Virginia FY 2020
Preventive Health and Health Services Block Grant

Draft Work Plan

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Budget Detail for VA 2020 V0 R0

Total Award (1+6)	$3,214,478
A. Current Year Annual Basic	
1. Annual Basic Amount	$3,035,582
2. Annual Basic Admin Cost	($303,558)
3. Direct Assistance	$0
4. Transfer Amount	$0
(5). Sub-Total Annual Basic	$2,732,024
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	$178,896
7. Sex Offense Admin Cost	$0
(8.) Sub-Total Sex Offense Set Aside	$178,896
(9.) Total Current Year Available Amount (5+8)	$2,910,920
C. Prior Year Dollars	
10. Annual Basic	$0
11. Sex Offense Set Aside (HO 15-35)	$0
(12.) Total Prior Year	$0
13. Total Available for Allocation (5+8+12)	$2,910,920

Summary of Funds Available for Allocation	
A. PHHSBG $'s Current Year:	
Annual Basic	$2,732,024
Sex Offense Set Aside	$178,896
Available Current Year PHHSBG Dollars	$2,910,920
B. PHHSBG $'s Prior Year:	
Annual Basic	$0
Sex Offense Set Aside	$0
Available Prior Year PHHSBG Dollars	$0
C. Total Funds Available for Allocation	$2,910,920

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Summary of Allocations by Program and Healthy People Objective

Program Title	Health Objective	Current Year PHHSBG $'s	Prior Year PHHSBG $'s	TOTAL Year PHHSBG $'s
Community Water Fluoridation	OH-13 Community Water Fluoridation	$241,500	$0	$241,500
Sub-Total		**$241,500**	**$0**	**$241,500**
Creating Breastfeeding Friendly Environments	MICH-22 Worksite Lactation Support Programs	$117,847	$0	$117,847
Sub-Total		**$117,847**	**$0**	**$117,847**
Creating Walkable Communities	PA-15 Built Environment Policies	$151,138	$0	$151,138
Sub-Total		**$151,138**	**$0**	**$151,138**
Data Collection – Behavioral Risk Factor Surveillance System (BRFSS)	PHI-7 National Data for Healthy People 2020 Objectives	$544,367	$0	$544,367
Sub-Total		**$544,367**	**$0**	**$544,367**
Data Collection – Pregnancy Risk Assessment Monitoring System (PRAMS)	PHI-7 National Data for Healthy People 2020 Objectives	$137,484	$0	$137,484
Sub-Total		**$137,484**	**$0**	**$137,484**
Data Collection – Youth Risk Behavior Survey (YRBS) and School Health Profiles (SHP)	PHI-7 National Data for Healthy People 2020 Objectives	$117,807	$0	$117,807
Sub-Total		**$117,807**	**$0**	**$117,807**
Enhancing Physical Activity and Nutrition	ECBP-8 Worksite Health Promotion Programs	$33,132	$0	$33,132
	ECBP-10 Community-Based Primary Prevention Services	$98,865	$0	$98,865
	NWS-11 Inappropriate Weight Gain	$32,132	$0	$32,132
Sub-Total		**$164,129**	**$0**	**$164,129**
Increasing Healthcare Provider Capacity Project Echo: Injury and Violence Prevention	AHS-7 Receipt of Evidence-Based Clinical Preventive Services	$160,000	$0	$160,000
Sub-Total		**$160,000**	**$0**	**$160,000**
Oral Health Care Access for Individuals with Special Health Care	OH-7 Use of Oral Health Care System	$60,000	$0	$60,000

