



WELCOME!

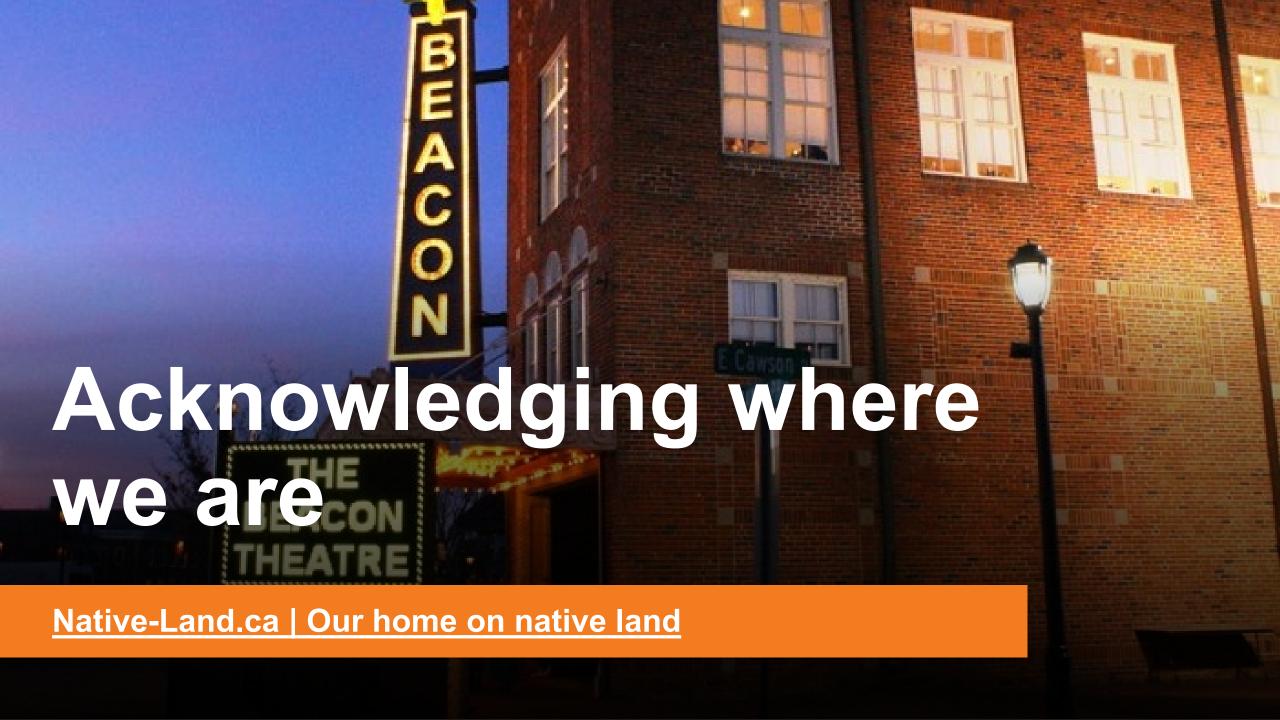
We will begin at 9am.

(Agenda also found on the back of your name tag)













Housekeeping

- Agenda and Speaker Bios via QR codes
- Live illustrator- Mr. Amiri Richardson-Keyes
- Photographer- Mr. Brian Little, Central VA Region PIO
- Restrooms
- Lactation-friendly room
- In-person vendors
- Bingo
- Opportunities for learning as well as professional development and mental stimulation
- Some breakouts held in the Hopewell Regional Library next door
- CMEs and CNEs (next slides)





Continuing Medical Education

Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Macon and Joan Brock Virginia Health Sciences at Old Dominion University and Virginia Department of Health. Macon and Joan Brock Virginia Health Sciences at Old Dominion University is accredited by the Accreditation Council to provide continuing medical education for physicians.

Credit Designation

Macon and Joan Brock Virginia Health Sciences at Old Dominion University designates this live activity for a maximum of 9.0 AMA PRA Category 1 CreditsTM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.





Target Audience

This program is designed for Physicians, Physician's Assistants, Nurses, and Healthcare Administrators.

Learning Objectives

- ☐ Describe key health challenges affecting the local community.
- ☐ Apply evidence-based strategies to improve patient education and preventative care.
- Utilize community resources to support patient needs.
- Demonstrate effective interpersonal communication and collaboration.
- ☐ Incorporate cultural competency principles into clinical practice.

Disclosure of Relevant Financial Relationships with Ineligible Companies

The following planning members or presenters have disclosed the following relevant financial relationships with ineligible companies:

Jonathan Schwabish

Consultant/Speaker

Eli Lilly

All other planning members or presenters have no relevant financial relationships with ineligible companies to disclose.

All relevant financial relationships with ineligible companies have been mitigated.

Claiming CME Credit

An attendance and evaluation survey will be sent via Survey Monkey following the conference. In order to receive CME credits, you must complete the survey. Once the survey is complete, you will receive an electronic certificate. If you have any questions regarding the credit process, please contact the CME office at 757-446-6140.

Macon and Joan Brock Virginia Health Sciences at Old Dominion University
Continuing Medical Education
www.evms.odu/cme







Engage with us by asking questions or posting pictures using the hashtag

#VirginiaCHF2025









Wi-fi: Beacon Wifi Private

(No password)









Acknowledgements: 1. Thank you to our Vendors!

Organization	Representative
Virginia Community Health Worker Association (VACHWA)	Jackie Murell & Shanteny Jackson
CHW Strength	Stephanie Toney
Generation Momme	Sunday Miller
Virginia Pregnancy Risk Assessment Monitoring System (PRAMS)	Charli Williams
Urban Baby Beginnings	Stephanie Spencer
City of Hopewell	Keisha Pettaway
Division of Community Nutrition (OFHS)	Jarene Fleming





TAKING ACTION

Acknowledgements: Thanks to the planning team!



















Welcome

Vanessa Walker-Harris, MD
Director, Office of Family Health Services













Why are we here?

Khalida Willoughby, MS

Director, Center for Community Health Improvement





Kenesha Smith Barber, PhD
Community Health
Improvement Epidemiology
Program Manager









Why are we here:
Community
Health
Landscape

Khalida Willoughby Kenesha Smith Barber



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01

What is community health improvement?

What is Community Health Improvement

Community Health Improvement (CHI) is a collaborative process where public health, healthcare systems, and other community stakeholders identify and address high-priority health needs to improve the overall health and economic vitality of the community. This process typically involves a **Community Health Improvement Plan (CHIP)**, a long-term strategy developed after a **Community Health Assessment (CHA)**, which defines actions and policies to improve health status by considering a community's strengths, weaknesses, and opportunities.

Defining Community

support.

A community is a diverse and interconnected group of individuals who share a sense of belonging, mutual respect, and responsibility. It is a space where every voice is valued and amplified, resources and opportunities are distributed equitably, and all members are empowered to participate fully and fairly. A just community actively works to dismantle barriers and systemic inequalities, fostering an environment where everyone can thrive with dignity and collective

Key Components of Community Health Improvement

Assessment

Identifying needs, challenges and resources in a community

Implementation

Partnering with multisector organizations to implement programs and policies or intervention

Planning

Developing a Community Health Improvement Plan (CHIP) and setting measurable goals and objectives for addressing priority issues.

Evaluation

Measuring the effectiveness of actions taken and adjusting as needed to ensure efforts are impactful and equitable















Examples of Community Health Improvement at work

Example: Cambridge, Massachusetts

 $\begin{array}{c} 1 \\ \hline \end{array} \longrightarrow \begin{array}{c} 2 \\ \hline \end{array} \longrightarrow \begin{array}{c} 3 \\ \hline \end{array} \longrightarrow \begin{array}{c} 4 \\ \hline \end{array} \longrightarrow \begin{array}{c} 5 \\ \hline \end{array}$

Cambridge's CHIP prioritizes Community & Social Resilience, Healthy Eating & Active Living, and Mental Health, with a strong focus on health equity integrated throughout.

Resilience Hubs:

Building neighborhood "Resilience Hubs" as gathering spaces that support community preparation, response, recovery, and well-being.

Substance Use Prevention & Youth Wellness Grants:

Awarding mini-grants to local organizations to support mental health awareness and substance use prevention.

Food Access & Active Living Initiatives:

Partnering with emergency food agencies, public health nurses, and contact tracers to ensure residents in quarantine or isolation get food.

Homeless Service Coordination:

Strengthening collaboration among city agencies and housing providers to streamline services for homeless and low-income families.

Example: San Francisco

Collective Impact & Policy Action: anchor institutions, equity coalitions, hospitals, academia, and community partners to shape policy, partnerships, networking, and targeted initiatives. It's driven by a shared agenda, shared measures, coordinated activities, and backbone support

Policy Wins via Community-Engaged Initiatives: SFHIP successfully campaigned for sugar-sweetened beverage regulations, a soda tax, healthybeverage policies in hospitals, alcohol licensing restrictions, and expanded oral health services—including fluoride varnish in clinics and schoolbased dental care.

Example: Hanover, Virginia



Hanover County's most recent CHIP identifies three priority areas and sets the stage for collaborative local action:



Healthy Eating & Food Security



Youth Mental Health



Affordable, Safe & Available Housing.





Improvement



CCHI & CHIE Role in CHI



Leadership and Coordination



Data Support



Technical Assistance



Advocacy



04:

Our Commitment

Commitment

The Virginia Department of Health (VDH) is deeply committed to advancing community health improvement through a structured, collaborative, and equity-focused approach. This commitment is reflected in its mission, strategic goals, and the implementation of Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) across the state.

In Challenging Times, the Work Continues



FOCUS ON COMMUNITY ENGAGEMENT AND TRUST BUILDING



LEVERAGE CROSS-SECTOR PARTNERSHIPS



EMPHASIZE DATA
DRIVEN POLICIES AND
TRANSPARENCY



INNOVATE WITH TECHNOLOGY AND COMMUNICATION



ADVOCATE
PERSISTENTLY FOR
FUNDING AND POLICY
SUPPORT



BUILD WORKFORCE RESILIENCY AND CAPACITY



FOCUS ON EQUITY AS A CORE PRINCIPLE

• • • • • •



What does the data say?



Infant Mortality Rate per 1,000 Live Births



6.0

Virginia's infant mortality rate is 6.0 per 1,000 live births. The Black-White infant mortality disparity ratio is 2.3.

Sources: Virginia Vital Records, Centers for Disease Control and Prevention, US Dept of Health & Human Services

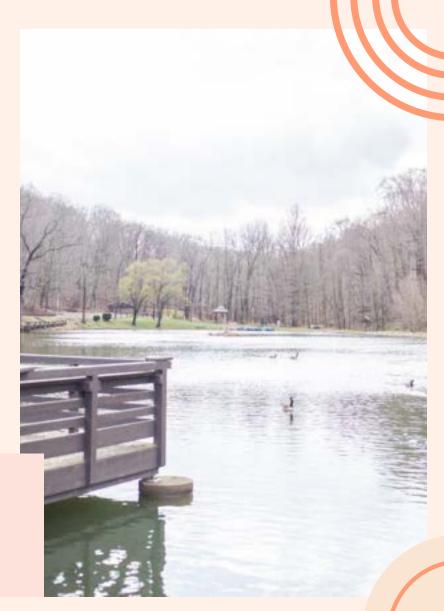
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Community Safety

Some contributors include, but are not limited to:

- Adverse Childhood Experiences
 - 56.6% of Virginian's report experiencing 2 or more ACEs
- Firearm-related injury and death
 - 1,234 Firearm-related deaths in Virginia
 - 761 Firearm-related hospitalization in Virginia
- Pedestrian Safety
 - 119 motor vehicle pedestrian-related deaths among Virginia residents (1.4 deaths per 100,000 residents)

Sources: Virginia Behavioral Risk Factor Surveillance System (BRFSS), Virginia Vital Events and Screening Tracking System (VVESTS)



Hopewell Community Park





Percent with No Leisure Time Physical Activity



6.1%

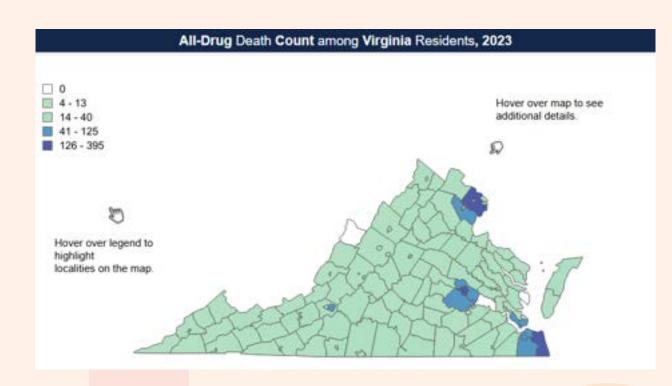
6.1% of Virginia adults have been diagnosed with diabetes and 34.3% are considered obese.

Source: Virginia and US BRFSS



Mental Health

- Adult Suicide Rate 14.2 per 100,000 deaths
 - 33.4% Percent of HS students report feeling sad or hopeless
 - Rate of drug overdose deaths is 28.7 per 100,000 deaths
 - Opioid-specific: 24.0 per 100,000





74%

Percent of families who spend >30% of their monthly income on housing.



2.5%

Percent of Virginia adults that use public transportation to get to work

65.3%

Employment rate among Virginia's working age population

Source: US Census American Community Surveys





06

Our Why

And THAT is why we are here



Collaboration and Purposeful Partnership

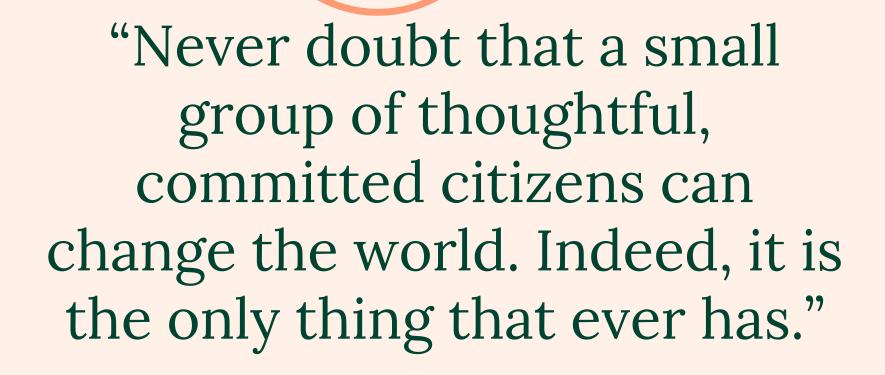












-Margaret Mead

Thank You

...for being here.

Khalida.Willoughby@vdh.virginia.gov Kenesha.Smith@vdh.virginia.gov











Opening Keynote Community Health Improvement: Back to the Future

Tom Franck, MD, MPH

District Director, Chickahominy Health District





(See Slides at the end of the document)









BREAK

We will resume at 11:15 am.











Crafting your Resume for Upward Mobility

Parris Rohoblt
Owner, Polished by P, LLC





(See Slides at the end of the document)





Crafting Your Resume



for Upward Mobility



Networking Lunch

- Introduce yourself to someone you do not know!
- We will resume at 1:15 pm.
- 1:15-1:30- Find and move to your breakout room of choice



Breakout Session Options



Purposeful Partnership

- Angela Rice, Founder, Out of the Mouths of Babes Educating Society
- Learn more about partnering with a purpose in an engaging and fun way!
- 3rd Floor Ballroom of the Beacon Theater





Art Therapy

- Amiri Richardson-Keys, Visual Artist/Art Educator/Art Therapist, Co-Owner of The A.R.T.S. Community Center
- Take some time to decompress and participate in art therapy!
- 1st Floor Classroom of the Beacon Theater









Breakout Session Options



Emergency Feeding/Breastfeeding History

- Jarene Fleming, IBCLC RLC, State Breastfeeding Coordinator, OFHS
- It's <u>Breastfeeding Awareness Month!</u> Learn more about emergency feeding and gain a historical perspective of Black families breastfeeding.
- Nelson Worley Board Room at the Hopewell Library





Title V Maternal and Child Health Needs Assessment: Where are we now?

- Samara Lott, MPH, Local Health District MCH Coordinator, OFHS Dane De Silva, PhD, MPH, Director, Division of Population Health Data, OFHS
- So, you've heard of the large maternal and child health needs assessment being conducted by VDH's Title V team, and you want to learn more? Join the team as they discuss their experience and next steps in this process.
- Manufacturing Association Room at the Hopewell Library

















Disclosure Statement

I am employed by the Virginia Department of Health WIC Program. It is funded by the USDA Food and Nutrition Service, which is the largest purchaser of commercial milk formulas in the US. I have no other financial disclosures



Preparedness, Response & Recovery







Prioritise Breastfeeding

Create sustainable support systems

WABA | WORLD BREASTFEEDING WEEK 2025





Breastfeeding Month 2025

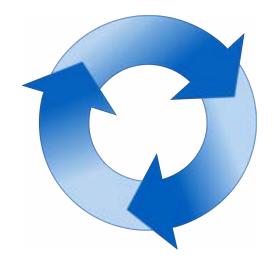






Human Milk is the universal nutritional standard for infant and young child feeding

Breastfeeding is one of the most effective ways to ensure child health and survival.



World Health Organization Retrieved from http://www.who.int/features/factfiles/breastfeeding/en/





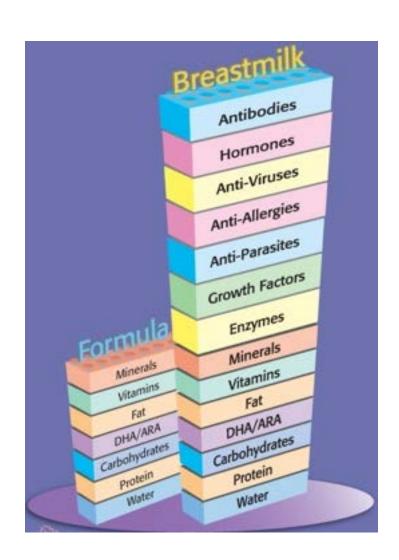
Apples vs Oranges?



Source: Surgeon General's Call to Action Fact Sheet, US Dept of Health and Human Services Office of Minority Health







Human Milk:
The Standard by
Which Everything Else
is Measured





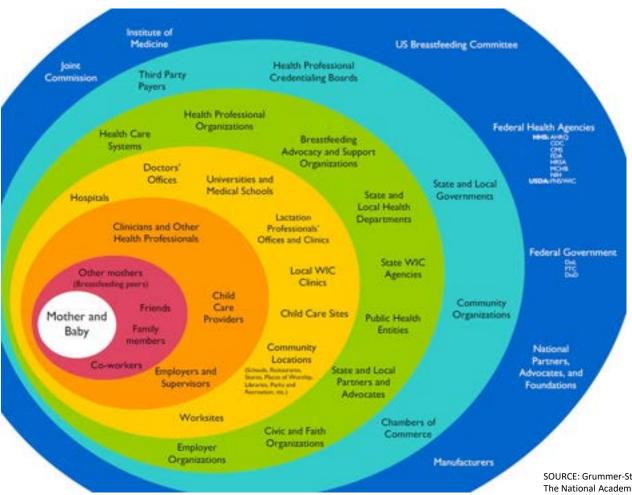
The Financial Impact of Human Milk Feeding



Source: Surgeon General's Call to Action Fact Sheet







Socioecological model of breastfeeding

SOURCE: Grummer-Strawn, 2011. National Academies of Sciences, Engineering, and Medicine. 2016. The National Academies Press. https://doi.org/10.17226/21832.

