



# Back to the Future Menti Survey

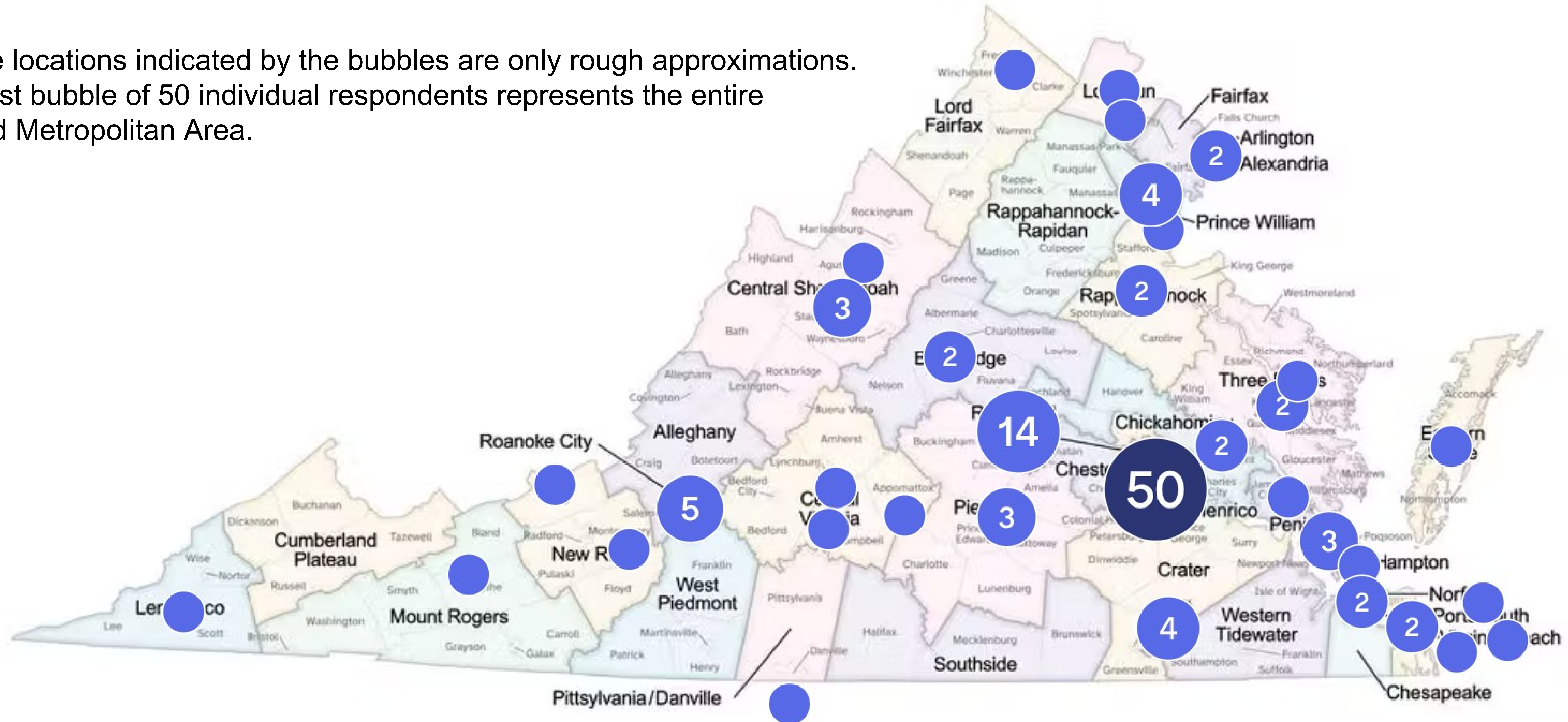
August 26, 2025

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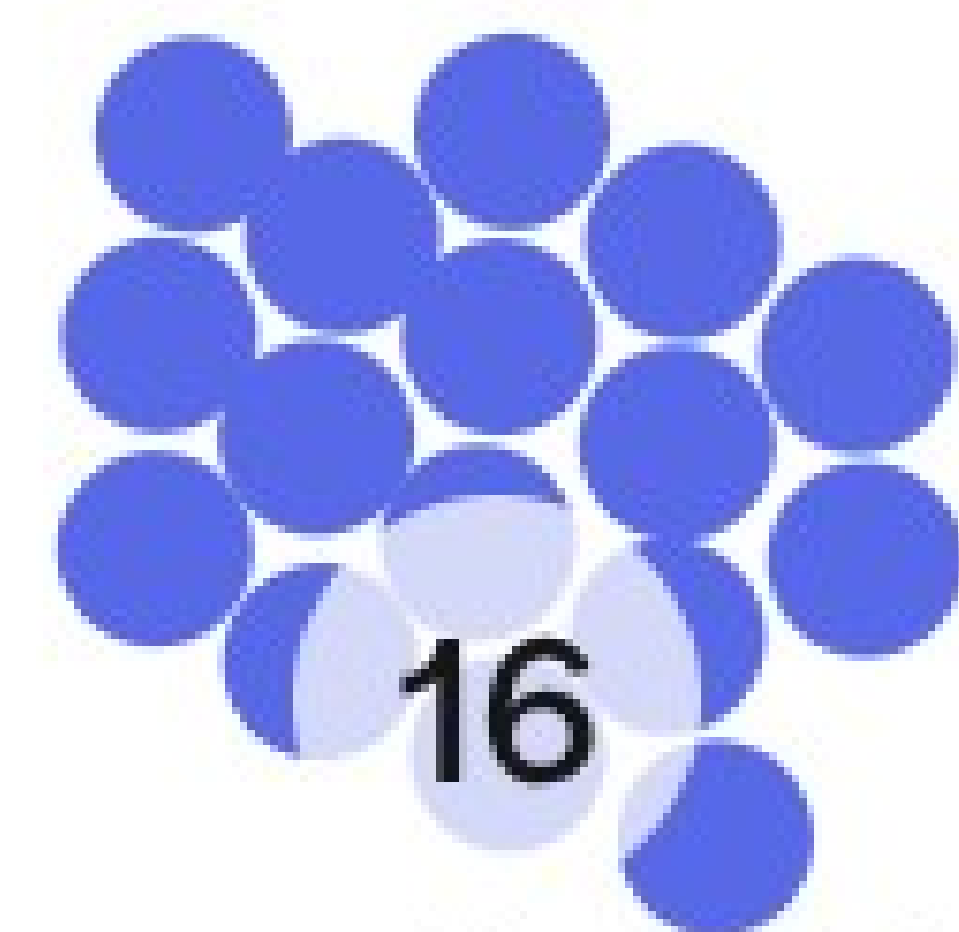
# What is your primary work location?

