

# FY23 ANNUAL REPORT



July 1, 2022 -  
June 30, 2023

Contents

Letter from the Health Director ..... 2

RAHD Locations ..... 3

Snapshot of FY23 Services ..... 4

    Who We Are ..... 5

    Public Health 3.0 ..... 6

Emerging Health Concerns ..... 7

    Opioids ..... 7

    STIs ..... 8

Population Health ..... 8

    CHA/CHIP ..... 8

    Coalitions and work groups ..... 8

    HEAL Program ..... 9

    Unite Us ..... 9

    Health Equity Trainings ..... 9

Clinical Services ..... 9

    Routine Immunizations ..... 9

    Refugee (Newcomer) Services ..... 10

    Sexually Transmitted Infections ..... 11

    Family Planning ..... 11

    Maternity Care ..... 11

    Women’s Health ..... 11

    Tuberculosis ..... 11

WIC ..... 12

Epidemiology ..... 12

Environmental Health ..... 13

    Food Service Inspections ..... 13

    Sewage and Water ..... 13

    Rabies Control ..... 13

Emergency Preparedness ..... 14

Vital Records ..... 14

Financial Summary ..... 15

Looking Ahead ..... 15

## Letter from the Health Director

I am proud to share the Rappahannock Area Health District's Annual Report for Fiscal Year 2023 (FY23), which covers the health department's work in Caroline, Fredericksburg, King George, Spotsylvania, and Stafford, Virginia from July 1, 2022, through June 30, 2023.

Every year since the start of the COVID-19 pandemic in 2020 has been unique for the field of public health, and FY23 was no different. In May, we marked the end of the federally declared public health emergency, a symbolic turning point after over 3 years of response to the pandemic. Though RAHD continues to receive reports of COVID-19 infections and outbreaks, the level of threat is greatly reduced over even a year ago.



Unfortunately, COVID-19 exposed many other critical health concerns in our area. Mental health was one of the top community priorities identified in the Community Health Improvement Plan (CHIP) process, in part related to stress, anxiety, and isolation experienced during the pandemic. Though RAHD does not provide direct mental health services, we can act as the Chief Health Strategist on this issue, providing data on what is taking place, digging into the root causes of the growing mental health crisis, and helping to coordinate collaborative work on issues related to mental health.

One of the ways we are doing this is by approaching the opioid crisis from a public health perspective. All localities in RAHD see higher rates of opioid-related death than the Virginia average, and Virginia's average is higher than the US as a whole. RAHD has stepped up its efforts to monitor and share data related to opioid use and misuse to inform collaborative community solutions. Some of this data is included in this report. In addition, the health department has expanded REVIVE trainings to educate community members on how to administer naloxone. Naloxone is now available at all health department sites at no cost.

To address these and other issues requires RAHD to grow beyond the services we provided prior to COVID-19. Fortunately, we have been able to retain a number of staff funded by COVID-19 related grants. These positions have allowed RAHD to expand services to provide additional epidemiological services, data analysis, community engagement and outreach, and public communications. Our challenge for FY24 will be to identify funding to continue to support these services that the community has come to expect and to move RAHD forward as a 21<sup>st</sup> century health department.

Of particular note, just after the close of FY23 RAHD submitted its documentation to the Public Health Accreditation Board in order to obtain status as a fully accredited health department. This marks the culmination of a tremendous amount of work by the RAHD team. We now await review of our submitted documentation over the next several months and expect our site visit from PHAB to occur early in 2024.

We encourage you to take few minutes to read through this report to get an understanding of the services RAHD provided in FY23. As you do so, consider how we can continue to partner in FY24 to create a community where everyone has the opportunity to be healthy.

Olugbenga Obasanjo, MD  
Health Director, Rappahannock Area Health District

## RAHD MISSION, VISION, AND VALUES

### MISSION

To protect the community and the environment through the prevention of disease, lasting community partnerships, access to quality services, and the promotion of healthy behaviors.

### VISION

Working together with the community toward a future in which all members can achieve their highest level of health and wellbeing.

### VALUES

- **Credibility:** To be a reliable source of health information to the community.
- **Health Equity:** To meet our underserved neighbors where they are, by eliminating barriers, for a fair and just opportunity for everyone to be healthy.
- **Collaboration:** To recognize the value of all community partnerships, while aiming to become the Chief Health Strategist for the community.
- **Cultural Sensitivity:** To recognize, respect, and understand the different cultures that comprise our community.
- **Data-Based Decision Making:** To use data analytics and scientific evidence to guide our approach to services and interventions.