Introduction

- IYCF-E planning protects nutrition, health, and development of children
- Relevant in all emergencies (natural disasters, public health crises)
- CDC's IYCF-E Toolkit supports preparedness & response in U.S. & territories
- Toolkit includes guidance, printable materials, resources

Populations to Consider

- Infants & young children (vulnerable needs)
- Pregnant, postpartum, and lactating women
- Infants/children with special health care needs (feeding tubes, medical conditions)
- Families with access and functional needs

Disasters happen, here, there, everywhere

Hurricane Isabel hits Virginia 2003



Tornado damage 2004

Why IYCF-E Matters

- Adequate nutrition reduces risk of illness & death
- Breastfeeding = safest feeding method in emergencies
- Safe feeding practices needed for formula, breast milk, complementary foods
- Proper cleaning & storage of feeding items is essential

Key Challenges in IYCF-E

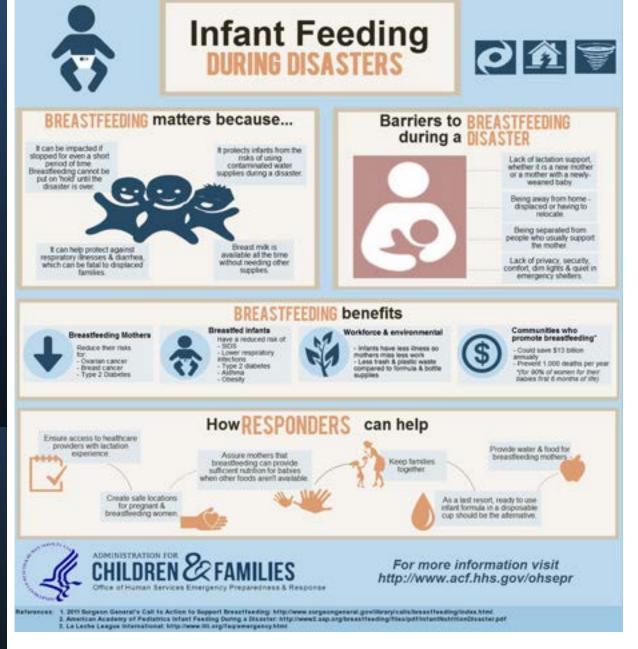


Hurricane Katrina aftermath Louisiana 2004

Health Equity Considerations

- Health equity = equal opportunity to be healthy
- Provide culturally & linguistically appropriate support
- Respect diversity in family structures & feeding practices
- Use inclusive, non-stigmatizing language

Emergency
Preparedness:
Planning
Ahead



Emergency Response: Supporting Families

- Conduct rapid needs assessments (feeding, shelter, supplies)
- Create family-friendly safe spaces in shelters
- Prioritize pregnant, postpartum, lactating women for resources
- Provide safe infant feeding supplies (RTF formula, cups, cleaning kits)
- Offer lactation support and education

Recovery & Long-Term Support

- Continue breastfeeding promotion and support after disaster
- Maintain partnerships with lactation & community organizations
- Address disparities that emergencies worsen
- Update policies and integrate lessons learned into future preparedness

Training & Education for Responders



West VA flooding 2016

Did You Know?

- AAP & WHO Guidelines: Exclusive breastfeeding 6 months; continued breastfeeding up to 2 years+
- Breastfeeding protects against illness & disease
- Preparedness education = better infant outcomes in disasters

How do you feed a baby when the power goes out?

Key Takeaways



Resources & Links

- CDC IYCF-E Toolkit: www.cdc.gov/nutrition/emergencies-infantfeeding/introduction.html
- Community & Lactation Support Resources





1 pm ET 2nd Tues. 90 Min. Sessions Begins September



Nourishing Resilience SAFE Infant Feeding in Crisis

Grant-Funded Educational Opportunity for:

Healthcare providers, lactation & childbirth professionals, first responders, community health workers, and volunteers.

Sep. 9, 2025, 1 PM - History, Mindset, Rapid Needs Assessment, Stress

Oct. 14, 2025, 1 PM - Rapid Needs Assessment Practice, Safe Water

Nov. 11, 2025, 1 PM - Mitigating Risks - Donations; Safer Formula Feeding

Dec. 9, 2025, 1 PM - Mitigating Risks - Families with Babies & Kids Under 3

Jan. 13, 2026, 1 PM - Creating Safer Congregate Areas

Feb. 10, 2026, 1 PM - Kit Details, Advanced RNA, Support

Mar. 10, 2026, 1 PM - Preparing Resilient Communities Pre-Disaster (pt 1)

Apr. 14, 2026, 1 PM - Teaching Families, Volunteers, & Site Staff

May 12, 2026, 1 PM - Managing On-the-Ground Response

Jun. 9, 2026, 1 PM - Preparing Resilient Communities Pre-Disaster (pt 2)

Jul. 14, 2026, 1 PM - Influencing Policies for Better Preparedness



Other ways to stay connected to breastfeeding advocacy in VA.

Meetings are open to all, share with your networks!

Head over to their Instagram and/or Facebook, give the post a like and share with a friend!

https://www.facebook.com/vabreastfeeds



Commonwealth Wide

Milk Brive

August 1st - 31st, 2025 in honor of

Breastfeeding Awareness Month

All donated milk will benefit

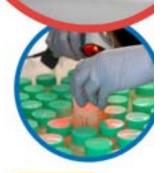


to provide life saving human milk to mothers and babies across Virginia

PRESCREENING IS REQUIRED

Location is not an issue, and the Milk Bank will arrange the overnight shipping of your milk donation at no cost to you!

https://chkd.formstack.com/forms/milk_drive_questionnaire



Scan or Click Here to be Prescreened for Donation



Social Media















Virginia Department of Health







Resources

https://s-media-cache-ak0.pinimg.com/564x/dc/a5/ae/dca5ae5d23632d3619f49fa9ffc9882d.jpg

https://www.cdc.gov/infant-feeding-emergencies-toolkit/php/index.html

https://resourcecentre.savethechildren.net/toolkits/iycf-e-toolkit

https://www.unhcr.org/us/media/infant-and-young-child-feeding-emergencies-operational-guidance-emergency-relief-staff-and









Optional: Join the CHIE team in a mindful moment break at 2:15 pm, just outside the exit doors.

We will resume at 2:30 pm.





Re-gathering

We will resume in the main theater at 2:30



Panel: The Role of Public Health in Improving Community Safety



Moderator: Lauren Yerkes, MPH, CPH, Injury and Violence Senior Epidemiologist

Panel: Jay Grebe, Just Harvest VA

Chad Lewis, Haven Shelter

Lorraine Wright, Richmond and Henrico Health Districts























Partners in Wellness

Individual and Community Wellness



Chad Lewis

- Community Resilience Coordinator
- The Haven
- chad.lewis@havenshel ter.org
- Jay Richardson Grebe
 - Executive Director
 - Just Harvest, Va
 - jay.grebe@justharvestv a.org

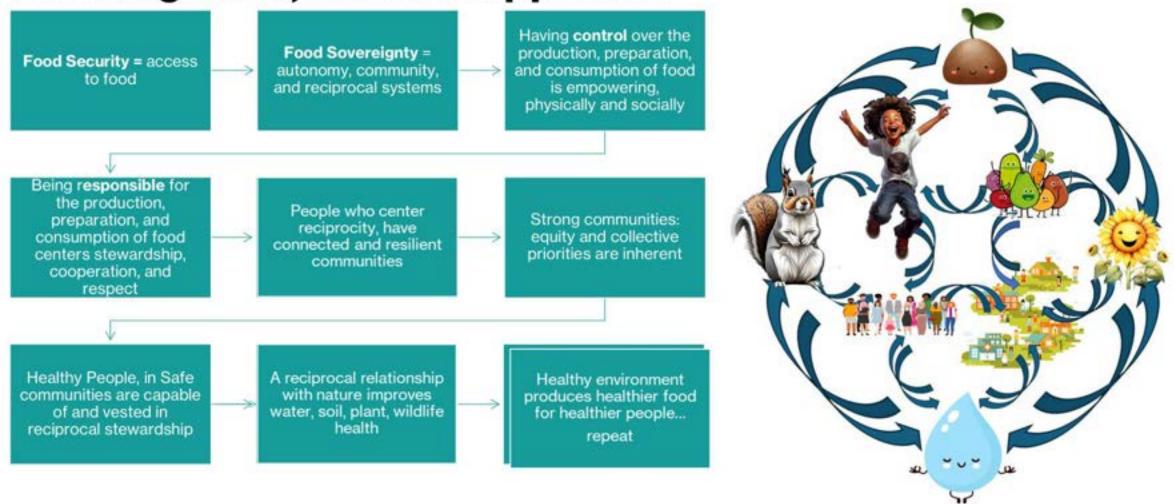
The Haven

• The Haven Shelter & Services, Inc. is committed to preventing and eliminating all types of domestic violence and sexual violence within our service area, which includes Westmoreland, Richmond, Essex, Lancaster and Northumberland Counties.

Just Harvest

• The mission of Just Harvest is to promote food sovereignty in Indigenous, Black and other marginalized communities, create sustainable food infrastructures within communities, and reduce the social and economic impacts of hunger.

Food Sovereignty: An Integrated, Holistic Approach



^{*}Personhood is inclusive. Humans are not the only people. Communities include all people.

But HOW though???



Gardens

- Regenerative Growing Practices
- Healthier, Chemical Free Food
- Decommodification of Nutrition

Education

- Provide skills and resources needed to move toward food sovereignty
- Holistic Wellness

Cultural Revitalization

- Restoring community and reciprocal mindsets
- Reconnecting Land Ties
- Acknowledging Universal Personhood





BREAK

Poster Session begins at 3:45pm.

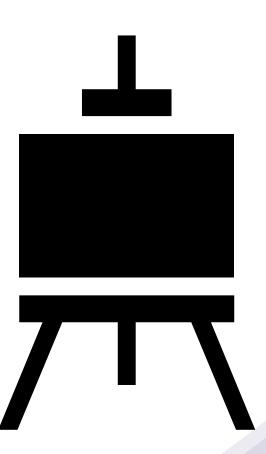






Networking Poster Session

- Please join us from 3:45- to 4:30pm to learn more about the great work going on in our communities via poster presentations.
- *Optional: Meet us tomorrow morning at 7am for a networking walk and talk!







END of Day 1

2025 Community Health Forum

*Optional: Meet us tomorrow morning at 7am for a networking walk and talk!



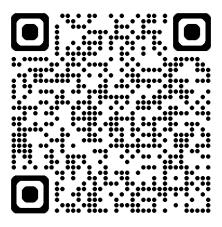






WELCOME!

Day 2: August 27, 2025 We will begin at 9 a.m.











Blue Zone Hopewell

Kepone to Blue Zone

Dr. Cliff Morris

Board Certified Cardiologist

The Morris Cardiovascular and Risk Reduction Center





(Slides not available)









BREAK

It's time for breakout sessions!

Breakouts will begin at 10:15am.

We will regather in the main theater at 11am.







Breakout Session Options Did you miss these options yesterday?



Purposeful Partnership

- Angela Rice, Founder, Out of the Mouths of Babes Educating Society
- Learn more about partnering with a purpose in an engaging and fun way!
- 3rd Floor Ballroom of the Beacon Theater





Art Therapy

- Amiri Richardson-Keys, Visual Artist/Art Educator/Art Therapist, Co-Owner of The A.R.T.S. Community Center
- Take some time to decompress and participate in art therapy!
- 1st Floor Classroom of the Beacon Theater









Breakout Session Options



Housing/Transportation

- Natalie Talis, MPH, Population health Manager, Alexandria HD
- Learn more about how you can work with community partners and "use your superpowers" to promote housing, transportation, and economic mobility.
- Manufacturing Association Room at the Hopewell Library





Policy Overview

- Karen Mask, MPH, BSN, RN, Policy Analyst, Sr.
- Learn more about policy in public health with this general policy introduction and overview. All levels of policy knowledge welcome!
- Beacon Main Theater









Using your Superpowers for Housing, Transportation, and Economic Mobility

Natalie Talis, MPH Population Health Manager Alexandria Health Department







A Very Specific Set of Skills

- Data collection and analysis
- Community engagement
- Root cause analysis
- Relationship development
- Advocacy
- Program planning and evaluation
- Policy development
- Convening and collaboration
- Communications





Navigating Community Conditions



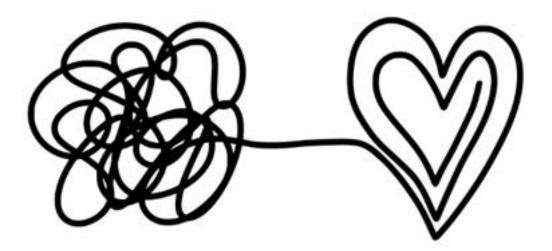




Housing	Transportation	Economic Mobility
Affordability (fees, rent, utilities, eviction, homelessness)	Physical activity	Crisis stabilization
Quality/Safety (lead, mold, pests, smoke)	Access to services, employment, resources	Jobs, wages, and worker protections
Accessibility (disability, availability, overcrowding)	Environment/air quality	Upskilling and education

Collaboration is messy! You can make it better.

- What do you do when you have many agendas?
- Staying in "your lane."
- What do you have to offer?
- Fall in love with the problem.
- Redefining wins.





Examples from Housing



"We didn't pick this!"



- Network development
- Significant resident engagement
- Definitions and metrics
- Always recruiting



- Resident-built strategies: mold, smoke, 311, hoarding, and pests
- Emphasis on systems change and education
- New partners!

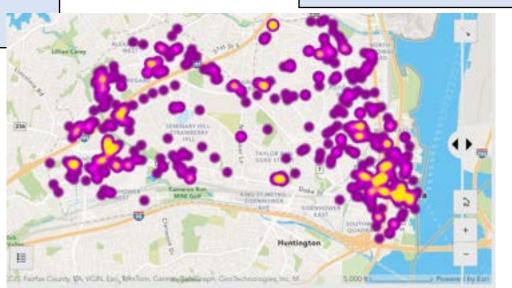


Redefining a Win

One-on-one calls

- Advocacy group frictionMaking sense of data
- 311 + Apex analysisSubject matter expertise
- Weigh in on draft plansConvene workgroups
- Rewrite public-facing resources

- Smoother Network meetings + more consistent attendance
- Data-driven city contracts
- Stronger partnerships for a wider audience
- Shared language across agencies
- New passive data collection for smoke and accessibility

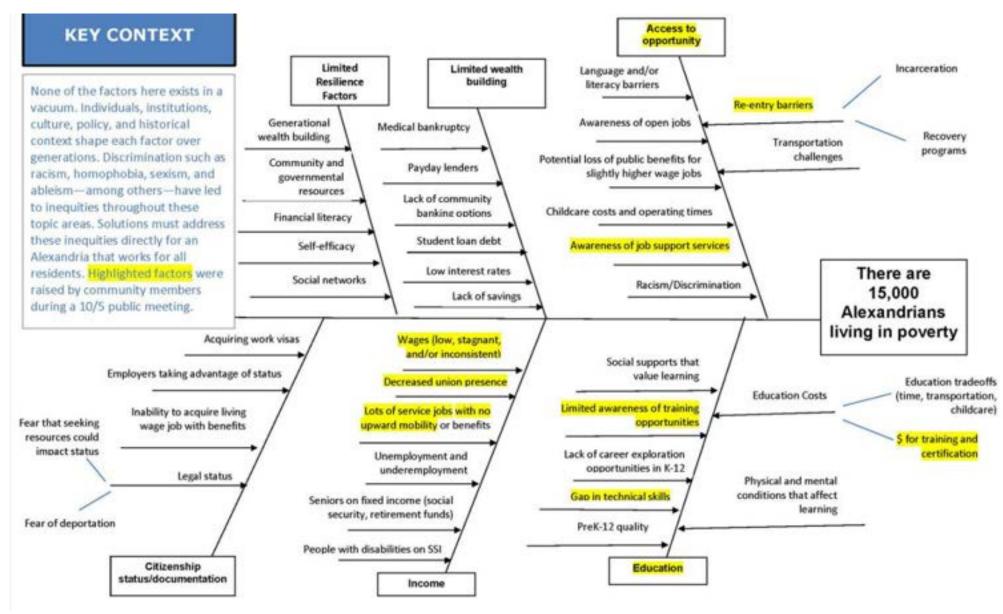




Examples from Economic Mobility



CHIP Fishbone





Taking Action: Strategy C Address disparities in the criminal justice system.

Tactic 3: Develop strategies and steps that will meet the requirement and goals of the Commonwealth of Virginia's Marcus Alert System Plan.

- Timing: Start in 2021, Complete by 2025
- Progress measures: City and community organizations and members meet to determine the
 best strategies and steps for Alexandria to achieve Virginia's Marcus Alert Plan; Number of
 annual presentations to community groups Alexandria's Marcus Alert System implementation
 plan, Periodic assessments of Alexandria's implementation work are done and reported to the
 community
- Owners: Alexandria Police Department; Department of Community and Human Services,
 Community Service Board

Tactic 4: Explore youth criminal justice best practices such as restorative justice, youth court, and other similar programs.

- Timing: Start in 2021, Complete by 2025
- Progress measures: Best practices identified and assessed for their applicability in Alexandria
- Owners: Alexandria Juvenile and Domestic Relations Court Services Unit



Let's try it out!

You have been a great advocate and your locality is investing \$100,000 into supporting your efforts. Either for one item or multiple things. How will you spend it?

You have 20 minutes within your group to come to a decision.

On your card, you have:

- A role + job description
- A not-so-hidden agenda



Your Challenge

Housing: You're in an urban area, and your community has identified elevated blood lead levels as one of their top issues.

Transportation: You're in a rural area, and your community has identified older adult transportation to healthcare as one of their top issues.

Economic Mobility: You're in a suburban area, and your community has identified generational poverty as one of their top issues.



Re-gathering

We will resume in the main theater at 11am.





DEVELOPING COMMUNITY HEALTH IMPROVEMENT PLANS:

Mini-CHIP Exercise





OBJECTIVE

Introduce participants to the purpose and structure of the Community Health Improvement Plan (CHIP) process by providing an overview of the 8-step framework.

Participants will apply this knowledge in subgroups, to collaboratively practice developing a CHIP.





MINI CHIP SESSION FACILITATORS

Sherrina Gibson CEO/Founder, Carter Consulting, LLC





Felicia Baez Smith, MPH, CHES
Collaboration Coordinator
VDH OCOM





Pamela Chitwood Population Health Manager, West Piedmont HD





Sheri Walters, MPH
Public Health Consultant





Emily Hines, MPH, CPH
Population Health Planning and
Improvement Coordinator
Chickahominy HD









SESSION AGENDA

Part I. Building the Foundation (One Hour)		
0:00-0:10	Welcome & Session Overview	
0:10-0:15	Assigned Health Measures	
0:15-0:25	Breakout into Groups and Subgroups	
0:25-0:35	Steps 1–2: Plan & Define Goals	
0:35-0:57	Steps 3–4: Develop & Define Strategies	
0:57-1:00	Wrap-Up & Set Up of Part II	
Lunch Break		

Part II. Finalize and Share (45 Minutes)		
0:00-0:03	Set Up of Part II	
0:03-0:25	Steps 5–6: Write & Adopt	
0:25-0:35	Steps 7–8: Monitor & Communicate	
0:35-0:45	Group Report-Outs and Closing	

Participants will be grouped by icon and will break into subgroups to build a mini-CHIP

Beacon Theater
Library (Hopewell Room)
Library (Octagon Room and Nelson Room)







- Introduce yourself to someone you do not know!
- We will resume at 1:00 pm.
- At 12:50pm, please begin moving back into your designated breakout room.

