590
Description: Virginia Residents Statewide
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1-3 years, 4-11 years, 12-19 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 7,882,590
Description: Virginia Residents Statewide
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1-3 years, 4-11 years, 12-19 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Location: Statewide
Target and Disparate Data Sources: US Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services); MMWR Recommendations and Reports (Centers for Disease Control and Prevention); Other: CDC Recommends: The Prevention Guidelines System, Healthy People 2020, Safe Kids Worldwide, Home Safety Council, Safe States Alliance, Children's Safety Network, Harborview Injury Prevention and Research Center, Safe Communities America Program

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $ 391,081
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $66,509
Role of Block Grant Dollars: Injury & Violence Prevention Program Infrastructure and targeted programs
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 10-49%-Partial Source of Funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

1.Assure a competent workforce

Between 10/2018 and 09/2019, the VDH Injury and Violence Prevention Program will provide resources, technical assistance, and training to build and maintain a statewide injury prevention infrastructure to **all** statewide stakeholders and partners.

Annual Activities:

1. **Provide training and education.**

Between 10/2018 and 09/2019, the Injury and Violence Prevention Program will continue to support a statewide network of injury and violence prevention practitioners through the coordination of **2** regional meetings to support local capacity and sustainability of injury and violence prevention infrastructure.

2. Provide training and education.

Between 10/2018 and 09/2019, the Injury and Violence Prevention Program will partner with Family and Children's Trust Fund of Virginia and local child advocacy groups to host **1** statewide trauma informed practices conference for broad spectrum healthcare provider and community partners.

3. **Outreach and education**
Between 10/2018 and 09/2019, VDH will share resources through the Injury Prevention Network listerv on a routine basis to support local efforts.

4. Collaboration
Between 10/2018 and 09/2019, the Injury and Violence Prevention Program will continue the revision of the statewide Injury Prevention Strategic Plan.

Objective 2:
2.Data Analysis.
Between 10/2017 and 9/2018, the VDH Injury and Violence Prevention Program will maintain **1** online injury and violence data query system for the public.

Annual Activities:
1. **Provide training and education.**
VDH will maintain public access to currently available injury hospitalization and death data by updating Tableau visual analytic system in partnership with the Division of Population Health Data.

Objective 3:
3.Collaboration
Between 10/2018 and 9/2019, the VDH Injury and Violence Prevention Program will expand the development of **1** community-based youth violence prevention project in partnership with the Richmond City Health Department, implementing a collective impact format.

Annual Activities:
1. **Collaboration**
Between 10/2018 and 09/2019, the Richmond City Health Department will expand the existing collective impact planning of the Youth Violence Prevention Collaborative.

Objective 4:
4.Systems Development
Between 10/2018 and 9/2019, the VDH Injury and Violence Prevention Program will maintain **1** registry collection system for the Low Income Safety Seat Distribution and Education Program (LISSDEP) to support the reduction of duplication of programmatic resource distribution among safety seat distribution sites, and facilitate program evaluation.

Annual Activities:
1. System development
The Injury and Violence Prevention Program will partner with the VDH Office of Information Management to maintain a web-based database to collect and analyze safety seat distribution data from LISSDEP distribution sites.

Objective 5:

5.Collaboration

Between 10/2018 and 09/2019, The Injury and Violence Prevention Program will support **1** network of Low Income Safety Seat Distribution and Education Program (LISSDEP) distribution sites by providing child safety seats and booster seats to indigent families unable to purchase a safety seat who are currently on a LISSDEP waitlist.

Annual Activities:

1. Building Capacity

The Injury and Violence Prevention Program will support the network of Low Income Safety Seat Distribution and Education Program (LISSDEP) distribution sites to provide child safety seats and booster seats to indigent families who are currently by providing child safety seats and booster seats to indigent families unable to purchase a safety seat who are currently on a LISSDEP waitlist.

State Program Title: Traumatic Brain Injury Prevention Program

State Program Strategy:

Program Goal: The goal of the Traumatic Brain Injury Prevention Program is to prevent traumatic brain injuries among youth and to increase the diagnosis and proper management of concussions to support full recovery and to decrease injury severity.

Program Health Priority:
The CDC identifies traumatic brain injury (TBI) as a leading public health issue throughout the US. Across the lifespan, there are many different mechanisms of injury which can result in TBI. The Traumatic Brain Injury Prevention Program targets prevention efforts on school age children given the known health and development implications of injury to the developing brain. Specific efforts are focused on preventing injuries related to sports and recreational activities such as bicycling.

Nationally between 1966 and 2009, the number of children who bicycle or walk to school has decreased by 75%. However, recent efforts to address obesity, especially childhood obesity, and healthy living focus on increasing community-level walking and bicycling initiatives in Virginia as effective intervention strategies. The challenge is that many public health efforts to promote physical activity seldom address the numerous available strategies to prevent related injuries and fatalities.

As with most types of unintentional injuries, bicycle related injuries and fatalities are preventable. Changes in behavior, the use of proven safety devices, environmental improvements and policy enhancements all support the prevention of injuries. The most effective prevention strategies focus on behavior change to make the largest impact.

Primary Strategic Partners:
In addition to collaborating with relevant programs in the VDH Office of Family Health Services, the Injury and Violence Prevention Program partners with a variety of organizations and agencies at the state and local levels. These include but are not limited to Safe Kids coalitions, schools, health systems, Virginia High School League, Virginia Association of Independent Schools, Virginia Chapter of the American Academy of Pediatrics, Bike Walk Virginia, VA Association of Health, Physical Education, Recreation and Dance, VA Recreation and Park Society, VA Safe Routes to School Network, Brain Injury Association of VA, and the Virginia Departments of Education, Conservation and Recreation, Motor Vehicles and Transportation.

Evaluation Methodology:
All funded projects will require an evaluation plan following the RE-AIM framework to include, where applicable, the systematic measurement of: the number of participants in training events and the level of exposure for awareness activities (Reach); the impact of trainings and educational sessions on behavioral change and changes in the rates of available Virginia injury data (Efficacy); the number of new partnerships and/or policies

developed to support implementation (Adoption); fidelity to best practices at the project level (Implementation); and the extent to which the program becomes institutionalized or part of the routine organizational practice (Maintenance). Outcomes of awareness and training activities will be assessed through tracking of activities; monitoring of audience exposures to information provided; and behavior change that results from activities. In addition, data on the type and number of distributed resources will be collected.

State Program Setting:

School or school district,

FTEs (Full Time Equivalents):

Total Number of Positions Funded: 0
Total FTEs Funded: 00

National Health Objective:

Healthy People 2020 Objective:
HO IVP 2 Reduce Fatal and Nonfatal Traumatic Brain Injuries

State Health Objective(s):

1. To reduce the rate of fatal traumatic brain injuries by 3% from the 2012 baseline of 18.3 per 100,000 to 17.8 per 100,000 by 2020.

2. To reduce the rate of traumatic brain injury hospitalizations by 3% from the 2012 baseline of 58.4 per 100,000 to 56.6 per 100,000 by 2020.

Baseline: 1. 18.3 per 100,000 (2012)
2. 58.4 per 100,000 (2012)

Data Source: 1. Vital Records
2. Virginia Health Information

State Health Problem:

Health Burden:

Roughly 1/3 of all injury deaths occurring in Virginia involve a TBI. In 2014, 1,565 TBI-related deaths occurred in Virginia, and 5,117 TBI-related hospitalizations occurred in Virginia. In Virginia during 2014, approximately 43% of all bicycle crashes were the result of errors such as failure to yield, ignoring traffic signals, improper turning etc. A critical focus of bicycle behavior change needs to target increasing proper bicycle helmet use. Most helmet use activities target young children because this is an audience who can be more easily influenced than other age groups. It is important to start early with behavior change to encourage healthy, safe behaviors to become lifestyle norms. Unfortunately, bicycle helmet use tends to decline as age increases,

making young adults more vulnerable to head injuries as they grow older. In 2015, the Virginia Youth Survey found 77% of Virginia high school students rarely or never wore a helmet during bicycle use.

Target Population:
Number: 1,279,773
Description: Virginia youth and young adults statewide
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 4-11 years, 12-19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 1,279,773
Description: Virginia youth and young adults statewide
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 4-11 years, 12-19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Target and Disparate Data Sources: US Census Data

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
MMWR Recommendations and Reports (Centers for Disease Control and Prevention); National Highway Traffic Safety Administration Cycling Skills Clinic Guide; U.S. Consumer Product Safety Commission Public Playground Safety Handbook; National Program for Playground Safety SAFE principles; National Highway Traffic Safety Administration and American Academy of Pediatric safe transportation for children guidelines.

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $80,340
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $
Funds to Local Entities: $
Role of Block Grant Dollars: Sole funding source
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 10-49%-Partial Source of Funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

1.Assure a competent workforce

Between 10/2018 and 09/2019, VDH will provide **4** Bike Smart Basics trainings for health and physical education teachers to support the implementation of bicycle safety units of instruction.

Annual Activities:

1. Provide training and education

The Injury and Violence Prevention Program has partnered with the Virginia Department of Education to generate policy change by working with K-12 schools to modify their physical education curriculums to include bicycle safety education. Critical to this policy change is the training for health and physical education teachers to provide the foundation of injury prevention knowledge and skills needed for the implementation of a unit of on-the-bike instruction. The demand for this training continues to grow as schools throughout the state receive Safe Routes to School funding. Through a continuation of this partnership, 4 regional trainings will be conducted for health and physical education teachers.

2. Provide technical assistance

Provide technical assistance to organizations to ensure the program is executed with fidelity and integrity.

3. Collect and report process and outcome data

Process data will be collected at the time of each training to determine current school policies. Training participants will then be contacted 3-6 months post-training to collect outcome data related to changes in policy.

Objective 2:

2.Assure a competent workforce

Between 10/2018 and 09/2019, VDH will provide **4** regional workshops for school teams healthcare providers to support proper management of concussions in the school setting.

Annual Activities:

1. Provide training and education

The Injury and Violence Prevention Program has partnered with the academia centers and health systems to provide broad spectrum healthcare provider trainings to increase knowledge in the diagnosis and proper management of the concussed patient in previous fiscal years. Building upon this framework, VDH will coordinate regional workshops for broad spectrum healthcare providers in proper concussion management.

2. Provide technical assistance
Provide technical assistance to organizations to ensure the program is executed with fidelity and integrity.

3. Collect and report process and outcome data
Process data will be collected at the time of each training to determine current practice policies. Training participants will then be contacted 3-6 months post-training to collect outcome data related to changes in policy.

State Program Title:
Prescription Drug Prevention Program

State Program Strategy:

Program Goal:
The goal of the Prescription Drug Prevention Program is to reduce drug related poisoning deaths throughout the life span.

Program Health Priority:
Taking someone else's prescription medication, taking a prescription in a manner that was not as prescribed, or taking a medication for reasons other than prescribed all constitute nonmedical use of prescription drugs. Using a medication in ways other than prescribed can potentially lead to a variety of adverse health effects, including overdose and addiction. Virginia has seen an increase in the number of deaths related to drug/poisoning that replicates the trends seen at the national level. To address the alarming rise in opioid related overdose deaths and the problem of opioid addiction in the Commonwealth of Virginia, Governor McAuliffe signed Executive Order 29 creating the Governor's Task Force on Prescription Drug and Heroin Abuse. The initiative is a key component of "A Healthy Virginia", the Governor's 10-part plan to improve the health of Virginia's most vulnerable citizens. The Task Force was directed to provide a range of policy recommendations, including how to raise public awareness about the misuse of prescription painkillers, train healthcare providers on best practices for pain management, identify treatment options and alternatives to incarceration for people with addiction, and promote the safe storage and disposal of prescription drugs.