## RAHD Locations

### **RAHD District Office**

1320 Central Park Blvd Ste. 300  
Fredericksburg, VA 22401  
Phone: 540-899-4797

### **City of Fredericksburg Health Department**

608 Jackson St.  
Fredericksburg, VA 22401  
Phone: 540-899-4142

### **Caroline County Health Department**

17202 Richmond Turnpike  
Milford, VA 22514  
Phone: 804-633-5465

### **King George Health Department**

8097 Kings Highway  
P.O. Box 92  
King George, VA 22485  
Phone: 540-775-3111

### **Spotsylvania County Health Department**

9104 Courthouse Road  
P.O. Box 126  
Spotsylvania, VA 22553  
Phone: 540-507-7400

### **Stafford County Health Department**

1300 Courthouse Road  
P.O. Box 27  
Stafford, VA 22554  
Phone: 540-659-3101

### **Stafford County Environmental Services**

1739 Jefferson Davis Highway  
P.O. Box 365  
Stafford, VA 22555  
Phone: 540-288-9018

## Snapshot of FY23 Services

<b>Clinical</b>	12,099 vaccines administered 209 clients received Refugee (Newcomer) Services 1,723 STI tests administered 208 clients received free breast and cervical cancer screenings 525 clients accessed family planning services
<b>Emergency Preparedness and Response</b>	54 MRC deployed 563.25 Volunteer hours \$19,099.81 Monetary value of volunteer hours 244 Naloxone kits dispensed
<b>Environmental Health</b>	2,699 Food establishment inspections performed 24 campground inspections performed 42 marina inspections performed 356 temporary food vendor inspections performed 877 onsite sewage disposal system applications processed 975 rabies control incidents investigated
<b>Epidemiology and Reportable Diseases</b>	1,904 reports for reportable illnesses (not including reports of Coronavirus Disease 2019) were received in 2022*
<b>Population Health</b>	Led or participated in 11 coalitions or collaborative work groups 38 CHIP strategies are completed or in progress 50 community members received health literacy education 50 clients managed in Unite Us and 25 community referrals sent 14 Health Equity Trainings delivered to staff
<b>Vital Records</b>	Received a total of \$267,703.95 in revenue from birth, death, marriage, and divorce certificates
<b>Women, Infants, and Children (WIC)</b>	5,473 participants enrolled as of June 2023 6,238 Nutrition education appointments completed 9,768 certification and mid-point certification appointments were conducted.

\*Epi data is shown for calendar year 2022, as data for the second half of FY23 is still in the data validation process.

## Who We Are

As a local health district within the Virginia Department of Health, RAHD is the governmental public health entity serving the counties of Caroline, King George, Spotsylvania, and Stafford and the City of Fredericksburg. This region of Virginia is also known as Planning District 16 or PD16, and both terms are used in this report.

While there are many definitions of public health, RAHD relies on the following definition: “Public health is what we do as a society to ensure the conditions in which everyone can be healthy.”<sup>1</sup>

RAHD carries out this charge through:

- Environmental health services
- Clinical services
- Emergency preparedness and response
- Population health services
- Epidemiology
- Provision of vital records
- Coordination of WIC services
- Embracing the role as the Chief Health Strategist in our service area by partnering with other organizations

Public health is important to the community because it saves money, improves quality of life, helps children thrive, and reduces suffering<sup>2</sup>. With its broad scope, public health involves a cross-sectoral approach to promote health and well-being, and many partnering organizations help contribute to this mission as well.

Organizations such as hospitals, first responders, schools, long-term care facilities, social services, and many more also provide services critical to protecting the public’s health and creating opportunities for community members to be healthy. Figure 1 demonstrates some of the ways these relationships come together to form the broader public health system. While the health department is part of the public health system, there are many other organizations that also contribute to the system. All are connected, and together they create a safety net that protects and promotes public health.

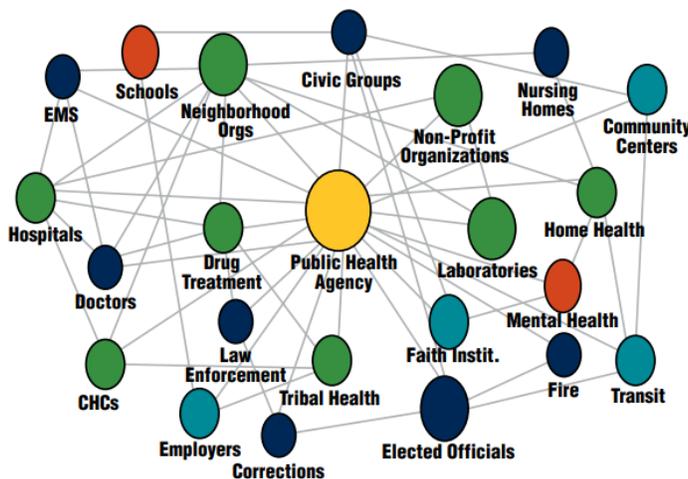


Figure 1: The Public Health System (Jelly Bean Diagram), from National Association of City and County Health Officials (NACCHO)

<sup>1</sup> Karen B. DeSalvo, et al., “Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century”, *Preventing Chronic Disease* 14, (September 2017)

<sup>2</sup> “What is Public Health?”, American Public Health Association, 2021. <https://www.apha.org/what-is-public-health>.