Networking Lunch





CHA-CHIP TOOLKIT QR CODE (PHASE 8)







GROUP	MEASURE	CURRENT RATE (%)
	Substance Use: Rate of Drug Overdose Deaths	32%
	Mental and Behavioral Health: Percentage of High School Students Reporting Feelings of Sadness or Hopelessness	35%
	Health Care Access: Proportion of Adults Aged 18 to 64 Who Are Uninsured	9%















DEVELOP APPROACHES TO ADDRESS PRIORITIZED HEALTH PROBLEMS



















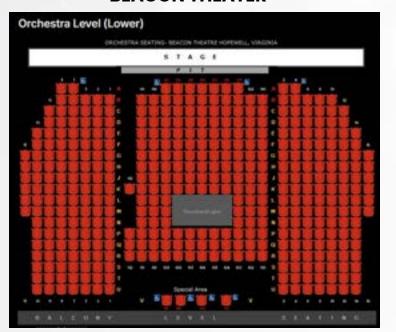


BREAKOUT ROOMS





BEACON THEATER





LIBRARY (HOPEWELL





LIBRARY (OCTAGON AND NELSON ROOM)





Will be divided into subgroups of no more than 12 within the three rooms

THANK YOU!

Sherrina Gibson, CEO/Founder edcarterfoundation@gmail.com

At Carter Consulting, we bring deep expertise in Community Health
Assessments and Improvement
Planning (CHA/CHIP).

We are privileged to support organizations in turning frameworks into action for healthier communities.







BREAK

We will resume at 1:55pm.











Closing Keynote

Jon Schwabish Senior Research Associate, The Urban Institute





(See Slides at the end of the document)











Chief Deputy Commissioner for Community Health

Services, VDH













Congratulations, Octavia Marsh!

Community Health Improvement Partner of the Year









Congratulations, Madison Shepard!

Emerging Community Health Professional of the Year









Congratulations, Dr. Anna Feliberti!

Community Health Epidemiologist of the Year









Congratulations, Caitlin Hodge!

Population Health Manager of the Year









Wrap Up and Call to Action

Please submit your evaluation here in order to receive your certificate of completion (CME credits).



Please submit your evaluation here in order to receive your certificate of completion (CNE credits).











THANK YOU!

For Attending the 2025 Community Health Forum







August 26, 2025

Community Health Improvement: Back to the Future

Tom Franck, MD, MPH
Chickahominy Health District

Back to the Future



Menti Survey

Why "Back to the Future"?

- 1. Examining the past is a good place to start when trying to solve today's problems.
 - How did we get to where we are today?
 - What went wrong? What went right?
- 2. Following disasters and exercises, we conduct Lessons Learned and AARs to improve future response.
- 3. We often look backwards when conducting CHAs/CHIPs, Strategic Planning, & Continuous Quality Improvement.
 - Root cause analysis: 5 Why's, Cause & Effect (Fishbone) diagrams

First, Some Definitions

Public Health

- "what we as a society do collectively to assure the conditions in which people can be healthy" – CDC, adapted from IOM,1988
- "the science and art of preventing disease, prolonging life, and promoting physical and mental health and well-being through the organized efforts of society" – Winslow, 1920

First, Some Definitions

Population Health

- "...the health outcomes of a group of individuals, including the distribution of such outcomes within the group" – Kindig and Stoddart, Am Journal of Public Health, 2003
- "...an opportunity for health care systems, agencies and organizations to work together in order to improve the health outcomes of the communities they serve." – GWU Online Public Health, April 27, 2015
- "Population health work is at the center of everything we do as an agency. We seek to ensure the health and well-being of all Virginians, and we do so in collaboration with community partners at both the state and local levels." M. Norman Oliver, email to VDH, November 23, 2021

Evolution of Public Health*

Public Health 1.0

- Tremendous growth of knowledge and tools for both medicine and public health
- Uneven access to care and public health

*Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure – Office of the Assistant Secretary of Health, U.S. Dept of Health and Human Services, 2016

Public Health 2.0

- Systematic development of public health governmental agency capacity across the United States
- Focus limited to traditional public health agency programs

Public Health 3.0

- Engage multiple sectors and community partners to generate collective impact
- Improve social determinants of health

Late 1800s 1988 IOM The Future of Public Health report

Recession

Affordable Care Act 2012 IOM For the Public's Health reports

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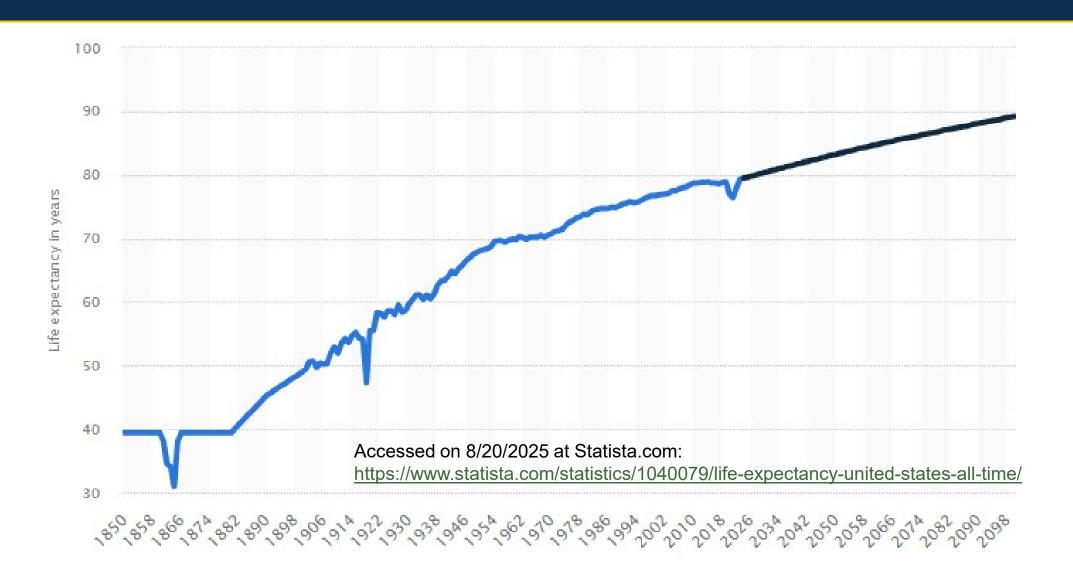
Public Health 3.0

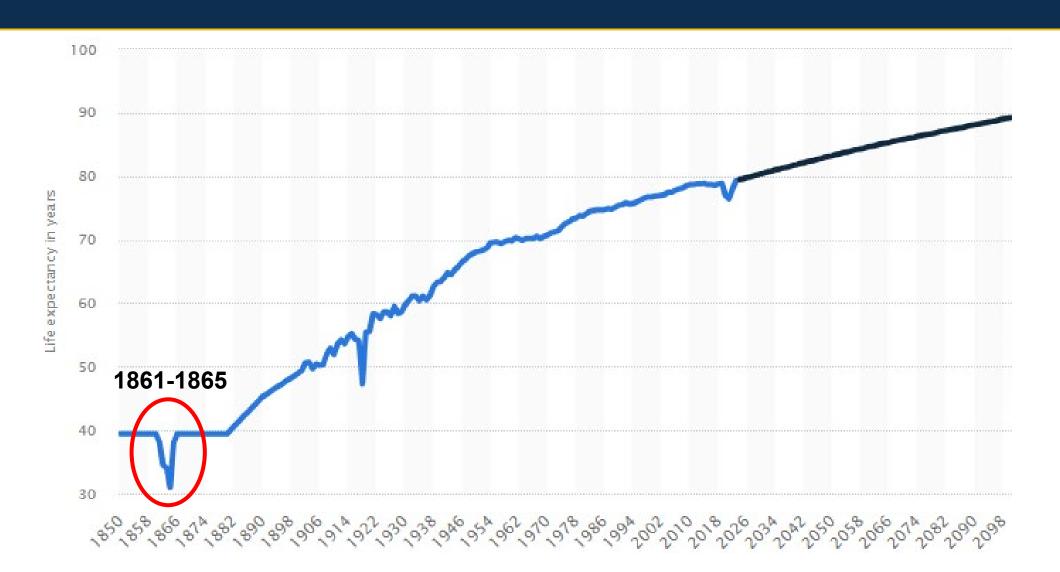
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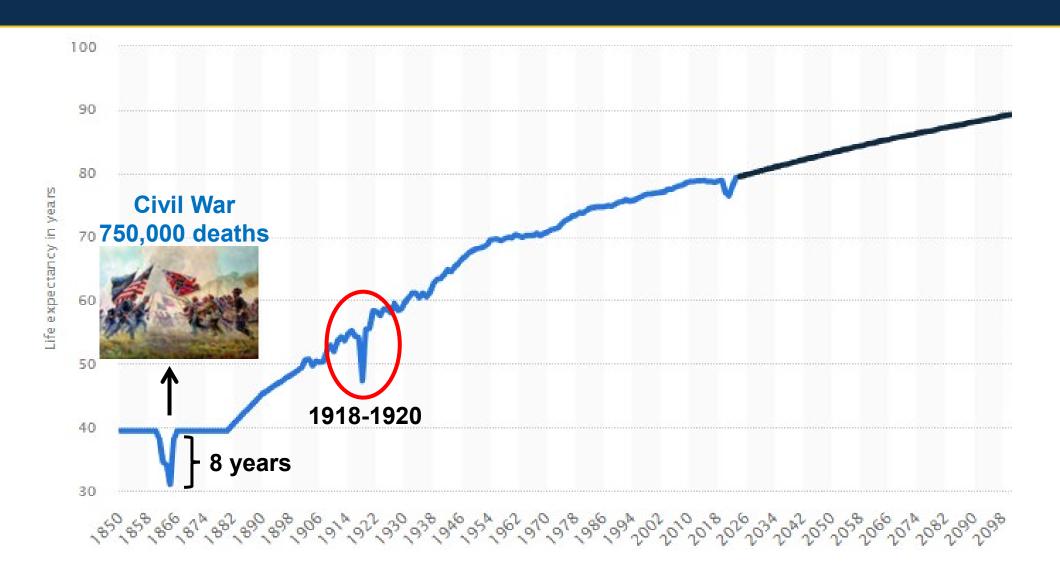
Recession

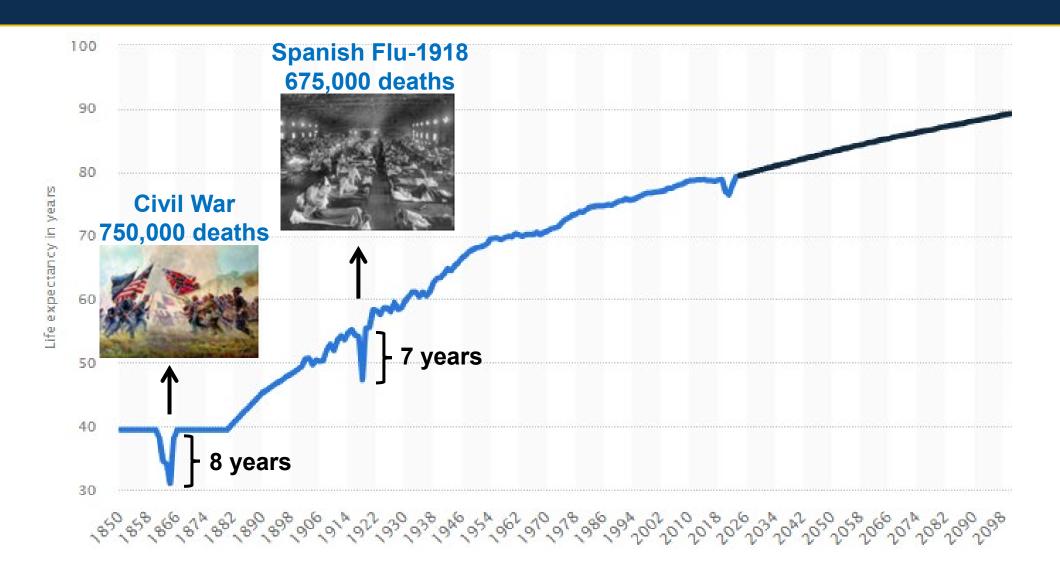
Affordable Care Act 2012 IOM For the Public's Health reports

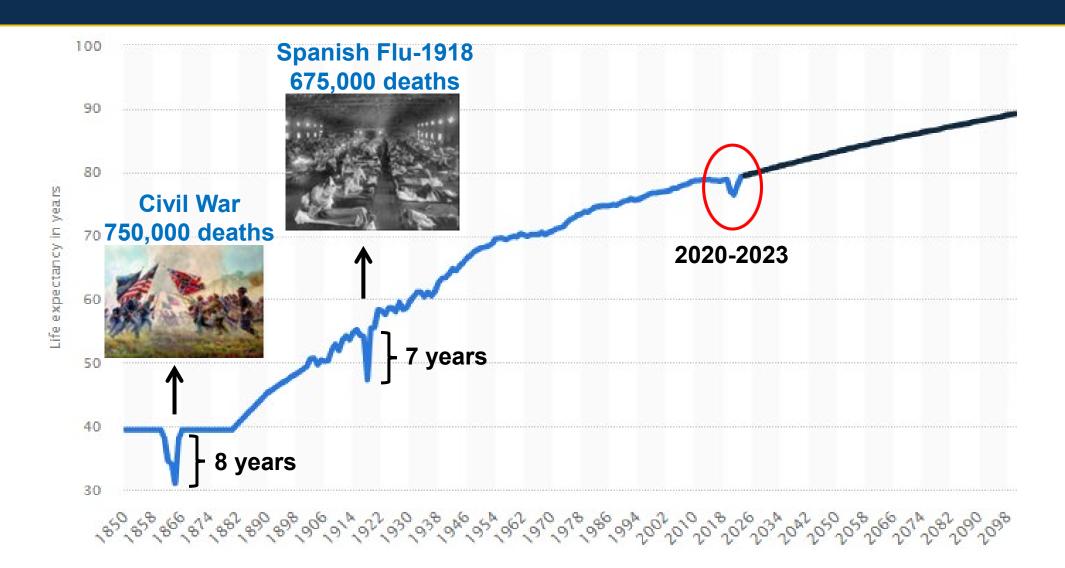


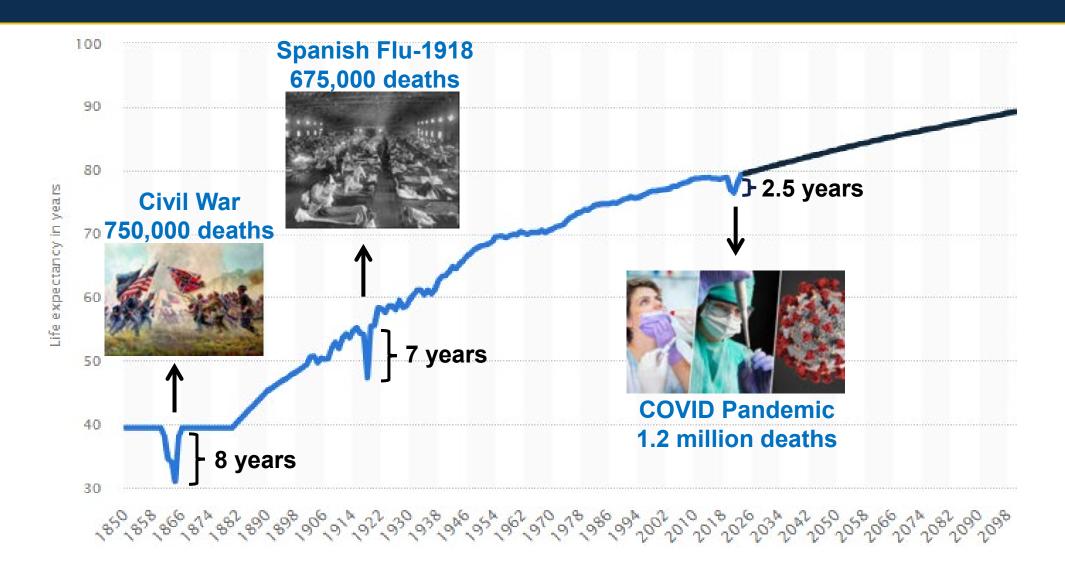


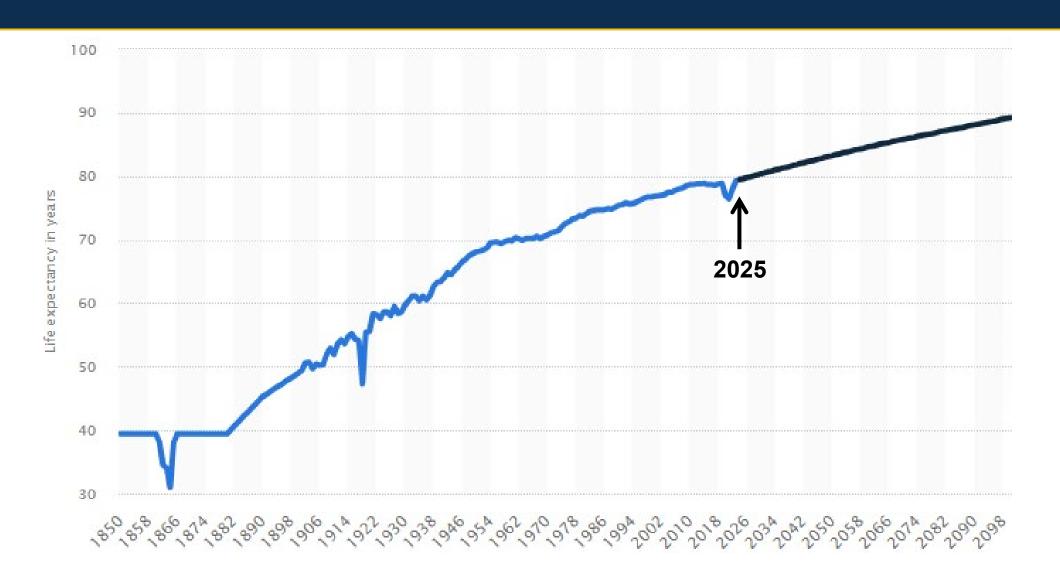


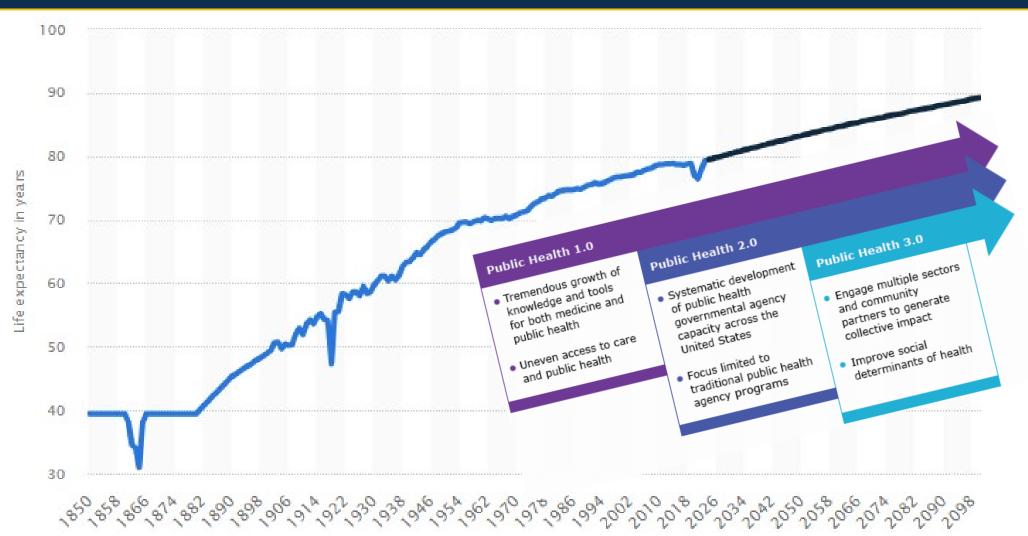












Recommendations to Achieve Public Health 3.0*

- 1. Chief Health Strategist for the community.
- 2. Cross-Sector Partnerships.
- 3. Public Health Accreditation Enhancements (add PH3.0)
- 4. Actionable Data and Clear Metrics
- 5. Increased/Enhanced/Flexible Public Health Funding

^{*}From the landmark 2016 report: *Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure* – Office of the Assistant Secretary of Health, U.S. Dept of Health and Human Services.