Note: The locations indicated by the bubbles are only rough approximations. The largest bubble of 50 individual respondents represents the entire Richmond Metropolitan Area.

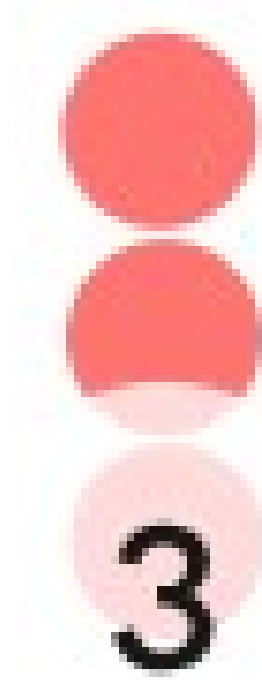




# What is your primary job title? (at VDH - your working title)



Community Health Worker



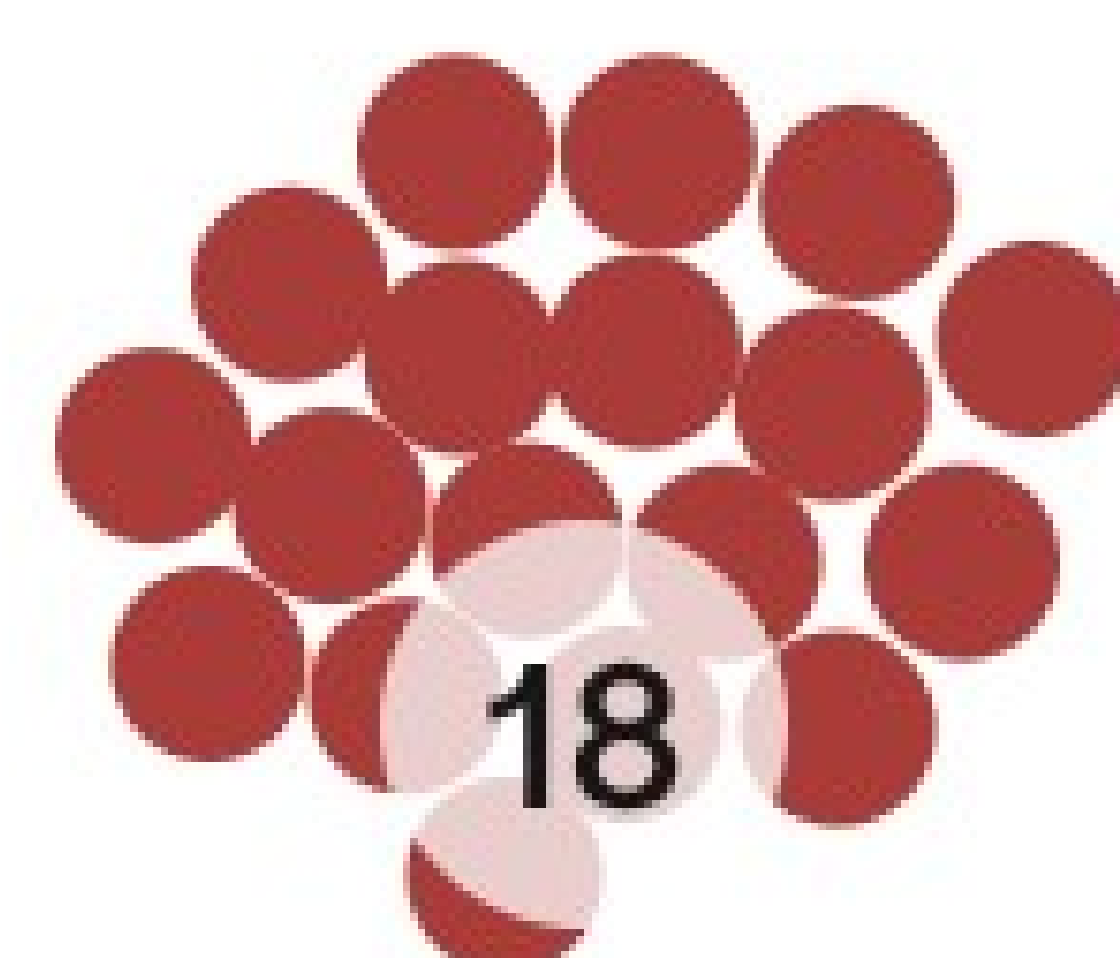
District/Office Director



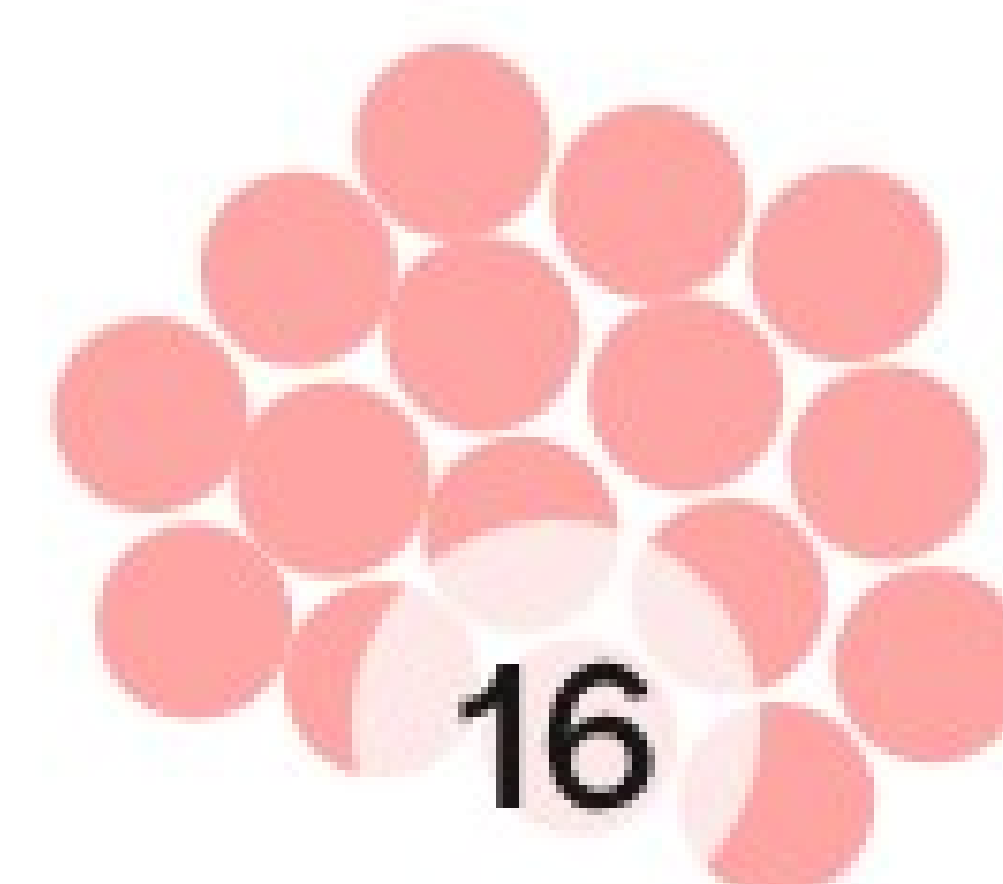
Epidemiologist



HCW: Nurse, Physician, PA, etc.



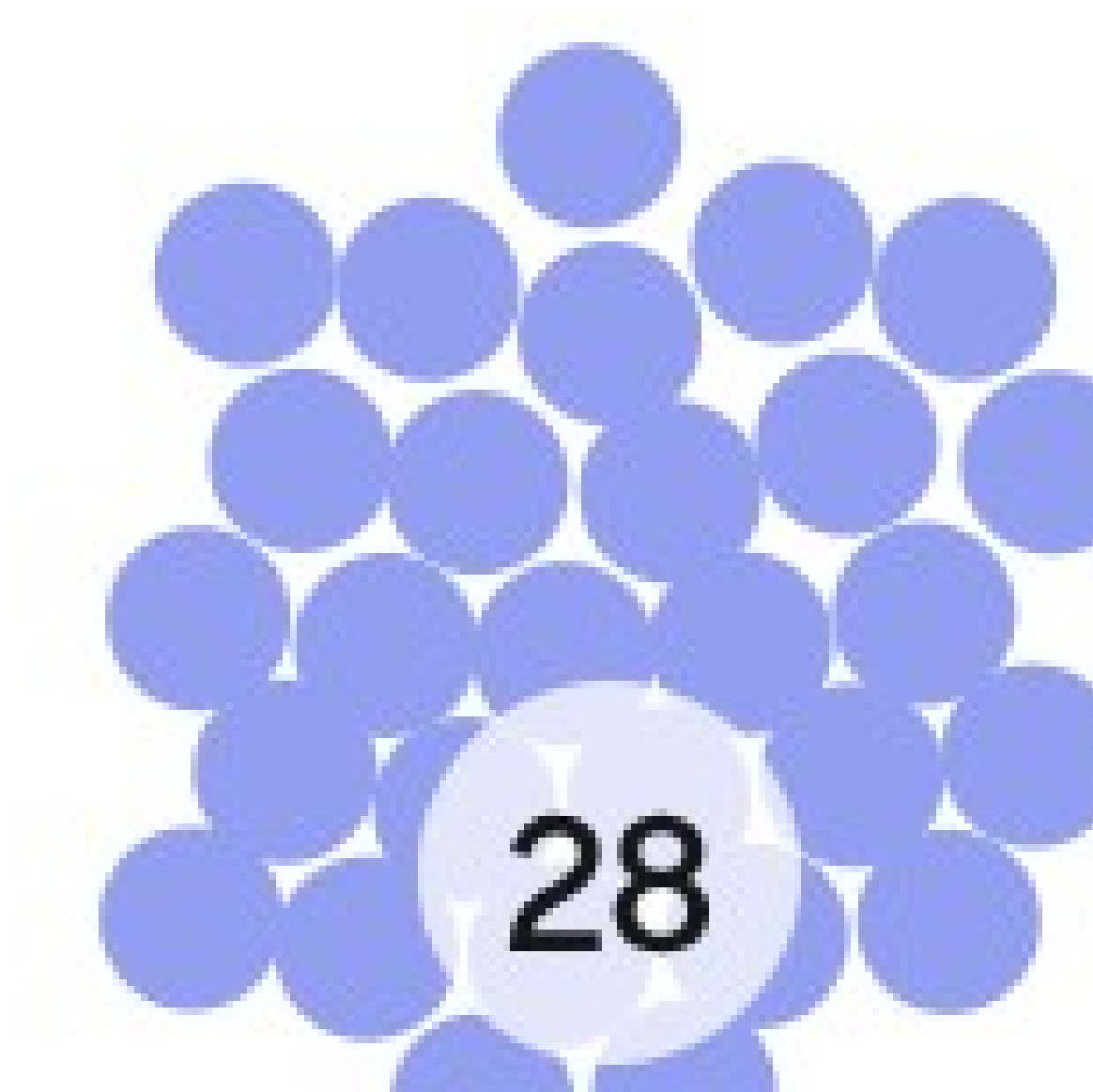
Pop Health Coordinator/  
Planning&Improvement Coord.