## Public Health 3.0

With the public health system, the role of health departments in the 21<sup>st</sup> Century is shifting toward what is known as Public Health 3.0<sup>3</sup>. While Public Health 1.0 and 2.0 focused on clinical services and traditional public health programs, Public Health 3.0 seeks to engage cross sector collaboration and multiple community partners to have a greater impact. The focus is to improve social determinants of health, or factors such as economic conditions, access to healthcare, educational access and quality, and the built environment, all of which are closely tied to health outcomes.

Health departments achieve this through 5 broad actions:

1. Act as the **Chief Health Strategist**, working with all relevant partners to address social determinants of health
2. Form structured, cross-sector **partnerships**
3. Pursue Public Health Accreditation Board (PHAB) **accreditation**
4. Leverage actionable **data**
5. Enhance and modify **funding**

Proudly, RAHD made progress on all Public Health 3.0 actions this year:

1. **Chief Health Strategist:** RAHD completed the Community Health Improvement Plan (CHIP), in partnership with Mary Washington Healthcare (MWHC) and with the help of over 70 other organizations. This plan addresses three priority health issues for our area: mental health, affordable housing, and access to healthcare.
  - The CHIP is an actionable plan building on the Community Health Assessment (CHA), completed in April 2022.
  - While some strategies in the CHIP will be carried out directly by health department staff, the vast majority are commitments from other organizations to take actions toward addressing the three priority issues. RAHD, through the CIP, provides strategic coordination on these issues.
  - The original CHIP and an annual review of CHIP progress is available at [www.vdh.virginia.gov/rappahannock/fy23-fy25\\_cha-chip/](http://www.vdh.virginia.gov/rappahannock/fy23-fy25_cha-chip/)
2. **Partnerships:** Following the CHA/CHIP and COVID-19, RAHD has strengthened its community partnerships. This includes with other Community Based Organizations through formal work groups and coalition work, but also directly with communities through outreach and the Community Health Worker program.
3. **Accreditation:** RAHD spent much of FY23 preparing documentation for PHAB accreditation and submitted the required documentation in July 2023. This is the first formal step in achieving status as a full accredited health department.
4. **Data:** RAHD's Community Health Epidemiologist is able to pull data on a variety of topics and share it with partners and the public to better understand what is taking place

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<sup>3</sup> Karen B. DeSalvo, et al., "Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century", *Preventing Chronic Disease* 14, (September 2017)

in the community. This has been especially helpful in work on the opioid crisis to drive community decision making.

5. **Funding:** RAHD was awarded a number of grants in FY2023, including but not limited to a \$400,000 federal grant to purchase a mobile clinic, a \$25,000 MWHC grant to stock the clinic with necessary supplies, and a \$200,000 grant to improve relationships and health outcomes with Afghan migrants, immigrants, and refugees in our community.

## Emerging Health Concerns

RAHD monitors for many conditions impacting the health and well-being of our community. Within the last year, opioid-related overdose and sexually transmitted diseases have arisen as key health concerns in the community.

### Opioids

Rates of opioid-related deaths are higher in RAHD than in the state of Virginia as a whole, with particularly high death rates in Caroline, Fredericksburg, and Spotsylvania (see figure 2). All of the localities in RAHD other than King George have seen an increased opioid-related death rate from 2017 to 2021.

