Virginia FY 2017
Preventive Health and Health Services Block Grant

DRAFT Work Plan

Original Work Plan for Fiscal Year 2017

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Executive Summary

This work plan is for the Preventive Health and Health Services (PHHS) Block Grant for Federal Year 2017. 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 October 5, and TBD. A public hearing was also held on TBD.

Funding Assumptions: The total award for the FY 2017 Preventive Health and Health Services Block Grant is $3,154,223. This amount is based on the TBD allocation table distributed by the Centers for Disease Control and Prevention. Of the total amount, $268,963 has been allocated for administrative costs to cover salary and related expenses, phone charges, and IT functions. FY2017 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: $80,505 of the total award will support system enhancements to the Virginia Cancer Registry to increase electronic reporting of cancer cases.

(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 NWS – 9) Obesity in Adults: $581,703 of the total will be used to fund the Building Healthy Communities Program. Funds will be used to support both the sustainability and implementation of evidence-based obesity prevention programs in local health districts.

(HO OH – 7) Use of Oral Health Care System: $73,500 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: $207,500 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 PHI – 7) National Data for Healthy People 2020 Objectives: $390,602 of the total will be used to increase the sample size of the Behavioral Risk Factor Surveillance System. $42,172 of this total will be used to support staff and activities of the Pregnancy Risk Assessment Monitoring System. $82,136 will be used to support staff, activities and data provision for the Virginia Youth School-based Surveys.

(HO PHI – 8) National Tracking of Healthy People 2020 Objectives: $25,000 of the total will be used to

support the development of a web-based database of school-based oral health survey data.

(HO PHI – 14) Public Health System Assessment: $704,685 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.

Funding Priority: Under or Unfunded

Statutory Information

Advisory Committee Member Representation:

College and/or university, Community-based organization, Community resident, County and/or local health department, Faith-based organization, Hospital or health system, Mental health organization, State health department, State or local government, Transportation organization, Youth serving organization

Dates:

Public Hearing Date(s):	**Advisory Committee Date(s):**
3/20/2017	10/5/2016 3/20/2017

Current Forms signed and attached to work plan:

Certifications: Yes
Certifications and Assurances: Yes

Budget Detail for VA 2017 V0 R0	
Total Award (1+6)	$3,154,223
A. Current Year Annual Basic	
1. Annual Basic Amount	$2,975,327
2. Annual Basic Admin Cost	($268,963)
3. Direct Assistance	$0
4. Transfer Amount	$0
(5). Sub-Total Annual Basic	$2,706,364
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)	$2,885,260
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)	$2,885,260

Summary of Funds Available for Allocation	
A. PHHSBG $'s Current Year:	
Annual Basic	$2,706,364
Sex Offense Set Aside	$178,896
Available Current Year PHHSBG Dollars	$2,885,260
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	$2,885,260

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
Building Healthy Communities	NWS-8 Healthy Weight in Adults	$581,703	$0	$581,703
Sub-Total		**$581,703**	**$0**	**$581,703**
Community Water Fluoridation	OH-13 Community Water Fluoridation	$207,500	$0	$207,500
Sub-Total		**$207,500**	**$0**	**$207,500**
Dental Data Management	PHI-8 National Tracking of Healthy People 2020 Objectives	$25,000	$0	$25,000
Sub-Total		**$25,000**	**$0**	**$25,000**
Injury and Violence Prevention Program	IVP-1 Total Injury	$391,081	$0	$391,081
Sub-Total		**$391,081**	**$0**	**$391,081**
OFHS Program Support – Behavioral Risk Factor Surveillance System (BRFSS)	PHI-7 National Data for Healthy People 2020 Objectives	$390,602	$0	$390,602
Sub-Total		**$390,602**	**$0**	**$390,602**
OFHS Program Support – Community Health Assessments and Improvement Plans	PHI-15 Health Improvement Plans	$704,685	$0	$704,685
Sub-Total		**$704,685**	**$0**	**$704,685**
OFHS Program Support – Enhancement of the Virginia Cancer Registry (VCR)	C-12 Statewide Cancer Registries	$80,505	$0	$80,505
Sub-Total		**$80,505**	**$0**	**$80,505**
OFHS Program Support – Pregnancy Risk Assessment Monitoring System (PRAMS)	PHI-7 National Data for Healthy People 2020 Objectives	$42,172	$0	$42,172
Sub-Total		**$42,172**	**$0**	**$42,172**
OFHS Program Support – Youth Risk Behavior Survey (YRBS) and School Health Profiles (SHP)	PHI-7 National Data for Healthy People 2020 Objectives	$82,136	$0	$82,136
Sub-Total		**$82,136**	**$0**	**$82,136**
Oral Health Care Access for Individuals with Special Health Care Needs (ISHCN)	OH-7 Use of Oral Health Care System	$73,500	$0	$73,500

Sub-Total		**$73,500**	**$0**	**$73,500**
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**
Traumatic Brain Injury Prevention Program	IVP-2 Traumatic Brain Injury	$80,340	$0	$80,340
Sub-Total		**$80,340**	**$0**	**$80,340**
Grand Total		**$2,885,260**	**$0**	**$2,885,260**

State Program Title: Building Healthy Communities

State Program Strategy:

Program Goal:
The program goal is to prevent obesity and other chronic diseases by providing Virginians information, tools and resources for promoting healthy nutrition and access to healthy eating options, and encouraging and reinforcing healthy and active lifestyles and behaviors. The program promotes evidence-based strategies, systems and environmental changes, and develops partnerships with businesses, public institutions, faith-based organizations and other entities to coordinate state-wide efforts and resources. Communities work to achieve the goal by promoting healthy food choices and physical activity, fostering supportive systems and environments for healthy behaviors, and developing partnerships, community-led interventions and programs, and consistent health messages.

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 (avoiding tobacco use, being physically active, and eating well) greatly reduces a person's risk for developing a chronic disease. Reversing the growing trends in obesity and reducing chronic diseases requires a comprehensive and coordinated approach that uses systems and environmental change strategies to transform communities into places that support and promote healthy lifestyle choices for all residents. Community initiatives must address environmental and system factors (including increasing access to healthier foods and creating easier access to safe places to exercise) that contribute to unhealthy lifestyles. The PHHS Block Grant provides funding, training, and technical assistance to aid communities in developing, delivering and evaluating evidence-based health promotion strategies and programs.

Primary Strategic Partners:
Intra-agency partnerships include the Cancer Prevention and Control Program, Heart Disease and Stroke, Diabetes, Obesity, and School Health Project (DP13-1305; DP14-1422), Injury Prevention, Tobacco Use Control Project, Child & Family Health Programs, WIC, local health departments, and the Office of Minority Health and Health Equity.

State partners include the Virginia Departments of Education, Conservation and Recreation, Medical Assistance Services, Transportation and the Virginia Cooperative Extension.

External partners focused on the promotion of healthy lifestyles throughout Virginia include, but are not limited to: VA Farm to School Workgroup; VA Chapter of AAP Obesity Taskforce; the Virginia Chapter of American Academy of Family Physicians (VAFP), VA Association of Health, Physical Education, Recreation, and Dance (VAHPERD); VA Recreation and Park Society; Northern Virginia Healthy Kids Coalition, Virginia Association of School Nurses, Alliance for a Healthier Generation Healthcare Initiative; VA SRTS Network and VA Dietetic Association; YMCA; Virginia Business Coalition on Health; and Virginia Hospital and Healthcare Association.

Evaluation Methodology:
Surveillance data from the CDC Behavioral Risk Factor Surveillance System (BRFSS) will be used to evaluate program progress toward the overall goal of promoting healthy behaviors in Virginia communities. Additional data sources will be determined once intervention sites are selected.