Back to the Future



Menti Survey



You are the Future of Public Health!

For everything you do for the community: Thank You!!

Crafting Your Resume



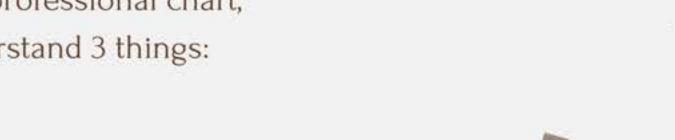
The contents of this entire presentation, including all text, images, and materials, are the exclusive property of Polished by P. No part of this presentation may be copied, reproduced, distributed, or used in any form without prior written permission from the presenter. Unauthorized use of this information or any likeness therein is strictly prohibited.

for Upward Mobility

Your Resume: The Professional Chart

Imagine if your patient care relied on incomplete or unclear chart notes - critical information, missed opportunities, and uncertainty about the next step.

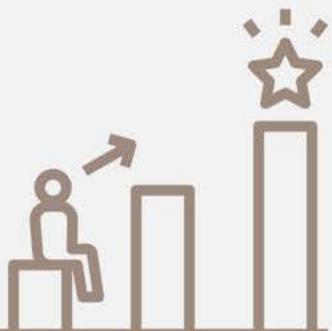
The same is true for your resume. It is your professional chart, your chance to ensure those reading it understand 3 things:



Your Impact







Your Goal(s)

Diagnosing First Impressions: What Does Your Resume Reveal?

First impressions matter.

Like a clinical handoff, clarity and confidence at the top set the tone for the story that follows.

**

Just as CHA/CHIPs guide strategic progress across the Commonwealth, your resume serves as your personal strategic plan. It charts your contributions, highlights what you've learned, and maps where you're heading.



Resume Fundamentals for Upward Mobility



Brevity

Limit bullet points to one idea each, ideally no more than 2-3

lines

Eliminate unnecessary words - get straight to the achievement or responsibility

Stick to the most relevant experiences for the desired position





Clarity

Use simple, professional language so skills and accomplishments are easily understood by any reviewer - HR, hiring manager, or a panel

Present sections in a logical order: Summary/Profile,

Experience, Education, Certifications

Avoid jargon unless specific to the targeted role





Relevance

Tailor each resume version to the specific position or sector Showcase skills and accomplishments directly connected to the job requirements.

Omit or condense unrelated information - even if it demonstrates ability - so main strengths shine







Quantify

Use numbers, percentages, or clear outcomes/reach whenever possible.

"Improved patient satisfaction scores by 30% through streamlined intake process."



Value

State exactly how your actions benefited the organization, team, or patients.

"Reduced documentation errors, leading to faster discharge times."



Progression

Show how your work contributed to larger goals, like department growth, improved workflows, or public health outcomes.

Use action verbs to convey impact: implemented, led, developed.

Tailoring



Skills for Advancement

Emphasize management, communication, strategy, critical thinking, and technology proficiency.

Leadership

Detail how you have led teams, mentored peers, or driven change initiatives.

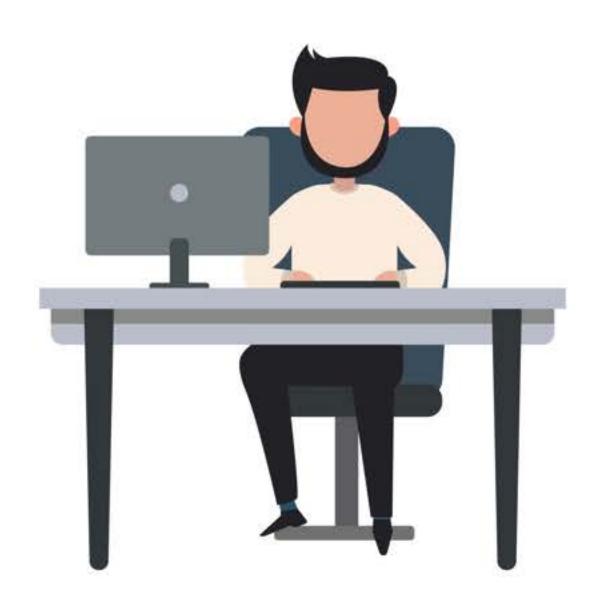
Collaboration

Give examples of partnerships with community agencies, partnered improvement initiatives, or interdisciplinary teamwork.

Innovation

Highlight a time you improved a process, adopted new technology, or piloted a new program.

What to Omit



Strong Organizational and Administrative Skills

Proficient in Microsoft Office Suite



Problem Solver/ Critical Thinker

Conflict Resolution / Cultural Competency

Motivated Team player

Prioritize clear, current, and systemfocused information. Your resume is a factual professional snapshot, not a personal reflection.

Proficiencies

Redtail CRM | MS Office | MaxMind | Salesforce | ServiceNow | DocuSign | CRM | Bankruptcy Law | Project Management



- +123-456-7890
- hello@reallygreatsite.com
- 123 Anywhere St., Any City, ST 12345

SKILLS

- * Family Assessment
- * Conflict Resolution
- Communication Improvement
- Crisis Intervention
- * Group Therapy
- * Case Management

CERTIFICATION

Certified Family Counselor



Arowwai Industries Training Center, Any City

MEMBERSHIP

AMFT Member



Association for Marriage and Family Therapy

Juliana Silva

A compassionate Family Wellness Counselor with a strong background in providing support and guidance to families facing various challenges.

PROFESSIONAL SUMMARY

- Over 5 years of experience in family counseling, specializing in conflict resolution and communication.
- Proficient in assessing family dynamics and creating tailored wellness plans.
- Collaborated with a multidisciplinary team to develop holistic treatment plans for families.

EDUCATION

Master of Science in Marriage and Family Counseling



Rimberio University

Graduated May 2024

EXPERIENCE

Family Wellness Counselor at Giggling Platypus Co., Any City



- Conducted individual and family counseling sessions, addressing issues such as domestic violence, abuse, and others.
- * Collaborated with a multidisciplinary team to develop holistic treatment plans for families.
- Collaborated with a multidisciplinary team to develop holistic treatment plans for families.



Busy resumes with several fonts, font sizes, or graphics are not only annoying but may cause suspicion. [...] In the healthcare field, a simple, clean format ensures readability and demonstrates attention to detail.

> Creative resume formats are recommended only for industries like arts, media, or design. For healthcare, it's best to keep the layout simple, professional, and focused on your achievements and impact.

Remove experience older than 10 years and less than 6 months



Fiscal Accounts Clerk II | Accounts Payable Interim Assistance Reimbursement Specialist October 2007 – September 2010 January 2005 – October 2007





Parris Rohoblt

410.908.xxxx | parris.xxxx@gmail.com | Baltimore, MD

References

Erin Richardson Self-Employed - Mental Health Counselor Previous Supervisor email@gmail.com 443-415-xxxx

McKenna Lewis
Vice Principal – DC Public School System
Professional Mentor
email@gmail.com
240.535.xxxx

Ericka Porter
Counselor - Denver Public School System
Academic Mentor
email@gmail.com
443-677-xxxx

02 "References available upon request"



Education

Maryland Life and Health Insurance License

Maryland Insurance Administration

Bachelor of Science | Economics

Towson University

Expires YYYY

May 2017

O3 Grade school information/accolades

CareFirst

Junior Cyber Security Analyst 2022 - 2025

 Conducted 400+ annual ACAS and Nessus vulnerability scans across Windows Server, Linux, and macOS environments, collaborating with Systems Administrators to achieve 100% STIG compliance and reduce critical vulnerabilities by 30%.

- Delivered security awareness training to 200+ employees, increasing phishing detection rates by 27% and reducing successful incidents by 20%, while integrating Duo, Okta, and Microsoft Authenticator for multi-factor authentication.
- Resolved 40+ daily customer security issues—including password resets, endpoint protection, and MFA using ServiceNow,
 Jira, and AlienVault, streamlining IT inquiries to cut response times by 25% and improve customer satisfaction by 10%.
- Managed client relationships and provided technical support as a Managed Service Provider, handling stakeholder communications, contract negotiations, and financial reporting to support 25-30% annual business growth.
- Designed and maintained the company website, ensuring secure integration with Azure, AWS, and Google Cloud, which
 enhanced client engagement by 15% and safeguarded sensitive financial data through secure payment protocols.
- Evaluated and prioritized cyber threats using statistical analysis, enabling risk-based security measures that mitigated 85% of vulnerabilities before exploitation and resulted in zero major incidents during tenure.
- Monitored and documented all security-related customer interactions in internal systems, supporting audit readiness and IT investigations with tools such as Splunk, Wireshark, and SolarWinds.
- Led conference meetings to discuss system hardening strategies, incorporating the latest updates and evaluating costs to optimize operational efficiency and ensure HIPAA compliance.

Finance Administrator 2018 - 2022

- Managed carrier and vendor compensation processes, including broker commissions and Kelly Benefits, ensuring 100% compliance with financial guidelines using SAP, Oracle NetSuite, and Excel, which improved disbursement accuracy and cash flow efficiency.
- Processed and reconciled >1,000 monthly carrier/vendor disbursements, utilizing Excel and SAP to meet strict deadlines and reduce discrepancies, enhancing audit accuracy and operational efficiency by 20%.
- Reviewed and analyzed billing statements with Microsoft Access and Excel, identifying and resolving variances for Enrollment Reconciliation audits, resulting in a 15% reduction in payment discrepancies.

04

Consolidate positions within same company and specify job types (Contractual)

Strategic Resume Language for Next-Level Roles



Resume "Power Words"

Weak Language	Strong Alternative
Helped with	Spearheaded
Was involved in	Coordinated
Duties included	Led
Did	Executed
Worked on	Implemented

Individual Audit

- 1. Choose one bullet on your resume
- 2. Rewrite it using stronger, upward-facing language. Quantify if you can!
- 3. Share an example with someone in your row.

Blino



In a fast-paced, digitally connected world, the way we share our professional details is evolving, especially for busy healthcare and public health professionals rarely at their desks and often on the move.

Traditional paper business cards can be easily lost or quickly outdated. Enter digital business card platforms like Blinq, which offer a secure, sustainable, and easily updatable way to share your professional identity.





Headline Power

Use your headline to highlight your expertise + your career goal.

Ex: "Public Health Nurse | Advancing Community Wellbeing"



Interactive Media

Upload documents, presentations, images, and links to showcase your work directly on your profile.

Recruiters notice profiles with engaging visuals and evidence of expertise (think published articles, project slides, or short video introductions).



Engagement

Regularly comment on, share, or create posts related to your field to build presence and credibility.

Active engagement signals professionalism and keeps your

profile visible to networks and recruiters.

Your resume charts your path forward! Don't let it undersell your story.

Treat every line as a critical data point signaling your readiness for more responsibility, greater impact, and leadership.

"Don't let anyone rob you of your imagination, your creativity, or your curiosity. It's your place in the world; it's your life. Go on and do all you can with it, and make it the life you want to live."

— Dr. Mae Jemison



Maternal and Child Health Title V Needs Assessment: Where are we now?

August 26, 2025

Dane De Silva, PhD, MPH – Director, Division of Population Health Data, OFHS, VDH Samara Lott, MPH - Local Health District MCH Coordinator, VDH



Today's Agenda

Title V Overview

Connecting the Dots

Where Can We Go From Here?



Title V Overview



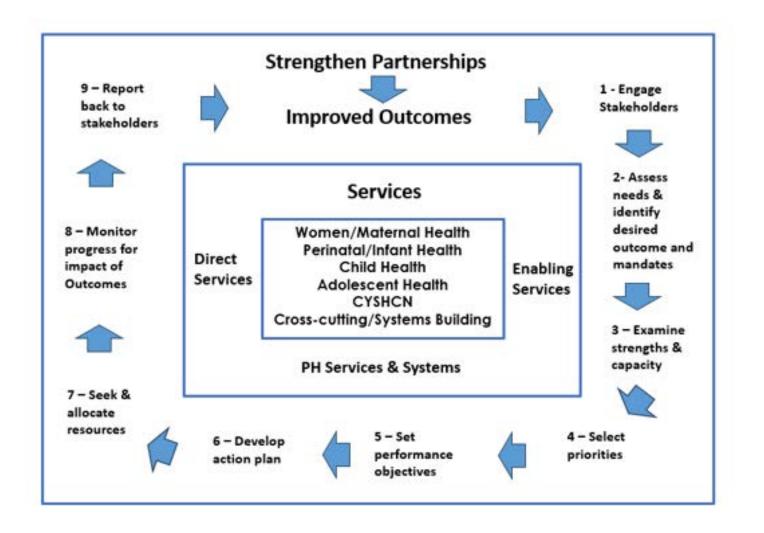
Title V Maternal and Child Health Services Block Grant to the States Program

Social Security Act of 1935 [Sec 501(a)(1)(A)]

To "provide and to assure mothers and children (in particular those with low income or with limited availability of health services) access to quality maternal and child health services"



How do we know the needs of our MCH community?



Virginia Title V Framework

Addressing MCH Priorities

Seven priorities were identified during Virginia's state MCH Needs Assessment. These priorities will be addressed over the next five years (FY26-FY30) through our State Action Plan



Intentional alignment of all Title V efforts across four pillars – Access, Capacity, Impact, and Optimal Health – strengthens efforts and measurable impact

Aligning complex contexts

Virginia's Title V program recognizes the complexity of social determinants as drivers of optimal health, and commits to the alignment of salient theories, models and approaches that shape and inform our programs







Virginia's Title V Program

is committed to the provision and to the assurance of mothers and children (in particular, those with low income or with limited availability of health services) access to quality maternal and child health services

Title V Pillars & Priorities



Utilize comprehensive upstream systems approach to impact MCH outcomes

Improve access to care through system coordination and navigation



Enhance state MCH data capacity

Maintain a capable MCH workforce



Advance collaboration, partnership, and community engagement to build trust



Strengthen preventive behaviors to improve MCH outcomes

Promote mental health across MCH populations

Virginia Title V Programs by Domain

Women/Maternal Health

Contraceptive Access Initiative
Pregnancy Loss Project
State Substance-exposed Infants Plan
MMRT Recommendation Implementation
Local Health Districts Initiatives

Perinatal/Infant Health

Five-Star Breastfeeding Hospital Designation
Homevisiting Collaboration
Safe Sleep Initiatives
Perinatal Mental Health
Local Health Districts Initiatives

Child Health

Developmental Screenings Injury prevention curriculum School-based dental health initiatives



Adolescent Health

Get Real®

Suicide Prevention trainings School Health Mental Health Toolkit School Health Immunization Initiatives School-based Dental Health Clinics

Children & Youth with Special Health Care Needs

Child Development Centers (CDCs)
Care connection for Children (CCCs)
Pediatric/Adult Sickle Cell Programs
Virginia Bleeding Disorders Program
Birth Defects Surveillance Program

Cross-Cutting & Systems Building

Community Engagement through Local Health Districts
Transition to adulthood work group
Workforce capacity measurement & strengthening
Workforce education and training
MCH Intern & Young Professional development
Data Products enhancement & availability

Title V programs must align their work with the following national outcome measures:

NOM1	Rate of severe maternal morbidity per 10,000 delivery hospitals	
NOM2	Maternal mortality rate per 100,000 live births	
NOM3	Teen birth rate, ages 15 through 19, per 1,000 females	
NOM4	Percent of low-birth-weight deliveries (<2,500 grams)	
NOM5	Percent of preterm births (<37 weeks gestation)	
NOM6	Perinatal mortality rate per 1,000 live births plus fetal deaths	
NOM7.1	Infant mortality rate per 1,000 live births	
NOM7.2	Neonatal mortality rate per 1,000 live births	
NOM7.3	Postneonatal mortality rate per 1,000 live births	
NOM7.4	Preterm-related mortality rate per 100,000 live births	
NOM7.5	Sudden unexpected infant death (SUID) rate per 100,000 live births	
NOM8	Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations	
NOM9	Percent of children meeting the criteria developed for school readiness	
NOM10	Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	
NOM11	Child mortality rate, ages 1 through 9, per 100,000	
NOM12.1	Adolescent mortality rate, ages 10 through 19, per 100,000	
NOM12.1	Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000	
NOM12.3	Adolescent suicide rate, ages 15 through 19, per 100,000	
NEW NOM12.4	Adolescent firearm mortality rate, ages 15 through 19, per 100,000	
NOM13.1	Rate of hospitalization for non-fatal injury per 100,000, ages 0 through 9	
NOM13.2	Rate of hospitalization for non-fatal injury per 100,000, ages 10-19	
NEW NOM14.1	Percent of women, ages 18 through 44, in excellent or very good health	
NOM14.2	Percent of children, ages 0 through 17, in excellent or very good health	
NOM15	Percent of children, ages 2 through 4, and adolescents, ages 6 through 17, who are obese (BMI at or above the 95th percentile)	
NEW NOM16.1	Percent of women who experience postpartum depressive symptoms	
NEW NOM16.2	Percent of women who experience postpartum anxiety symptoms	
NEW NOM17.1	Percent of children, ages 6 through 11, who have a behavioral or conduct disorder	
NOM17.2	Percent of adolescents, ages 12 through 17, who have depression or anxiety	
NOM18	Percent of children with and without special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	
NOM19.1	Percent of children, ages 6 months through 5, who are flourishing	
NOM19.2	Percent of children with and without special health care needs (CSHCN), ages 0 through 17, who are flourishing	
NEW NOM20	Percent of children, ages 0 through 17, who have experienced 2 or more Adverse Childhood Experiences	

Connecting the Dots



HOW'S OUR HEALTH, ALEXANDRIA?

In 2024, Alexandria Health Department surveyed the city about our health for the Community Health Assessment. Results will guide health projects for the next 5 years.



Relevancy of MCH

RESIDENT ANSWERS

What are the biggest health issues in your community?