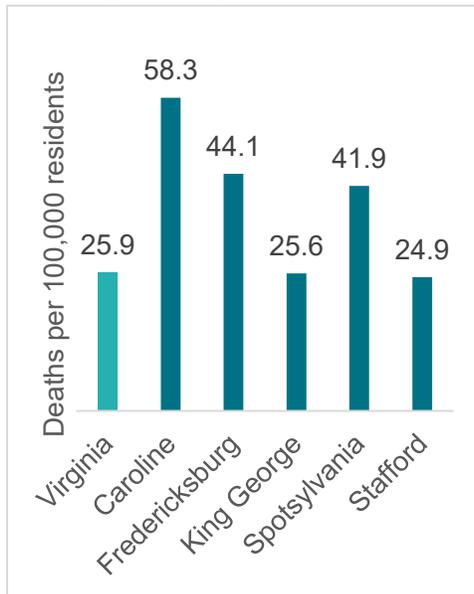


Figure 2: Opioid-related Death Rate in RAHD (2021)

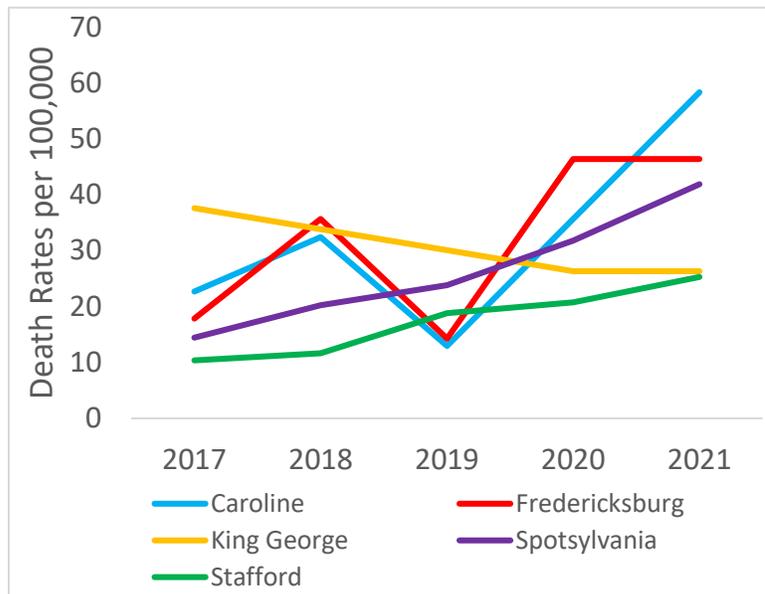


Figure 3: Opioid-related Death Rates Annually, 2017-2021

To address this concerning trend, RAHD established several strategies to address the opioid epidemic in FY23:

- Naloxone is now available to the public at no cost at all health department locations, and RAHD provides free training and no-cost naloxone at community based events where possible
- RAHD participates in the PD16 Opioid Workgroup and the Harm Reduction Workgroup to collaboratively address this issue with community partners

- An internal RAHD workgroup was established in February 2023 to better coordinate response across the organization
- Temporary funding was identified in June 2023 to hire a contractor to serve as RAHD's Opioid Response Coordinator

## STIs

Rates of sexually transmitted infections have been on the rise since FY22. Among them, syphilis is perhaps the most concerning. Syphilis rates in Virginia have been increasing since 2019<sup>4</sup>, and cases of congenital syphilis have been increasing for the past decade. In 2011, Virginia had no cases of congenital syphilis, but in 2021 there were 17 cases of congenital syphilis statewide. Since 2022, there have been 2 confirmed cases of congenital syphilis in RAHD. Congenital syphilis can cause stillbirth and miscarriage, and babies born with congenital syphilis can have deformed bones and brain and nerve problems, among other symptoms. Congenital syphilis is 100% preventable through prenatal care, so even one case of congenital syphilis represents a failure across all levels of the public health system, as multiple systems are in place to catch syphilis infections during pregnancy and prior to birth. Linking women to care and taking appropriate actions in healthcare settings to prevent syphilis infections should be a priority for all providers in our area.

## Population Health

Population health examines the health of populations within PD16, rather than focusing on health on an individual basis.

## CHA/CHIP

As mentioned above, RAHD published the Community Health Improvement Plan (CHIP) in July 2022, which was completed in partnership with Mary Washington Healthcare with the support of many other community partners. The CHIP outlines strategies to address three prioritized health issues identified in the 2022 Community Health Assessment (CHA): mental health, affordable housing, and access to healthcare. The CHIP identified 47 strategies to be led by 11 organizations, and 38 of those strategies were initiated in FY23. The full CHIP report is available at [https://www.vdh.virginia.gov/rappahannock/fy23-fy25\\_cha-chip/](https://www.vdh.virginia.gov/rappahannock/fy23-fy25_cha-chip/).