State Program Setting:
Business, corporation or industry, Community based organization, Community health center, Faith based organization, Local health department, Schools or school district, University or college, Work site

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: 51% Local: 0% Other: 0% Total: 51%
Position Name: Ron Clark
Position Title: PHHS Healthy Communities Coordinator
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Vacant
Position Title: Chronic Disease Supervisor
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Sharon Jones
Position Title: Administrative Specialist
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 4
Total FTEs Funded: 2.61

National Health Objective: HO NWS-8 Healthy Weight in Adults

State Health Objective(s):

Between 10/2014 and 09/2020, the Virginia Department of Health will reduce the percentage of adults who are overweight or obese from 64.7% to 63%.

Between 10/2015 and 9/2020, the Virginia Department of Health will reduce the percentage of children who are overweight or obese from 26.7% to 24.5%.

Baseline:
The adult obesity rate was 64.1% in 2015.

The child obesity rate was 28.1% in 2015 (percentage of high school students who were overweight or obese).

Data Source:
BRFSS 2015

State Health Problem:

Health Burden:
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 (avoiding tobacco use, being physically active, and eating well) greatly reduces a person's risk for developing a chronic disease. Reversing the growing trends in obesity and reducing chronic diseases requires a comprehensive and coordinated approach that uses systems and environmental change strategies to transform communities into places that support and promote healthy lifestyle choices for all residents. Community initiatives must address environmental and system factors (including increasing access to healthier foods and creating easier access to safe places to exercise) that contribute to unhealthy lifestyles. The PHHS Block Grant provides funding, training, and technical assistance to aid communities in developing, delivering and evaluating evidence-based health promotion strategies and programs.

Target Population:
Number: 8,001,024
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

Disparate Population:
Number: 293,335
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:

Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: Recommended Community Strategies & Measurements to Prevent Obesity in the United States (Centers for Disease Control and Prevention)
CDC Recommends: The Prevention Guidelines System (CDC)
Healthy People 2020
National Prevention Strategies
Virginia Chronic Disease Prevention and Health Promotion Collaborative Network's Shared Agenda

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

Total Current Year Funds Allocated to Health Objective: $581,703
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $385,015
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:
Implement programs
Between 10/2016 and 09/2017, VDH local health districts will increase the percent of Virginians who meet the recommendation for daily physical activity and who consume the recommended number of servings of fruit and vegetables daily from 51.2% (physical activity) and 17.8% (consumption) to **51.7% and 18%**.

Annual Activities:
1. Provide sustainability funding
Between 10/2016 and 09/2017, VDH will solicit sustainability work plans and budgets from local health districts that received PHHS funds in the previous fiscal year and establish a memorandum of understanding (MOU) agreement to sustain coalitions and evidence-based obesity prevention activities

already underway.

2. Expand reach
Between 10/2016 and 09/2017, VDH will solicit proposals from and establish a memorandum of understanding (MOU) agreement with up to five newly funded VDH local health districts to implement evidence-based obesity prevention and lifestyle change initiatives at the community level. The newly funded local health districts will be required to include members from the target population as part of leadership team to ensure all health promotion efforts are customized to fit the target community. Moreover, newly funded grantees are encouraged to mentor select target population members to be champions of healthy eating and active living to ensure that health promotion efforts within target neighborhoods continue beyond grant expiration.

3. Establish partnerships
Between 10/2016 and 09/2017, VDH local health districts will partner with local community coalitions and other multi-sectoral partners (including parks and recreation, transportation, housing, law enforcement, schools, academia, and county/city officials) to build and expand programs and ensure sustainability. Collaboration between local health districts and their local community coalitions will build sustainable policy, systems and environmental changes that will have a lasting impact on reducing obesity and chronic disease within the community.

4. Implement strategy
Between 10/2016 and 09/2017, VDH local health districts will work with their local community coalitions and partners to support and expand strategies identified in the *CDC Recommended Community Strategies & Measurements to Prevent Obesity in the United States* and align with the Virginia Shared Agenda (State chronic disease plan).

Strategies to be implemented include the following:
- Obesity prevention coalition building;
- Improving access to outdoor recreational facilities;
- Increasing availability of healthier food and beverage choices in public service venues;
- Enhancing infrastructure supporting walking and bicycling;
- Improving availability of mechanisms for purchasing foods from farms; and
- Increasing opportunities for extracurricular physical activity.

VDH will monitor progress and continue to provide technical assistance, resources and guidance.

State Program Title: Community Water Fluoridation

State Program Strategy:

Program Goal:
Virginia has met and exceeded the Healthy People 2020 objective for community water fluoridation (CWF) with 95.62% 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 community water fluoridation. Community water fluoridation is defined as adjusting and monitoring fluoride to reach optimal concentrations in community drinking water.

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, American Academy of Pediatrics, the Virginia Oral Health Coalition, and local governments.

Evaluation Methodology:
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 (WRFS); and conducting reviews with Office of Drinking Water on funded localities.

State Program Setting:
State health department, Other: Localities within the state

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: 75% Local: 0% Other: 0% Total: 75%
Position Name: Tonya Adiches
Position Title: Dental Health 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 Tech
State-Level: 20% Local: 0% Other: 0% Total: 20%

Total Number of Positions Funded: 4
Total FTEs Funded: 1.30

National Health Objective: HO OH-13 Community Water Fluoridation

State Health Objective(s):

Between 10/2016 and 09/2017, Dental Health Program staff will continue to provide optimally fluoridated water to 95% of Virginians who are served by community water systems.

Baseline:
Currently, 95% of Virginians on community water systems receive fluoridated water.

Data Source:
CDC Water Fluoridation Reporting System (WFRS) is a water fluoridation monitoring data system for state and tribal water fluoridation program managers. Data from WFRS are summarized in the biennial report of national and state fluoridation statistics. U.S. Census population estimates are also used. The Annual Virginia Summary Data is maintained in WFRS and serves as the data source for Virginia population receiving service from public water systems.

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: 6,000,000
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: No

Disparate Population:
Number: 6,000,000
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: 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. Other measures for effective CWF programs include: comparing the percentage of population served by public water systems with optimally fluoridated water to Healthy People 2010 objective; documenting the number of communities or public water systems with optimally fluoridated water; and 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: $207,500
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $207,500
Funds to Local Entities: $100,000
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. Staff coordinator position
Between 10/2016 and 09/2017, Dental Health Program staff will establish **1** Community Water Fluoridation coordinator position through recruiting, hiring and retaining a knowledgeable candidate to support the CWF program.

Annual Activities:

1. Complete recruitment paperwork
Between 10/2016 and 09/2017, Dental Health Program staff will complete paperwork for hiring and recruitment.

2. Complete position recruitment
Between 10/2016 and 09/2017, Dental Health Program staff will advertise the CWF position and promote the position to the dental community.

3. Complete interview and selection
Between 10/2016 and 09/2017, Dental Health Program staff will interview and select an individual to fill the CWF Coordinator position.

4. Provide staff training
Between 10/2016 and 09/2017, Dental Health Program staff will train the staff member to coordinate the CWF program.

Objective 2:

2. Upgrade fluoridation equipment

Between 10/2016 and 09/2017, Dental Health Program staff will establish **6** contracts with communities to upgrade fluoridation equipment to maintain optimum fluoride levels.

Annual Activities:

1. Maintain list for fluoridation planning

Between 10/2016 and 09/2017, Dental Health Program staff will maintain a plan of fluoridation needs within the short term (1-3 years) and long term, and identify communities planning to expand/replace fluoridation facilities. Staff will maintain a list of potential areas with feasibility to cost effectively initiate fluoridation.