- · Mental health
- · Alcohol, drug, opiate use
- Obesity, physical activity, and nutrition
- Violence and crime
- Chronic health conditions

What are your community's greatest strengths?

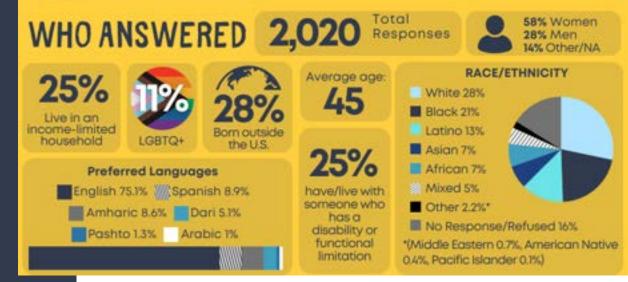


- Diversity of the community
- · Opportunities to be involved in, and belong to, the community
- Educational opportunities
- · A good place for children, youth, and families to live
- Public transportation





- · Safe, healthy, and affordable housing
- Support for children, youth, and families
- Access to mental health and substance use services
- · Access to healthcare
- Jobs and entrepreneurship opportunities





2024-2025 Community Health Assessment Appendix E – Survey Results

Scenario: What Does This Mean For Katie?

- 37yo mom pregnant with 2nd child 8 weeks
- 1st child now 12 lost custody shortly after birth due to SUD
- HX of SUD amphetamines "clean" about a year
- Took home pregnancy test confirmed with VDH
- Already receiving services as CSB mental health NP
- Case manager referred to Project Link (DBHDS)
- Uses food bank WIC and Food stamps (self initiated)
- Receives SSD
- Drivers license suspended in VASAP VA Alcohol Safety Action Program Currently on probation
- At risk of losing Section 8 housing due to DUI arrest lives alone currently boyfriend abusive and moved out
- Has GED
- No blood family has built support through community connections

Scenario: What Does This Mean For Katie?

- On presentation to Project Link Scared, anxious, fearful
- Wants to "get this one right"
- Feels judged due to previous birthing experience
- Has history with CSB of strong engagement with services does not miss appointments
- Demonstrates capacity to advocate for herself
- Has taken initiative for supportive services for this pregnancy
- Enjoys support groups and is very self aware of her addiction and how it affects those around her
- Knows and avoids her triggers
- Father out of picture because of his active addiction
- Taking classes at the community college
 - Was working towards a career in welding but stopped because of pregnancy and safety
 - Wants to become a peer recovery specialist



Where Can We Go From Here?





Advance collaboration, partnership, and community engagement to build trust

Strategy:

- Local Health District (LHD): Enhance, expand, assess, plan, and implement impactful community engagement that supports the cultivation of relationships, identification of opportunities, and integration of improved efforts within the LHD.
- Develop, sustain, and leverage alignment of CHNA/CHA/CHIP efforts with Title V's performance and outcome measures



LHD Title V Engagement Initiatives

What?

LHDs conducting outreach, focus groups, baby showers, classes, surveys, and listening sessions to learn more about MCH needs.

About What?

Focusing on Postpartum Support – education and resources, improved access to postpartum visits, expanded home visits, screenings, linkage to care/care coordination

Then What?

Sharing & Collaborating Regionally - cross-sector collaboration with partners at local organizations, hospitals, coalitions, and other health districts to create a coordinated system of care that offers strengthened referrals, data sharing, wrap around support, and incentives to meet clients' needs

- Recap of LHD input:
- How does MCH show up in your CHA/CHNA/CHIP?
- Not showing up
- Question(s) in CHA related to assessing access, mortality, late/no prenatal care, and/or teen pregnancy
- Utilizing data to demonstrate a need for resources/services
- Broadly in CHIP



- Recap of LHD input:
- How can Title V develop and sustain CHNA/CHA/CHIP efforts? (proactive approach)
- Data at county level and census tract (when possible)
- Best practices for improving MCH health outcomes
- Share metric and smart goal examples
- Ensure questions in CHAs/CHNAs will address MCH needs
- TA with CHA/CHNA survey development
- TA with providing CHIP resources



- Recap of LHD input:
- How can Title V leverage your CHNA/CHA/CHIP efforts? (reactive approach)
- Better community perspective
- Plan jointly with implementation plans
- Bring workforce together (clinical and non-clinical) to plan, support, and implement



- The take-away:
- There is an opportunity to enhance
- collaboration with Title V/MCH to further integrate MCH perspectives.



How will you connect the dots?



https://www.menti.com/alsbbk4jjjxd



Reach out to any Title V Member!

Programmatic Support: Cynthia.deSa@vdh.virginia.gov, Samara.Lott@vdh.virginia.gov

Data Support: <u>Dane.DeSilva@vdh.virginia.gov</u>, <u>Kelly.Conatser@vdh.virginia.gov</u>,

Evelyn. Escobar @vdh.virginia.gov, Parker. Parks @vdh.virginia.gov





Blending Quantitative and Qualitative Data for Maximum Effectiveness

Jonathan Schwabish | @jschwabish

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Slides

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YouTube: https://www.youtube.com/c/JonSchwabish

Master: Divider Blue



Community
Engaged
Methods



Rules of Data Visualization Perception



Charts for Qualitative Data + Tools!

Community Engaged Methods

CEM recognizes and centers the expertise of the people at the heart of the issues we study by intentionally including their input, participation and priorities into research, policy, and technical assistance.

Why Community Engaged Methods?

Accuracy

Community members know more about their own community than outsiders.

Impact

With more accurate information, we are better positioned to get the attention of key stakeholders and decision makers.

Sustainability

Meaningful connections require bi-directional benefits that evolve over time, and produce ongoing, broader, and longer lasting results.

Ethics

Acknowledging the history and legacy of research, policies and practices that have been exploitative, extractive, and/or exclusionary is essential to the ethical grounding of community engagement.



https://www.urban.org/sites/default/files/2024-06/Community-Engaged%20Methods%20Model.pdf

"Defining the Community" Worksheet

In many research projects, determining **which** community to include in the decisionmaking process and **defining** the community are often the hardest barriers researchers face. This worksheet provides some guiding

questions and resources for researchers aiming to overcome these barriers.





https://www.urban.org/research/publication/increasing-rigor-quantitative-research-participatory-and-community-engaged

PREPARATORI REFLECTIONS BEFORE DETERMINING WHO TO ENGAGE How can researchers and community members address questions of interest to communities? Has the community of focus been harmed by policies, research, or programs in the past? How can collaboration with community members help promote more equitable research with historically and contemporarily marginalized individuals? PRE-WORK CHECKLIST Assess current level of community engagement or collaboration. Inventory existing partnerships that could provide a foundation for the research. Consider individual and the team's positionality in the work and how those positionalities might generate certain unchecked biases. Consider power dynamics between external researchers and researchers who are based in the community and how those dynamics can be acknowledged and addressed. Reflect on the harms and structural inequities that have been perpetuated by historical and contemporary policymaking in the topic of interest. Conduct a literature review or environmental scan of how quantitative research in the topic of interest has violated privacy and consent, denied democratic data access, or perpetuated erroneous and harmful stereotypes. Inventory existing data pipelines or data sources to assess data gaps that community members can contribute to filling in or help enhance understanding. DETERMINING WHO TO ENGAGE AT THE BEGINNING OF A RESEARCH PROJECT!

Based on the reflections in this section, which of the following categories feel like the best way to enter conversations with the community and propose an initial set of questions?

Demographic: Does the community define itself by one or more salient demographics (e.g., race, ethnicity, gender, sexual orientation, disability, class, immigration status, etc.)?

- Conduct a literature review or environmental scan of how quantitative research in the topic of interest has violated privacy and consent, denied democratic data access, or perpetuated erroneous and harmful stereotypes.
 Inventory existing data pipelines or data sources to assess data gaps that community members can contribute to filling in or help enhance understanding.
 DETERMINING WHO TO ENGAGE AT THE BEGINNING OF A RESEARCH PROJECT*
 Based on the reflections in this section, which of the following categories feel like the best way to enter conversations with the community and propose an initial set of questions?
 Demographic: Does the community define itself by one or more salient demographics (e.g., race, ethnicity, gender, sexual orientation, disability, class, immigration status, etc.)?
 Geographic: Does the community define itself in a place-based way (e.g., neighborhood, city, county, or some other creative geocoded set of boundaries informed by community members' lived experience)?
 Topicat Does the community define itself through individuals or groups of people who have specific expertise about the topic or subject (e.g., experiences with homelessness or with the criminal-legal system)?
- Aspirational: Does the community define itself by common motivations between researchers and community members to address mutual policy interests (e.g., ending child hunger)?
- Generative: Does the community define itself organically through established networks or in a snowball manner? This approach works well when community members have established networks to spread the word.
- Combination/Intersection: Does the community define itself using a combination of the methods above?

STARTING POINT RESOURCES FOR HOW TO EFFECTIVELY ENGAGE COMMUNITY MEMBERS

- Chicago Beyond: Why Am I Always Being Researched: Guidebook for Community Organizations, Researchers, and Funders to Help Us Get from Insufficient Understanding to More Authentic Truth
- Community Research Collaborative: In It Together: Community-Based Research Guidelines for Communities and Higher Education [PDF]
- Southern California Clinical and Translational Science Institute: Toolkit for Developing Community Partnerships [PDF]
- March of Dimes: Making Community Partnerships Work: A Toolkit [PDF]
- Urban Institute: "Community-Engaged Methods Guidebook" project page.

FRAMING TIPS

- Combining equitable selection and community-engaged methods: When timeline or budget requires limiting
 community collaboration to a subset of community members, it is important to prioritize community members who have been most marginalized through policy action or most excluded from research decisionmaking.
- Intersectionality: It can be advantageous to delineate the community in a combination of the categories outlined in this box. For example, a hypothetical evaluation of a new guaranteed-income pilot in San Francisco can collaborate with Asian American and Pacific Islander immigrants who have an interest in addressing income insecurity in their community. The combination approach can welcome solidarity and push understanding of the challenges that arise from the intersectional reality of group members, such as the intersections of income and race. Intersectionality may also apply to members of the research team who identify as members of the community. It is essential to remember that lived experience/identity and professional experience/identity are not mutually exclusive.

^{*}The categories are adapted from geography studies literature to incorporate the fluid nature of neighborhood identity. They were selected to act as a departure from the traditional and potentially disempowering ways of categorizing individuals (Catney, Frost, and Vaughn 2019).

Master: Divider Light

What is a Data Walk?

- An interactive way for community stakeholders to engage in dialogue around research findings about their community – the "anti-town hall" or PowerPoint presentation.
- In community or virtual settings, participants rotate through "stations" where data is displayed.
- Offers researchers and/or community organizations an accessible way to analyze data in partnership with community stakeholders.
- Enables real time analysis and brainstorming of next steps in a comfortable space and sometimes, with diverse stakeholders who are not always in conversation.



Goals for an Effective Data Walk

- Spend time on outreach! Get the right people in the room
- Balance of strengths and deficits
- Avoid telling community members about their own community – value various sources of expertise
- Include various forms of "data" charts, images, maps, quotes, writing, physical interactions
- End with a visioning or next steps station and commitments

Community Engagement Resource Center (CERC) Toolkits

- Data Walks
- Participatory Methods in Quantitative Research
- Project-based Community Advisory Boards (CABs)
- Participatory Survey Methods and Development
- Individual and Institutional Positionality
- Fostering Partnerships
- Equitable Compensation
- Youth Engagement



www.urban.org/ projects/cem-toolkit

https://www.urban.org/projects/cem-toolkit

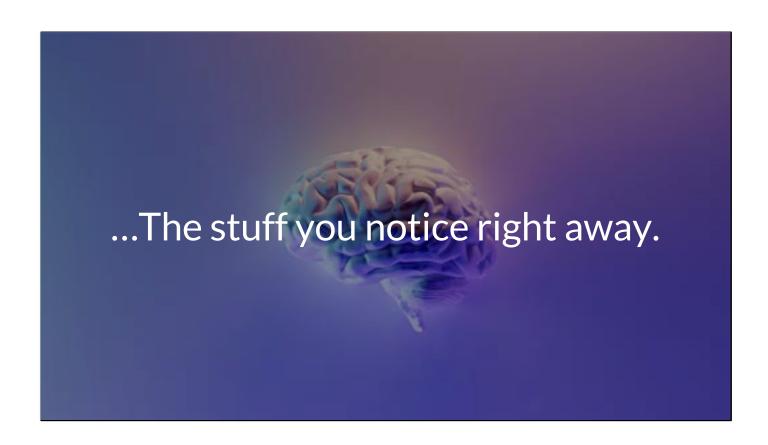
Rules of Data Visualization Perception

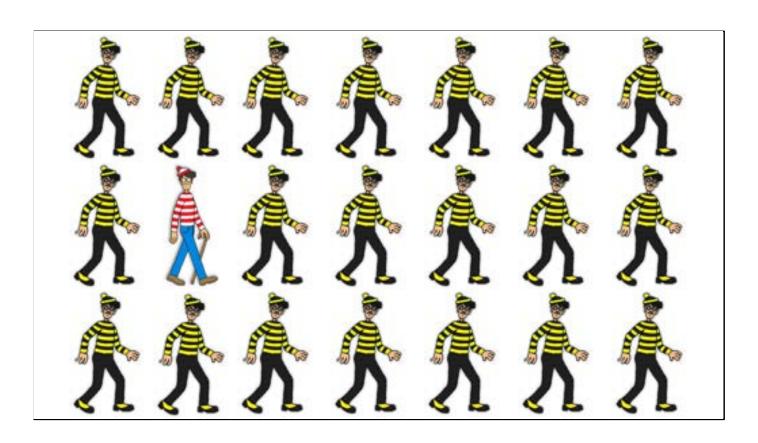
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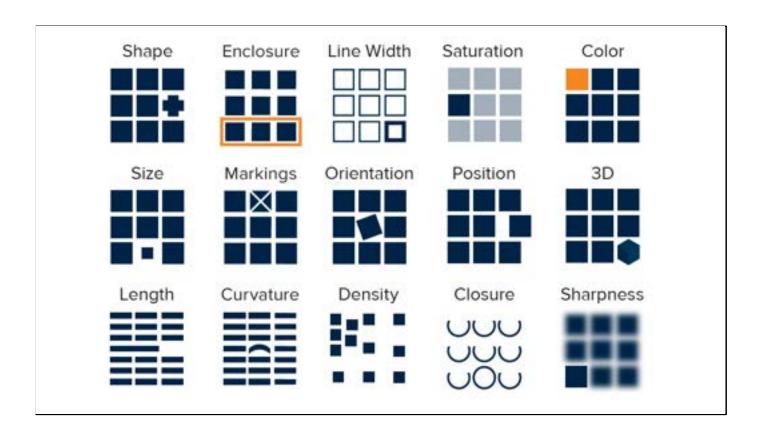
Better Data Visualizations: https://amzn.to/3UHURNc

Cognitive operations that can be performed prior to focusing attention on any particular region of an image.





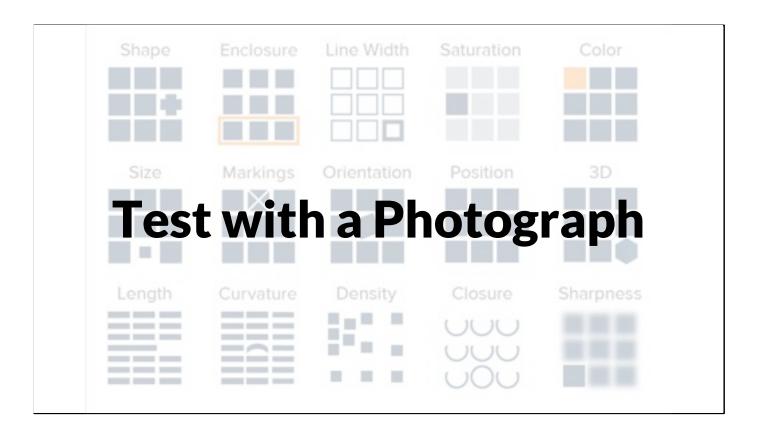
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Better Data Visualizations: https://amzn.to/3UHURNc

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Mabel	Cheryl	Loren		Mabel	Cheryl	Loren			Mabel	Mabel Cheryl
Jason	Sonia	Cathy		Jason	Sonia	Cathy			Jason	
Isaac	Molly	Elmer		Isaac	Molly	Elmer			Isaac	Isaac Molly
Stacy	Angel	Patty		Stacy	Angel	Ellie			Stacy	
Carol	Marco	Joyce		Carol	Marco	Joyce			Carol	Carol Marco
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Robin	Ollie	Merle		Robin	Ollie	Merle			Robin	Robin Ollie
Doris	Allen	Kenny		Doris	Allen	Kenny			Doris	Doris Allen
Mabel	Cheryl	Loren		Mabel	Cheryl	Loren			Mabel	Mabel Cheryl
Jason	Sonia	Cathy		JASON	Sonia	Cathy			Jason	Jason Sonia
Isaac	Molly	Elmer		Isaac	Molly	Elmer			Isaac	Isaac Molly
Stacy	Angel	Patty		Stacy	Angel	Patty			Stacy	Stacy Angel