Primary Strategic Partners:
In addition to collaborating with relevant programs in the VDH Offices of Family Health Services, VDH Office of EMS, Office of Epidemiology, and the Chief Medical Examiner, the Prescription Drug Prevention Program partners with a variety of organizations and agencies at the state and local levels. These include but are not limited to Secretary of Health and Human Services, drug free organizations, Safe Kids coalitions, Red Cross chapters, schools, health systems, Medical Society of Virginia, Poison Control Centers, Virginia Association of Independent Schools, Virginia Chapter of the American Academy of Pediatrics, Virginia Association of School Nurses, Departments of Behavioral Health and Developmental Services, Social Services, Medical Assistance Services, Criminal Justice Services, Office of the Attorney General, Motor Vehicles, Alcoholic Beverage Control, and Aging and Rehabilitative Services. These partnerships support planning, implementation, coordination, outreach, monitoring, analysis, and evaluation of public health programs

Evaluation Methodology:
All funded projects will require an evaluation plan following the RE-AIM framework to include, where applicable, the systematic measurement of: the number of participants in training events and the level of exposure for awareness activities (Reach); the impact of

trainings and educational sessions on behavioral change and changes in the rates of available Virginia injury data (Efficacy); the number of new partnerships and/or policies developed to support implementation (Adoption); fidelity to best practices at the project level (Implementation); and the extent to which the program becomes institutionalized or part of the routine organizational practice (Maintenance). Outcomes of awareness and training activities will be assessed through tracking of activities; monitoring of audience exposures to information provided; and behavior change that results from activities. In addition, data on the type and number of distributed resources will be collected.

State Program Setting:
Settings: medical or clinical sites, anti drug free organizations

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 00

National Health Objective:
Healthy People 2020 Objective:
Healthy People 2020 IVP-9: Prevent an Increase in Poisoning Deaths

State Health Objective(s):
To prevent an increase in poisoning deaths by maintaining the 2012 death rate of 10.2 per 100,000 until 2020.

Baseline: 10.2 per 100,000 (2012)
Data Source: Vital Records

State Health Problem:

Health Burden:
Prescription drug misuse and abuse is a well-documented public health issue that has been growing over the past several years. The Centers for Disease Control and Prevention (CDC) reports that emergency department visits for prescription painkiller abuse or misuse have doubled in the past five years to nearly half a million with about 12 million American teens and adults reporting have used prescription painkillers to get "high" or for other nonmedical reasons. The most commonly abused types of prescription drugs are Opioids, Benzodiazepines and Amphetamine-like drugs. The CDC estimates that the nonmedical use of prescription painkillers costs more than $72.5 billion each year in direct health care costs.

Prescription drug abuse is a public health problem across the Commonwealth. According to vital records data provided by VDH's Division of Health Statistics and

analyzed by the Division of Population Health Data, the crude rate of death due to poisoning increased from 9.2 per 100,000 in 2010 to 13.2 per 100,000 in 2015, a 43.5% increase. Drug overdoses comprised the largest group of poisoning cases, and the drug overdose death rate increased from 8.2 per 100,000 in 2010 to 11.1 per 100,000 in 2015, a 35.4% increase. In recent years, the rate of death by motor vehicle traffic (a leading cause of injury death) has at times been eclipsed by the rate of death by drug overdose. This first occurred in 2011, when 776 drug overdose deaths were recorded, compared to 763 motor vehicle traffic deaths. It occurred again in 2013, when 713 motor vehicle traffic deaths occurred, compared to 772 drug overdose deaths; the drug overdose death rate in 2015 in Virginia was 39.1% higher than the motor vehicle traffic death rate. The majority of drug overdose deaths in 2015 occurred among males (63.8%) and those between the ages of 25 and 54 (72.1%). The overwhelming majority of drug overdoses were attributed to unintentional causes (84.6% in 2015).

Target Population:
Number: 8,382,993
Description: Virginia Residents Statewide
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 4-11 years, 12-19 years, 25 - 34 years, 35 - 49 years, 50 - 64 years 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Target Population:
Number: 8,382,993
Description: Virginia Residents Statewide
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 4-11 years, 12-19 years, 25 - 34 years, 35 - 49 years, 50 - 64 years 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Location: Statewide
Target and Disparate Data Sources: US Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Virginia Governor's Task Force on Prescription Drug and Heroin Abuse Recommendations; MMWR Recommendations and Reports (Centers for Disease

Control and Prevention); Association of State and Territorial Health Officials “Neonatal Abstinence Syndrome: How States Can Help Advance the Knowledge Base for Primary Prevention and Best Practices of Care”; National Partnership for Drug Free America; Smart Moves, Smart Choices (National Association of School Nurses).

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $47,140
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $
Funds to Local Entities: $
Role of Block Grant Dollars:
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 10-49%-Partial Source of Funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1: Assure a competent workforce
Between 10/2018-09/2019, VDH will partner with **1** Virginia Department of Behavioral Health and Developmental Services Project Link site providing comprehensive case management services to pregnant and postpartum women at risk for, or with a history of, addiction, to expand and disseminate Project Patience, a train the trainer prenatal injury prevention education curriculum designed for parents and caregivers for newborns exposed to illicit and prescriptive substances; increasing best practices for reducing the adverse health consequences of prescription drug misuse.

Annual Activities:

1. **Provide training and education**
   VDH will partner with one Department of Behavioral Health and Developmental Services Project Link site providing comprehensive case management services to pregnant and postpartum women at risk for, or with a history of, addiction, to expand and disseminate Project Patience, for increasing best practices in reducing the adverse health consequences of prescription drug misuse as measured by a follow up assessment of providers receiving the training to indicate policy and practice change.
   .
2. **Collect and report process data measures.**
   Training participants will be contacted 3 months post-training to collect outcome data related to changes in practice and policy changes reflective of best practice.

Objective 2: **Assure a competent workforce**
Between 10/2018-09/2019, VDH will partner with the Virginia Department of Behavioral Health and Development Services Community Service Boards to conduct **6** lunch and learn workshops through the Project ECHO framework for broad spectrum healthcare providers in responsible opioid case management.

Annual Activities:

1. **Provide training and education**
   VDH will partner with the Virginia Department of Behavioral Health and Development Services Community Service Boards through the Project ECHO framework to conduct lunch and learn workshops for broad spectrum healthcare providers in responsible opioid case management; increasing best practices in reducing the adverse health consequences of prescription drug misuse as measured by a follow up assessment of providers receiving the training to indicate policy and practice change.

2. **Collect and report process data measures.**
   Training participants will be contacted 3 months post-training to collect outcome data related to changes in practice and policy changes reflective of best practice.

State Program Title: Sexual Assault Intervention and Education Program

State Program Strategy:

Program Goal:
The goal of the Sexual Assault Intervention and Education program is to increase and improve services to victims of sexual assault.

Program Health Priority:
Rape and sexual assault are public health problems in Virginia. In 2015 there were 5,097 victims of the 4,787 forcible sex offenses reported by contributing agencies; 84.4% of the victims were female (Source: Crime in Virginia, Virginia State Police, 2016). In Virginia, the lifetime prevalence of sexual violence other than rape is estimated to be 42.0% for women and 20.9% for men. The life time prevalence of rape for women in Virginia is estimated to be 11.4% (Source: The National Intimate Partner and Sexual Violence Survey, 2010). In cases of sexual assault, however, the victim is often hesitant to report the crime to law enforcement officials. It has been estimated that only 34% of rapes and sexual assaults are reported to police, this is a 7% decrease since 2007 when the estimated sexual assaults reported to police was 41% ("Criminal Victimization, 2014", U.S. Department of Justice, Office of Justice Programs, August 2015).

This violence also has short and long-term health related consequences. The 2010 National Intimate Partner and Sexual Violence Survey reported “women who had experienced rape or stalking by any perpetrator or physical violence by an intimate partner in their lifetime were more likely than women who did not experience these forms of violence to report having asthma, diabetes, and irritable bowel syndrome.” The survey also reported that “men and women who experienced these forms of violence were more likely to report frequent headaches, chronic pain, difficulty with sleeping, activity limitations, poor physical health and poor mental health than men and women who did not experience these forms of violence.”

Primary Strategic Partners:
The Virginia Department of Health Injury and Violence Prevention Program will partner with the Virginia Department of Health Family Planning Program, the Virginia Department of Criminal Justice Services, and contract with the Virginia Sexual and Domestic Violence Action Alliance (the Action Alliance) to provide statewide coordination of sexual assault advocacy, data collection on victim services and outcomes, technical assistance, and training and other support to local sexual assault crisis centers and other professionals working to improve the community response to sexual assault.

Evaluation Methodology:
All funded projects will require an evaluation plan following the RE-AIM framework to include, where applicable, the systematic measurement of: the number of participants in

training events and the level of exposure for awareness activities (Reach); the impact of trainings and educational sessions on behavioral change and changes in the rates of available Virginia injury data (Efficacy); the number of new partnerships and/or policies developed to support implementation (Adoption); fidelity to best practices at the project level (Implementation); and the extent to which the program becomes institutionalized or part of the routine organizational practice (Maintenance). Outcomes of awareness and training activities will be assessed through tracking of activities; monitoring of audience exposures to information provided; and behavior change that results from activities. In addition, data on the type and number of distributed resources will be collected. The Action Alliance will submit quarterly reports to VDH to provide qualitative data on collaboration, policy and systems change as well as impact at the local level.

State Program Setting:
Local health department, Rape crisis center, University or college, Other: State sexual assault coalition

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Allison Balmes
Position Title: Sexual and Domestic Violence Coordinator
State-Level: 20% Local: 5% Other: 0% Total: 25%
Position Name: Vacant
Position Title: Violence & Suicide Prevention Program Coordinator
State-Level: 5% Local: 0% Other: 0% Total: 5%

Total Number of Positions Funded: 2
Total FTEs Funded: 0.30

National Health Objective: HO IVP-40 Sexual Violence (Rape Prevention)

State Health Objective(s):
1. To decrease the lifetime prevalence of rape among women by any perpetrator by a 3% decrease from the 2010 baseline of 11.4% to 11.1% by 2020.
2. To decrease the lifetime prevalence of rape, physical violence or stalking among women by an intimate partner by a 3% decrease from the 2010 baseline of 31.3% to 30.4% by 2020.

Baseline: 1. 11.4% (2010)
2. 31.3 (2010)

Data Source: National Intimate Partner and Sexual Violence Survey

State Health Problem:

Health Burden:
Virginia's sexual assault crisis centers annually provide services to over 7,000 victims of sexual assault. In 2015, sexual assault centers served 5,471adult victims of sexual assault, and 1,849 child/youth victims (under 18). Rape is the most costly of all crimes to its victims, with total estimated costs at $127 billion a year (excluding the cost of child sexual abuse), with researchers estimating that each rape cost approximately $151,423 (DeLisi, 2010). Associated health care costs are significant. In 2008, violence and abuse constituted up to 37.5% of total health care costs, or up to $750 billion (Dolezal, McCollum, & Callahan, 2009).

Target Population:
Number: 8,382,993
Description: Virginia Residents Statewide
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 4-11 years, 12-19 years, 25 - 34 years, 35 - 49 years, 50 - 64 years 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 8,382,993
Description: Virginia Residents Statewide
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 4-11 years, 12-19 years, 25 - 34 years, 35 - 49 years, 50 - 64 years 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Statewide
Target and Disparate Data Sources: US Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Other: Evidence-based programs and guidelines for victim services are available from the Institute of Medicine, the American College of Obstetricians and Gynecologists, Healthy People 2020, and Project Connect Futures Without Violence.

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $178,896.00
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0.00

Funds to Local Entities: $0.00
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 10-49%-Partial Source of Funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

1. Assure a competent workforce

Between 10/2018 and 09/2019, the VDH Violence Prevention Program will conduct **3** regional trainings to ensure that new family planning nurses, staff in contracted sexual/domestic violence agencies, and HIV prevention staff receive training in screening patients for intimate partner violence and reproductive coercion for increasing best practices, as measured by policy and practice change.