## Coalitions and work groups

Representatives from the Population Health Team participated in the following community groups on behalf of RAHD in FY23:

- Be Well Rappahannock
- Collaborative for Youth and Families
- Continuum of Care
- Fredericksburg City Schools Superintendent's Roundtable
- Harm Reduction Work Group
- Hunger Action Coalition

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<sup>4</sup> <https://www.vdh.virginia.gov/disease-prevention/disease-prevention/hiv-aids-sexually-transmitted-disease-std-hepatitis-reports/>

- Mobile Integrated Healthcare
- Opioid Work Group
- Refugee Mental Health Council
- Regional Housing Assembly
- Transportation Coalition

## HEAL Program

In February 2023, RAHD launched the HEAL program, a health literacy curriculum to help adults in the community understand basic health information and make better healthcare decisions. This curriculum was delivered to 50 community members in FY23, with a focus on refugee, senior, and non-English speaking populations. Early evaluation results demonstrate high levels of participant satisfaction, increased knowledge, and improved confidence.

## Unite Us

Many community-based organizations statewide are using the Unite Us platform to send secure, closed-loop referrals to better connect clients to services in the community. In RAHD, expansion of this platform is one of the strategies under Access to Healthcare in the CHIP. RAHD's staff have begun to utilize the platform for internal case management in addition to sending referrals to external partners.

In April, RAHD launched the [Assistance Request Form](#) on our website. Community members in need of assistance can fill out this form, and an RAHD team member will follow up with them to connect them with appropriate services. This form can also be used internally by RAHD staff to provide more well-rounded support to patients and clients utilizing other health department services.

## Health Equity Trainings

Health equity is about ensuring everyone has a fair and just opportunity to achieve their highest level of health. In order to promote this internally and externally, RAHD has committed to educating our own staff about issues related to health equity. All team members are required to complete a minimum of two health equity trainings per year, and 14 trainings were offered in FY23. Topics included but were not limited to intersectionality, racism in healthcare, and cultural humility.

## Clinical Services

Residents of PD16 are able to access a variety of clinical services at all local health departments in RAHD. These services include, but are not limited to, immunizations, sexually transmitted infection testing and treatment, refugee (newcomer) services, family planning services, women's health services, maternity referrals for prompt access to care and tuberculosis screening.

## Routine Immunizations

Adult and childhood vaccines are provided at all local health departments. While these services are offered by appointment, they are available regardless of health insurance, or for those whose primary care provider does not offer these vaccinations.

In addition to regularly scheduled clinics, in the spring of 2023 RAHD also went to all high schools and middle schools throughout the district to provide vaccines to rising 7<sup>th</sup> and 12<sup>th</sup> graders.

Vaccine types and number of doses administered throughout the past fiscal year can be found on Table 1:

Table 1: Vaccines administered in PD16 during FY23

<b>Type of Vaccine</b>	<b>Number of Doses Administered</b>
MPOX	101
COVID	1627
Influenza	1019
Tdap	1411
MCV4	1853
Rotavirus	82
HPV9	1406
Varicella	615
Hep B (adult)	114
MMR	332
Polio (IPV)	649
DTAP/IPV	142
PCV15	18
Hep B (pediatric)	575
DTap	99
TD	192
Dtap/Hep B/IPV/Hib	134
Hep A (adult)	30
MMRV	336
Hep A/HepB (adult)	1
Hib	40
DTap/Hib/IPV	61
PCV20	11
Hep A (pediatric)	869
PCV13	199
Rabies	27
DTap/Hep B/IPV	97
Shingles	27
PPV23	7
MenB	25
<b>Total vaccines administered</b>	<b>12,099</b>

## Refugee (Newcomer) Services

RAHD offers individuals and families coming through the Newcomer Health Program an initial health screening which includes an overall general health assessment and education, health history, depression screening, tuberculosis screening, immunization, and hearing and vision screening. These services offer a base for referrals to other health providers in addition to working closely with the sponsoring agencies to provide specific follow up for Newcomers

identified through the screening. In FY23, RAHD provided this service to 209 Special Immigrant Visa holders, refugees, and parolees.

## Sexually Transmitted Infections

Sexually Transmitted Infection (STI) testing and treatment can be accessed at all local health departments and are free or low-cost. Commonly tested and treated STIs include Syphilis, HIV, Chlamydia, Gonorrhea, Hepatitis B, and Hepatitis C. Table 2 shows how many of each test were administered in FY23.

Table 2: STI tests administered in PD 16 during FY23.

<b>STI Test</b>	<b>Number of Tests Administered</b>
Chlamydia/Gonorrhea	795
HIV Tests	441
Syphilis	429
Hepatitis B	26
Hepatitis C	32

## Family Planning

Each local health department provides family planning services including birth control, pregnancy tests, gynecological services, lab work, pelvic examinations, pap smears, and breast examinations. Services are offered to women of any age and on a sliding scale fee for all income levels, with or without insurance. During FY23, 525 clients accessed these services.