Population Health Manager



Program Coordinator



Other\*

\*Other includes: Project Manager x4, Health Educator x3, Cooperative Extension Agent/Specialist x2, Student/Intern x2, Training & Development Coordinator, Coalition Coordinator, Website Designer, PR Coordinator, Policy Analyst, Social Worker, QI Specialist, Army Prevention Lead, Program Manager, Director - Va Tech, Prevention Coordinator, Agency Forum Organizer.

# In addition to your primary working title, what other "hats" do you wear?

Epidemiologist

Project Manager

Procurement

Public relations

Fixer

Project manager

Epidemiologist....chart  
explainer & data  
believer

Division Director

# In addition to your primary working title, what other "hats" do you wear?

Program manager,  
advocacy in policy, MPH  
student

Researcher, public  
health specialist,  
community advocate

Grant Management

Health strategist

Intern

Comms, PIO, Adjunct PH  
Professor

Lactation Specialist,  
Team Lead

CHA/CHIP Coordinator

# In addition to your primary working title, what other "hats" do you wear?

Training and development coordinator, peace keeper, mentor, friend

CHW/medical interpreter

Project Manager, Grant Management, Relationship Management, Community Benefit

Community Health Worker & Interpreter,

Epidemiologist - social media specialist, graphic designer, data analyst, patient educator, consultant

Supervisor, community linker

Project manager

CHW, Maternal Health



# In addition to your primary working title, what other "hats" do you wear?

Coalition coordinator,  
educator, REVIVE trainer

Supervisor, REVIVE  
trainer, outreach worker

Program Manager

Agency forum organizer,  
internship academy team  
member, community  
relations, other duties as  
assigned

ARPA project manager, CHIP  
manager, community events  
coordinator, quality  
improvement, grants, public  
health response team, regional  
housing assembly, adult and  
youth suicide coalition, etc

Program coordinator (grant  
writer, communications,  
committee chair, outreach  
worker)

Health educator and policy  
coordinator Grant manager,  
coalition coordinator,  
communication specialist

PIO supervise WIC  
CHA/CHIP project officer  
Communications specialist  
Social media coordinator

# In addition to your primary working title, what other "hats" do you wear?

Senior Health Educator  
Trauma-Informed Care  
Specialist (TIC) Facilitator  
(ORID/ToP processes, trainings,  
summits) Healing-Centered  
Engagement Advocate  
Community Network Convener  
(Southside TICN, etc.)

Epidemiologist Student  
Mother

Community Health  
Worker Program  
Coordinator Community  
Advocate

Pop health manager PIO  
social media Website CHW  
supervisor Grant  
management / reporting  
Internal evaluations

Policy/Program Analyst,  
Project manager, process  
improvement, data analyst

Certified Community  
Health Worker

CHW Coordinator; Trainer;  
supporter; advocate;  
educator; facilitator;

Mobile Unit Outreach  
Coordinator, Community  
Outreach Coordinator,  
Grant Management,  
Coalition member



# In addition to your primary working title, what other "hats" do you wear?

Community Health Epi  
Preceptor Title V Data  
management GIS

Website designer,  
Workforce Development  
Team, REDCap

Mentor coach HR preceptor  
social media management  
payroll project coordinator

Pop health manager- PIO,  
comms, CHW, program  
coordinator, grant writer,  
project manager, therapist,  
change maker

Senior Epi, Data  
analytics, comedic relief

Car Seat Coordinator,  
Project Manager, Guest  
Lectures, Board Member for  
Non Profit, Quality  
Improvement Coordinator,  
Supervisor