Annual Activities

1. Host three regional trainings

Between 10/2018 and 09/2019, VDH will continue to utilize the Project Connect curriculum and materials and host **3** live regional trainings to intersect family planning nurses and domestic violence shelter staff with best practices in caring for patients with risk or exposure to acts of intimate partner violence and reproductive coercion.

2. Complete evaluation surveys

Between 10/2018-09/2019, training participants will complete pre-, post- and follow-up evaluation surveys to obtain data on effectiveness of training and materials, policy, and procedure change.

Objective 2:

2. Provide state level leadership

Between 10/2017 and 09/2018, the VDH Violence Prevention Program will co-convene intra- and inter agency stakeholder groups for a total of **3** meetings to ensure coordination of sexual coercion, intimate partner violence prevention, and human trafficking prevention activities statewide.

Annual Activities:

1. Collaborate and educate

Between 10/2018 and 09/2019, VDH will co-convene an intra-agency stakeholder group **3** times to develop one strategic work plan for expanding the Virginia State Sexual Violence Prevention Plan for FY19, to include activities that address current trends and needs related to sexual violence prevention and the implementation of sexual violence primary prevention strategies among stakeholders.

Objective 3:

3. Build capacity of agencies

Between 10/2018 and 09/2019, VDH will develop **5** local sexual/domestic violence agencies' capacity to implement comprehensive reproductive and sexual coercion screening and assessment.

Annual Activities:

1. Contract with coalition for technical assistance

Between 10/2018 and 09/2019, VDH will contract with the state sexual violence coalition to provide technical assistance to contracted domestic violence agencies to provide intense technical assistance and guidance in the development and implementation of agency reproductive healthcare/coercion policies. Technical assistance will be documented.

State Program Title: **Creating Breastfeeding Friendly Environments**

State Program Strategy:

Program Goal:

The program goal is improve nutrition and decrease obesity rates among infants in Virginia by increasing the number early care education settings and worksites that support breastfeeding initiation and exclusivity and meet federal breastfeeding accommodations.

VDH expects to demonstrate, through coordinated collaboration:

- An increased number of places that implement supportive breastfeeding interventions;

Program Health Priority:

Leading a healthy lifestyle greatly reduces a person's risk for developing obesity and other chronic diseases. Reversing the growing trends in obesity and reducing chronic disease prevalence requires a comprehensive and coordinated approach that uses policy and systems change strategies to transform communities into places that support and promote healthy lifestyle choices for residents across the lifespan. Creating venues that promote breastfeeding and breast milk expression help support healthy nutrition and prevent obesity among infants and toddlers.

Primary Strategic Partners:

Partnerships within VDH Office of Family Health Services (OFHS), Division of Prevention and Health Promotion (DPHP) (Oral Health Program, and Tobacco Use Control Program) and Communications Unit (OFHS-Comm).

Intra-agency partnerships include: Maternal Child Health (MCH), Child and Family Health (CFH) Division of Community Nutrition (DCN), Division of Population Health Data (DPHD), and Office of Health Equity (OHE), and local health departments (LHDs).

State partner: Virginia Departments of Social Services

External partners focused on the promotion of healthy lifestyles throughout Virginia include, but are not limited to: Alliance for a Healthier Generation Healthcare Initiative; Childcare Aware of Virginia (CCA-VA); Virginia Early Childhood Foundation (VECF)); Virginia Breastfeeding Advisory Council (VBAC); #RVABreastfeeds; Virginia Chamber of Commerce (VCC)

Evaluation Methodology:

Various data will be collected to inform project outcomes, including PRAMS, and WIC data, project management and evaluation data, and document reviews. PRAMS data will be used to assess breastfeeding duration among mothers while WIC data will be used to assess overweight/obesity prevalence among infants and toddlers. In addition to these data, data derived from programmatic surveys and documentation reviews will be collected and analyzed throughout the project period to compliment identified data

sources and inform programmatic strategic planning and decision-making. Data collected from all sources will be compiled, tailored to each audience, and shared via written report, presentation, and/or electronically as needed.

State Program Setting:
Creating Breastfeeding Friendly Environments strategies and activities will take place in: ECEs, schools, businesses, institutions, faith- and community-based organizations, LHDs, cities/counties, and worksites.

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Heather Board
Position Title: DPHP Division Director
State-Level: 4% Local: 0% Other: 0% Total: 4%

Position Name: Vacant
Position Title: Chronic Disease Program Manager
State-Level: 12% Local: 0% Other: 0% Total: 12%

Position Name: Kathryn Alie
Position Title: Healthy Communities Coordinator
State-Level: 25% Local: 0% Other: 0% Total: 25%

Position Name: Melicent Miller
Position Title: Health Improvement Supervisor
State-Level: 2.5% Local: 0% Other: 0% Total: 2.5%

Position Name: Sharon Jones
Position Title: Administrative Specialist
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 5
Total FTEs Funded: 1.44

National Health Objective: Health Objective (HO)-1 MICH-21 Increase the proportion of infants who are breastfed

State Health Objective(s):
Between 10/2018 and 09/2019, VDH will implement activities to increase the number of places that implement supportive breastfeeding interventions. VDH will engage 10 ECEs in completing breastfeeding & infant feeding (BF/IF) self-assessments and action plans for recognition as breastfeeding friendly. VDH will engage 10 worksites in completing worksite assessments and action plans for recognition as breastfeeding friendly.

Baseline:
As of May 31, 2018 out of 211 ECE programs:

- 97 ECEs had taken at least one BF/IF self-assessment from July 2017 to June 2018
- 10 ECEs completed a BF/IF post self-assessment in May 2018
- 14 ECEs completed action plans for BF/IF in May 2018

Data Source:
Enumeration data from DSS, VBAC, CCA-VA, VECF; (VCC) surveys will be used to establish baseline data. VDH will track engagement in supportive breastfeeding interventions.

State Health Problem:
Health Burden:
The first 1,000 days, or first 2 years, of a child's life play a formative role in that they provide a window of opportunity to positively impact childhood and adulthood health risks, including obesity, hypertension, and diabetes as risk for each may be programmed by nutritional status during the first days of life. This early postpartum period is an essential time for establishing and supporting breastfeeding. The American Academy of Pediatrics recommends that infants be exclusively breastfed for the first 6 months of life with continued breastfeeding alongside introduction of complementary foods for at least one year.[1] Although 89 percent of Virginia mothers breastfed or pumped breastmilk to feed their infant[2], many mothers do not continue to exclusively breastfeed for the recommended period of time. Nearly half (48 percent) of infants were exclusively breastfed through 3 months of age, with the breastfeeding duration rate dropping to 21 percent[2] at 6 months of age.

1. American Academy of Pediatrics. (2012). Breastfeeding and the use of human milk. Pediatrics, 129(3). e821-e841. doi:10.1542/peds.2011-3552.
2. Virginia Department of Health. (2015).Virginia PRAMS 2015 Survey.

Target Population:
Virginia Total Population: 8,470,020

- Ethnicity: Hispanic, Non-Hispanic
- Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
- Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: No

Disparate Population:
Number: 931,702

- Ethnicity: Hispanic, Non-Hispanic

- Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
- Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: Yes

Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
The Surgeon General's Call to Action to Support Breastfeeding
The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies

Other: Recommended Community Strategies & Measurements to Prevent Obesity in the United Global Strategy on Diet, Physical Activity, and Health (DPAS)
CDC Breastfeeding Report Card Indicators
Virginia Plan for Wellbeing (VPfW)
Virginia Chronic Disease Prevention Collaborative Network Shared Agenda (Shared Agenda)
National Prevention Strategies

CDC Recommends:
Spectrum of Opportunities
Quick Start Action Guide for Obesity Prevention in ECE
The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies

Funds Allocated and Block Grant Role in Addressing HO-1:
Total Current Year Funds Allocated to HO: $184,694
Total Prior Year Funds Allocated to HO: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1: Increase the number of breastfeeding friendly ECEs

Between 10/2018 and 09/2019, VDH will provide tools, resources, and technical assistance to guide 10 ECEs in seeking state-level recognition through the 10 Steps to Breastfeeding Friendly Child Care Centers program.

Annual Activities:

1. **Review state ECE regulations related to breastfeeding practices.**
   Between 10/2018 and 09/2019, VDH will work with DSS and partners to encourage/advocate for state licensing or regulation regarding breastfeeding practices within ECEs and integration of breastfeeding standards into statewide Quality Rating Improvement Systems.
2. **Review and revise 10 Steps to Breastfeeding Friendly Child Care Centers Program resource kit**
   Between 10/2018 and 09/2019, VDH through VBAC, will review and revise the 10 Steps to Breastfeeding Friendly Child Care Centers Program resource kit to ensure the inclusion of the most up-to-date, evidence-based information and recommendations. Newly revised resource kits will be printed and distributed to ECEs seeking recognition as a Breastfeeding Friendly Child Care Centers. Recognition materials will also be developed through OFHS-Comm and will include, but not limited to, certificates and window clings/stickers.
3. **Establish Breastfeeding Friendly Child Care Centers tracking systems.**
   Between 10/2018 and 09/2019, VDH, through the DPHD, will establish tracking systems to house data on: 1) number of ECEs that have received recognition through the breastfeeding friendly designation programs; and 2) steps completed for each participating ECE as steps are completed.
4. **Recognize ECEs that meet high standards for breastfeeding support**
   Between 10/2018 and 09/2019, VDH will solicit ECEs to receive additional tools, resources (including funding), professional development, and technical as participants in the 10 Steps to Breastfeeding Friendly Child Care Centers Program. Eligibility will be determined by conducting readiness assessments. A memorandum of agreement (MOA) will be established between VDH and the 10 selected ECEs outlining the terms of participation within the program including detailed provision of services by VDH to each participating ECE, deliverables, and funds to support breastfeeding initiation, duration, and exclusivity. DSS, DNC, VBAC, and CCA-VA will service as subject matter experts (SMEs) to assist VDH in guiding ECEs through the 10 Steps to Breastfeeding Friendly Child Care Centers Program. VDH will work with DSS, DNC, VBAC, and CCA-VA to collect baseline data on the number of ECEs that have received recognition through the 10 Steps to Breastfeeding Friendly Child Care Centers Program or have completed a step(s) in order to receive recognition. VDH will monitor progress utilizing the data tracking system established in Objective 1: Annual Activity 3. Statewide, VDH will work with DCN and CCA-VA to encourage ECEs to conduct BF/IF self-assessments and develop action plans a utilizing online professional development platform (e.g., GO NAPSACC, Healthy Kids, Healthy Futures, etc.).

Objective 2: Increase the number of breastfeeding friendly workplace settings

Between 10/2018 and 09/2019, VDH will provide tools, resources, and technical assistance to guide 10 worksites in seeking state-level recognition through the Virginia Breastfeeding Friendly designation program (VBF)

Annual Activities:

1. **Review and revise Virginia Breastfeeding Friendly designation program**
   Between 10/2018 and 09/2019, VDH, through the VBAC, will review and revise VBF resources to ensure the inclusion of the most up-to-date, evidence-based information and recommendations. Newly revised resource kits will be printed and distributed to worksite interested in seeking recognition as breastfeeding friendly worksites. Recognition materials will also be revised and/or developed through OFHS-Comm and will include, but not limited to, certificates and window clings/stickers.
2. **Establish VBF tracking system.**
   Between 10/2018 and 09/2019, VDH, through the DPHD, will establish tracking systems to house data on: 1) number of worksites that have received recognition through VBF; and 2) steps completed for each participating worksites as steps are completed.
3. **Recognize worksites that meet high standards for breastfeeding support**
   Between 10/2018 and 09/2019, VDH, through the Virginia Chamber of Commerce, will solicit worksites to receive additional tools, resources (including funding), professional development, and technical as participants in VBF. Eligibility will be determined by conducting readiness assessments. MOAs will be established between VDH and the 10 selected worksites outlining the terms of participation within the program including detailed provision of services by VDH to each participating worksite, deliverables, and funds to support breastfeeding initiation, duration, and exclusivity. DSS, DNC, VBAC, CCA-VA, and VECF will service as SMEs to assist VDH in guiding worksites through VBF. VDH will work with DSS, DNC, VBAC, CCA-VA, and VCC to collect baseline data on the number of worksites that have received recognition through VBF or have completed a step(s) in order to receive recognition.