Based on Richard Brath, https://amzn.to/3KX79M3





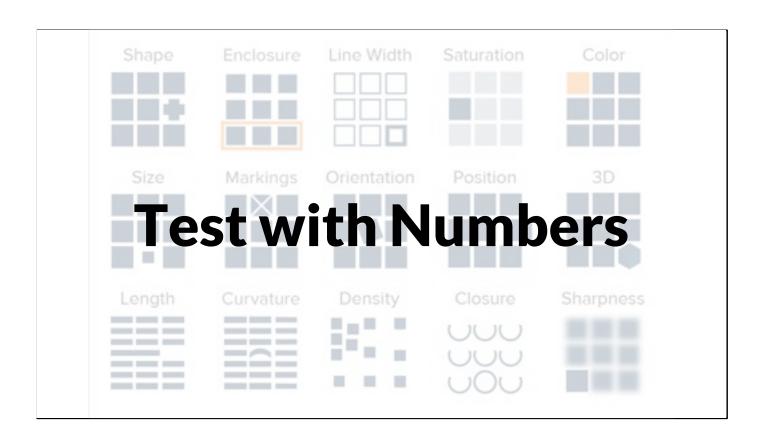
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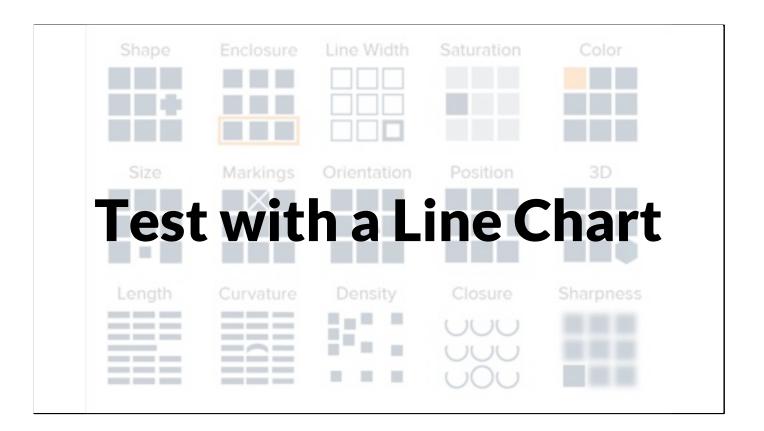
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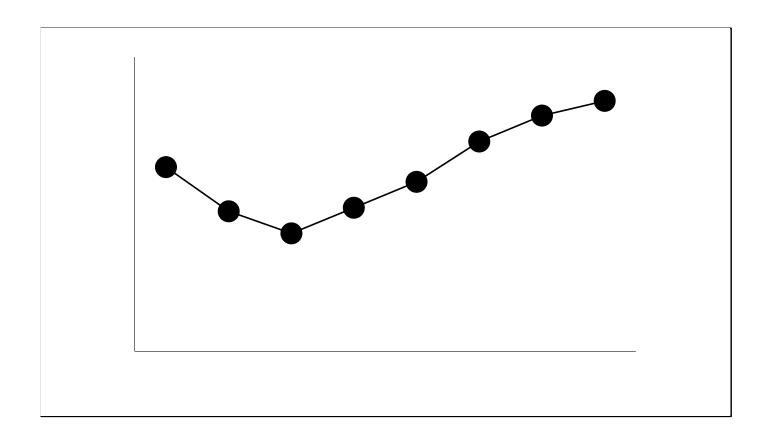
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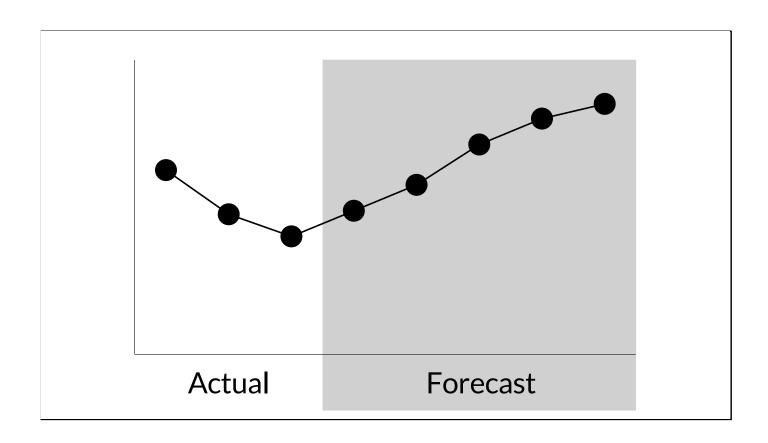


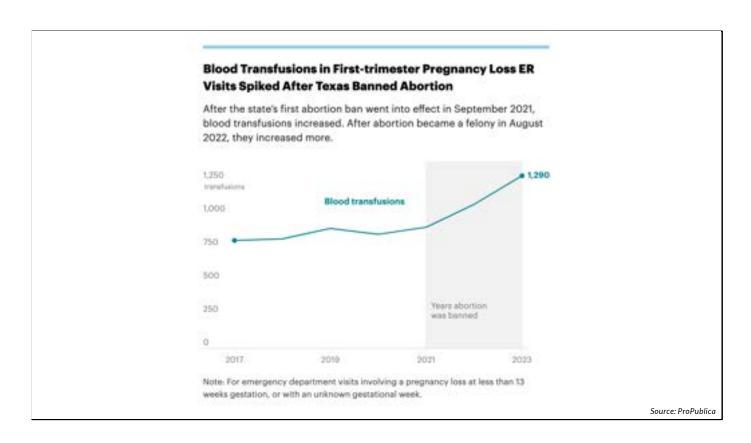
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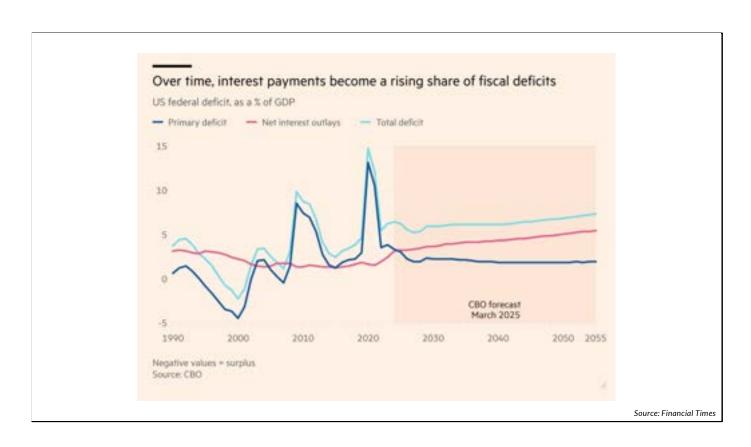




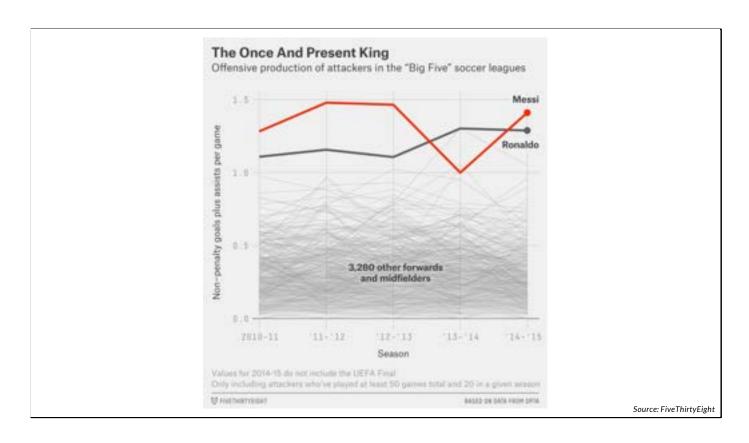




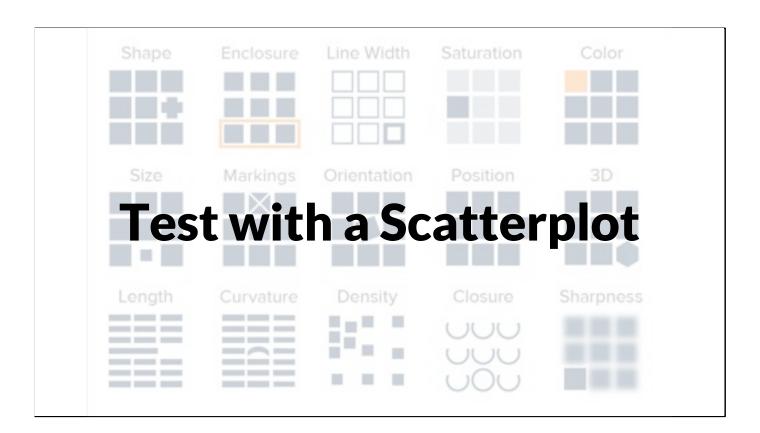
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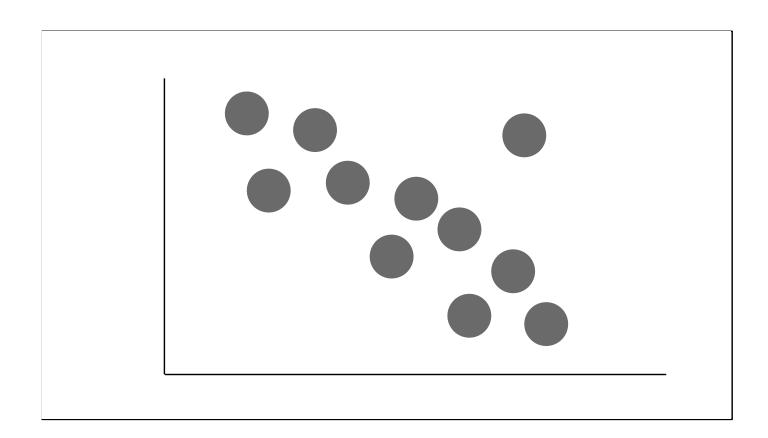


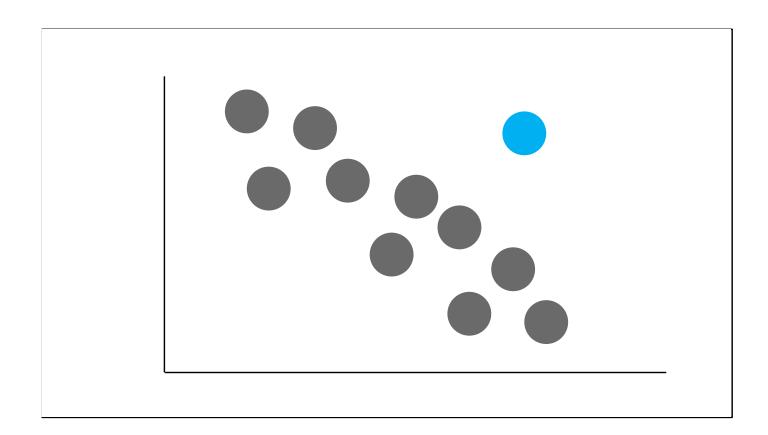
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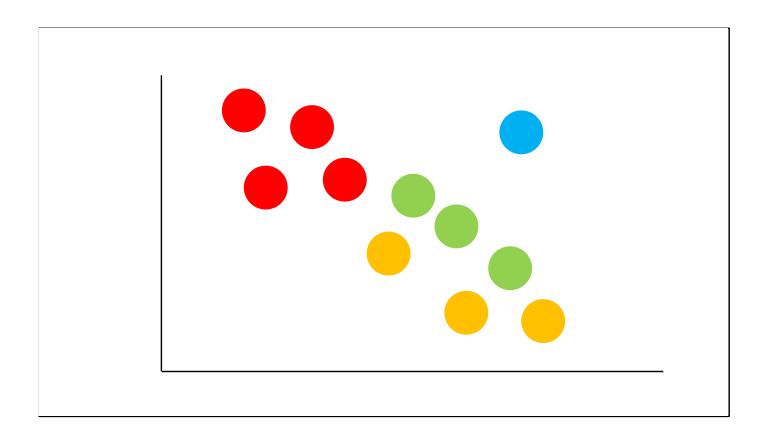


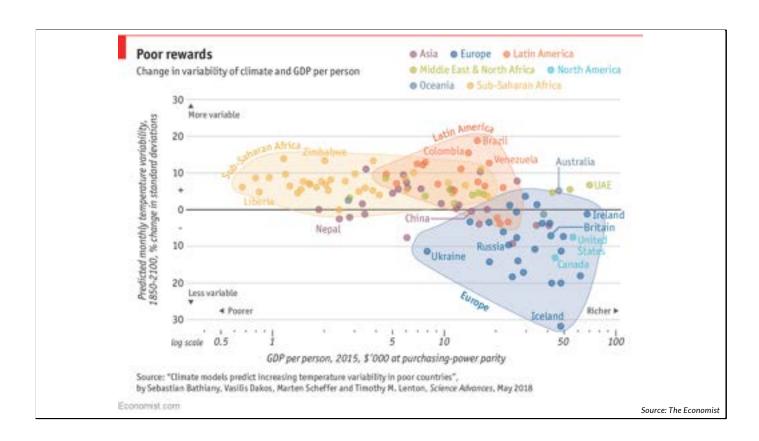
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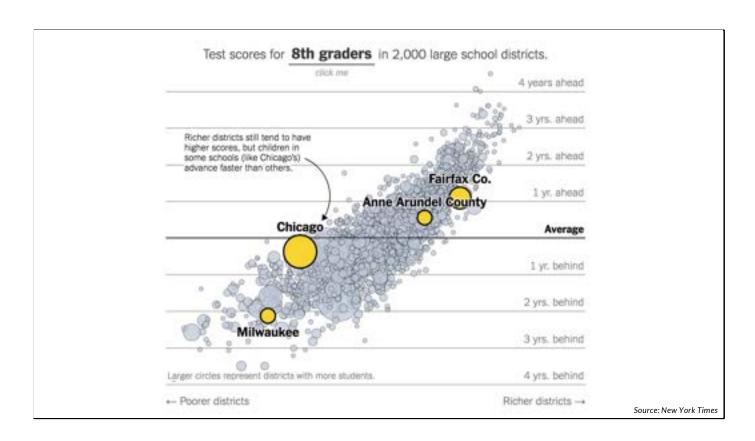




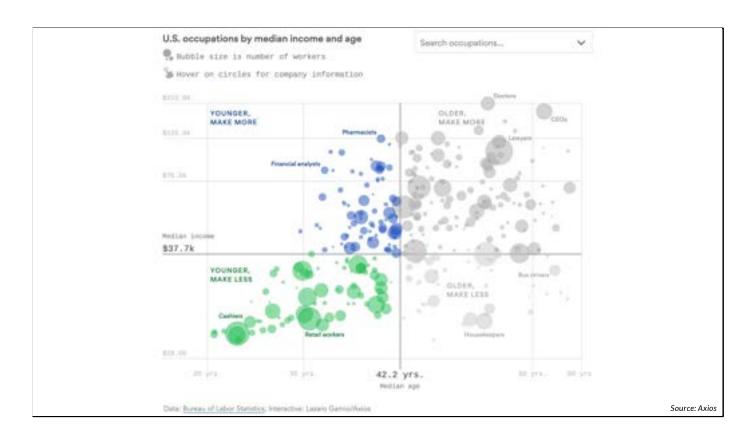




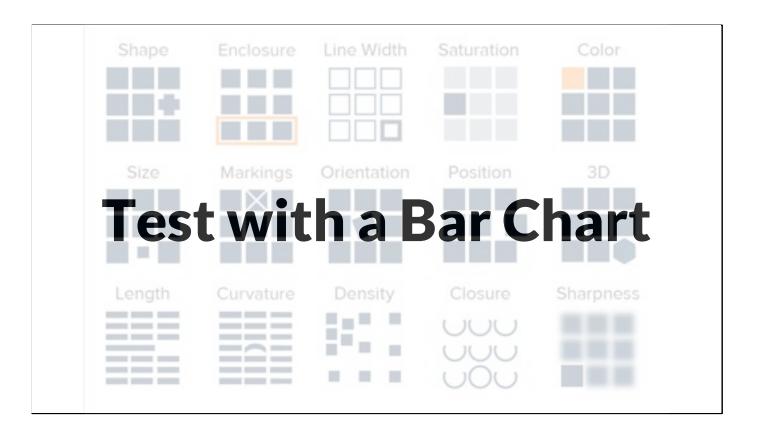
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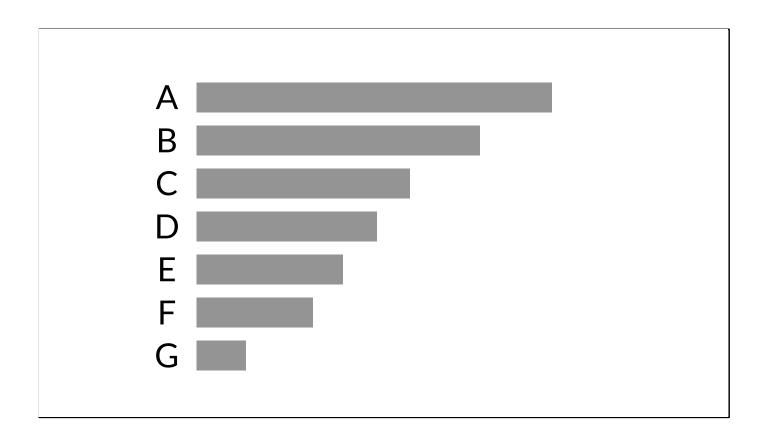


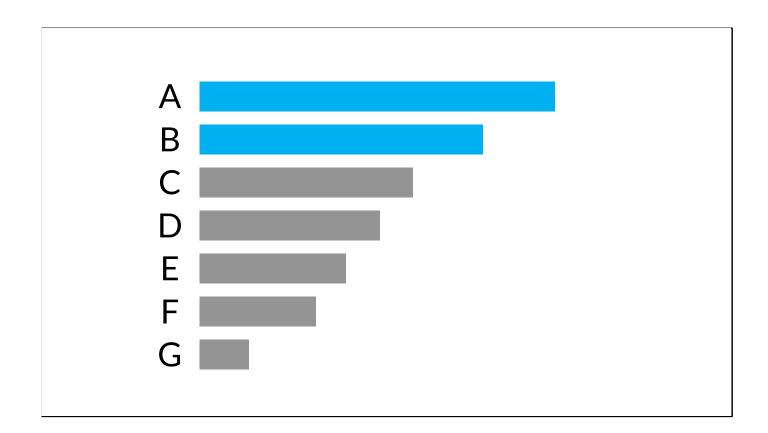
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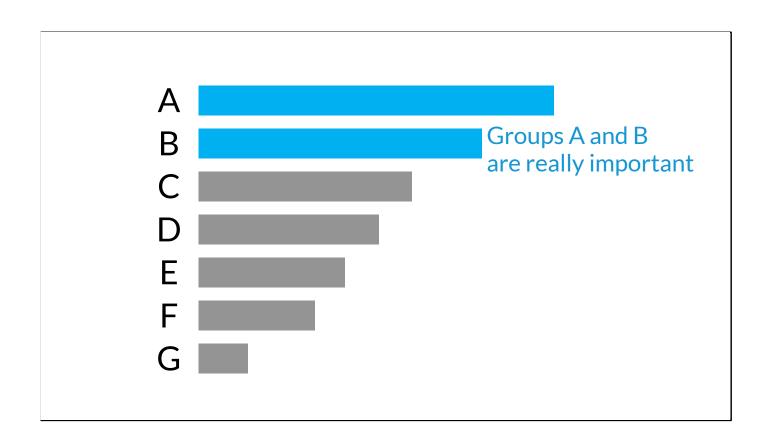


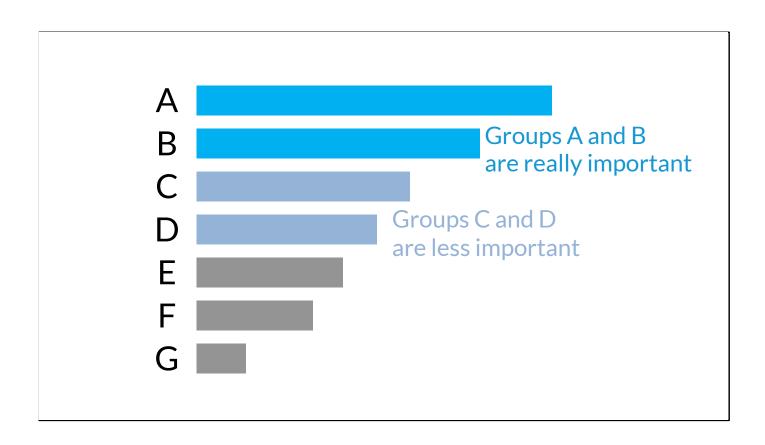
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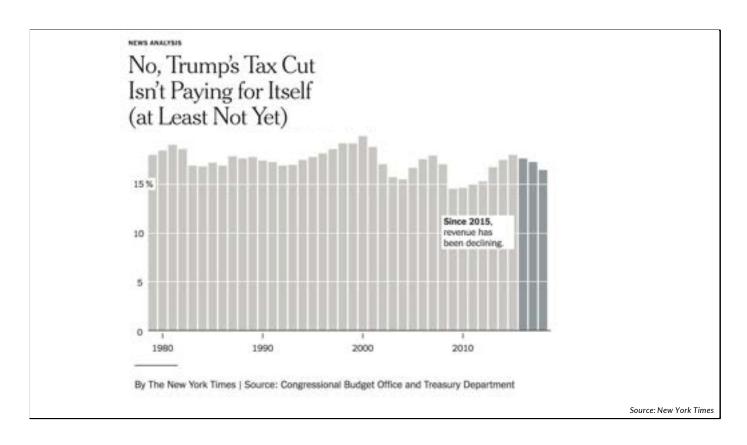