## Maternity Care

RAHD continues to refer maternity patients to MWHC Obstetrics and Gynecology and track follow-up appointments as well as maternal/fetal outcomes. In FY23, 188 clients were referred to MWHC for prenatal care and a total of 356 appointments were kept by these patients.

## Women's Health

RAHD provides Every Women's Life Program at the Fredericksburg Health Department by appointment only. The program provides free breast and cervical cancer screenings for under-served women who are low-income with no insurance or under-insured. If women are diagnosed with breast or cervical cancer, RAHD staff help them access treatment. In FY23 RAHD staff performed 193 breast screenings and 89 cervical screenings for 208 clients, of which 92.7% were minority women.

## Tuberculosis

Tuberculosis (TB) is a bacterial disease spread through the air from person to person. RAHD provides testing and treatment for both latent TB infection and active TB disease. During FY23, RAHD staff investigated 38 presumptive cases, investigated and treated 9 active cases and managed 107 latent TB infection cases.

## WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) helps pregnant and postpartum women, infants, and children stay healthy and eat right by providing nutritious foods and referrals to health and social services. A typical WIC appointment consists of completing a nutrition assessment, individualized nutrition counseling from a nutritionist or registered dietitian, and breastfeeding support. WIC also collaborates with local farmers markets to provide vouchers that allow access to fresh, local fruits and vegetables. In FY23, RAHD served 5,473 WIC participants and conducted 6,238 nutrition education appointments.

## Epidemiology

RAHD staff track and investigate any outbreaks of reportable diseases of public health concern, including communicable diseases, STIs, and toxic substance exposures. Case counts reported in 2022 are listed in Table 3 below. Reportable disease metrics are reported and reviewed by calendar year rather than fiscal year. Additionally, there were 27 cases of HIV in PD16 in 2022.

Table 3: PD 16 reportable disease case counts in 2022.

Reportable Disease	Case Counts
Accute flaccid myelitis	1
Amebiasis	2
Anaplasma phagocytophilium infection	1
Arsenic	2
Brucellosis	1
CP-CRE (e. coli, Enterobacter and Klebsiella spp)	7
CP-CRE, other	1
Campylobacteriosis	46
Candida auris, clinical	2
Chlamydia trachomatis infection	1072
Coronavirus Disease 2019 (COVID-19)	42217
Cryptococcus gatti	1
Cryptosporidiosis	11
Dengue	1
E. coli infection, shiga toxin-producing	16
Ehrlichia chaffeensis infection	6
Ehrlichiosis/Anaplasmosis, undetermined, infection	1
Giardiasis	14
Gonorrhea	363
Haemophilus influenzae, invasive	10
Hepatitis A, acute	2
Hepatitis B, acute	1
Hepatitis E, acute	1
Latent TB infection	36
Lead, elevated levels	50
Legionellosis	15
Lyme disease	37

<b>Malaria</b>	8
<b>Mercury, elevated levels</b>	1
<b>Mpox</b>	6
<b>Mumps</b>	4
<b>Neonatal Abstinence Syndrome</b>	11
<b>Pertussis</b>	4
<b>Pesticide poisoning</b>	11
<b>Salmonella Typhi</b>	4
<b>Salmonellosis (non-Typhi, non-Paratyphi)</b>	47
<b>Shigellosis</b>	3
<b>Spotted Fever Rickettsiosis (including RMSF)</b>	11
<b>Streptococcus pneumoniae, invasive (age lt 5)</b>	3
<b>Streptococcus, Group A, invasive</b>	12
<b>Syphilis, early non-primary, non-secondary</b>	16
<b>Syphilis, primary</b>	9
<b>Syphilis, secondary</b>	16
<b>Syphilis, unknown duration or late</b>	18
<b>Tuberculosis</b>	9
<b>Unusual occurrence of public health concern – CD</b>	2
<b>Varicella (Chickenpox)</b>	4
<b>Vibriosis, non-cholera</b>	3
<b>Yersiniosis</b>	3
<b>Total</b>	<b>44121</b>

## Environmental Health

### Food Service Inspections

Local health departments inspect and monitor food establishments, including temporary food events, to ensure they comply with food safety measures. Other venues that are inspected for compliance with regulations include hotels and swimming pools. RAHD also provides nonregulatory courtesy inspections for Department of Social Services and Department of Education facilities. In FY23, RAHD health departments performed 2,699 food inspections, including 356 temporary food inspections.

### Sewage and Water

Private wells, onsite sewage treatment systems, campgrounds, and marinas are also inspected and permitted by RAHD health departments. Throughout the fiscal year, RAHD staff processed 67 private well applications, 1,360 onsite sewage applications, and 859 Alternative Onsite Sewage System Operation and Maintenance reports. RAHD staff also performed 24 campgrounds inspections and 42 marina inspections.