State Program Title: **Improving Nutrition and Beverage Standards in ECEs**

State Program Strategy:

Program Goal:

The program goal is to build on the foundation of existing strategies and partnerships to expand implementation of healthy nutrition and beverage policy and systems change strategies.

VDH expects to demonstrate, through coordinated collaboration:

- An increased number of early child education centers (ECEs) that implement nutrition standards;

Program Health Priority:

Leading a healthy lifestyle greatly reduces a person's risk for developing obesity and other chronic diseases. Reversing the growing trends in obesity and reducing chronic disease prevalence requires a comprehensive and coordinated approach that uses policy and systems change strategies to transform communities into places that support and promote healthy lifestyle choices for residents across the lifespan. Implementing policy and system change strategies within ECE that increase consumption of fruits, vegetables, and water and decrease the consumption of foods high in sugar and sodium help support healthy nutrition and prevent obesity among infants, toddlers, and adolescents.

Primary Strategic Partners:

Partnerships within VDH Office of Family Health Services (OFHS), Division of Prevention and Health Promotion (DPHP) (Oral Health Program, and Tobacco Use Control Program) and Communications Unit (OFHS-Comm).

Intra-agency partnerships include: Maternal Child Health (MCH), Child and Family Health (CFH) Division of Community Nutrition (DCN), Division of Population Health Data (DPHD), and Office of Health Equity (OHE), and local health departments (LHDs).

State partner: Virginia Departments of Social Services

External partners focused on the promotion of healthy lifestyles throughout Virginia include, but are not limited to: Alliance for a Healthier Generation Healthcare Initiative; Childcare Aware of Virginia (CCA-VA); Virginia Early Childhood Foundation (VECF)); Virginia Breastfeeding Advisory Council (VBAC); #RVABreastfeeds; Virginia Chamber of Commerce (VCC)

Evaluation Methodology:

Various data will be collected to inform project outcomes, including PRAMS, WIC, and Virginia VYS data, project management and evaluation data, and document reviews. PRAMS data will be used to assess breastfeeding duration among mothers while WIC data will be used to assess overweight/obesity prevalence among infants and toddlers. VYS nutrition and physical activity questions will be evaluated to establish baseline

prevalence of the measures outcomes. Health opportunity index data will be used to assess changes in the local impact of social determinants of health on wellbeing. Data derived from programmatic surveys and documentation reviews will be collected and analyzed throughout the project period to compliment identified data sources and inform programmatic strategic planning and decision-making. Data collected from all sources will be compiled, tailored to each audience, and shared via written report, presentation, and/or electronically as needed.

State Program Setting:
Improving Nutrition and Beverage Standards in ECEs strategies and activities will take place in ECEs

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Kathryn Alie
Position Title: Healthy Communities Coordinator
State-Level: 25% Local: 0% Other: 0% Total: 25%

Position Name: Melicent Miller
Position Title: Health Improvement Supervisor
State-Level: 2.5% Local: 0% Other: 0% Total: 2.5%

Total Number of Positions Funded: 2
Total FTEs Funded: 0.275

National Health Objective: HO-2 NWS-1 Nutrition standards for foods and beverages provided to preschool-aged children in childcare

State Health Objective(s):
Between 10/2018 and 09/2019, VDH, will implement and integrate nutrition standards into 10 ECEs that encourage the intake of fruits, vegetables, reduced sodium foods, reduced sugar/unsweetened beverages, and water.

Baseline:
From July, 2017 to May 2018 of 211 ECE Programs:
203 ECES had taken at least one Child Nutrition (CN) self-assessment
52 ECEs completed a post CN self-assessment in May 2018
61 ECEs completed their CN action plans in May 2018

Data Source:
Data from DCN, DSS, CCA-VA, VECF and online professional development tools that track assessment completion and action plan development and implementation.

State Health Problem:

Health Burden:

In Virginia, approximately 75 percent of children ages birth to 5 years are enrolled in care outside the home, and nearly half of these children spend up to 12 hours a day in this type of environment. Thirty percent of children were overweight or obese according to 2015 Virginia Head Start data from the Program Information Report (PRI) [3]. Moreover, the most recent annual report (FFY17) showed 32 percent of children ages 2-5 years enrolled in Virginia WIC were overweight or obese.[4] Influencing children's food and physical activity choices is easier when they are young; therefore, ECE settings can help young children build a foundation for healthy habits.

3. Virginia Head Start Association (2015). 2014-2015 PIR Summary Report for Virginia. Retrieved from: https://www.headstartva.org/assets/docs/VA-2014-2015-PIR-Summary-Report.pdf

4. Virginia Head Start Association (2017). Virginia Head Start Association 2017 Annual Report. Retrieved from https://www.headstartva.org/assets/2017%20Annual%20Report%20Final%201-4.pdf .

Target Population:

Number: 545,593
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: under 5 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:

Number: 196,413
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: under 5 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Virginia Rev Your Bev Campaign
CDC Spectrum of Opportunities

Other: Recommended Community Strategies & Measurements to Prevent Obesity in

the United DPAS
VPfW
Shared Agenda

CDC Recommends:
Quick Start Action Guide for Obesity Prevention in ECE

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $112,212.57
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1: Increase the implementation and integration of nutrition standards into statewide ECE systems
Between 10/2018 and 09/2019, VDH will work with 10 ECEs to implement and integrate nutrition standards through professional development and technical assistance.

Annual Activities:

1. **Partner with DCN to increase completion of CN assessments and development of CN action plans**
   Between 10/2018 and 09/2019, VDH will partner with CCA-VA to assist ECEs in completing CN with self-assessment and creating program-specific CN action plans that will advance best practices in CN, healthy and beverages. Best practices will include identifying similar strategies that can be implemented in ECE settings to reinforce healthy eating habits for both children and their families such as the installation of hydration stations, assessment of vending machines, aligning menus with food service and dietary guidelines.
2. **Expand ECE workforce knowledge of healthy eating concepts**
   Between 10/2018 and 09/2019, VDH will work with the Virginia ECE Advisory Council and Virginia Community College System ECE Peer Group to add healthy eating concepts to the course syllabi to complement Virginia's Early Learning Guidelines existing lessons (e.g., Overview of Childhood Obesity in ECE Settings, Healthy Hydration, and Breastfeeding Friendly Childcare).
3. **Expand Virginia's *Rev Your Bev* campaign to increase water consumption within ECEs**

Between 10/2018 and 09/2019, VDH will provide information and resources to parents and youth across Virginia to help them make healthier beverage choices. VDH will collaborate with advocates statewide and locally to host *Rev Your Bev* Day events in ECEs by providing toolkits containing newsletter and social media content, lesson plans, recipes, and activities to engage parents and their children

State Program Title: Oral Health Care Access for Individuals with Special Health Care Needs (ISHCN)

State Program Strategy:

Program Goal:
The overall goal of the program is to increase awareness and education regarding the oral health of ISHCN for a wide variety of stakeholders and providers that have the potential to make a difference in access to oral health care in this population. The program will involve two approaches including providing oral health in-service trainings to direct service providers (DSPs) working in the Department of Behavioral Health and Disability Services (DBHDS) licensed group homes for ISHCN and providing continuing education (CE) courses to dental providers regarding oral care of ISHCN. Both parts of the program will be completed in up to five separate health districts in the Commonwealth of Virginia.

Program Health Priority:
The primary priority is to increase awareness and access for good oral health outcomes for ISHCN.

Primary Strategic Partners:
Primary strategic partnerships for the ISHCN programs include the Virginia Dental Association Foundation (VDAF) and Virginia Dental Association, DBHDS, and the Virginia Oral Health Coalition (VAOHC).

Evaluation Methodology:
In order to confirm increased capacity of dental providers available to treat ISHCN, the number of providers trained will be monitored. A post-training survey will be administered six months and twelve months after each training completion to determine any change in dental office practices related to ISHCN. In addition, the number of dentists registered on the VDH online provider directory for dentists willing to treat ISHCN will be monitored. The directory will also be kept up-to-date as much as possible by relying on the most current information self-reported by each dentist and through reminders during trainings and limited mailings. A review of the CDC Behavioral Risk Factor Surveillance System Data (BRFSS) and Disability and Health Data System specific data for Virginia will also be used to track changes to oral health care access.

State Program Setting:
State health department, Other: Local government

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Tonya Adiches
Position Title: Dental Health Programs Manager
State-Level: 5% Local: 0% Other: 0% Total: 5%

Position Name: Delphine Anderson
Position Title: Program Support Tech
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Earl Taylor
Position Title: Program Support Tech
State-Level: 30% Local: 0% Other: 0% Total: 30%

Total Number of Positions Funded: 3
Total FTEs Funded: 0.45

National Health Objective: HO OH-7 Use of Oral Health Care System

OH-7: Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year

State Health Objective(s):

Between 10/2018 and 9/2019, plan and provide up to five health districts with one (1) DSP oral health training and one (1) dental provider training regarding ISHCN in each district; a total of 10 trainings.

Between 10/2018 and 9/2019, update 1 VDH online provider directory for dentists willing to treat ISHCN to accurately reflect provider status by location and electronically collect ISHCN data and programmatic information.

Baseline:
Between February 2011 – April 2018, 711 dental providers have attended VDH-sponsored dental provider CE courses regarding the dental care of ISHCN. As of April 2018, there were 2,496 dentists with active accounts on the VDH Dental Health Program online directory of dentists willing to treat ISHCN or very young children. As of March 2018, there were approximately 7,299 dentists licensed in Virginia. However, the number of dentists with current licenses and residing in Virginia was 5,548.

Data Source:
Program data is obtained directly from education attendance sheet tallies, participating dental provider surveys and the online directory database.

State Health Problem:

Health Burden:
In 2011, the Virginia Health Promotion for People with Disabilities Project of the Virginia Partnership for People with Disabilities developed a report that concluded that compared to people without disabilities, those with disabilities either demonstrated a statistically lower frequency of positive health practices (or reported more health disparities) related to visiting a dentist; getting teeth professionally cleaned routinely; and having teeth extracted due to gum disease or tooth decay.

National organizations call for the development of systems of care that are family centered, community based, coordinated and culturally competent. This agenda addresses a long-term national goal to increase the proportion of states and territories that have service systems for children with or at risk for chronic and disabling conditions. The basis of these service systems lies in education and awareness to fuel the desire for effective change.

Target Population:
Number: 1,680,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Statewide: Yes
Primarily Low Income: Yes

Disparate Population:
Number: 1,680,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: 2014 CDC Disability and Health Data System prevalence of people in Virginia with any reported disability (20%) compared to the 2015 U.S. Census Bureau total population report for Virginia (8.38M)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Healthy People 2020 includes objectives related to oral health in three key ways related to this program: dental caries experience, use of oral health care system and dental services for low income children and adolescents.

According to AMCHP, promising state practices to improve access to dental care includes Virginia's dentist training for CSHCN, as well as the maintenance of the online provider directory of dentists willing to treat CSHCN. The National Maternal and Child

Oral Health Policy Center supports programs for training new and established dental practitioners on care for CSHCN. The National Agenda for Children with Special Health Care Needs calls for the development of systems of care that are family centered, community based, coordinated and culturally competent. This agenda addresses a long-term national goal to increase the proportion of states and territories that have service systems for children with or at risk for chronic and disabling conditions. The basis of these service systems lies in education and awareness to fuel the desire for effective change.