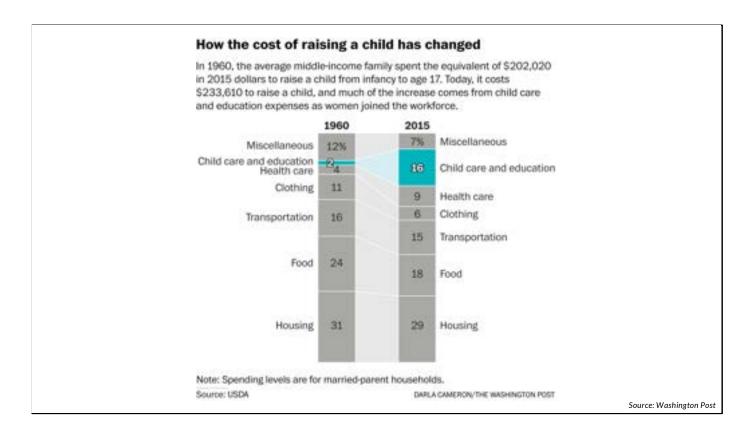




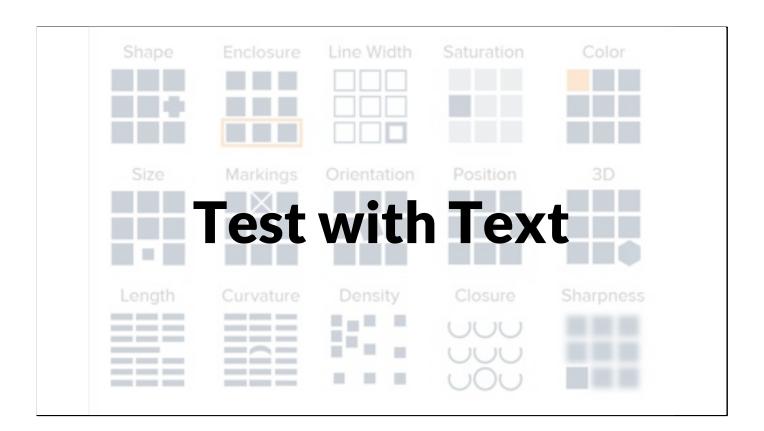


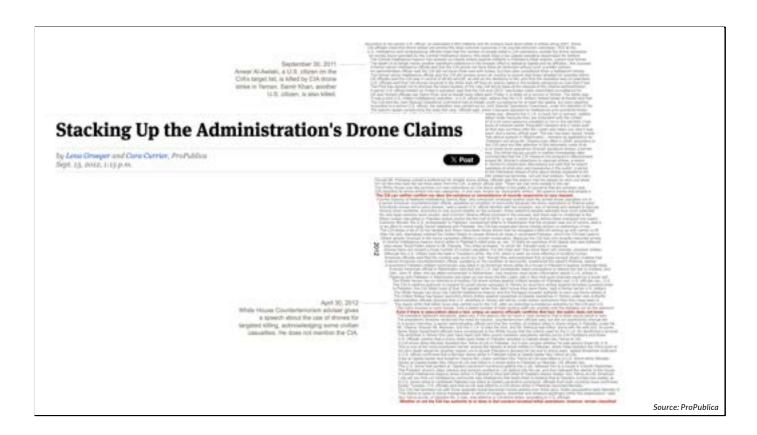


https://www.nytimes.com/2018/10/17/business/trump-tax-cuts-revenue.html



https://www.washingtonpost.com/news/business/wp/2017/01/10/its-more-expensive-than-ever-to-raise-a-child-in-the-u-s/?utm_term=.53fc6d16b5ca

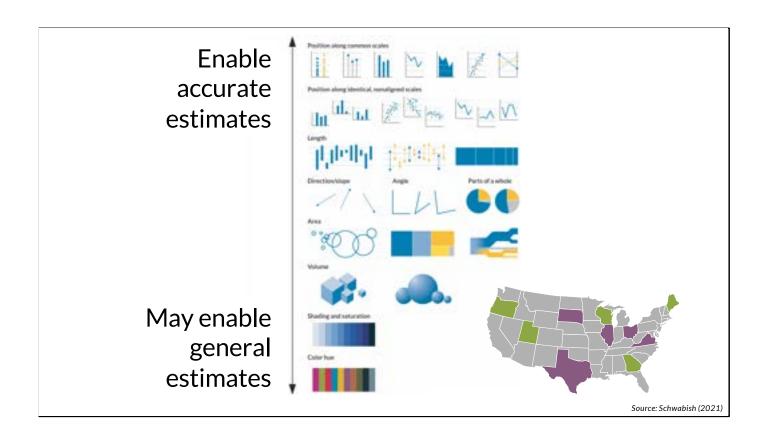




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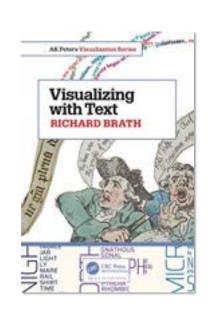


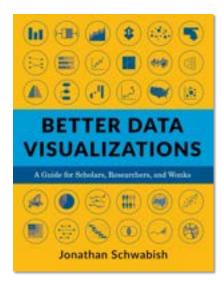
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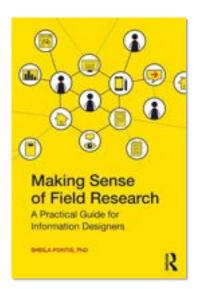


Charts for Qualitative Data

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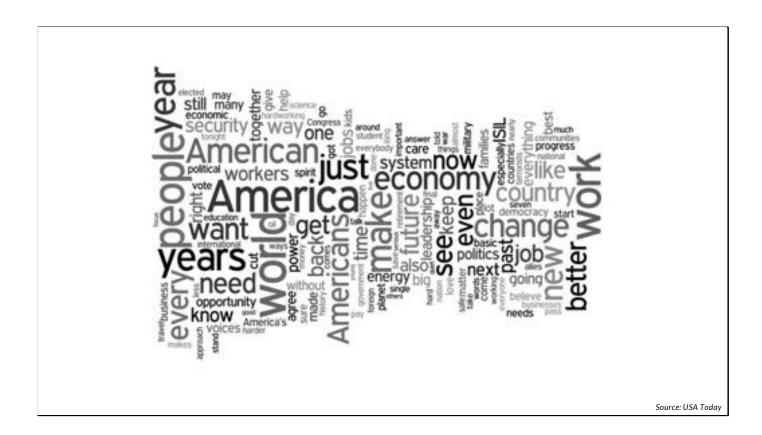


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Word Cloud

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https://www.usatoday.com/story/news/politics/onpolitics/2016/01/12/obama-state-of-the-union-word-clouds/78712780/ https://medium.com/multiple-views-visualization-research-explained/improving-word-clouds-9d4a04b0722b

Also see: https://dataremixed.com/2015/10/my-3-basic-tenets-of-data-visualization/

Jan. 12, 2016

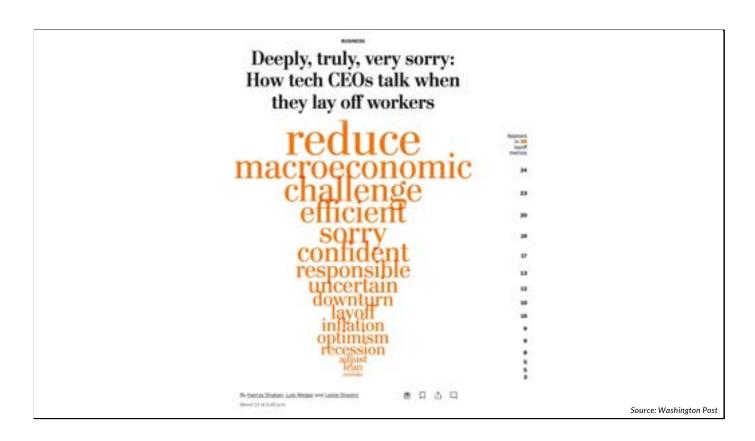
Obama defended the progress made over the last seven years and set out an agenda that will likely remain unfinished long after his presidency ends: turning back the effects of climate change, launching a "moonshot" to cure cancer, and a grassroots movement to demand changes in the political system.

Source: USA Today

https://www.usatoday.com/story/news/politics/onpolitics/2016/01/12/obama-state-of-the-union-word-clouds/78712780/ https://medium.com/multiple-views-visualization-research-explained/improving-word-clouds-9d4a04b0722b



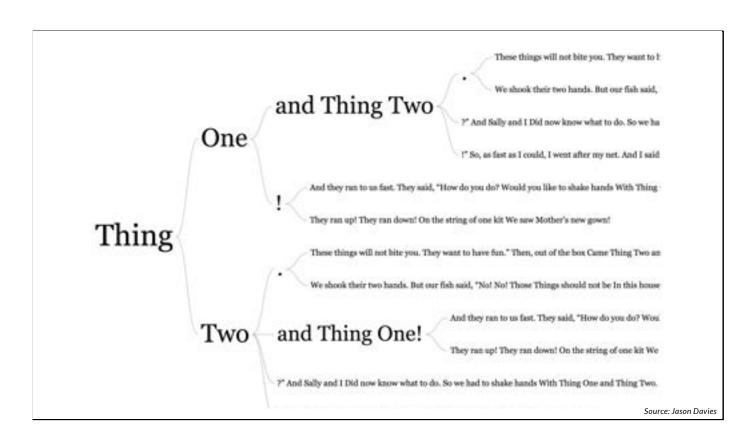
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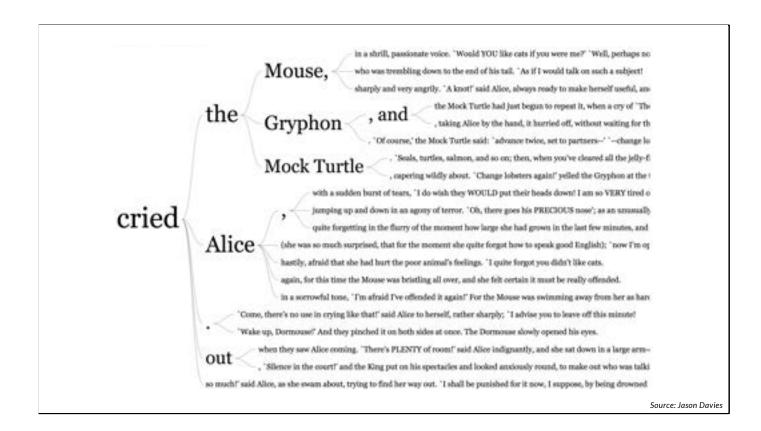
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Word Tree

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https://www.jasondavies.com/wordtree/?source=alice-in-wonderland.txt&prefix=cried

Master: Divider Light



https://www.nytimes.com/interactive/2015/08/28/world/europe/countries-under-strain-from-european-migration-crisis.html



https://www.nytimes.com/interactive/2024/02/25/us/census-race-ethnicity-middle-east-north-africa.html



By COLLEEN SHALBY AND KYLE KIM

SEPT. 26, 2017

Dick quality to see full statements

▶ It's not just affecting one person in the family. It's a ripple effect that affects entire communities, entire families to do this.

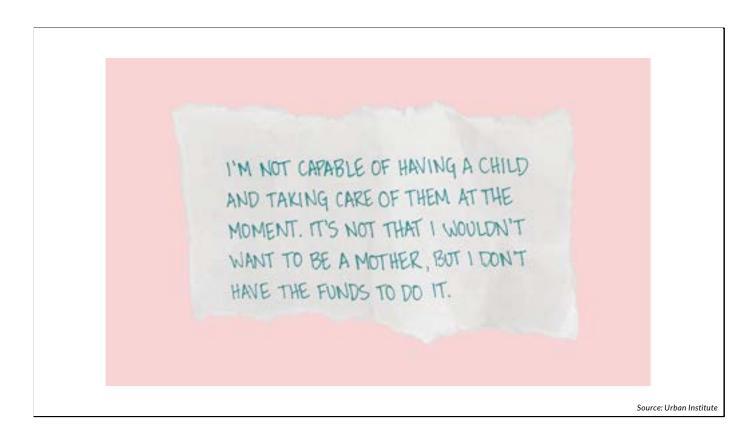
Patricia Jaramillo 23, Van Nuys, Calif.

No one chooses the circumstances with which they are born into, but we can all choose to make the world better for those who are struggling.

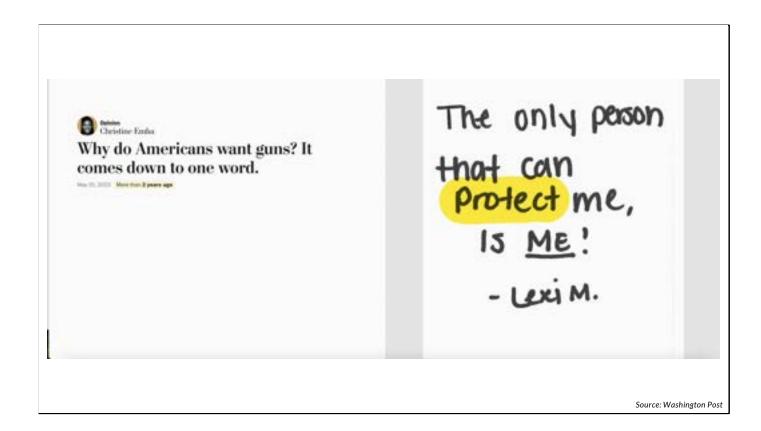
Nosa 29, Chicago

Source: Los Angeles Times

http://www.latimes.com/projects/la-na-daca-recipients/



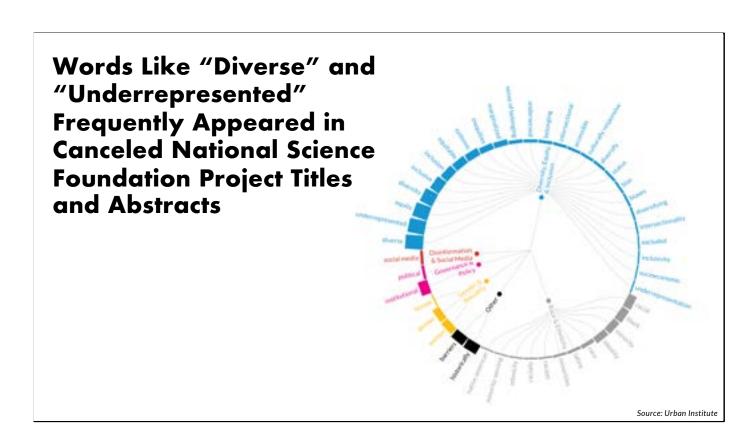
https://www.urban.org/features/women-call-more-education-contraceptive-choices-prevent-unplanned-pregnancy



https://www.washingtonpost.com/opinions/2023/05/15/gun-show-customers-fear-society/

Dendrogram

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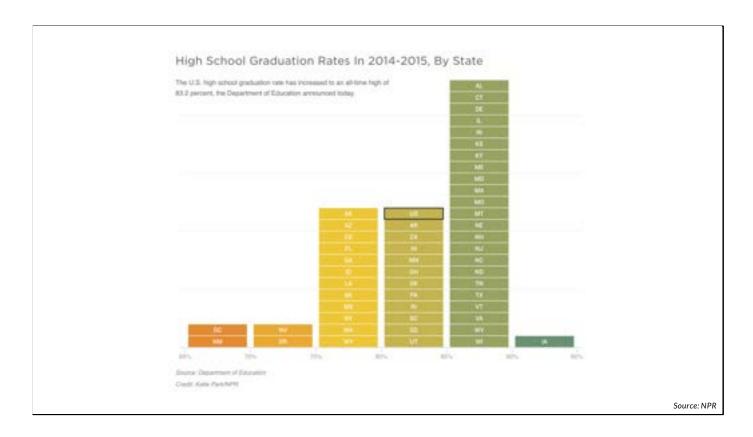
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Specific Words

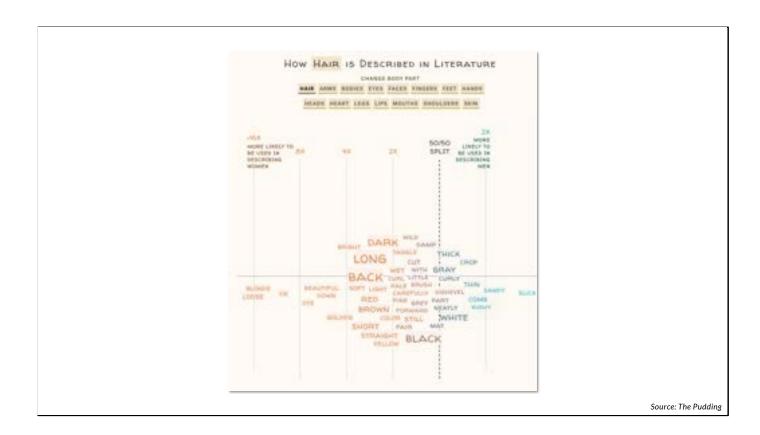
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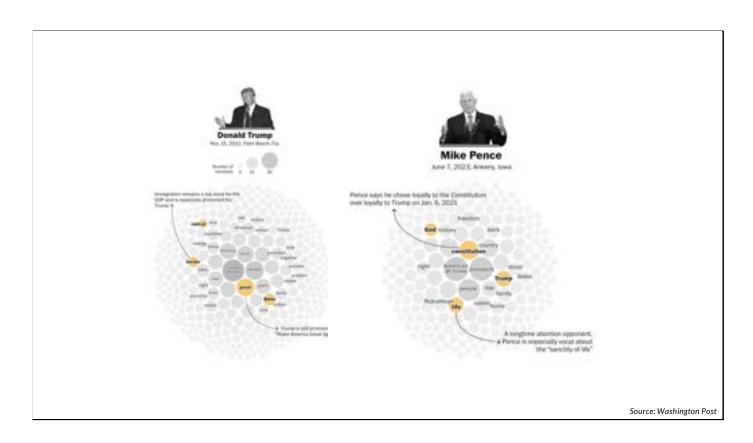
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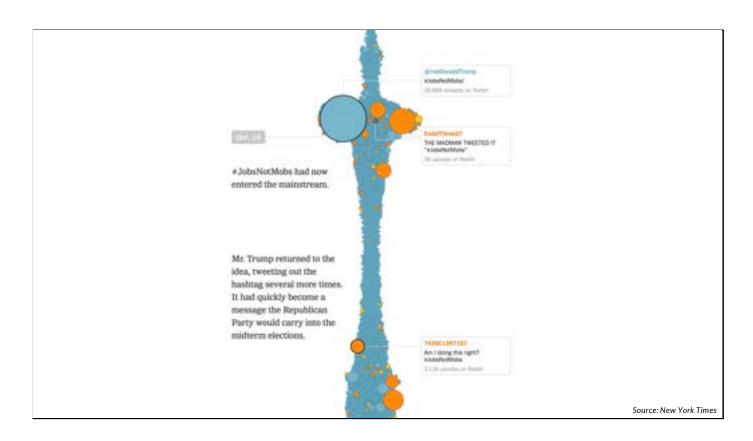
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https://pudding.cool/2020/07/gendered-descriptions/



https://www.washingtonpost.com/politics/2023/06/28/republican-president-candidates-campaign-speeches/



https://www.nytimes.com/interactive/2018/11/04/technology/jobs-not-mobs.html



https://www.nytimes.com/interactive/2018/11/04/technology/jobs-not-mobs.html

Coloring Phrases

TEMPLATE VERSION 2.2

'Stronger Together' and 'I Am Your Voice' — How the Nominees' Convention Speeches Compare

By WILSON ANDREWS, K.E. REBIECCA LAI, JANYINA MYKOTYALYSHYIN and ALICIA PARLAPIANO. JULY 29, 2019.