### Rabies Control

To ensure rabies doesn't spread unnoticed in the community, all potential rabies exposures are referred to RAHD for investigation and follow-up. RAHD investigated 975 rabies control incidents in FY23.

## Emergency Preparedness

RAHD works regularly with local agencies and organizations such as hospitals, police, fire and rescue, schools, non-profit organizations, and emergency management officials to ensure adequate community-wide emergency planning and preparedness. The Rappahannock Medical Reserve Corps (MRC) are trained to respond to emergencies and assist with public health events within the area. While FY23 did not involve any emergency deployments such as what we have seen during our COVID response, the number of volunteer deployments and hours, and therefore monetary value of those hours, are significantly decreased in FY23. Table 4 contains metrics showing how active RAHD was in preparing and responding to emergencies throughout PD16 in FY23.

Table 4: Emergency Preparedness and Response FY23 metrics.

<b>Number of partnerships/engagements with other organizations</b>	18
<b>Number of events</b>	44
<b>Number of MRC volunteers</b>	734
<b>Number of deployed MRC volunteers</b>	54
<b>Number of volunteer hours</b>	563.25
<b>Monetary value of volunteer hours</b>	\$19,099.81

Additionally, in FY23, RAHD began providing Rapid REVIVE training and naloxone dispensing in all of our local health department locations Monday through Friday. RAHD staff and MRC volunteers dispensed a total of 244 naloxone kits in FY23.

## Vital Records

RAHD provides birth, death, marriage, and divorce certificates at each of the health department sites. This is a benefit to the community as health departments often have shorter lines than other locations where vital records are available. It also serves as a significant source of revenue for RAHD, accounting for \$267,703.95 in revenue in FY23.

## Financial Summary

RAHD receives funding from four major sources: state government, local governments, grants, and revenues from vital records and some clinical and environmental health services.

As shown in Figure 4, grants accounted for the largest source of funding in FY23. This figure is larger than in the years before 2020 due to the availability of federal COVID-19 funds which will continue to be available through FY24.

The majority of RAHD's spending goes toward personnel, followed by contractual services, as shown in Figure 5.

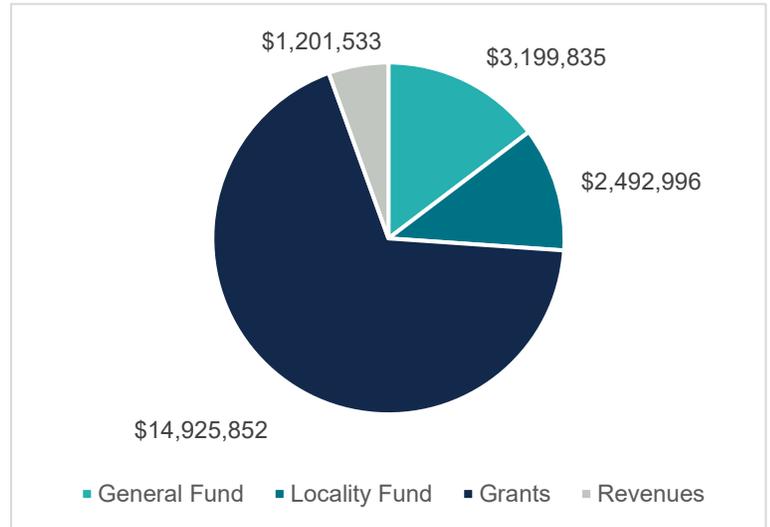


Figure 4 RAHD Funding Sources

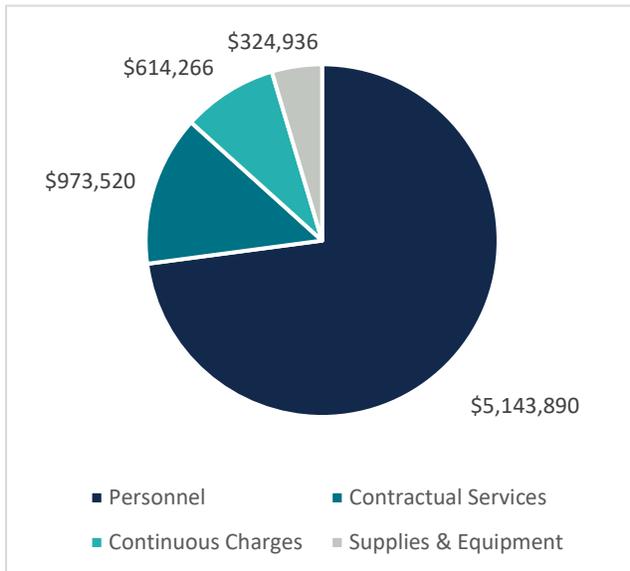


Figure 5: RAHD Spending by category

Revenue Sources	
Environmental Health	\$ 390,850
Family Planning	\$ 29,568
General Medical	\$ 445,167
Administrative	\$ 272,557
Other	\$ 60,136
<b>TOTAL</b>	<b>\$ 1,198,278</b>

## Looking Ahead

As we continue into FY24, RAHD looks forward to continuing the services outlined in this report as well as continuing to expand and grow.