2. Solicit grant proposals

Between 10/2016 and 09/2017, Dental Health Program staff will solicit, prioritize and approve grant proposals from communities for initiation and upgrading of fluoridation equipment.

3. Evaluate proposals

Between 10/2016 and 09/2017, Dental Health Program staff will contact field office engineers regarding evaluation of communities for fluoridation grant proposals. Staff will meet with ODW field office engineers and/or contact them regularly regarding program planning, quality assurance and technical assistance.

4. Contract fluoridation projects

Between 10/2016 and 09/2017, Dental Health Program staff will establish contracts with communities according to agency contracting protocols.

5. Monitor fluoridation contracts

Between 10/2016 and 09/2017, Dental Health Program staff will monitor contracts through completion including review of invoices and initiating reimbursement payments.

Objective 3:

3. Monitor water systems

Between 10/2016 and 09/2017, Dental Health Program staff, working with the Office of Drinking Water, will review **all** monthly water systems reports, enter data and maintain reporting systems for CWF.

Annual Activities:

1. Maintain dual reporting systems

Between 10/2016 and 09/2017, Dental Health Program 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. Maintain water system data entry

Between 10/2016 and 09/2017, Dental Health Program staff will complete entry of water systems statewide data for CDC award eligibility.

3. Monitor water systems

Between 10/2016 and 09/2017, Dental Health Program staff will perform monthly monitoring of water supplies in conjunction with the Office of Drinking Water/Division of Consolidated Laboratory Services through the collection, interpretation, compilation and reporting of statewide data.

4. Review inspection reports

Between 10/2016 and 09/2017, Dental Health Program staff will review monthly inspection reports and maintain a list of water systems fluoridation information.

5. Review discrepancy reports

Between 10/2016 and 09/2017, Dental Health Program staff will review the annual Environmental Protection Agency's Safe Drinking Water Information System/WRFS discrepancy report by the CDC deadline.

Objective 4:

4. Provide training, education and technical assistance

Between 10/2016 and 09/2017, Dental Health Program staff will conduct **4** trainings regarding the health benefits of fluorides to customers, health professionals and communities.

Annual Activities:

1. Provide education

Between 10/2016 and 09/2017, Dental Health Program staff will provide education for customers, health professionals and communities regarding the health benefits of fluorides and fluoridation in Virginia.

2. Provide training

Between 10/2016 and 09/2017, Dental Health Program staff will collaborate with VDH Office of Drinking Water, Salem Water Treatment Plant, local health districts and program partners to expand statewide training for water works operators. Training and educational courses will include specific water operator courses, spokesperson trainings and the opportunity for two engineers to attend the annual CDC Basic Water Fluoridation Course.

3. Provide technical assistance

Between 10/2016 and 09/2017, 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; adjusted fluoride water levels by locality; evidenced based research information for board or community meetings; cost-effectiveness; and information for professionals in high natural fluoride areas.

State Program Title: Dental Data Management

State Program Strategy:

Program Goal:
Virginia currently collects and stores oral health preventive services and survey data and information on over 4,500 unique school-aged children each year in a modified Sealant Efficiency Assessment for Locals and States (SEALS) database. Data on multiple indicators are disseminated at the local, statewide and national level including Healthy People 2020 Oral Health indicators that are reported to the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC). Methods for data entry and storage continue to evolve and provide a greater degree of confidentiality and protection of information, as well as reliable long-term storage and accessibility options. To comply with the latest standards for data storage, Virginia will develop a web-based database to house school-based oral health data.

Program Health Priority:
Priorities for the program are to develop and utilize a web-based database to ensure confidential and accessible storage of school-based oral health survey data. Data are used to measure the burden of a disease; monitor trends in the burden of disease; guide the planning, implementation and evaluation of programs; and prioritize the allocation of resources.

Primary Strategic Partners:
Primary strategic partnerships for the data management project include the CDC and, internally, the Division of Population Health Data (DPHD) and the Office of Information Management (OIM).

Evaluation Methodology:
Evaluation methodology for this data management program will be determined as database needs are identified and processes developed.

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: 0.00

National Health Objective: HO PHI-8 National Tracking of Healthy People 2020 Objectives

State Health Objective(s):
Between 10/2016 and 09/2017, the Dental Health Program will develop one web-based database to safely and confidentially enter SEALS oral health indicator data for storage and reporting at the national level.

Baseline:
Currently, no web-based database for SEALS data collection has been developed.

Data Source:
Oral health data systems monitor the prevalence of oral diseases and the factors influencing oral health, such as risky or protective behaviors, the availability of preventive interventions and utilization of preventive services. The SEALS database brings together oral health data collected from multiple school-based settings for storage and maintains the data in useful and accessible formats for reporting.

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. Virginia collects and stores oral health preventive services and survey information on over 4,500 unique school-aged children each year in an Access database. Current best practices for storage of survey information require confidential storage of data in a web-based database to ensure future accessibility and protection of data.

Target Population:
Number: 5,500
Infrastructure Groups: Disease Surveillance - High Risk

Disparate Population:
Number: 5,500
Infrastructure Groups: Disease Surveillance - High Risk

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: The Common Rule (45 Code of Federal Regulations [CFR] 46 Part 160 and Part 164, Subparts A and E) (U.S. Department of Health and Human Services, 2000 U.S. Department of Health and Human Services, 2005b) and the Standards for Privacy of Individually Identifiable Health Information, issued by the Department of Health and Human Services and commonly referred as the Health Information Portability and Accountability Act (HIPAA) Privacy Rule. These regulations are intended to protect the human subject's personal health information and identity while allowing society to benefit from the use of that information, including for research purposes (U.S. Department of Health and Human Services, 2003).

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

Sustainability: Demonstrate sustainability through the number of years that data has been collected at a statewide level and reported to local, state and national stakeholders and organizations.

Collaboration: Demonstrate partnerships with key stakeholders and organizations.

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

Total Current Year Funds Allocated to Health Objective: $25,000
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: 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:
Develop database

Between 10/2016 and 09/2017, Dental Health Program staff will develop **1** web-based SEALS database via contract with the Office of Information Management.

Annual Activities:

1. Determine database needs

Between 10/2016 and 09/2017, Dental Health Program staff will work with CDC and Population Health Data staff to determine database needs for reporting indicators for the state and nationally.

2. Complete contract execution

Between 10/2016 and 09/2017, Dental Health Program staff will complete a request for contract and ensure that a contract with OIM is fully executed for database development.

3. Test and finalize database

Between 10/2016 and 09/2017, Dental Health Program and Population Health Data staff will work with OIM to test the web-based database and correct any issues needed to finalize the database for use in data collection and reporting.

State Program Title: Injury and Violence Prevention Program

State Program Strategy:

Program Goal:
The goal of the Injury and 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 U.S. and Virginia for those 1-44 years of age. The Centers for Disease Control and Prevention estimates that every three minutes someone in the U.S. 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 and 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 the following: 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:

Community health center, Local health department, Medical or clinical site, State health department, Other: Injury and violence prevention advocacy groups

FTEs (Full Time Equivalents):

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

Position Name: Heather Board
Position Title: DPHP Director
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Lisa Wooten
Position Title: Injury and Violence Prevention Program Supervisor
State-Level: 5% Local: 0% Other: 0% Total: 5%
Position Name: Anne Zehner
Position Title: Epidemiologist
State-Level: 15% Local: 0% Other: 0% Total: 15%
Position Name: TBD
Position Title: Health Systems Program Coordinator
State-Level: 0% Local: 20% Other: 0% Total: 20%
Position Name: TBD
Position Title: Community Systems Program Coordinator
State-Level: 0% Local: 5% Other: 0% Total: 5%
Position Name: Jennifer Schmid
Position Title: Injury and Violence Prevention Program Support
State-Level: 0% Local: 0% Other: 25% Total: 25%

Total Number of Positions Funded: 6
Total FTEs Funded: 0.80

National Health Objective: HO IVP-1 Total Injury

State Health Objective(s):

Between 10/2016 and 12/2020, VDH will 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.