A visual analysis of the presidential and vice-presidential convention speeches.

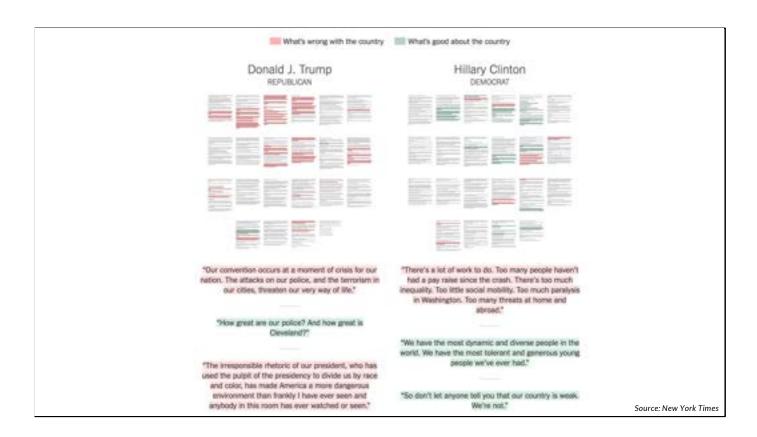
Trump's Tone Was Much Darker Than Clinton's

Making an argument for how poorly things are going in the country is to be expected from a nominee whose party has not been in the White House recently. But Donald J. Trump's speech was particularly grim, offering a collection of statistics and anecdotes on crime and violence.

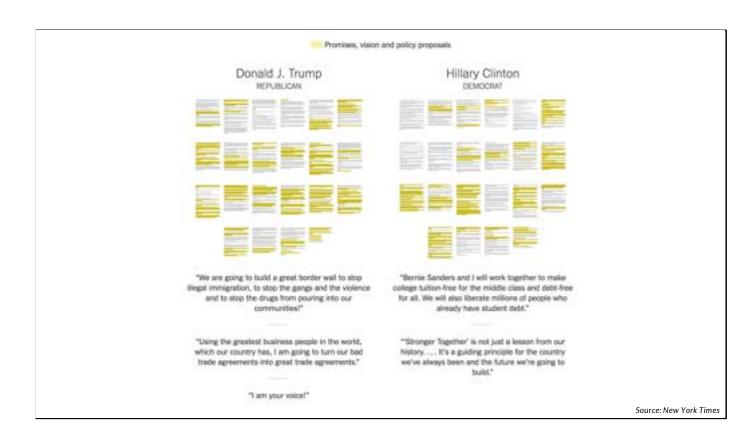
In her speech, Hillary Clinton responded directly to Mr.

Source: New York Times

https://www.nytimes.com/interactive/2016/07/29/us/elections/trump-clinton-pence-kaine-speeches.html?_r=0



https://www.nytimes.com/interactive/2016/07/29/us/elections/trump-clinton-pence-kaine-speeches.html?_r=0



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Eyewitne	Michael Brown charge? sses paint a muddled picture	
for Wilson's use of within force against the countager, who	not Microsof Brown now at this white inspecting time the exembland, a signorman regard news seem as a publication or also not arrest, the contragging appropriate entreparation for facility and publication, descriptions of Brown's inserements officed to a ringer for survenies. Read excepts of their teatment justice. Need restrict dury.	
	Descriptions of Brown's movements	
D-mont.	"See he was going to not night through me" "When he charged once more", "stanced charging towards the officer" I thought he was trying its charge tion."	
BEATE BOX	"It wasn't fast ecough to be a charge" "Gasually warking": "he picked up a little list of speed" "sating less ented asses."	
TUNKS AROUG	"Sum present facing the offices" "Ne was furthed propers" "I save turn to the right" "Sumed propers" "Save fig Male (unit propers) and face the offices" "He formed propers"	
PALING	"Minhael Brown was on his historic" "He was just contring the belows"	
SUMMERCON	"Next Anywing, I girl. His Transite is self." The was exchang to a discremental self give self. The year, show, show, benefit self. The year this across self self self. The year this across self self. The was giving self. This was not cooks at set to ten".	
		Source: Washington Post

http://www.washingtonpost.com/wp-srv/special/national/ferguson-witnesses/

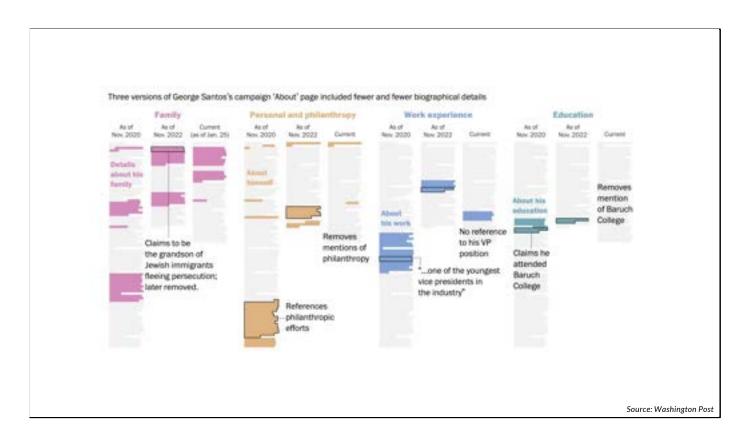
	Read the complete statements:	
	"Aust coming straight at me like he was going to run right through one." That report - forms buy those 5, page 225 6	Officer Darrent Wilson
	"Mike Bruse: continuously came forward in the charging notion and at some point, of one point he stanted to slow down and he came to a stop, And when he stopped, that's when the officer ossessed first, Alike Brown stanted to chargin once more at him. When the charged sever more, the officer returned fire with, I would say, give an extinuite of three to faur short, And that's when Mike Brown state of three to show that this drivenay."	Whose author to the section series has by
	Paint original - Brand key Visure B., page 197 B	
	"Then Michael turned around and started changing towards the officer and the efficer still poling stop, the did have his freezen, drawn, but he was yetling stop, stop, stop, the didn't so he started shooting htm."	Williams all red for man with
	Need original - Drawni Long Vincinno DL, Longo 21 42	
	"I thought he was trying to charge him at first because the only thing I kept saying was in he crazy? Why don't he just stop instead of numing theologie if sometoning is puting a gust on you. If so that thing I would think is to drop down on the ground and not try to took like I'm going to attack 'lom, but that was my opinion,"	Winner was ching strong? the simples in a set with the facility.
Source: Washington Post	Read prignar - Social Lory Villeone CL, project DC ID	

https://www.washingtonpost.com/politics/interactive/2023/george-santos-resume-lies/

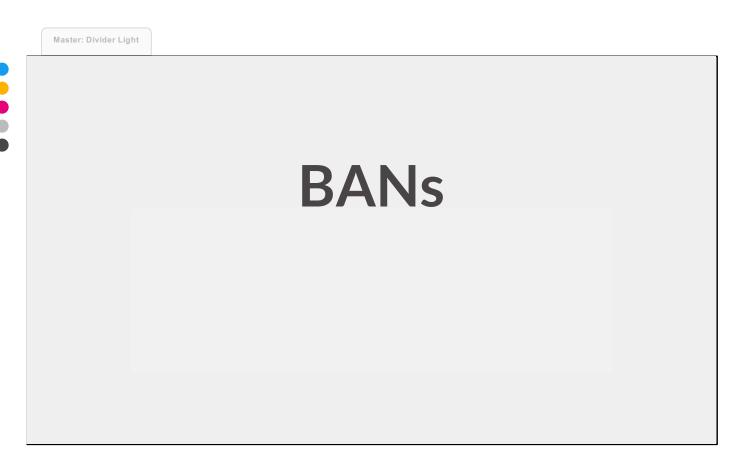


Party would carry into the midterm elections.





https://www.washingtonpost.com/politics/interactive/2023/george-santos-resume-lies/



TEMPLATE VERSION 2.2

	H	lice :	Boı	vls of th	re I	Vo	ıld	
(S) 115 Rice Produc Countrie	ing		R	163M Rice Planting Area (hectares)		\ominus	714M Rice Production (tons)	
	Vier	eg ma						
Rice is the staple (main) food.	Top 50 Countries by Total Rica Production			ox Production	Top 10 Regions by Total Rice Production			lare)
of over half the world's		200.349K	China	2825	10.4	26.172K	History I	17%
population.		151.400K	inde	21.2%		22,2954	Mekong-River Detta	13%
Rice provides 20% of the			Indonesia	1.65		21,706×	West Bengal	10%
world's dietary energy supply,		44,963K	Banglades	EE2		20,464K	Putjets	2.9%
while wheat supplies 19% and maize (corn) 5%.				100				2.8%
mere beside a se		35.591K	Theland	ES .		19,3436		27%
Top 10 countries make up 86		31,530K				15,0644		2.7%
		26,800K						23%
		12.0358	Brazil				Hellonglang	2.8%
		3,400K	United Sta	ten I		16,1014	Hubel	453

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Tracking the President's Visits to Trump Properties

By KAREN YOURISH and TROY GRIGGS UPDATED Oct. 23, 2017

Ethics experts say <u>Donald J. Trump's visits</u> to properties owned, managed or branded by the Trump Organization amount to free publicity for the company and blur the line between his family business and presidential duties.

95

Number of days on which he visited at least one Trump property 182

Number of days he did not visit a Trump property

Source: New York Times

https://www.nytimes.com/interactive/2017/04/05/us/politics/tracking-trumps-visits-to-his-branded-properties.html?smid=pl-share

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24% reported income below \$20k

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https://policyviz.com/2023/07/13/the-power-of-big-aggregate-numbers/

Mixing and Pairing

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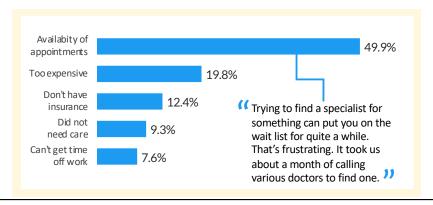
https://www.vdh.virginia.gov/content/uploads/sites/131/2024/11/CHNA_Final-VB-Report.pdf

3.6 Healthcare Access

Access to health services that include preventive care, maintaining health, and managing diseases is critical to being able to get and stay healthy. To adequately access care, people must be able to have health insurance to pay for services, have health care providers available who can provide culturally appropriate care, feel comfortable using those

services, and be able to get to them

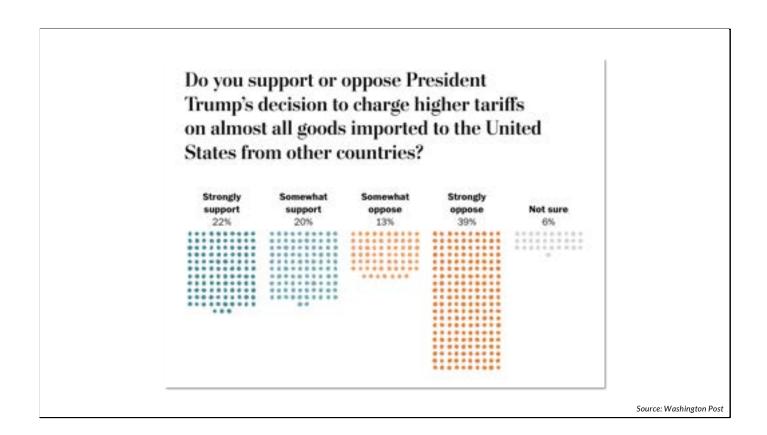
Figure 7 again shares barriers that Virginia Beach residents identified in the survey to accessing health services. Figure 8 shows that since 2013 the proportion of ithout health insurance has decreased and continues to decline.



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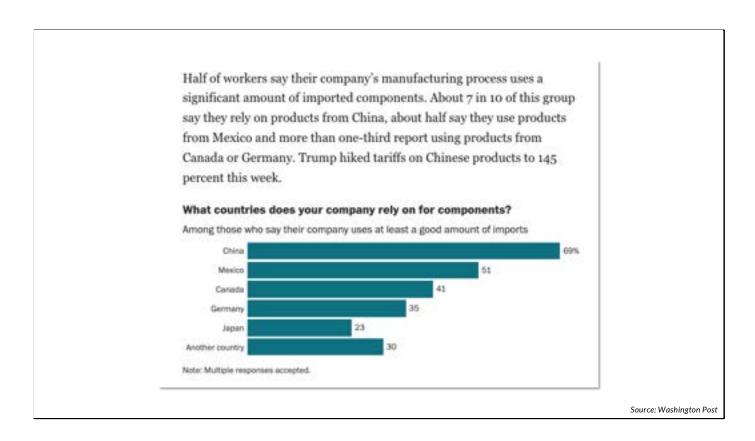
https://www.washingtonpost.com/politics/interactive/2025/manufacturing-workers-us-trump-tariffs-poll/?itid=hp-top-table-main_p001_f008



https://www.washingtonpost.com/politics/interactive/2025/manufacturing-workers-us-trump-tariffs-poll/?itid=hp-top-table-main_p001_f008

Do you think tariffs will help or hurt your job and career, or will they have no impact?	
Yardha will harip fardha will have no impact Yardha will hart 22% 21% 57%	
My industry death in copper, aluminum and steel. All these come from services partners. - Mais MAC out manufacture in Okiahems who votes for flump.	
Higher cods affect our bottom line and that could affect sales, which could inger a round of layoffs. Male manufacturer for deseil angine and governor heaters in tolahu who yoted for furnish there.	
Everything we sell or manufacture comes from China. • Remate reposite instrument manufacture is California who did not wise	
More ports requested	

 $https://www.washingtonpost.com/politics/interactive/2025/manufacturing-workers-us-trump-tariffs-poll/?itid=hp-top-table-main_p001_f008$



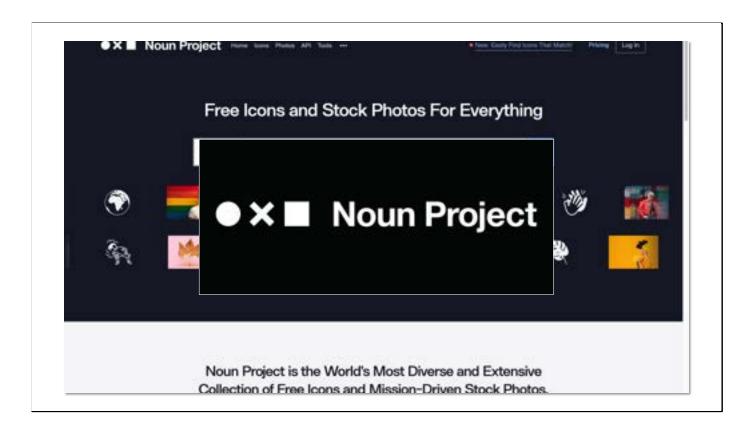
https://www.washingtonpost.com/politics/interactive/2025/manufacturing-workers-us-trump-tariffs-poll/?itid=hp-top-table-main_p001_f008

Qualitative Data Visualization Tools

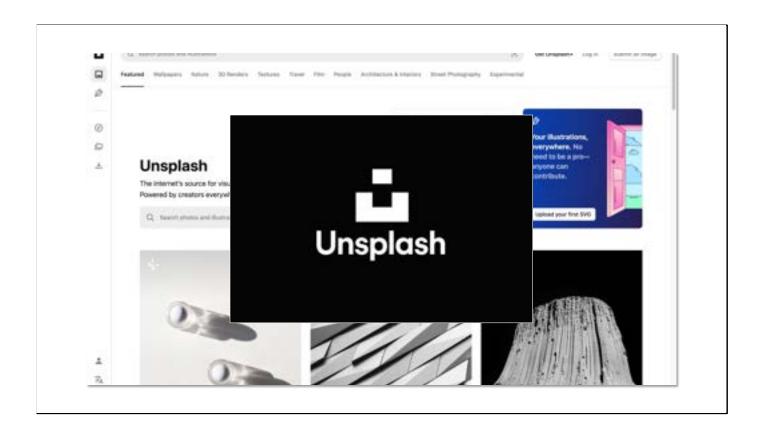
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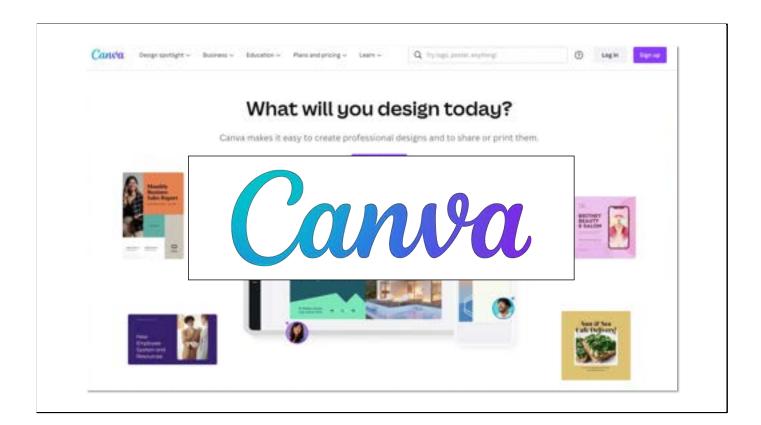
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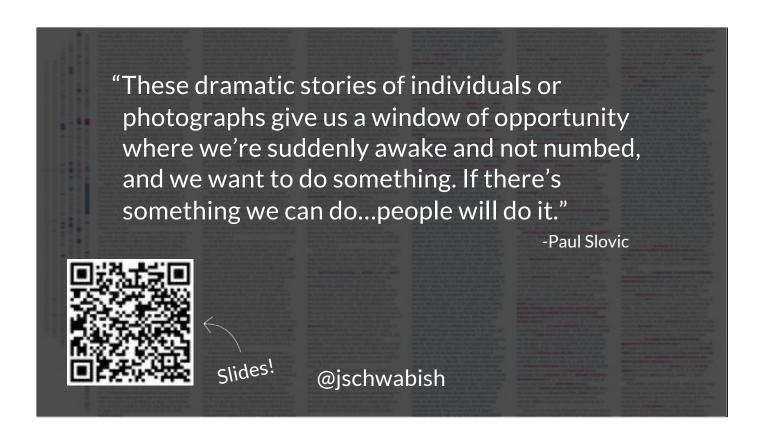


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Quote: https://www.vox.com/explainers/2017/7/19/15925506/psychic-numbing-

paul-slovic-apathy

Image: https://medium.com/@ben_fry/tracing-the-origin-65011dc20877

More tools: https://policyviz.com/resources/

More books:

Better Data Visualizations:, https://amzn.to/2zHQ4qv

Better Presentations: https://amzn.to/2UjnKnb
Elevate the Debate: https://amzn.to/2rrVbXS