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $80,900
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
1. Plan Oral Health Trainings
Between 10/2018 and 09/2019, Dental Health Program staff will establish contractual relationships with VDAF and VAOHC and partner to plan and manage logistics to conduct up to five dental provider CE course trainings regarding the dental treatment of ISHCN and up to five DBHDS DSP oral health trainings; a total of 10 trainings.

Annual Activities:
1. Establish and monitor contracts
Between 10/2018 and 09/2019, Dental Health Program staff will establish contracts with VDAF and VAOHC to facilitate logistics, arrange venues, design and distribute course promotional material, and manage registration for trainings; staff will monitor progress through completion.

2. Partner with contractors to aid in project planning
Between 10/2018 and 09/2019, Dental Health Program staff will work with contractors to assist with CE course training planning by facilitating contracts with speakers, utilizing a database of licensed dentists in Virginia to identify dentists in the target regional areas for each course, and completing a promotional mailing to the target audience.

Objective 2:

2. Provide Oral Health Trainings

Between 10/2018 and 09/2019, Dental Health Program staff will conduct **5** dental provider CE course trainings and 5 DSP trainings regarding dental care for ISHCN; a total of 10 trainings.

Annual Activities:

1. Conduct trainings

Between 10/2018 and 09/2019, Dental Health Program staff, with the assistance of project partners, will organize, facilitate, and complete each training event. This includes obtaining CE credit for training participation.

2. Evaluate trainings for quality improvement

Between 10/2018 and 09/2019, Dental Health Program staff will evaluate the outcomes and evaluations for each training, make a comparison with previous course evaluations, and adjust the courses, as needed, to ensure proper delivery of the most appropriate and useful information.

Objective 3:

3. Evaluate Oral Health Trainings and Report Findings

Between 10/2018 and 09/2019, Dental Health Program staff will evaluate **all** training outcomes.

Annual Activities:

1. Prepare follow-up survey

Between 10/2018 and 09/2019, VAOHC staff will send all CE registrants a pre-survey and follow-up survey to dentist participants six months (and twelve months if feasible) following the completion of the CE course training to determine the effect of participation on their existing dental practice, particularly the effect on their dental treatment of ISHCN, if any.

2. Prepare final report

Between 10/2018 and 09/2019, VAOHC and Dental Health Program staff will prepare a final report based on available totals from the project and an assessment of any notable changes to the baseline data.

Objective 4:

4. Update Online Directory for ISHCN Providers

Between 10/2018 and 09/2019, Dental Health Program staff will update 1 Dental Health Program online directory of providers who serve ISHCN.

Annual Activities:

1. Update provider database

Between 10/2018 and 09/2019, Dental Health Program staff will survey dentists or utilize change requests submitted to the Program to make updates to the ISHCN Provider Database.

Objective 5:

5. Collect ISHCN Data

Between 10/2018 and 09/2019, Dental Health Program staff will develop a plan and system to replace paper data collection methods with electronic technology and implement 1 technology-based data collection system.

Annual Activities:

1. Develop a technology-based application to collect survey and program data

Between 10/2018 and 09/2019, Dental Health Program staff will work with Division of Population Health Data and the Office of Information Management to develop a data collection system and procure electronic devices to collect survey and program data.

2. Conduct data collection utilizing technology-based tool

Between 10/2018 and 09/2019, Dental Health Program staff will work with other VDH staff to pilot utilization of electronic devices, adjust systems as needed, and implement data collection with electronic devices.

State Program Title: Community Water Fluoridation (CWF)

State Program Strategy:

Program Goal:
Community water fluoridation is defined as adjusting and monitoring fluoride to reach optimal concentrations in community drinking water. Virginia has met and exceeded the Healthy People 2020 objective for CWF with 96.37% of Virginians who are served by community water systems receiving optimally fluoridated water. National health objectives call for 79.6% of the U.S. population served by community water systems to be drinking optimally fluoridated water by 2020. Because of this success, the goal of the Community Water Fluoridation Program is to maintain the number of Virginia's citizens served by optimal CWF.

Program Health Priority:
Priorities for the program are to ensure safe and effective adjustment of community water to provide optimal fluoridation to reduce dental disease rates by monitoring water systems for compliance to rigorous standards. A public health strategy is to promote community water fluoridation through funding to initiate fluoridation or replace outdated fluoridation equipment.

Primary Strategic Partners:
Primary strategic partnerships for the CWF program include the Virginia Department of Health Office of Drinking Water (ODW) and associated regional field offices, the Virginia Rural Water Association, Virginia Dental Association, Virginia Dental Hygienists' Association, American Academy of Pediatrics, Virginia Oral Health Coalition, Children's Dental Health Project and local governments.

Evaluation Methodology:
The evaluation methodology for the CWF program includes monitoring fluoridated water systems by reviewing monthly fluoridation operational reports and inspection surveys of water treatment plants; collecting, interpreting, and compiling monthly fluoride operational reports of all fluoridated water systems, and exporting the data to the Centers for Disease Control and Prevention (CDC) Water Fluoridation Monitoring System (WFRS); and conducting reviews with ODW on funded localities.

State Program Setting:
State health department, Other: Community Water Fluoridation is a statewide program.

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Jeanette Bowman
Position Title: Community Water Fluoridation Coordinator
State-Level: 80% Local: 0% Other: 0% Total: 75%
Position Name: Tonya Adiches

Position Title: Program Manager
State-Level: 20% Local: 0% Other: 0% Total: 20%
Position Name: Delphine Anderson
Position Title: Administrative Assistant
State-Level: 15% Local: 0% Other: 0% Total: 15%
Position Name: Earl Taylor
Position Title: Support Staff
State-Level: 20% Local: 0% Other: 0% Total: 20%

Total Number of Positions Funded: 4
Total FTEs Funded: 1.35

National Health Objective: HO OH-13 Community Water Fluoridation
OH-13 Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water. National health objectives call for 79.6 % of the U.S. population served by community water systems to be drinking optimally fluoridated water by 2020.

State Health Objective(s):

Between 10/2018 and 09/2019, continue to provide optimally fluoridated water to 96% of Virginians who are served by community water systems.

Baseline:
Currently, 96.37% of Virginians on community water systems receive optimally fluoridated water.

Data Source:
CDC Water Fluoridation Reporting System (WFRS)

State Health Problem:

Health Burden:
Tooth decay affects more than one-fourth of U.S. children aged 2–5 years and half of those aged 12–15 years. About half of all children and two-thirds of adolescents aged 12–19 years from lower-income families have had decay. Children and adolescents of some racial and ethnic groups and those from lower-income families have more untreated tooth decay. For example, 40% of Mexican American children aged 6–8 years have untreated decay, compared with 25% of non-Hispanic whites. Among all adolescents aged 12–19 years, 20% currently have untreated decay. Tooth decay is also a problem for many adults, and adults and children of some racial and ethnic groups experience more untreated decay. The CDC states, "Fluoridation safely and inexpensively benefits both children and adults by effectively preventing tooth decay, regardless of socioeconomic status or access to care."

Target Population:

Number: 7,077,074
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 7,077,074
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: Best practice criteria for CWF programs as recommended by the Association of State and Territorial Dental Directors include:

Effectiveness: The effectiveness of community water fluoridation in preventing dental caries has been established by extensive research. Measures for effective CWF programs include:

- Comparing the percentage of population served by public water systems with optimally fluoridated water to Healthy People 2020 objective
- Documenting the number of communities or public water systems with optimally fluoridated water
- Documenting the percent of fluoridated systems consistently maintaining optimal levels of fluoride (documentation of monthly monitoring consistent with CDC's fluoride reporting system).

Sustainability: Demonstrate sustainability through the number of years that an identifiable water fluoridation program at the state level has operated and the number of

systems initiating, continuing, or discontinuing water fluoridation annually.

Collaboration: Demonstrate partnerships/coalitions with key stakeholders and organizations.

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $256,098
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $125,000
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
1. Upgrade Fluoridation Equipment
Between 10/2018 and 09/2019, Dental Health Program staff will establish **6** contracts to upgrade fluoridation equipment to maintain optimum fluoride levels.

Annual Activities:
1. Maintain fluoridation plans
Between 10/2018 and 09/2019, Dental Health Program staff will maintain a plan of fluoridation needs within the short term (1, 2 and 3 years) and long term and identify communities planning to expand/replace fluoridation facilities. Staff will maintain a list of potential areas with feasibility to initiate fluoridation based on cost effectiveness.

2. Establish and monitor fluoridation contracts with localities
Between 10/2018 and 09/2019, Dental Health Program staff will establish contracts with communities for initiation and upgrading of fluoridation equipment and monitor contract progress though completion.

Objective 2:
2. Monitor Water Systems
Between 10/2018 and 09/2019, Dental Health Program staff, working with VDH ODW staff through a MOU, will review **all** monthly water systems reports, enter data, and maintain reporting systems for CWF.

Annual Activities:

1. Maintain dual reporting systems and data entry
Between 10/2018 and 09/2019, VDH staff will serve as liaisons to the CDC Community Water Fluoridation Program and maintain dual systems with CDC Water Reporting Fluoridation Systems (WFRS) public access side at My Water's Fluoride and Oral Health Maps according to the CDC Data Management Model and timeline.

2. Monitor water system
Between 10/2018 and 09/2019, VDH staff will perform monthly monitoring of water supplies through the collection, interpretation, compilation and reporting of statewide data including inspection and discrepancy reports.

Objective 3:
3. Provide Training, Education and Technical Assistance
Between 10/2018 and 09/2019, Dental Health Program staff will conduct **5** trainings and presentations regarding the health benefits of fluorides and fluoridation to customers, health professionals and communities. Staff will provide technical assistance to professionals, including VDH staff.

Annual Activities:
1. Provide education
Between 10/2018 and 09/2019, Dental Health Program staff will provide education for customers, health professionals and communities regarding the health benefits of fluorides and fluoridation in Virginia; challenges to maintaining CWF; regulations and recommendations; and educational materials and resources.

2. Provide training
Between 10/2018 and 09/2019, Dental Health Program staff will collaborate with VDH ODW, Salem Water Treatment Plant, local health districts and program partners to expand statewide training for waterworks operators. Training and educational courses will include specific water operator courses.

3. Provide technical assistance
Between 10/2018 and 09/2019, Dental Health Program staff will provide technical assistance to professionals, including VDH staff. The CWF coordinator will provide assistance to public and private medical and dental health professionals regarding a broad range of fluoridation issues including health concerns; evidenced-based research information for board or community meetings; cost-effectiveness; and information for professionals in areas with high levels of natural fluoride.

State Program Title: **Enhancing Physical Activity**
State Program Strategy:
Program Goal:
The program goal is to build on the foundation of existing strategies and partnerships to expand implementation of physical activity policy and systems change strategies to increase physical activity among school-aged children.

VDH expects to demonstrate, through coordinated collaboration:

- An increased the proportion of adolescents who meet current federal physical activity guidelines

Program Health Priority:
Leading a healthy lifestyle greatly reduces a person's risk for developing obesity and other chronic diseases. Reversing the growing trends in obesity and reducing chronic disease prevalence requires a comprehensive and coordinated approach that uses policy and systems change strategies to transform communities into places that support and promote healthy lifestyle choices for residents across the lifespan. Implementing policy and system change strategies within LEAs that increase opportunities for physical activity support efforts to prevent obesity among adolescents.

Primary Strategic Partners:
Partnerships within VDH Office of Family Health Services (OFHS), Division of Prevention and Health Promotion (DPHP) (Oral Health Program, and Tobacco Use Control Program) and Communications Unit (OFHS-Comm).