VDH will reduce the rate of injury related hospitalization by 5% from the 2012 baseline of 428.4 per 100,000 to 407 per 100,000.

Baseline:
51.9 injury related deaths per 100,000 (2012)

428.4 injury related hospitalizations per 100,000 (2012)

Data Source:
Vital Records

Virginia Health Information

State Health Problem:

Health Burden:
Injuries represent the leading cause of death in the U.S. 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
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
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: 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)
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: 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 10/2016 and 09/2017, the Injury and Violence Prevention Program will provide resources, technical assistance and training to build and maintain a statewide injury prevention infrastructure to **all interested** statewide stakeholders and partners.

Annual Activities:

1. Coordinate regional meetings

Between 10/2016 and 09/2017, the Injury and Violence Prevention Program will continue to support a statewide network of injury and violence prevention practitioners through the coordination of two regional meetings to support local capacity and sustainability of injury and violence prevention infrastructure.

2. Coordinate statewide conference

Between 10/2016 and 09/2017, the Injury and Violence Prevention Program will coordinate a statewide conference for injury and violence professionals, addressing shared risk factors.

3. Provide outreach and education

Between 10/2016 and 09/2017, VDH will share resources through the Injury Prevention Network listserv on a routine basis to support local efforts.

4. Revise strategic plan

Between 10/2016 and 09/2017, the Injury and Violence Prevention Program will coordinate the revision of the statewide Injury Prevention Strategic Plan.

5. Provide training

Between 10/2016 and 09/2017, the Injury and Violence Prevention Program will provide trauma-informed care training to select staff in the local health districts.

Objective 2:

2. Analyze data

Between 10/2016 and 09/2017, the Injury and Violence Prevention Program will develop **3** data briefs to support the development of data-driven programmatic activities for the prevention of injuries and violence.

Annual Activities:

1. Update data system

Between 10/2016 and 09/2017, VDH will maintain public access to currently available injury hospitalization and death data by updating the Virginia Online Injury Reporting System (VOIRS) with 2015 data.

2. Provide data briefs

Between 10/2016 and 09/2017, VDH will provide targeted data briefs to support the development of data driven programmatic activities for the prevention of injuries and violence.

Objective 3:

3. Expand partnership collaboration

Between 10/2016 and 09/2017, the Injury and Violence Prevention Program will maintain **1** community-based youth violence prevention project in partnership with the Richmond City Health Department, implementing a collective impact format.

Annual Activities:

1. Expand workgroup

Between 10/2016 and 09/2017, Richmond City Health Department will expand the existing Youth Violence Prevention Workgroup of the Richmond Juvenile Justice Collaborative to include additional non-governmental sectors—e.g., private businesses, community/neighborhood groups, faith-based organizations, foundations/philanthropic community – and youth and families.

2. Develop comprehensive plan

Between 10/2016 and 09/2017, Richmond City Health Department will take the lead working with and through the Youth Violence Prevention Workgroup of the Richmond Juvenile Justice Collaborative to construct one completed Richmond-specific comprehensive plan to address youth violence among youth aged 10-24. This comprehensive plan will outline established long-term youth violence prevention goals;

identify risk and protective factors to be modified to achieve those goals; address gaps that exist in the community and the depth of assets available within the community to address those needs specific to youth violence; and guide the efforts of the Youth Violence Prevention Workgroup of the Richmond Juvenile Justice Collaborative.

3. Complete survey
Between 10/2016 and 09/2017, Richmond City Health Department will complete a comprehensive survey of adverse childhood experiences (ACE) to determine ACE prevalence in Richmond as a baseline model for long-term youth violence strategic planning.

Objective 4:
4. Develop data collection system
Between 10/2016 and 09/2017, the Injury and Violence Prevention Program will develop **1** inventory data collection system for the Low Income Safety Seat Distribution and Education Program (LISSDEP) to support the efficiency of administrative operations, reduction of duplication of programmatic resource distribution among safety seat distribution sites, and facilitate program evaluation.

Annual Activities:
1. Develop system
Between 10/2016 and 09/2017, the Injury and Violence Prevention Program will partner with the VDH Office of Information Management to develop a web-based database to collect and analyze safety seat distribution data from LISSDEP distribution sites.

Objective 5:
5. Support program distribution
Between 10/2016 and 09/2017, the Injury and Violence Prevention Program will provide support to **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. Provide child safety seats and booster seats
Between 10/2016 and 09/2017, 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: OFHS Program Support – Behavioral Risk Factor Surveillance System (BRFSS)

State Program Strategy:

Program Goal:
During the last 30 years, the Virginia 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 2017, 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.

Program Health Priority:
The program health priority is data collection for health-related risk behaviors among adults.

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, and others), researchers, and the public.

Evaluation Methodology:
VDH will measure the number of survey completions, the percent of cell-phone completions and the speed with which data tables are posted 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: Elizabeth Ferree
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: Danielle Henderson
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 10/2016 and 09/2017, VDH will increase the availability and use of BRFSS data through an interactive portal platform.

Baseline:
The number of surveys completed on a cell phone is 3,760. The percentage of surveys completed for cell-phone is 47%.

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 2017 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 unit and Virginia's Plan for Well-Being.

In 2017, VDH plans to collect 8,000 surveys and oversample targeted areas for small area estimates. VDH will collect 50% cell phone interviews.

Extensive data 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.

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

Total Current Year Funds Allocated to Health Objective: $390,602
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 10/2016 and 09/2017, DPHD staff will collect **4000** cell phone surveys.

Annual Activities:
1. Conduct surveys
Between 10/2016 and 09/2017, DPHD staff will conduct cell-phone surveys at 50%.

2. Collect surveys
Between 10/2016 and 09/2017, DPHD staff will collect 4,000 cell phone surveys.

Objective 2:
2. Provide data
Between 10/2016 and 09/2017, DPHD staff will provide state, regional and health district data via the web site and online portal to **all** interested parties.

Annual Activities:
1. Transfer data
Between 10/2016 and 09/2017, DPHD staff will transfer data over to an interactive online portal.

2. Update and post data
Between 10/2016 and 09/2017, DPHD staff will update and post data to the online portal within 90 days of receiving the data file.

3. Provide data reports
Between 10/2016 and 09/2017, DPHD staff will provide data reports on current year data (when available), trends and other analyses as requested.

4. Track measures
Between 10/2016 and 09/2017, DPHD staff will track and report on eight Plan for Well-Being measures for trend analysis.

Objective 3:
3. Produce small area estimates
Between 10/2016 and 09/2017, DPHD staff will implement **1** pilot/oversample for one health district.

Annual Activities:
1. Produce estimates
Between 10/2016 and 09/2017, DPHD staff will produce small area estimates for 36 health indicators.

2. Compare estimates
Between 10/2016 and 09/2017, DPHD staff will compare the direct and indirect estimates for the 36 health indicators where possible.

3. Share results
Between 10/2016 and 09/2017, DPHD staff will share the results and estimated cost of small area estimation with VDH staff.

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 – 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 from 43% 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 to implement strategies and interventions.

Evaluation Methodology:
Program evaluation will measure 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 training provided.