Director of Health Equity,  
Foundation Director,  
Partnership Coordinator

REVIVE instructor PR,  
spokesperson health  
Educator project mgmt  
supervisor liasion task force  
member

# In addition to your primary working title, what other "hats" do you wear?

Pop. Health Coord....PIO, PR,  
Employee engagement  
committee member,  
community engagement  
team member, social  
media/website admin

Project manager, grant  
manager, cat herder

Nurse, child and youth  
program coordinator,  
special needs coordinator,  
health inspector, education  
coordinator

Public Relations  
Coordinator - PIO, social  
media manager, outreach  
leader, farmers market  
manager,

Proctor, researcher,  
Trainer,

DrPH Doctoral Student  
Military Health Data Analyst  
Military Primary Prevention  
Strategic Planner

Health Promotion  
Coordinator/Educator

Population Health Manager, all  
communications, social media  
management, website  
management, grant writer and  
manager, data analyst, board  
chair, supervisor, preceptor to  
interns

# In addition to your primary working title, what other "hats" do you wear?

Epidemiologist— trainer

CHW - Program  
Coordinator, CHW  
Instructor, Strategist,  
Motivator, etc

Program Coordinator  
Pop Health  
Epidemiologist Data  
explainer

Policy analyst: strategic  
planning facilitator,  
community surveyor, data  
analyst

Networker, Facilitator, Techni  
cal Assistance, Reflective  
listener, Resource, Bridge  
Builder,

Epi Sr. -Logistician, social  
media expert, planner, multi  
program supervisor

Community engagement  
specialist Revive  
Trainer/Instructor Marketing  
Community health worker

Clinical SW Supervisor EAC  
Chair / Rep CHW - RVA  
Breathes Side by Side Board  
Member Central VA WIH  
Treasurer CHW Trainer Social  
Worker Strategic Plan  
Community Partnerships Lead  
Ran out of spa



# In addition to your primary working title, what other "hats" do you wear?

Pop Hlth Mng, PIO, intern  
preceptor, grant writer, CHIP  
committee facilitator, solver  
of problems, EAC rep

Program Manager.  
Budget Manager.  
People Manager. Epi.

, strategist

Supervisor, member of  
district groups, educator

Extension Specialist,  
Initiative leader, Team Lead,  
Communications  
Coordinator

Cooperative Extension Area  
Specialized Agent, Coalition  
Member, Capacity Builder,  
Co-facilitator, Health  
Communication Supporter

Cooperative Extension,  
educator, dietitian,  
preceptor, mentor

Program Coordinator, Canva  
Expert, Flyer Maker, Social  
Media Coordinator, Educator,  
Trainer, Support Group Leader,  
Ice-breaker-er, Production  
Manager, Assistant, Scheduler,  
Communications, HR

# In addition to your primary working title, what other "hats" do you wear?

Army integrated prevention  
lead Data analyst,  
community health forum  
facilitator, supervisor,  
strategic planner

Population Health Planning  
and Improvement Coordinator.  
Pio, social media, website  
management, accreditation  
coordinator, Qi council liaison,  
supervisor, strategic planning

PHM, coalition chair,  
supervisor, coach, trainer,  
grant manager, outreach  
worker, data analyst

Epidemiologist,  
Supervisor, Mentor, Data  
Analyst

Data analyst, evaluator

Violence Prevention  
Coordinator

Project Manager Advocate,  
supporter, budget  
management, change  
maker, coordinator

Quality improvement for  
databases, focus group  
parent participation  
recruiter.

# In addition to your primary working title, what other "hats" do you wear?

RN—educator,  
counselor

Department Chief (Army PH  
Dept.) Committee Chair Project  
Manager Outreach coordinator  
Public Affairs Officer  
Marketing/ advertising  
Healthcare worker

Program Coordinator,  
Outreach and Community  
Engagement, Project Manager,  
Community Liaison, Grant  
Manager, Social Media  
Content Developer

Community Health Worker,  
Community Action Network  
Coordinator, Chaos  
Coordinator,  
Communication Specialist,  
Social Media Specialist

Population Health Manager  
PIO VRHA Board member  
School health advisory  
board CVARR leadership  
team Program coordinator  
Grant manager

Director for Virginia Tech  
Center for Public Practice and  
Research Virginia Cooperative  
Extension Initiative Leader for  
Health and Well-being  
Professor Population Health  
Sciences

Pop Health Manager, grant  
writer, advisor, mentor, task  
force coordinator, buyer,  
marketing, promotions, staff  
engagement logistics,  
procurement, connector. Wife,  
mom, driver, family travel  
planner!

Program Manager- community  
engagement, trainer,  
consultant, educator,  
communications & promotion,  
researcher, grant writer, event  
planner, public policy



# In addition to your primary working title, what other "hats" do you wear?

PHCC -back up PIO -website -  
social media -public relations -  
program coordinator -intern  
preceptor -CVARR secretary -  
diabetes prevention coach -  
outreach -REVIVE -CANVA GO  
TO GAL TO NAME A FEW

Health Educator  
Interpreter

Population Health Supervisor,  
Lead Epidemiologist, Coalition  
Co Chair, Sandcastle builder  
with friends who share their  
toys in the community health  
sandbox

Population Health Manager,  
Population Health Coordinator,  
Grant Writer & Administrator,  
PIO, Social Media Coordinator,  
Website Coordinator, CHW  
Coordinator, Harm Reduction  
Coordinator

Prevention Coordinator,  
Communications,  
Technology, social  
media/website/newsletter  
admin, project manager...