Intra-agency partnerships include: MCH, CFH, DPHD, and OHE

State partner: Virginia Departments of Education and Parks and Recreation

External partners focused on the promotion of healthy lifestyles throughout Virginia include, but are not limited to: Alliance for a Healthier Generation Healthcare Initiative; Virginia Cooperative Extension/Family Nutrition Program (VCE/FNP); Focus Fitness; and Virginia Parks and Recreation Society (VPRS);

Evaluation Methodology:
Various data will be collected to inform project outcomes, including VYS data, project management and evaluation data, and document reviews. VYS physical activity questions will be evaluated to establish baseline prevalence of the measures outcomes. Health opportunity index data will be used to assess changes in the local impact of social determinants of health on wellbeing. Data derived from programmatic surveys and documentation reviews will be collected and analyzed throughout the project period to compliment identified data sources and inform programmatic strategic planning and decision-making. Data collected from all sources will be compiled, tailored to each audience, and shared via written report, presentation, and/or electronically as needed.

State Program Setting:
Enhancing Physical Activity in LEAs strategies and activities will take place in: schools and out-of-school time locations (e.g., institutions, faith- and community-based organizations, cities/counties, etc.)

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Kathryn Alie
Position Title: Healthy Communities Coordinator
State-Level: 25% Local: 0% Other: 0% Total: 25%

Position Name: Melicent Miller
Position Title: Health Improvement Supervisor
State-Level: 2.5% Local: 0% Other: 0% Total: 2.5%

Total Number of Positions Funded: 2
Total FTEs Funded: 0.275

National Health Objective: PA-3 Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity

State Health Objective(s):
Between 10/2018 and 09/2019, VDH will develop, implement, and evaluate school physical activity programs utilizing the Whole School, Whole Community, Whole Child (WSCC) Model. School physical activity programs includes quality physical education and physical activity programming before, during, and after school, such as recess, classroom activity breaks, walk/bicycle to school, physical activity clubs)

Baseline:
14 local education agencies (LEAs)

Data Source:
Virginia Youth Survey (VYS), DOE, CCA-VA, VECF and online professional development tools (that track assessment completion and action plan development and implementation.

State Health Problem:
Health Burden:
Over 27 percent of Virginians age 10-17-years old and 13 percent of high school

students are overweight or obese.[5] Childhood obesity prevalence continues to increase causing immediate and long-term effects on physical, social, and emotional health. Children and adolescents spend a large proportion of the day in schools making them an ideal setting to create environments that are not only supportive to, but reinforce, healthy behaviors. Schools can adopt policies and practices to encourage children to learn about and make healthy nutrition choices, achieve the recommended amount of daily physical activity, and better prevent and/or manage the daily challenges from chronic health conditions, such as asthma, obesity, diabetes, food allergies, and poor oral health.

5. Laura Segal, J. R., & Martin, A. (2016). The State of Obesity: Better Policies for a Healthier America 2016. Robert Wood Johnson Foundation.

Target Population:
Number: 1,829,382

- Ethnicity: Hispanic, Non-Hispanic
- Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
- Age: under 18
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: No

Disparate Population:
Number: 611,211

- Ethnicity: Hispanic, Non-Hispanic
- Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
- Age: under 18
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: Yes
- Location: Entire state
- Target and Disparate Data Sources: U.S. Census Bureau and National Center for Children in Poverty

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
WSCC model
CSPAP: A Guide for Schools

Other: Recommended Community Strategies & Measurements to Prevent Obesity in the United DPAS
VPfW
Shared Agenda

CDC Recommends:
CSPAP framework

Funds Allocated and Block Grant Role in Addressing this HO:
Total Current Year Funds Allocated to HO: $110,755
Total Prior Year Funds Allocated to HO: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1: Increase the implementation and integration of nutrition standards into statewide ECE systems
Between 10/2018 and 09/2019, VDH will work with 10 LEAs to implement and integrate physical activity standards through tools, resources, professional development, and technical assistance.

Annual Activities:

1. **Partner with targeted school divisions**
   Between 10/2018 and 09/2019, VDH will partner with DOE to work with LEAs involved in the Virginia Healthy Schools Program to facilitate their action plans through wellness policy updates and program implementation. Action plans will be based on the WSCC model and will include, at a minimum, goals for physical activity and nutrition (including topics such as active recess, avoiding PE opt out waivers, family fun nights, brain and body boosts classroom modules, and walking campaigns).

2. **Expand knowledge base of LEA staff**
   Between 10/2018 and 09/2019, VDH will partner with SMEs (Focus Fitness and VCE/FNP) to conduct monthly community of practice phone calls and virtual community for resource sharing for the targeted school divisions to foster networking and sharing of best practices that will improve the quality of physical education and physical activity in schools. VDH and SMEs will offer webinars, online and in-person trainings, as well as other professional development opportunities on topics relevant to the Virginia Healthy Schools Program goals, which include: increasing physical education and physical activity in schools by developing, implementing, and evaluating the program; promoting brain boosters in the classroom; linking physical

activity, academics, and health; encouraging staff wellness and family engagement; and promoting active recess competitions.

3. **Provide funding for increased opportunities for physical activity within targeted LEAs.**
   Between 10/2018 and 09/2019, VDH will provide funding to provide recess equipment and work with teachers, staff, and students to promote active recess competitions in the 10-targeted LEAs. MOAs will be established between VDH and the 10 selected LEAs outlining the terms of participation within the program including detailed provision of services by VDH to each participating LEAs, deliverables, and funds to support resources to increase physical activity among students.

State Program Title: **Creating Walkable Communities**
State Program Strategy:
Program Goal:
The program goal is to create a coordinated infrastructure that will redesign and enhance the physical activity landscape of the Commonwealth by creating a culture of health that reinforces physical activity guidelines and recommendations where children and adults learn, live, work, and play. The program will allow VDH to build on the foundation of existing strategies and partnerships to expand implementation of statewide and local level physical activity interventions that support safe and accessible physical activity through policy and systems change strategies in partnership with city and county governments, businesses, institutions, faith-based organizations, and other entities to coordinate statewide efforts and resources.

VDH expects to demonstrate, through coordinated collaboration, an increased number of places that implement community planning and transportation, and interventions that support safe and accessible physical activity.

Program Health Priority:
Chronic diseases – such as heart disease, stroke, cancer, and diabetes – are among the most prevalent, costly, and preventable of all health problems. Leading a healthy lifestyle (e.g., avoiding tobacco use, being physically active, and eating nutritious foods) greatly reduces a person's risk for developing obesity and other chronic diseases. To make the healthy choice the easy choice, community initiatives must address social determinants of health that contribute to poor health outcomes through policy and systems change strategies to improve the health and longevity of all Virginians and reduce health disparities. The PHHS Block Grant will provide funding, training, and technical assistance to strengthen the capacity of communities while leveraging existing community stakeholders, committees, advisory groups, and coalitions to implement policy and systems change strategies that affect disparate populations such as low-income, racial/ethnic minority groups, people with disabilities as well as regions of the state with high prevalence of low levels of physical activity.

Primary Strategic Partners:
Partnerships within VDH Office of Family Health Services (OFHS), Division of Prevention and Health Promotion (DPHP) include: Virginia Arthritis Program (DP18-1803), Comprehensive Cancer Control Program, Injury and Violence Prevention, Oral Health Program, and Tobacco Use Control Program.

Intra-agency partnerships include: OFHS-Comm; DPHD, OHE, and local health districts (LHDs)

State partners include the Virginia Departments of Aging and Rehabilitative Services, Conservation and Recreation, and Transportation.

External partners focused on the promotion of healthy lifestyles throughout Virginia include, but are not limited to: Institute for Public Health Innovation (IPHI); American

Heart Association (AHA); VCC; Virginia Parks and Recreation Society (VPRS); National Association of Chronic Disease Directors (NACDD); Equitable Cities, LLC,; Arthritis Foundation, Municipal Planning Organizations (MPOs), Planning Commissions and Regional Transportation Planners.

Evaluation Methodology:
Various data will be collected to inform project outcomes, including BRFSS data, project management and evaluation data, and document reviews. BRFSS physical activity questions will be evaluated to establish baseline prevalence of the measures outcomes. Population-based data will be gathered using census data to assess changes in Virginian's population density; health opportunity index data will be used to assess changes in the local impact of social determinants of health on wellbeing. In addition to population-based data, data derived from programmatic surveys and documentation reviews will be collected and analyzed throughout the project period to compliment identified data sources and inform programmatic strategic planning and decision-making. Data collected from all sources will be compiled, tailored to each audience, and shared via written report, presentation, and/or electronically as needed.

State Program Setting:
Creating Walkable Communities strategies and activities will take place in:, businesses, institutions, faith- and community-based organizations, LHDs, cities/counties, and worksites.

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Kathryn Alie
Position Title: Healthy Communities Coordinator
State-Level: 25% Local: 0% Other: 0% Total: 25%

Position Name: Melicent Miller
Position Title: Health Improvement Supervisor
State-Level: 2.5% Local: 0% Other: 0% Total: 2.5%

Total Number of Positions Funded: 2
Total FTEs Funded: 0.275

National Health Objective PA-15 (Developmental) Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities

State Health Objective(s):
Between 10/2018 and 09/2019, VDH will increase walkability by working with partner to provide tools, resource, and technical assistance to 5 selected interdisciplinary teams that will develop regionally focused project that improve access to opportunities for

physical activity.

Baseline:
10 localities trained in and received technical assistance to improve pedestrian safety
479,344 residents impacted based on pedestrian safety improvements

Data Source:
Smart Growth American/National Complete Streets Coalition reports, Census data, LHD monthly reports, and workshop summary reports

State Health Problem:
Health Burden:
Although chronic diseases are preventable, many Virginians continue to be at risk for developing them due to the health behaviors that they engage in which are influenced by social determinants of health including proximity and accessibility to nutritious foods and opportunities for physical activity. In 2016, only 51 percent were physically active for the recommended 150 minutes per week.[6] While many know that active living can reduce their risk for disease, safety issues such as crime, poorly maintained sidewalks, and absence of crosswalks reduce access to healthy food and physical activity options.[7]

6. Virginia Department of Health. (2016). Virginia BRFSS dataset.
7. Brown, C., Deka, D., Sinclair, J., Blickstein, S. (2018). Benefits of safe sidewalks: Reducing crime can also improve physical and mental health. New Jersey Municipalities Magazine.

Target Population:
Virginia Total Population: 8,470,020
- Ethnicity: Hispanic, Non-Hispanic
- Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
- Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: No

Disparate Population:
Number: 931,702
- Ethnicity: Hispanic, Non-Hispanic
- Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
- Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
- Gender: Female and Male

- Geography: Rural and Urban
- Primarily Low Income: Yes
- Location: Entire state
- Target and Disparate Data Sources: U.S. Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Global Action Plan on Physical Activity 2018–2030: More Active People for a Healthier World
Complete Streets Plans
Pedestrian/Bicycle Master Plans
Vision Zero Action Plans

Other Recommended Community Strategies & Measurements to Prevent Obesity:
VPfW
Shared Agenda

CDC Recommends:
Environmental Supports for Physical Activity National Health Interview Survey, 2015
Step it Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities
2016 Bicycling and Walking Benchmarking Report

Funds Allocated and Block Grant Role in Addressing this HO:

Total Current Year Funds Allocated to HO: $117,119
Total Prior Year Funds Allocated to HO: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1: Increase walkability within 5 cities/counties through walkability plan and project development by engaging in the Virginia Walkability Action Institute (VWAI)

Between 10/2018 and 09/2019, VDH and partners will work with 5 interdisciplinary, 4 to 5 member teams (comprised of public health, transportation, planning, elected officials, and other disciplines) to provide travel assistance to attend the VWAI course session,

develop team action plans, and implement PSE outcomes to make their cities and counties more walkable over the long term.

Annual Activities:

1. **Develop VWAI Course Curriculum**
   Between 10/2018 and 09/2019, VDH will work with Equitable Cities, LLC, NACDD, VDOT, and other partners to develop a 2.5 day initial session, webinars, technical assistance, and 1 day final session curriculum aimed at guiding 5 regional teams to develop, implement, and evaluate walkability improvement action plans.