State Program Setting:
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: Leslie Hoglund
Position Title: Acting Division Director
State-Level: 40% Local: 0% Other: 0% Total: 40%
Position Name: Danielle Henderson
Position Title: CHA Supervisor
State-Level: 65% Local: 0% Other: 0% Total: 65%
Position Name: Khalida Willoughby
Position Title: Training Coordinator
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: New Hire
Position Title: Data Dissemination Coordinator
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 4
Total FTEs Funded: 3.05

National Health Objective: HO PHI-15 Health Improvement Plans

State Health Objective(s):

Between 10/2016 and 09/2017, DPHD staff will coach 35 local health districts – based on assessed cohort of engagement and capacity – through onsite training, technical assistance and online resources to complete a CHA-CHIP process.

Baseline:
Forty-three percent of local health districts were involved in a CHA-CHIP process in 2016.

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: $704,685
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. Develop training
Between 10/2016 and 09/2017, DPHD staff will develop **1** CHA-CHIP resources and training clearinghouse.

Annual Activities:
1. Organize training

Between 10/2016 and 03/2017, DPHD staff will review and organize the compendium of CHA-CHIP training and implementation resources.

2. Design CHA-CHIP webpage
Between 10/2016 and 06/2017, DPHD staff will design a CHA-CHIP webpage that will include links to the Data for Community Health Portal, assessments completed by non-profit hospitals, the Virginia Plan for Well-Being and any regional CHA-CHIP information.

3. Create success stories
Between 10/2016 and 06/2017, DPHD staff will create at least two district CHA-CHIP success stories for the CHA-CHIP webpage.

4. Promote resources
Between 10/2016 and 09/2017, DPHD staff will promote resources to health districts.

5. Provide leadership to training committee
Between 10/2016 and 09/2017, DPHD staff will provide leadership to the Population Health Training Committee and contribute to directions of agency-wide population health training (with focus on basic understanding of community health, assessment and improvement planning, community engagement, etc.).

Objective 2:
2. Aid local health districts on CHA and CHIP
Between 10/2016 and 09/2017, DPHD staff will provide aid on conducting community health assessments and improvement processes to **35** health districts.

Annual Activities:
1. Provide tailored training
Between 10/2016 and 09/2017, DPHD staff will provide tailored training to local health districts with community planners to develop CHA-CHIP skills, including at least one Mobilizing for Action through Planning and Partnerships and/or CHANGE Tool training.

2. Coach health districts
Between 10/2016 and 09/2017, DPHD staff will coach local health district cohorts with community planners through the CHA-CHIP process.

3. Coach community health planners
Between 10/2016 and 09/2017, DPHD staff will coach community health planners on the Virginia Plan for Well-Being and any regional priorities in an effort to align statewide and regional efforts with local level CHA-CHIP efforts.

Objective 3:
3. Customize websites
Between 10/2016 and 09/2017, DPHD staff will provide customized websites with CHA-CHIP information, data and documents to **35** local health districts.

Annual Activities:
1. Provide web support
Between 10/2016 and 09/2017, DPHD staff will provide local health districts with support to review, revise and add CHA-CHIP content to VDH webpages.

2. Create and post data
Between 10/2016 and 09/2017, DPHD staff will collaborate with at least ten health districts to create data content that tracks the progress of improvement planning and post to external websites.

3. Link data visualizations

Between 10/2016 and 09/2017, DPHD staff will link Virginia Plan for Well-Being data visualizations at a health planning region level through health district websites.

Objective 4:

4. Develop regional dashboards

Between 10/2016 and 09/2017, DPHD staff will develop **6** regional dashboards.

Annual Activities:

1. Review district indicators

Between 10/2016 and 09/2017, DPHD staff will develop regional dashboards showcasing regional indicators identified in the Data for Community Health Portal.

2. Produce summary documents

Between 10/2016 and 09/2017, DPHD staff will review regional dashboards to identify priorities and produce six summary documents.

3. Present findings

Between 10/2016 and 09/2017, DPHD staff will present regional findings to local health district leadership at regional meetings.

Objective 5:

5. Maintain portal

Between 10/2016 and 09/2017, DPHD staff will maintain **1** VDH Data for Community Health Portal.

Annual Activities:

1. Add additional data years

Between 10/2016 and 09/2017, DPHD staff will work with subject matter experts to add additional data years when available for all ten content areas.

2. Add cause of death dashboard

Between 10/2016 and 09/2017, DPHD staff will coordinate with Health Statistics and the Office of Information Management to add major causes of death as a dashboard with ten year trends.

3. Add demographic information to dashboards

Between 10/2016 and 09/2017, DPHD staff will work with the Office of Information Management and subject matter experts to add stratifications of demographic information to at least two dashboards.

State Program Title: OFHS Program Support – Enhancement of the Virginia Cancer Registry (VCR)

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.

Program Health Priority:
Cancer cases are grossly under-reported and unreported from physicians and outpatient clinics. PHHS funds will be used to acquire a web-based reporting software program, *Web Plus*, which will allow physicians to enter cases via secure Internet access. 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.

The related Virginia *Plan for Well-being* measure is: Goal 3.4–Cancers are prevented or diagnosed at the earliest stage possible. By 2020, the percent of adults aged 50 to 75 years in Virginia who receive colorectal cancer screening increases from 69.1% to 85.0%.

Primary Strategic Partners:
Primary partners will include Office of Information Management/VDH (to secure and implement software program), ConnectVirginia (for additional linkage of physicians/practices, hospitals, outpatient clinics, pathology offices/labs to VDH reporting program)

Evaluation Methodology:
VDH will measure the number of physicians submitting abstracts via *Web Plus* to the VCR.

State Program Setting:
Medical or clinical site, State health department, Other: Hospitals; Laboratories

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

Position Name: Cancer Data Analyst
Position Title: TBD
State-Level: 40% Local: 0% Other: 0% Total: 40%
Position Name: Chelsea Saia
Position Title: Colorectal Cancer Epi-Evaluator
State-Level: 20% Local: 0% Other: 0% Total: 20%
Position Name: Susan Puglisi
Position Title: Policy Analyst
State-Level: 33% Local: 0% Other: 0% Total: 33%

Total Number of Positions Funded: 3
Total FTEs Funded: 0.93

National Health Objective: HO C-12 Statewide Cancer Registries

State Health Objective(s):

Between 10/2016 and 12/2020, VDH will increase the number of physicians reporting cancer cases electronically from 2 to 250.

Baseline:
There are two physicians who reported cancer cases electronically in 2016.

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 which, 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, non-American College of Surgeons Commission on Cancer accredited hospitals, fifteen outpatient clinics and fifteen pathology offices currently reporting on paper. These entities would also be able to report electronically via *Web Plus*. There are currently more than 58,000 cases waiting to be abstracted.

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: 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: 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

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $80,505
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 10/2016 and 09/2017, DPHD staff will implement **1** new electronic cancer case data reporting system and provide staff support and related policy proposals.

Annual Activities:
1. Secure WebPlus
Between 10/2016 and 09/2017, DPHD staff will work with OIM to secure purchase of *WebPlus* and implement use among data reporters in the field.

2. Hire a data analyst
Between 10/2016 and 09/2017, DPHD staff will hire a cancer data analyst to help decrease the paper-case backlog in the VCR.

3. Propose revisions to regulations
Between 10/2016 and 09/2017, DPHD staff will propose changes to health regulations and revisions to the Code of Virginia to increase electronic reporting of cancer cases and decrease paper submissions.

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 60%.