CHW Mentor (training  
instructor, supervisor, social  
media strategist, coach,  
facilitator, self-care advisor)

Chief health strategist

Community Health Worker -  
Maternity&ChildHealth,  
community Outreach Liaison,  
community communication,  
EP&R for individuals with  
disabilities

# In addition to your primary working title, what other "hats" do you wear?

Program coordinator research  
data dissemination secretary  
communication specialist  
mentor connector program  
development evaluation talker  
event planning sounding board

Health Educator, Community  
Engagement Specialist, project  
coordinator, TILT facilitator,  
workplace safety committee  
member, general staff/program  
supporter, community  
connector, PWC treasurer

Office Director, Overdose  
Prevention Operations Section  
co-lead, 340B steering  
committee member, foundation  
trustee, strategist, event  
planner, advocate, editor

Population Health Coordinator,  
Academic Health Department  
Coordinator, REVIVE! lead,  
plant water-er, social media  
content support, data  
manager, copy editor, excel  
guru, good listener...

District Health Director  
Board Member (2  
Foundations) Radio co-host  
Chief Health Strategist  
Mentor/coach Mediator

Missionary Community  
advocate Great  
grandmother

Community linkages to  
care

Cardiovascular Regional  
Coordinator, procurement  
specialist, program  
coordinator

# In addition to your primary working title, what other "hats" do you wear?

District Director, Management  
Team Leader, Leadership Team  
member, Clinician, EHR  
Accountability Leader,  
Regional Health Director Pilot  
Advisory Committee, Incident  
Commander for emergency  
response



# How do you measure success in Community Health initiatives?

Healthier communities

Ask the community

Community feedback

Improved health  
outcomes and initiatives  
within the community

number of individuals  
served

via survey feedback  
from clients served. e

Quantitative and  
qualitative data

Improved health  
outcomes for a wide  
range of the population

# How do you measure success in Community Health initiatives?

Programs with positive outcomes & positive feedback from the participants

Quantitative data contextualized by qualitative data

Access granted

Tie it back to data! Are we seeing those data points better?? Healthier communities

It accomplishes what it set out to do and aligns with community need/want; remains feasible and sustainable

Improved health outcomes

Qual and quant measures at short, medium, and long term. What we did, how well, and is anyone better off!

community involvement!

# How do you measure success in Community Health initiatives?

Logic model outcomes achieved

Direct community feedback; key data points move in the right direction; building a culture of public health across sectors

Community feedback

Patient ability to retain information and make appropriate connections. Decreased rates

Meeting targets

Data Knowledge improvement  
Conditions improvement  
Improved outcomes

Survey, metrics of programs, anecdotal stories from community members

people feel safe and there is development within the community



# How do you measure success in Community Health initiatives?

Changes in health outcomes / health perceptions collected by assessments of the community

Pre and post surveys, participation, decrease in appointment no-shows, improved appointment availability, big picture reduction in heart disease, cancer, etc

Success stories, data that backs this up, vulnerable populations are vocal that they have been positively impacted

Changes in local data, changed in top health challenges cited during community health assessments

Continuous assessment and evaluation. Collecting qualitative and quantitative data. Ask the community directly.

Success stories

Direct feedback from community members or target population

Frequency of Participation from Community members

# How do you measure success in Community Health initiatives?

When there's increased engagement and trust

Mostly tracking quantitative and qualitative data. For qualitative it is more community feedback, for quantitative we would have short term goals

Conversations with the community

Community involvement

behavior change, improved quality of life, increased collaboration

Community feedback (listening sessions, focus groups, key informant interviews), counting services (car seats, naloxone, trainings)...

CHAs, community interviews/feedback, data evaluation

Feedback and data

# How do you measure success in Community Health initiatives?

Quantitative and qualitative data Surveys

Survey

Resource connections for greater stability

Has there been engagement, has there been change, what is the data showing

Community feedback

Mind shift changes and community feedback

Feedback from the community- community listening

Demonstrated community access to public health resources.



# How do you measure success in Community Health initiatives?

Community feedback, data, community listening sessions and focus groups, CHA CHIPs, trust increases, more buy in

I measure it through the success stories I hear from people touched by it. Zooming out to the bigger numbers loses so much of the real impact on a human level.

Behavior change

When lives are improved in an equitable way

Improved quality of life in the community that was targeted by the initiative.

Improvements in health outcomes

Real time data and long term trends

Qualitative and quantitative analysis

# How do you measure success in Community Health initiatives?

Health outcome measures

All voices at the table

When the community has become healthier

Qualitative data

Knowledge, action, behavior models

Evaluation

Meeting the immediate need

Positive community feedback, improved trust and partnerships with the community, surveys/questionnaires/listening session results

# How do you measure success in Community Health initiatives?

I measure success by both stats and stories.

Theory of change

Overcoming hurdles and short term goals

constituent feedback

Improved health outcomes  
Reduced health disparities

Increased Public trust

Community feedback

Improved health outcomes for individuals documented through qualitative & quantitative data from the community we are serving.



# How do you measure success in Community Health initiatives?

stakeholder  
engagement &  
feedback

Community surveys  
seeing a positive impact  
on your community.

Health outcomes improve,  
more people interact with  
the health department

Improved Health Outcomes  
Data Changes Feedback  
from Community  
Members/Resipients

Prevalence rates,  
community feedback,  
healthy behaviors are being  
adopted.