## Accreditation

The next steps toward pursuing accreditation are a review of documentation and a site visit from PHAB. RAHD anticipates that the site visit will take place in the winter of 2024 the final decision on accreditation status will be available by the end of 2024.

## Mobile Unit

In January 2023, RAHD learned that, through a grant process through Representative Abigail Spanberger's office, we will receive \$400,000 in federal funds to purchase a mobile clinic. The unit will allow RAHD to further address access to healthcare issues across the community as it will allow us and partners to bring services directly to residents, particularly in rural and low income areas. A blueprint of the mobile clinic layout is available in Figure 6.

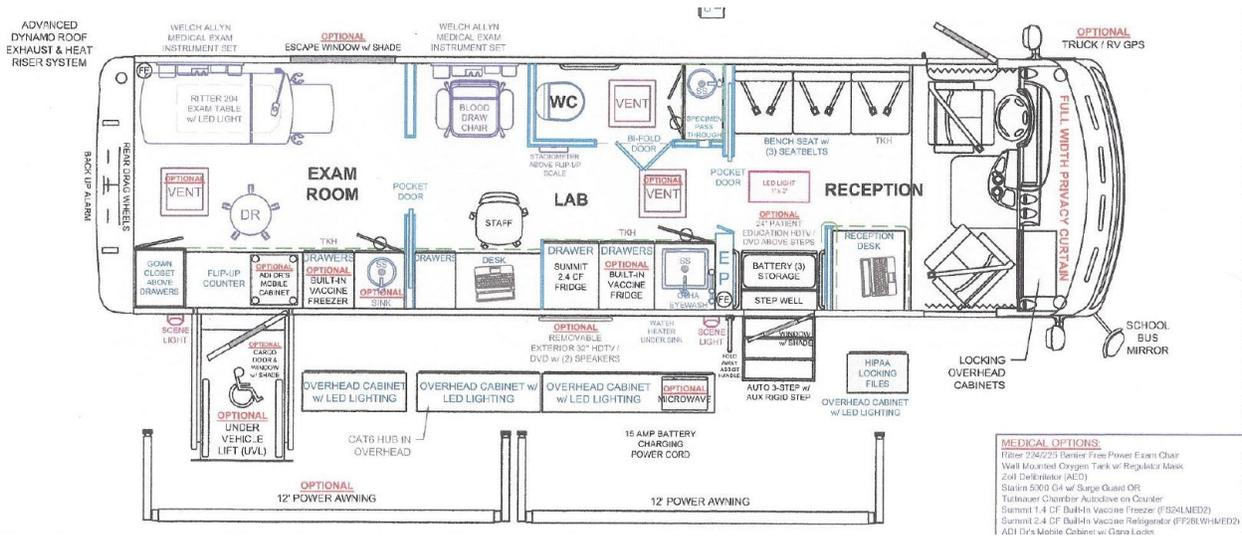


Figure 6: Blueprint of RAHD mobile clinic as of July 2023

Procuring and designing a custom vehicle is a lengthy process, and RAHD anticipates that the mobile clinic will arrive sometime in FY25. While we wait for the vehicle to become available and ready for use, staff are examining data and holding community conversations to identify need, as well as meeting with partner organizations to ensure the vehicle is out and serving the community as much as possible.

## Expanding Capacity

Over the past three years RAHD has expanded its scope in order to meet demands of the pandemic and the community. We now have three epidemiologists, compared to the one we had prior to 2020. We have community health workers working with seniors, refugees, and Spanish-speaking communities to better connect them to healthcare and other resources. We have maintained a call center to answer the public's questions about current health issues, including COVID-19, mpox, and vaccines.

All of these positions have expanded RAHD's ability to protect and promote health in the community, and all of them have thus far been paid for with COVID-19 related funding. As we look ahead to FY24, RAHD will be seeking other funding sources to continue to provide these services that the community has come to expect. In part this will be paid for through grants, but we will also be making requests of local governments to move funding closer to the market rate in Virginia for per capita public health spending.