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: 60% 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: Sara Varner
Position Title: PRAMS Coordinator
State-Level: 20% Local: 0% Other: 0% Total: 20%

Total Number of Positions Funded: 1
Total FTEs Funded: 0.20

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

State Health Objective(s):

Between 10/2015 and 09/2017, VDH will maintain its un-weighted PRAMS response rate (as measured in the PIDS system) above 60%.

Baseline:
The unweighted response rate was 61.9% in 2015.

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. A population of 1,132 women will be surveyed. The random selection process allows PRAMS data to be generalized to all new mothers within Virginia.

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

Disparate Population:
Number: 8,160
Infrastructure Groups: Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: 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. PRAMS is the sole data source for many maternal and child health indicators and provides critical data for ongoing initiatives and grants in Virginia.

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

Total Current Year Funds Allocated to Health Objective: $42,172
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 surveys
Between 10/2016 and 09/2017, DPHD staff will conduct **1,132** PRAMS surveys of pregnant women.

Annual Activities:
1. Mail surveys
Between 10/2016 and 09/2017, DPHD staff will mail surveys to 1,132 women for completion.

2. Conduct phone calls
Between 10/2016 and 09/2017, DPHD staff will provide follow-up phone calls and incentives to maintain the response rate above 60%.

3. Track data
Between 10/2016 and 09/2017, DPHD staff will track and record data in the PIDS system.

Objective 2:
Disseminate data
Between 10/2016 and 09/2017, DPHD staff will distribute data to inform and improve the health of the MCH population to **all** stakeholders and interested parties.

Annual Activities:

1. Identify stakeholders

Between 10/2016 and 09/2017, DPHD staff will identify internal and external stakeholders who would benefit from PRAMS data.

2. Analyze data

Between 10/2016 and 09/2017, DPHD staff will provide timely, accurate analysis of the PRAMS yearly dataset.

3. Produce reports

Between 10/2016 and 09/2017, DPHD staff 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 and School Health Profiles 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: Sarah Conklin
Position Title: Survey Coordinator
State-Level: 15% Local: 0% Other: 0% Total: 15%

Total Number of Positions Funded: 1
Total FTEs Funded: 0.15

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

State Health Objective(s):

Between 10/2015 and 09/2017, VDH will maintain the school participation rate of 100% and student response rate of 84% by collection of surveys from over 7,000 students and 500 school personnel.

Baseline:
In 2015, a total of 93 high schools and 45 middle schools participated in the state-level YRBS. Additionally, 252 principals and 247 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 regarding 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: $82,136
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:
Disseminate survey findings
Between 10/2016 and 09/2017, DPHD staff will distribute Virginia Youth Survey and School Health Profiles survey findings to **all** interested parties.

Annual Activities:
1. Create data briefs
Between 10/2016 and 09/2017, DPHD staff will manage a contract with Virginia Tech to create data briefs for the Virginia Youth Survey.

2. Distribute data briefs
Between 10/2016 and 09/2017, DPHD staff will distribute Virginia Youth Survey data briefs to health districts, schools, state and community organizations.

3. Distribute fact sheets and data briefs
Between 10/2016 and 09/2017, DPHD staff will review and analyze School Health Profiles survey data. Staff will create fact sheets and data briefs to distribute to health districts, schools, state and community organizations.

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 (children and adults) 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 a three-pronged approach including: (1) providing oral health in-service trainings to direct service providers (DSPs) working in group homes for ISHCN licensed by the Department of Behavioral Health and Disability Services and other lay health professionals working with ISHCN; (2) providing continuing education (CE) courses to dental providers regarding oral care of ISHCN; and (3) facilitating a regional oral health summit regarding ISHCN for representatives from medical/dental professions, disability organizations, self-advocates, caregivers and other stakeholders to discuss health district-specific oral health barriers and strategies for improving oral health for ISHCN. All three parts of the program will be completed in multiple 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:
The project will include collaboration with the Virginia Dental Association Foundation and Virginia Dental Association to provide dental continuing education (CE) credits for participants, as well as promotion for the courses and oral health summits; DBHDS to coordinate and assist with facilitation of DSP trainings; and the Virginia Oral Health Coalition to assist with facilitation and/or promotion of the CE courses and regional oral health summits.

Evaluation Methodology:
In order to confirm increased capacity of dental providers available to treat ISHCN, the number of providers trained will be monitored. In addition, pre- and post-training surveys will be administered through Survey Monkey, or similar application at the following intervals: registration, three months, six months and twelve months after each training completion. This will determine any self-reported 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 and kept up to date with the most current information on each dentist and practice through the use of trainings and mailings for current and potential providers. A review of Virginia-specific data from both the CDC Behavioral Risk Factor Surveillance System (BRFSS) and the Disability and Health Data System will also be used to track changes to oral health care access.

State Program Setting:
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 Program Manager
State-Level: 5% Local: 0% Other: 0% Total: 5%
Position Name: Delphine Anderson
Position Title: Administrative Assistant
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

State Health Objective(s):

Between 10/2016 and 09/2017, Dental Health Program staff will plan and provide up to five health districts with DSP oral health trainings; dental provider trainings regarding ISHCN; and a regional oral health summit to discuss access to dental services for ISHCN.

Baseline:
Since 2011, over 400 dental providers have attended VDH sponsored dentist CE courses regarding the dental care of ISHCN. As of May 2016, there were 2,479 dentists with active accounts on the VDH Dental Health Program online directory of dentists willing to treat ISHCN or very young children. As of August 2014, there were approximately 7,000 dentists licensed in Virginia.

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
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: Health Status of Virginians with Disabilities 2007–2009, An Analysis of BRFSS Data; 2009/10 National Survey of CSHCN information on the Data Resource Center on Child and Adolescent Health

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: $73,500
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $73,500
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. Establish contract for health summits

Between 10/2016 and 09/2017, Dental Health Program staff will establish **1** contract with the Virginia Dental Association Foundation (VDAF) and arrange venues for up to five dental provider continuing education (CE) courses regarding the dental treatment of ISHCN and up to five concurrent regional oral health summits.

Annual Activities:

1. Conduct planning meeting

Between 10/2016 and 09/2017, Dental Health Program staff will meet with primary strategic partners to discuss the plan for facilitating courses and concurrent regional oral health summits, including the roles of each partner.

2. Establish VDH/VDAF contract

Between 10/2016 and 09/2017, Dental Health Program staff will submit a sole source contract between VDH and VDAF review, approval and signature.

3. Finalize speaker/instructor contract
Between 10/2016 and 09/2017, Dental Health Program staff will arrange for VDAF contract negotiations and finalization of the contract with the speaker/instructor for the CE courses.

4. Finalize venue contracts
Between 10/2016 and 09/2017, Dental Health Program staff will contact potential sites to hold the courses and concurrent summits; meet with venue staff; and arrange for VDAF negotiations and finalization of the contracts. Staff will also set the final date at each location.

5. Finalize VCU contract
Between 10/2016 and 09/2017, Dental Health Program staff will arrange for VDAF contract negotiations and finalization of the contract with VCU for the utilization of pediatric dental residents as assistant facilitators/instructors for the courses and summits.

6. Confirm final dates
Between 10/2016 and 09/2017, Dental Health Program staff will confirm final dates with the venues, speakers, VCU residents and all other support personnel.

7. Coordinate online registration process
Between 10/2016 and 09/2017, Dental Health Program staff will identify an organization and/or software to facilitate online registration for the courses and concurrent oral health summits. Staff will prepare the purchasing and/or contract to fulfill this process.

Objective 2:
2. Complete mailing
Between 10/2016 and 09/2017, Dental Health Program staff will provide a complete mail distribution that will include upcoming course and summit information to **all** licensed dentists in the target regions of the Commonwealth of Virginia.