Community feedback

Positive impacts on the  
resources available to the  
community. Improved  
health, increased lifespan,  
equity.

Through outputs (# of  
trainings, pre post surveys,  
joint grant applications  
submitted,)

# How do you measure success in Community Health initiatives?

Partner feedback surveys; measurable improvement in outcomes measures; feedback from community members that the initiative helped solve a problem that's important to them

Local quantitative and qualitative, data, increased programming and access to programming, sustainable funding and growth

It depends on the agreed upon definition of the success

Community actively supports, promotes, and engages in initiatives as shown by data

Community made aware of and receiving resources

Post initiative community satisfaction surveys for clients. Community focus groups and town halls.

Changes in health behaviors (meeting physical activity guidelines, fruit and vegetable intake), self-efficacy, sense of community

Improved health outcomes

# How do you measure success in Community Health initiatives?

Improvement of community member's quality of life by asking community members about their perspectives to see if the programs or interventions are helping improve health outcomes

Feedback from the impacted

Have health outcomes improved? Trends improved for different demographics, locations?

Qualitative and Quantitative achievements

Pre and post surveys, support groups, improvements in the community, trust in relationships

Collective impact and change

Reflects in the data trends, but the priorities shift. We don't focus on the same thing decades later, it actually gets addressed.

Evaluating change overtime and local impact



# How do you measure success in Community Health initiatives?

Quantitatively: increase in access to care services and utilization, timeliness of care, decrease in disease burden, etc. Qualitatively: ask the community what helped them the most

Community impact Addressing community needs Decrease in premature mortality Reduction in chronic disease burden Increase access and equitable access to physical and mental health care

Feedback from community partners

Capture what you do and share with others for replication

Community Buy-In/Acceptance, Self-Reports, measure attitudes/knowledge change, long-term data change

Community feedback. Improved data. Equitable outcomes. Improved health outcomes. Equity within SDOH.

Talking to the community, surveys to the community

Officially: program evaluations; overall community health changes Unofficially: that feeling you get when you reached someone; when you KNOW it was impactful to someone

# How do you measure success in Community Health initiatives?

Reflective listening

Goal setting with  
measurable outcomes

Sustainability

Theres a positive  
upward trend on  
improvement

Improved equitable  
policy enactments

Increased knowledge of  
Public health practices,  
resources and capabilities  
by end user

Feed back from  
community and  
improved health  
outcomes

Health indicators  
Quantitative Data  
Qualitative Data

# How do you measure success in Community Health initiatives?

Through focus groups, community health surveys, accessibility (percentage of those that were able to access resources), quantitative and qualitative surveys.

Low STD rates

Leadership in government is committed to advancing public health (such as budget funding)

Initiatives take on a life of their own and become sustainable with less direction from the Virginia Department of Health and more community leadership and vision for sustainability

Data evaluation/  
improved outcomes

Positive feedback from community members  
Stories of improvement in conditions.

improved metrics -- encounters, continued engagement, connections to tx, retention in tx, longevity of recovery, reduced return to incarceration or reuse

When we keep being invited to the table



# How do you measure success in Community Health initiatives?

Increased trust in public health through surveys and community feedback. Our opinion of how we are we doing isn't as important as what our constituents believe.

Feedback, surveys, the Community Voice

Community buyin with participation, community takes ownership and start to lead initiatives, SDoHs improve, health disparities decrease.

Data that tells that story, interviews and testimonials from members of the community that tell that story, policy and program changes that occur because of those changes that helps sustain them.

More people start health-improvement policies and ask the health department to join them

Finding answers to problems WITHIN the affected communities

Engagement Diverse interest holder groups represented  
Validated metrics Policy change Increase in community partner capacity Collective impact Sustained relationships

Life changing results for many communities

# How do you measure success in Community Health initiatives?

Increased resilience

Empowering  
communities

Cohesive public agency  
processes  
(VDH/CSB/DSS)

Reflects on the data. We're  
not focused on the same  
priorities decades later.

Community Thought  
Leadership valued

News and social media  
recognition.

Logic models

Change in legislation

# How do you measure success in Community Health initiatives?

Partner collaboration and a culture of Public health advocates across industries

Funding is confirmed and increased without arguments

Data metrics and key performance indicators that can measure success or outcomes of programs.

equity. decreased disparities in metrics

Collective Impact

Improved access to medical care, Higher vaccination rates, reduced infectious disease rates, reduced infant mortality, Improvement en markers of overall public health

Focus groups,, surveys, The people being served report positive results, reports from local agencies, partnerships, violence is down, illness is down...

Input from and representation of the community served



# How do you measure success in Community Health initiatives?

Quality of life tracking of specific indicators (review over time)

Community involvement

Improvement in the population's overall health . Positive feedback from people with lived experience.

I measure success through quantitative and qualitative data. By defining quality smart goals through a collaborative partnership with community, local, state, and federal stakeholders.

Increase in resource usability, improvements in community health.

Everyone working from a strategic plan

One way is to evaluate the percentage increase in performance indicators. Community health is more about looking at public health at a granular level and therefore it is crucial part of public health.

Passing knowledge to the youth

# How do you measure success in Community Health initiatives?

Apply continuous  
process improvement  
model

Develop clear metrics  
and measure progress  
periodically.

When you envision the future of Public Health, what word(s) come to mind?