2. **Identify 5 teams to participate in VWAI**
   Between 10/2018 and 09/2019, using application processes, assessments, and eligibility requirements from NACDD Walkability Action Institute and other state examples, VDH select 5 interdisciplinary teams to participate in VWAI. An MOA will be established between VDH and the 5 selected interdisciplinary teams outlining the terms of participation within the program including detailed provision of services by VDH to each participating team, deliverables, and funds to support course participation and walkability action plan development, implementation and evaluation.

3. **Host VWAI**
   Between 10/2018 and 09/2019, VDH will convene SMEs, partners, and teams to engage in: 1) a 2.5 day introductory and action planning course, monthly webinars, tailored technical assistance sessions, and a closing session.

4. **Evaluate VWAI and share data**
   Between 10/2018 and 09/2019, VDH will work with SMEs, partners, teams, and DHPD to evaluate VWAI. Monthly reports, participant surveys and census data and other will be used to gather qualitative and quantitative data that will be used for quality improvement efforts. A final summative report will be developed based on the VWAI and shared with partners.

State Program Title: OFHS Program Support – Pregnancy Risk Assessment Monitoring System (PRAMS)

State Program Strategy:

Program Goal:
The primary program goal is to maintain the survey response rate above 55%.

Program Health Priority:
PRAMS provides population-level data on Healthy People 2020 goals related to access to health services, injury and violence prevention, immunization, maternal and child health, family planning, early and middle childhood, mental health and mental disorders, tobacco use and oral health.

Primary Strategic Partners:
Primary program partners include local health districts, state agencies (e.g., Department of Medical Assistance Services, Department of Behavioral Health and Developmental Services), researchers and the March of Dimes.

Evaluation Methodology:
VDH will measure the number of survey completions against the benchmark set by CDC PRAMS for all states: 55% unweighted response rate.

State Program Setting:
State health department

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Kenesha Smith
Position Title: PRAMS Coordinator
State-Level: 20% Local: 0% Other: 0% Total: 20%

Position Name: Sarah Conklin
Position Title: CHA Supervisor
State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 2
Total FTEs Funded: 0.30

National Health Objective: HO PHI-7 National Data for Healthy People 2020 Objectives

State Health Objective(s):
Between 10/2018 and 09/2019, VDH will maintain its un-weighted PRAMS response

rate (as measured in the PIDS system) above 50%.

Baseline:
The unweighted 2017 response rate is currently 55.5%. Data collection is still ongoing.

Data Source:
PRAMS Integrated Data System (PIDS)

State Health Problem:

Health Burden:
PRAMS determines the health burdens affecting pregnant women and women who have recently given birth. PRAMS is specifically designed to collect data related to potential correlates of infant mortality and other poor birth outcomes including low birthweight and preterm birth. Women are randomly selected for participation in the PRAMS survey. Potential participants are identified through Virginia's vital records database. The projected target population is 1,874 women. The random selection process allows PRAMS data to be generalized to all new mothers within Virginia. A larger sample for this year of data collection will allow creation of district-level estimates for Richmond City and Thomas Jefferson health districts.

Target Population:
Number: 102,000
Infrastructure Groups: Other

Disparate Population:
Number: 5,538
Infrastructure Groups: Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: PRAMS is the sole data source for many maternal and child health indicators and provides critical data for ongoing initiatives and grants in Virginia. VDH is following the recommendations of the CDC, as well as best practices implemented in other states to identify and test methods to increase the response rate.

VDH has conducted the Pregnancy Risk Assessment Monitoring System (PRAMS) survey since 2007. However, the national standard response rate of 60% had not been met before 2015, when PHHS supplemental funding allowed multiple evidence-based changes to improve operations.

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $118,580

Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Conduct survey
Between 10/2018 and 09/2019, DPHD will conduct **1,900** PRAMS surveys of women.

Annual Activities:
1. Mail surveys
Between 10/2018 and 09/2019, DPHD will mail surveys to 1,900 women for completion.

2. Complete phone calls
Between 10/2018 and 09/2019, DPHD will complete follow-up phone calls and provide incentives to maintain the response rate above 55%.

3. Track data
Between 10/2018 and 09/2019, DPHD will track and record data in the PIDS system.

Objective 2:
Disseminate data
Between 10/2018 and 09/2019, DPHD will distribute data to inform and improve the health of the MCH population to **all** interested parties.

Annual Activities:
1. Identify stakeholders
Between 10/2018 and 09/2019, DPHD will identify internal and external stakeholders who would benefit from PRAMS data.

2. Analyze data
Between 10/2018 and 09/2019, DPHD will provide timely, accurate analysis of the PRAMS yearly dataset.

3. Produce reports
Between 10/2018 and 09/2019, DPHD will work with VDH communications staff to produce reports and materials using PRAMS analysis.

State Program Title: OFHS Program Support – Youth Risk Behavior Survey (YRBS) and School Health Profiles (SHP)

State Program Strategy:

Program Goal:
The primary goal is to collect, obtain and disseminate weighted data for the Virginia Youth Survey (VYS) and School Health Profiles (SHP) surveys.

Program Health Priority:
The health priority is data collection for health-related risk behaviors among youth across the following areas: behaviors that contribute to unintentional injuries and violence; alcohol and other drug use; tobacco use; unhealthy dietary behaviors; and inadequate physical activity.

Primary Strategic Partners:
Primary strategic partners include local health districts (for assistance in coordinating surveys at local schools and disseminating results), Virginia Department of Education (for cooperation and coordination in data collection with local school divisions), local school divisions (for assistance with survey administration), Virginia Foundation for Healthy Youth (for assistance with administration, printing of surveys, contacting schools, and disseminating results), Virginia Department of Behavioral Health and Developmental Services, and other community-based organizations like the United Way and YMCA (for use and dissemination of results).

Evaluation Methodology:
According to CDC protocols, the program will be evaluated based on response rates (number of students and school personnel surveyed/number of potential students and school personnel participants) for the Virginia Youth Survey and School Health Profiles Survey, and turnaround time for data dissemination.

State Program Setting:
Local health department, Schools or school district

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Vacant
Position Title: Senior Epidemiologist
State-Level: 15% Local: 0% Other: 0% Total: 15%

Position Name: Sarah Conklin
Position Title: CHA Supervisor
State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 2

Total FTEs Funded: 0.25

National Health Objective: HO PHI-7 National Data for Healthy People 2020 Objectives

State Health Objective(s):
Between 10/2018 and 09/2019, VDH will exceed CDC's required 60% response rate to obtain weighted data by 10% by maintaining the high school and student participation rate.

Baseline:
In 2017, a total of 100 high schools and 81 middle schools participated in the state-level YRBS. Additionally, in Spring of 2018, 272 principals and 280 health educators completed the School Health Profiles Survey.

Data Source:
Virginia Youth Survey and School Health Profiles Survey; CDC, MMWR

State Health Problem:

Health Burden:
There are limited sources of data on health-related risk behaviors among youth in Virginia other than the YRBS. The state-level survey funded by CDC provides data that is aggregated across the state. The School Health Profiles data will allow state agencies to make decisions among future policy and social change implications. Data from the VYS and School Health Profiles are useful for school divisions, health districts, community and state organizations.

Target Population:
Number: 168
Infrastructure Groups: State and Local Health Departments, Other

Disparate Population:
Number: 168
Infrastructure Groups: State and Local Health Departments, Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
No Evidence Based Guideline/Best Practice Available

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $80,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0

Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

1. Develop survey
Between 10/2018 and 09/2019, DPHD staff will develop **one** 2019 Virginia Youth Survey.

Annual Activities:

1. Convene Workgroup
Between 10/2018 and 01/2019, DPHD staff will convene the Virginia Youth Survey workgroup to discuss and propose stated added questions for the 2019 Virginia Youth Survey.

2. Propose Survey
Between 01/2019 and 09/2019, DPHD staff will propose the 2019 Virginia Youth Survey to VDH leadership.

3. Post survey
Between 01/2019 and 09/2019, DPHD staff will post the 2019 middle and high school Virginia Youth Survey to the website.

Objective 2:

2. Disseminate profiles data
Between 10/2018 and 09/2019, DPHD will disseminate **one** 2018 Profiles data.

Annual Activities:

1. Post Profiles data
Between 10/2018 and 01/2019, DPHD staff will post the 2018 Profiles reports to the VDH webpage.

2. Create Profiles fact sheet
Between 10/2018 and 03/2019, DPHD staff will create a fact sheet summarizing the principal and lead health educator data.

3. Share data with state partners
Between 10/2018 and 03/2019, DPHD staff will schedule a meeting with state partners

to review the Profiles data and disseminate the fact sheet.

Objective 3:

3. Disseminate data

Between 10/2018 and 09/2019, DPHD staff will disseminate the 2017 Virginia Youth Survey data to **all** interested parties.

Annual Activities:

1. Post data on Tableau

Between 10/2018 and 09/2019, DPHD staff will post the VYS data as a data source on Tableau.

2. Create visualizations

Between 10/2018 and 09/2019, DPHD staff will use Tableau to create visualizations using the 2017 Virginia Youth Survey data and share the visualizations on the internal server.

3. Disseminate data briefs

Between 10/2018 and 03/2019, DPHD staff will disseminate the data briefs created using the 2017 Virginia Youth Survey.

State Program Title: OFHS Program Support – Behavioral Risk Factor Surveillance System (BRFSS)

State Program Strategy:

Program Goal:
During the last 30 years, the Virginia Behavioral Risk Factor Surveillance System (BRFSS) has become the main source for annual, state-based health information in Virginia. Since 2002, the BRFSS program has provided data to each of the 35 health districts in an effort to inform public health actions and improve the health of all citizens. For 2019, the primary goal of the Virginia BRFSS program is to continue the legacy of providing quality information to anyone who wants to understand and address health status and health risk behaviors. In 2019, VDH plans to collect 8,000 surveys. VDH will collect 53% cell phone interviews.

Program Health Priority:
The program health priority is data collection for health-related risk behaviors among adults. Extensive data visualizations and tables from the survey are posted on the VDH website for use by researchers and the public. The data are reported at the state, regional and health-district levels.

PHHS funds will be used to supplement BRFSS grant funds to ensure state-level data collection. The costs incurred through state-level data collection include funds paid to the data collection contractor and the salary, rent, phone and computer costs associated with the BRFSS coordinator and epidemiologist positions.

There is a large data gap when it comes to state level mental health data. The Virginia BRFSS added the Adverse Childhood Experiences (ACE) module and four Satisfaction with Life Scale questions to help address this gap. PHHS funds ensure the collection and analysis of these valuable state added questions.

Primary Strategic Partners:
Primary strategic partners include local health districts, other state agencies, non-profit and advocacy groups (such as the Virginia Asthma Coalition, the Partnership for People with Disabilities, etc.), researchers and the public.

Evaluation Methodology:
VDH will measure the number of survey completions, the percent of cell-phone only completions and the turnaround time for posting analyzed data to the VDH website.

State Program Setting:
State health department

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Vacant
Position Title: BRFSS Coordinator
State-Level: 35% Local: 0% Other: 0% Total: 35%
Position Name: Rebeka Sultana
Position Title: Epidemiologist
State-Level: 35% Local: 0% Other: 0% Total: 35%
Position Name: Sarah Conklin
Position Title: CHA Supervisor
State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 3
Total FTEs Funded: 0.80

National Health Objective: HO PHI-7 National Data for Healthy People 2020 Objectives

State Health Objective(s):
Between 10/2018 and 09/2019, VDH will increase the availability and use of BRFSS data through an interactive portal platform.

Baseline:
The number of surveys completed is 8,000. The percentage of surveys completed for cell-phone is 50%.

Data Source:
Behavioral Risk Factor Surveillance System (BRFSS)

State Health Problem:

Health Burden:
BRFSS is the most comprehensive source of data on health-related risk behaviors among adults in Virginia. The state-level survey funded by the CDC provides data that are aggregated across the state, rather than more detailed local-level analyses. The 35 health districts are the primary users of BRFSS data. Other residents of Virginia, including researchers, employees of other state agencies, hospitals and health-related organizations also use the data.