Annual Activities:
1. Prepare correspondence
Between 10/2016 and 09/2017, Dental Health Program staff will prepare the letter for final review and approval by VDH administration.

2. Prepare mailing
Between 10/2016 and 09/2017, Dental Health Program staff will obtain the most recent database of licensed dentists in the Commonwealth of Virginia; identify the dentists in the target regional areas for each course; and prepare labels and envelopes for mailing.

3. Process registrations
Between 10/2016 and 09/2017, Dental Health Program staff will mail letters regarding upcoming courses and process participant registrations.

Objective 3:
3. Provide CE courses
Between 10/2016 and 09/2017, Dental Health Program staff will conduct **5** dental provider CE courses and concurrent regional oral health summits regarding dental care for ISHCN.

Annual Activities:
1. Facilitate events
Between 10/2016 and 09/2017, Dental Health Program staff will plan, organize, facilitate and complete each training event. This includes registrations and processing CE credit.

2. Complete course evaluations
Between 10/2016 and 09/2017, Dental Health Program staff will conduct evaluations for each course. In

addition, staff will compare results with previous course evaluations and make adjustments to courses if feasible.

3. Consolidate comments
Between 10/2016 and 09/2017, Dental Health Program staff will consolidate and prepare comments on the regional summits.

Objective 4:
4. Evaluate outcomes
Between 10/2016 and 09/2017, Dental Health Program staff will evaluate **all** project outcomes.

Annual Activities:
1. Prepare summary report
Between 10/2016 and 09/2017, Dental Health Program staff will prepare a final summary/outcome report for each region's oral health summit and share with stakeholders.

2. Prepare follow-up survey
Between 10/2016 and 09/2017, Dental Health Program staff will prepare a follow-up questionnaire/survey to be sent to dentist participants 4-6 months following the completion of the CE course to determine effect of participation on their existing dental practice, especially the effect on their dental treatment of ISHCN, if any.

3. Prepare final report
Between 10/2016 and 09/2017, 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.

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.

The Injury and Violence Prevention Program has taken a lead role in initial primary prevention strategies targeted at improving clinical practices among prescribers, dispensers and clinical support staff, maximizing the use of the Prescription Drug Monitoring Program and ensuring a competent workforce across the Commonwealth through education and training of a broad spectrum of prescribers and dispensers of controlled substances.

Primary Strategic Partners:
In addition to collaborating with relevant programs in the VDH Offices of Family Health Services, and the Chief Medical Examiner, 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 drug free organizations; Safe Kids coalitions, Red Cross chapters; schools; health systems; Poison Control Centers; Virginia Association of Independent Schools; Virginia Chapter of the American Academy of Pediatrics; Virginia Association of School Nurses; and the Departments of Behavioral Health and Developmental Services and Education.

Evaluation Methodology:
All funded projects will require an evaluation plan following the RE-AIM framework to include, where applicable, the systematic measurement of the following: 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:
Community health center, Local health department, Medical or clinical site, Schools or school district

FTEs (Full Time Equivalents):

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

Position Name: Lisa Wooten
Position Title: Injury and Violence Prevention Program Supervisor
State-Level: 5% Local: 0% Other: 0% Total: 5%
Position Name: Jennifer Schmid
Position Title: Injury and Violence Prevention Program Support
State-Level: 0% Local: 0% Other: 5% Total: 5%
Position Name: Anne Zehner
Position Title: Injury and Violence Prevention Epidemiologist
State-Level: 5% Local: 0% Other: 0% Total: 5%
Position Name: TBD
Position Title: Health Systems Coordinator
State-Level: 0% Local: 10% Other: 0% Total: 10%
Position Name: TBD
Position Title: Community Health Systems Coordinator
State-Level: 0% Local: 10% Other: 0% Total: 10%

Total Number of Positions Funded: 5
Total FTEs Funded: 0.35

National Health Objective: HO IVP-9 Poisoning Deaths

State Health Objective(s):

Between 10/2012 and 12/2020, VDH will prevent an increase in poisoning deaths by maintaining the 2012 death rate of 10.2 per 100,000 until 2020.

Baseline:
10.2 poisoning deaths per 100,000 in 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 having 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. Virginia has seen increases in the number of deaths caused by poisonings and drug overdoses that replicate trends seen at the national level. 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. According to the VDH Office of the Chief Medical Examiner, fatal drug overdoses became the most common cause of accidental death in the Commonwealth in 2014. The overall rate of drug/poison deaths occurring in Virginia was 11.9 per 100,000 persons in 2014. Prescription opioid deaths are a significant cause of injury and death in Virginia accounting for at least 55.5% of all drug/poison deaths in 2014. Oxycodone is the most common prescription opioid causing or contributing to a fatal overdose.

Target Population:
Number: 8,382,993
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, 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: 8,382,993
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, 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 Data

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: Virginia Governor's Task Force on Prescription Drug and Heroin Abuse Recommendations; 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: $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:
Assure a competent workforce
Between 10/2016 and 09/2017, VDH will develop **1** online training for hospice and palliative care healthcare providers to increase best practices for controlled substance responsible case management, as measured by a follow up assessment of providers completing the online training to measure an increase in enacted practice and policy changes reflective of best practices for the prevention of prescription drug misuse/abuse.

Annual Activities:

1. Provide training and education

Between 10/2016 and 09/2017, VDH will develop an online training for hospice and palliative care healthcare providers to increase best practices for controlled substance responsible case management, as measured by a follow up assessment of providers completing the online training to measure an increase in enacted practice and policy changes reflective of best practices for the prevention of prescription drug misuse/abuse.

2. Collect and report process data measures

Between 10/2016 and 09/2017, VDH will contact training participants three months post-training to collect outcome data related to changes in practice and policy changes reflective of best practice.

Objective 2:

Inform and educate

Between 10/2016 and 09/2017, VDH will provide support for the implementation of the best practice Smart Moves, Smart Choices strategic toolkit, focusing on prescription drug abuse prevention strategies for secondary school aged youth as measured by changes in current prevention practice to **3** school divisions.

Annual Activities:

1. Promote program and disseminate materials

Between 10/2016 and 09/2017, VDH will partner with the Virginia Department of Education School Health Services to promote Smart Moves, Smart Choices strategic toolkit among school nurses across the Commonwealth.

2. Implement best practice

Between 10/2016 and 09/2017, VDH will collaborate with three school divisions in high risk areas across the Commonwealth to pilot the implementation of the Smart Moves, Smart Choices strategic toolkit in order to ensure best practice approach in the screening, reporting, and raising awareness of prescription drug abuse, targeting students, administration, school nurses, guidance, peer mentors, and Parent Teacher Association members.

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 lifetime 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 VDH Injury and Violence Prevention Program will partner with the Family Planning Program and 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 following: 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: Sexual assault coalition

FTEs (Full Time Equivalents):

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

Position Name: Robert Franklin
Position Title: Sexual and Domestic Violence Coordinator
State-Level: 20% Local: 5% Other: 0% Total: 25%
Position Name: Anya Shaffer
Position Title: Violence and Suicide Prevention 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):

Between 10/2010 and 12/2020, VDH will 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.

VDH will 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:
The lifetime prevalence of rape among women was 11.4% in 2010.

The lifetime prevalence of rape, physical violence or stalking among women was 31.3% in 2010.

Data Source:
National Intimate Partner and Sexual Violence Survey

State Health Problem:

Health Burden:
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 lifetime 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).

Annually, Virginia's sexual assault crisis centers 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
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, 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: 8,382,993
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, 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: 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
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. Assure a competent workforce
Between 10/2016 and 09/2017, the Injury and Violence Prevention Program will conduct **6** 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.