# What do we need for Virginia to become the healthiest state?

Funding

FUNDING

funding

New leadership

Center the impacted

Jesus

Stop politicizing health

FUNDING

# What do we need for Virginia to become the healthiest state?

Money

Stronger state  
leadership and  
FUNDING

FUNDING

Moneyyyyyy

Funding, creative ideas,  
innovators and leaders

Funding

Funding.

Funding

# What do we need for Virginia to become the healthiest state?

Representation

better leadership

New leadership locally

Sustainable funding and positions

Fudge the numbers

Funding

Community centered leaders

Legislative changes, funding, VDH central office support and accountability



# What do we need for Virginia to become the healthiest state?

Money!!

Funding

Shared resources

Buy-in from all  
stakeholders

support from the  
"village"

focus on maternal and  
mental health

Collaboration

MONEY

# What do we need for Virginia to become the healthiest state?

Funding

\$\$

Strong policy support for  
public health infrastructure  
and improvements

Leadership

Money

MORE FUNDING

Data-based policy  
change

Funding beyond just  
grants

# What do we need for Virginia to become the healthiest state?

Trust from the public

Funding, to ACTUALLY  
appreciate your pop  
health teams

Funding

public health leaders

Funding

Informed, bold + willing  
leadership, funding,  
collaboration

Funding, leadership,  
process improvement

Action



# What do we need for Virginia to become the healthiest state?

Policy change

Funding and support to  
Population Health staff to  
increase sustainability and  
capacity.

Funding

Collaboration

Strong Harm Reduction

FUNDING

Funding

ALIGNMENT

# What do we need for Virginia to become the healthiest state?

Collaboration A united front

money and a dream

Staffing, retention, funding

Strong partnerships that make the healthy choice the easiest choice

Funding

Progressive thinking

Engaged communities, vision + money to make it happen

Amplify lived experiences

# What do we need for Virginia to become the healthiest state?

Community Impact,  
Sustainable clinics,  
funding

Funding support

Additional staffing to  
meet the need

Funding and support  
from the FUNDERS

Cooperation Buy in from  
community members  
Funding

New leadership at the  
state and federal level

Investment in  
community

Funding, new leadership,  
a new Governor and  
President



# What do we need for Virginia to become the healthiest state?

Institutional change

\$\$\$

More community  
Resources

Health in ALL policies

Funding for prevention

Money!!!

Dismantling systems of  
oppression- capitalism,  
patriarchy, racism,  
xenophobia

Program management  
processes

# What do we need for Virginia to become the healthiest state?

Community working together

Long term and sustainable funding to localities

Support and understanding from political leaders

Sustainable programs

Sustainable funding; commitment across VA's agencies (not just VDH)

Access to more resources

Funding

Community voice and resourcing to that end

# What do we need for Virginia to become the healthiest state?

Coordination

Funding

Increased State funding  
for public health

Honest leadership

Money, address poverty

Collaboration between  
teams, agencies, health  
systems and community  
organizations

Take politics out of  
public health

Streamline policy for  
effectiveness



# What do we need for Virginia to become the healthiest state?

Change makers

Skrilla

Bipartisan values  
around public health

Intentional community  
building

Equitable policy

Health should not be  
politicized & more  
funding!

Advocacy

\$\$, partnership, community  
trust, buy-in and trust.  
Collaboration!!!

# What do we need for Virginia to become the healthiest state?

Health Education Access to Healthcare for all Nutrition initiatives

Strategic partnerships to fully reach all communities. Looking within communities for authentic, informal or formal leaders to be champions.

Community

Funding

Increased community engagement & awareness

Cross agency strategy

Stop politicizing health!

Policy change

# What do we need for Virginia to become the healthiest state?

PHAB accreditation

Better state leader

Money, address poverty

Community working together

Community led initiatives

Support from leaders

Trust

Early education about health and prevention



# What do we need for Virginia to become the healthiest state?

More healthcare providers

Affordable care, better transportation, grants going towards appropriate programs. Better leadership and legislators.

Hearing from the people

Sustainable Partnership and collaboration

Community led policies

Having a strategic plan so we can truly collaborate!

Health-based policies

Synergy Partnerships and collaboration to complement efforts across agencies and organizations

# What do we need for Virginia to become the healthiest state?

Less red tape

Connect boots on ground reality to the far-removed political representation with unrealistic recommendations/task forces

Flexible Funding, Community Empowerment/Leadership Training, Collaboration among sectors.

Break down of silos Recreate an plain language definition of public health Clear integration of community in decision-making Real focus on dismantling racism

Funding

Leadership that understands how public health works.

Identifying key public health issues, prompt action through regulatory review, collaboration and designing initiatives, Thorough evaluation.

Sustained, increasing as-needed, hassle-free, policy or data backed FUNDING Partnership across communities, across geographies, across parties, across disciplines, across sectors! Jesus Love Patience

# What do we need for Virginia to become the healthiest state?

Focus on allocating funds towards under funded programs.

Understand and respect what we do in the state and federal sector to open up funding

Collaboration

Collective impact

Visionary leaders who are willing to transform VDH

We need to hire the best workers in their field - competent, energetic, emotionally intelligent, innovative thinkers, who are not afraid of hard work.

Create better internal systems that will enable VDH to function more efficiently and effectively.

Hold people accountable.



# What do we need for Virginia to become the healthiest state?

We need to advocate for and receive more funding - a lot more!