Target Population:
Number: 35
Infrastructure Groups: State and Local Health Departments, Other

Disparate Population:
Number: 35
Infrastructure Groups: State and Local Health Departments, Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: PHHS funds will be used to cover the cost of obtaining BRFSS data during the 2019 collection period. VDH uses a Call for Proposal process through which VDH offices, other state agencies and members of the public can submit proposals to add questions to the BRFSS. These proposals are evaluated by the BRFSS workgroup, and the State Health Commissioner makes a final determination regarding the questions included on the survey.

The call for proposal process has been in use for the BRFSS survey for a number of years, and incorporates changes and best practices based on those years of experience. Virginia implemented several changes in 2014, including posting a Virginia telephone number on the caller ID of those who are contacted, and collecting the telephone numbers of those who do not wish to participate in the survey. In 2016, VDH increased the proportion of cell phone interviews and better aligned the data collection with the data needs of the Chronic Disease Division and the Plan for Well-Being.

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $357,287
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
1. Collect data
Between 10/2018 and 09/2019, the Division of Population Health Data (DPHD) will collect **8,000** surveys on health risks among adults.

Annual Activities:
1. Conduct surveys,
Between 10/2018 and 09/2019, DPHD will conduct 8,000 telephone surveys, of which at least 50% will be cell-phone surveys.

Objective 2:

2. Provide data

Between 10/2018 and 09/2019, DPHD will provide state, regional and health district data to **all** interested parties.

Annual Activities:

1. Post data

Between 10/2018 and 09/2019, DPHD will post data to the website within 90 days of receiving the data file.

2. Transfer data

Between 10/2018 and 09/2019, DPHD will post data on the interactive online portal, Tableau.

3. Provide data reports

Between 10/2018 and 09/2019, DPHD will provide data reports on current year data (when available), trends and other analyses as requested.

4. Track measures

Between 10/2018 and 09/2019, DPHD will track and report nine Plan for Well-Being measures for trend analysis.

Objective 3:

3. Develop indicators

Between 10/2018 and 09/2019, DPHD will develop **one** report of state added module data and develop the 2019 questionnaire.

Annual Activities:

1. Analyze state added module data

Between 10/2018 and 09/2019, DPHD will analyze BRFSS state added module data.

2. Provide state added module data reports

Between 10/2018 and 09/2019, DPHD will create and provide reports on state added module data.

3. Create 2019 BRFSS Questionnaire

Between 10/2018 and 09/2019, DPHD will propose the 2019 survey questionnaire to align with state priorities.

State Program Title: OFHS Program Support – Community Health Assessments and Improvement Plans

State Program Strategy:

Program Goal:
The goal is to provide systematic and centralized support to each of the 35 health districts – data dissemination, training and coordination to move local health districts into sustainable processes – in order to facilitate the completion of a community health assessment (CHA) and community health improvement plan (CHIP).

Program Health Priority:
Virginia *Plan for Well-being* Measure: Goal 1.2–Virginia's communities collaborate to improve the health population's health. By 2020, the percent of Virginia health planning districts that have established an ongoing collaborative community health planning process increases to 100%.

Primary Strategic Partners:
Primary partners will include each of the 35 health districts, as well as other central offices and divisions in VDH including the Division of Prevention and Health Promotion, Office of Health Equity, Office of Epidemiology, Office of Environmental Health and Office of Information Management. Additional partners will include local health systems, community organizations and other constituents as both beneficiaries and collaborators of implementing strategies and interventions.

Evaluation Methodology:
Program progress will be evaluated using the following measures: the number of community health assessments completed; the number of metrics provided to local health districts via the data for community health portal; the number of local health district websites developed for data dissemination; the number of improvement plans developed; and the number and reach of trainings provided.

State Program Setting:
Local health department, State health department, Other: Local health districts

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Sarah Conklin
Position Title: CHA Supervisor
State-Level: 65% Local: 0% Other: 0% Total: 65%
Position Name: Khalida Willoughby
Position Title: CHA Program Manager and Population Health Training Coordinator
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Vacant

Position Title: Epidemiologist
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 3
Total FTEs Funded: 2.65

National Health Objective: HO PHI-14 Public Health System Assessment

State Health Objective(s):
Between 10/2018 and 09/2019, Division of Population Health Data staff will provide technical assistance to health districts related to the CHA-CHIP process
Baseline:
In 2018, 87% of local health districts were independently involved in a CHA-CHIP process (2018) or involved in a hospital Community Health Needs Assessment (CHNA).

Data Source:
VDH, Division of Population Health Data

State Health Problem:

Health Burden:
Reach is expected to be 2,000 staff at local health districts, hospitals/healthcare systems, community partners and organizations, vulnerable populations and others who participate in the collaborative approach of health assessment and improvement planning.

Target Population:
Number: 35
Infrastructure Groups: State and Local Health Departments

Disparate Population:
Number: 35
Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: NACCHO Mobilizing Action through Partnerships and Planning (MAPP)
CDC Community Health Assessment and Group Evaluation (CHANGE)
ACHI Community Health Assessment
Community Tool Box Toolkits

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $611,180

Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
1. Disseminate Playbook and Other Training Materials
Between 10/2018 and 09/2019, DPHD will disseminate **one** CHA-CHIP playbook.

Annual Activities:

1. Post to Website
Between 10/2018 and 09/2019, DPHD will post playbook to website.

2. Organize resources
Between 10/2018 and 09/2019, DPHD will continue to review and organize the compendium of CHA-CHIP training and implementation resources and upload to the Intranet webpage.

3. Provide training
Between 10/2018 and 09/2019, DPHD will provide training to all health districts using the playbook.

Objective 2:
Provide support to districts
VDH DPHD staff will work with districts and community partners to increase the number of districts that have completed a CHA from **28** to **32**.

Annual Activities:

1. Identify resource needs
Between 10/2018 and 09/2019, DPHP will identify local health districts that need additional support and resources and assign one of five CHA planners.

2. Provide feedback
Between 10/2018 and 09/2019, DPHP will provide feedback on CHA Reports.

3. Disseminate CHA Reports
Between 10/2018 and 09/2019 completed CHA reports will be made available electronically to community partners utilizing local district webpages and the Plan for Well-being (PfWB) webpage.

Objective 3:
3. Evaluate program
Between 10/2018 and 09/2019, DPHD will evaluate **one** CHA-CHIP process.

Annual Activities:
1. Develop metrics
Between 10/2017 and 09/2018, DPHP will develop metrics for evaluation of the CHA-CHIP process within.

2. Elicit Feedback
Between 10/2018 12/2018, DPHP will develop a method for gaining input from health district directors and key staff in local health districts for evaluating CHA/CHIP.

Objective 4:
4. Develop CHIP
Between 10/2018 and 09/2019, DPHD will develop **1** community health improvement plan for health districts that have completed a CHA.

Annual Activities:
1. Identify evidence-based interventions
Between 10/2019 and 09/2019, DPHP will identify evidence-based interventions to prioritize health issues and develop a CHIP in local health districts.

2. Develop goals and objectives
Between 10/2018 and 09/2019, DPHP will develop SMART goals and objectives for CHIP using nationally recognized standards and evidence-based interventions.

State Program Title: **Tobacco Use Control Program**

State Program Strategy:

Program Goal:
The goal of the Tobacco Control Program (TCP) is to provide comprehensive tobacco use control to empower Virginia citizens to become full participants in healthy lifestyle choices.

Program Health Priority:
Priorities for the program are to provide training, information, materials and other mechanisms to support policies to help Virginians choose and maintain tobacco-free lifestyles.

Primary Strategic Partners:
The Virginia Department of Health Tobacco Control Program will partner with the Virginia Department of Health Maternal and Child Health Program, Dental Health Program, Chronic Disease Prevention and Health Promotion Program and local health districts. External partners include the Virginia Foundation for Healthy Youth and the Tobacco Free Alliance of Virginia (TFAV). As the State Coalition, TFAV is comprised of other key partners such as the Virginia Chapters of the American Heart Association, American Cancer Society and the American Lung Association, the Campaign for Tobacco Free Kids and others.

Evaluation Methodology:
The quitline vendor will be contracted to also evaluate the program by determining quit and satisfaction rates among the general Quit Now Virginia tobacco cessation quitline caller population, as well as among one-call and multi-call program participants.

State Program Setting:
State health department, Local health department, Other: health care provider offices; pharmacies

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: **HO TU-4 Smoking Cessation Attempts by Adults**

State Health Objective(s):

Between 10/2015 and 09/2020, VDH will maintain the number of Virginians served by Quit Now Virginia at 4,445 individuals.

Baseline:
4,445 individuals in SFY 2015

Data Source:
Virginia Quit Now Demographic Reports

State Health Problem:

Health Burden:
Tobacco use is the leading cause of preventable disease and death in the United States annually, resulting in more than 480,000 premature deaths. The Office of the Surgeon General, in 2014, predicted that one out of every 13 children will die early from smoking if more is not done to reduce current smoking rates. Direct health care expenditures and productivity losses related to tobacco use account for approximately $289 billion each year. Despite progress over the past several decades, millions of adults still smoke cigarettes, the most commonly used tobacco product in the United States.

Children exposed to secondhand smoke are at an increased risk of experiencing the following health problems: asthma, bronchitis and pneumonia; colds and sore throats; ear infections and hearing loss; reduction of lung function; and Sudden Infant Death Syndrome (SIDS). Children are particularly vulnerable to the effects of secondhand smoke due to their smaller airways, higher breathing rates and less mature immune systems. Healthcare costs associated with prenatal and post-natal exposure to secondhand smoke range from $1.4 billion to $4.0 billion annually in the United States.

Studies also indicate that children exposed to secondhand smoke have more learning and behavioral problems during childhood, are more likely to initiate smoking, and are at increased risk for developing diabetes, heart disease and certain cancers later in life.

Relative to other states, Virginia operates in an environment that is particularly challenging for tobacco use control. Virginia has a long history of growing tobacco and is currently one of the leading tobacco producing states. Virginia has very low excise taxes on tobacco products, and for this reason it is often the focus of law enforcement activity to target the illicit trade of Virginia cigarettes to other US and international markets.

Furthermore, Virginia has very weak smoke-free air laws relative to other states. Advocacy groups such as the American Cancer Society's Cancer Action Network and the American Lung Association frequently highlight the state of Virginia for its relatively weak smoke-free air laws and low tobacco excise taxes in comparison with other states in the nation.

In Virginia, approximately 10,300 people will die each year from smoking-attributable causes. Currently, 19% of Virginians smoke. Annually, Virginia incurs medical costs of $3,133,000 from smoking. It is estimated that for every person who dies from smoking

or exposure to secondhand smoke, thirty more people suffer with at least one serious smoking-related illness.

Target Population:
Number: 7,077,074
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 7,077,074
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: TUCP focuses its cessation activities on three main best practices areas: 1) promoting health systems change, 2) expanding insurance coverage and utilization of proven cessation treatments, and 3) supporting quitline capacity. TUCP supports the implementation of a cessation quitline for Virginia residents as an evidence-based intervention that has the potential to reach large numbers of tobacco users. The quitline also serves as a resource for health care and other human service providers to link tobacco users to cessation counseling and assistance.

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $175,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:
Provide services
Between 10/2018 and 09/2019, the VDH Tobacco Use Control Program will provide cessation services through the Quit Now Virginia quitline to **4,445** individuals.

Annual Activities:
1. Provide cessation services
Between 10/2018 and 09/2019, VDH will provide evidence-based tobacco/nicotine cessation services by
phone and web. Pregnant and breastfeeding callers will be provided with a 10-call program which provides intensive behavioral support tailored to unique needs during pregnancy and multiple relapse prevention calls during the post-partum phase.