Annual Activities:

1. Coordinate assessments
Between 10/2016 and 09/2017, VDH will build upon the framework of the 2008 Domestic Sexual Assault survey results and facilitate a readiness assessment of sexual and domestic violence shelters to provide services to the LGBT community.

2. Host regional trainings
Between 10/2016 and 09/2017, VDH will continue to utilize the Project Connect curriculum and materials for family planning nursing providers to increase their knowledge on domestic and sexual violence,

including reproductive coercion, and enhance screening skills. VDH will host three required regional trainings using the Project Connect curriculum in collaboration with family planning nursing staff.

3. Contract with coalition for training
Between 10/2016 and 09/2017, utilizing an adapted version of the Project Connect curriculum and materials for domestic violence advocates, VDH will contract with the state coalition to coordinate two in-person, six-hour trainings to staff in contracted sexual/domestic violence agencies to increase their knowledge on domestic and sexual violence, including reproductive coercion, and enhance screening skills.

4. Conduct assessments
Between 10/2016 and 09/2017, VDH will partner with VDH Office of Epidemiology-HIV Services funded centers to conduct a needs assessment of current capacity for addressing reproductive coercion and intimate partner violence.

5. Provide training
Between 10/2016 and 09/2017, the Injury and Violence Prevention Program, in collaboration with the VDH Division of Disease Prevention, will adapt the Project Connect Reproductive Coercion materials based on results of assessment to provide one training to HIV prevention staff on the screening of reproductive coercion.

6. Coordinate revision of materials
Between 10/2016 and 09/2017, VDH will coordinate implementation of the Project Connect refresher training and materials developed in 2016 to include one pilot testing and review with family planning staff.

7. Update and redesign training
Between 10/2016 and 09/2017, Injury and Violence Prevention Program staff will partner with OFHS Communications staff to complete an update and redesign of the online Project Radar training for healthcare providers to be used in a wide variety of healthcare settings.

8. Complete evaluation surveys
Between 10/2016 and 09/2017, training participants will complete pre-, post- and follow-up evaluation surveys to obtain data on the effectiveness of training and materials, policy and procedure change.

Objective 2:
2. Provide state-level leadership
Between 10/2016 and 09/2017, Injury and Violence Prevention Program staff will conduct **6** meetings with intra- and inter-agency stakeholder groups to ensure coordination of sexual coercion and intimate partner violence prevention activities statewide.

Annual Activities:
1. Coordinate advisory council activities
Between 10/2016 and 09/2017, VDH will lead the expansion and 2017 update of one work plan in partnership with the Project Connect Advisory Council to guide future activities related to the uptake of reproductive coercion screening best practices.

2. Facilitate meetings
Between 10/2016 and 09/2017, the Reproductive and Sexual Coercion Advisory Council will meet three times to coordinate implementation of the updated 2017 Council workplan.

3. Collaborate and educate
Between 10/2016 and 09/2017, VDH will convene an intra-agency stakeholder group three times to develop one strategic work plan for expanding the Virginia State Sexual Violence Prevention Plan for FY18. The plan will 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. Provide technical assistance

Between 10/2016 and 09/2017, VDH and the state sexual violence coalition will distribute at least 30,000 printed resources and provide 100 hours of technical assistance on sexual assault, including reproductive coercion, to **all interested** healthcare providers, advocates and allied professionals.

Annual Activities:

1. Print and disseminate resources

Between 10/2016 and 09/2017, VDH will print and disseminate at least at least 30,000 resources on sexual assault, including reproductive coercion, to healthcare providers, advocates and allied professionals.

2. Coordinate training assessment

Between 10/2016 and 09/2017, VDH will coordinate an assessment of Project Connect training implementation among newly trained family planning staff, home visitors and HIV prevention staff to evaluate use of the printed safety cards.

3. Contract with the coalition for technical assistance

Between 10/2016 and 09/2017, VDH will contract with the state sexual violence coalition to provide resources and technical assistance to allied professionals on reproductive and sexual coercion screening, assessment and collaboration; sexual violence prevention policy and programming; and the provision of services to victims of sexual assault to campuses and local sexual and domestic violence agencies statewide.

4. Contract with coalition for website resources

Between 10/2016 and 09/2017, VDH will contract with the state sexual violence coalition to post resources on the statewide Community Defined Solutions website related to reproductive health; sexual and reproductive coercion; and tools for assessment. In addition, related resources will be disseminated via Resonance, an electronic newsletter for advocates in Virginia. Online “usefulness” survey data and the number of resources viewed and downloaded will be reported.

Objective 4:

4. Build capacity of agencies

Between 10/2016 and 09/2017, 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 to provide technical assistance

Between 10/2016 and 09/2017, VDH will contract with the state sexual violence coalition to provide technical assistance to contracted domestic violence agencies in the development and implementation of agency reproductive healthcare/coercion policies. Technical assistance will be documented.

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; increase the diagnosis and proper management of concussions to support full recovery; and 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 following: 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:
Medical or clinical site, Schools or school district, Senior residence or center

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

Position Name: Lisa Wooten
Position Title: Injury and Violence Prevention Program Supervisor
State-Level: 5% Local: 0% Other: 0% Total: 5%
Position Name: TBD
Position Title: Community Health Coordinator
State-Level: 30% Local: 0% Other: 0% Total: 30%
Position Name: Jennifer Schmid
Position Title: Injury & Violence Prevention Program Support
State-Level: 0% Local: 0% Other: 5% Total: 5%
Position Name: Anne Zehner
Position Title: Injury & Violence Prevention Program Epidemiologist
State-Level: 5% Local: 0% Other: 0% Total: 5%

Total Number of Positions Funded: 4
Total FTEs Funded: 0.45

National Health Objective: HO IVP-2 Traumatic Brain Injury

State Health Objective(s):

Between 10/2012 and 12/2020, VDH will 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.

VDH will 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:
The fatal traumatic brain injury rate was 18.3 per 100,000 in 2012.

The traumatic brain injury hospitalization rate was 58.4 per 100,000 in 2012.

Data Source:
Vital Records

Virginia Health Information

State Health Problem:

Health Burden:
Roughly one-third of all injury deaths occurring in Virginia involve a TBI. In 2014, 1,565 TBI-related deaths and 5,117 TBI-related hospitalizations occurred 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 that 77% of high school students rarely or never wore a helmet during bicycle use.

Target Population:
Number: 1,279,773
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
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
Location: Entire state
Target and Disparate Data Sources: U.S. Census Data

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: 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: $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. Assure a competent workforce
Between 10/2016 and 09/2017, Injury Prevention Program staff will conduct **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
Between 10/2016 and 09/2017, Injury Prevention Program staff will provide four regional trainings for health and physical education teachers. This activity will be accomplished through the continued partnership of the Injury and Violence Prevention Program and the Virginia Department of Education. The program generates 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.

2. Provide technical assistance
Between 10/2016 and 09/2017, Injury Prevention Program staff will provide technical assistance to organizations to ensure the program is executed with fidelity and integrity.

3. Collect and report data
Between 10/2016 and 09/2017, Injury Prevention Program staff will collect data 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 10/2016 and 09/2017, VDH will conduct **4** regional workshops for school healthcare providers to support proper management of concussions in the school setting.

Annual Activities:
1. Provide training and education
Between 10/2016 and 09/2017, Injury and Violence Prevention Program staff will coordinate regional workshops for broad spectrum healthcare providers in proper concussion management.

2. Provide technical assistance
Between 10/2016 and 09/2017, VDH will provide technical assistance to organizations to ensure the program is executed with fidelity and integrity.

3. Collect and report data
Between 10/2016 and 09/2017, VDH staff will collect process data 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.