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Needs (ISHCN)				
Sub-Total		**$60,000**	**$0**	**$60,000**
Reducing the Impact of Violence	IVP-42 Children's Exposure to Violence	$245,187	$0	$245,187
Sub-Total		**$245,187**	**$0**	**$245,187**
Sexual Assault Intervention and Education Program	IVP-40 Sexual Violence (Rape Prevention)	$178,896	$0	$178,896
Sub-Total		**$178,896**	**$0**	**$178,896**
State and Community Health Assessments and Improvement Plans	PHI-14 Public Health System Assessment	$320,565	$0	$320,565
Sub-Total		**$320,565**	**$0**	**$320,565**
Tobacco Use Control Program	TU-4 Smoking Cessation Attempts by Adults	$100,000	$0	$100,000
Sub-Total		**$100,000**	**$0**	**$100,000**
Traumatic Brain Injury Prevention Project	ECBP-10 Community-Based Primary Prevention Services	$130,000	$0	$130,000
Sub-Total		**$130,000**	**$0**	**$130,000**
Virginia Cancer Registry (VCR) Enhancement Program	C-12 Statewide Cancer Registries	$242,000	$0	$242,000
Sub-Total		**$242,000**	**$0**	**$242,000**
Grand Total		**$2,910,920**	**$0**	**$2,910,920**

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State Program Title: Community Water Fluoridation

State Program Strategy:

Program Goal:
Community water fluoridation is defined as adjusting and monitoring fluoride to reach optimal concentrations in community drinking water. Virginia has met and exceeded the Healthy People 2020 objective for CWF with 96.37% of Virginians who are served by community water systems receiving optimally fluoridated water. This statistic is one of the highest in the country for this indicator and is maintained, in part, because of VDH's support in providing fluoridation equipment and supplies to communities with identified CWF needs. The localities and residents served changes each year and is based on need.

Program Health Priority:
Priorities for the program are to ensure safe and effective adjustment of community water to provide optimal fluoridation to reduce dental disease rates by monitoring water systems for compliance to rigorous standards. The VDH Office of Drinking Water (ODW) and Office of Family Health Services work together to assess fluoridation needs through review of water systems operational and discrepancy reports. Additionally, the Offices use a detailed assessment to identify and document water systems with aging fluoridation infrastructure. The assessment is completed every 2 years through a region-specific survey completed by Environmental Engineers and/or Environmental Health Specialists in each ODW regional field office. Information collected for each water treatment plant and used to determine priorities for funding include the following data on fluoridation equipment: 1) Urgency of Need (with three ranges: Immediate = 1-2 years, Intermediate = 3-7 years, Long-term = 8-10 years); Equipment Needs (with a list of seven commonly funded items that includes tanks, pumps, electrodes, plans/engineering, supplies, fluoride chemicals); and Total Estimated Project Cost (with a list of five cost ranges that increase in $5000 increments to "$20,000 and over").
Town managers or utilities department managers apply for funding for CWF equipment and supplies through an easy application process. ODW staff ensure that plans and proposed equipment meet or exceed current industry standards and inspect equipment installations before invoices are paid by VDH. $120,000 is available each year for these mini-grants, and for an annual supply of fluoride split sample kits for 80 public water systems. Most contracts range from $2,000 - $10,000 with larger projects impacting many residents also approved in larger amounts. Maintaining CWF in small communities has for years and will continue to require state and federal support as Virginia struggles with aging infrastructure and equipment that runs constantly and is exposed to water and chemicals so, by nature, is subject to a shorter useful life than other infrastructure components.

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

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

State Program Setting:
State health department, Other: local water works

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FTEs (Full Time Equivalents):

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

Position Name: Vacant
Position Title: Community Water Fluoridation Coordinator
State-Level: 80% Local: 0% Other: 0% Total: 80%
Position Name: Tonya Adiches
Position Title: Program Manager
State-Level: 20% Local: 0% Other: 0% Total: 20%
Position Name: Delphine Anderson
Position Title: Administrative Assistant
State-Level: 15% Local: 0% Other: 0% Total: 15%
Position Name: Earl Taylor
Position Title: Support Staff
State-Level: 20% Local: 0% Other: 0% Total: 20%

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

National Health Objective: HO OH-13 Community Water Fluoridation

State Health Objective(s):

Between 10/2020 and 09/2021, Between 10/2020 and 09/2021, continue to provide optimally fluoridated water to 96% of Virginians who are served by community water systems

Baseline:

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

Data Source:
CDC Water Fluoridation Reporting System (WFRS) is a water fluoridation monitoring data system for state and tribal water fluoridation program managers. Data from WFRS are summarized in the biennial report of national and state fluoridation statistics. U.S. Census population estimates are also used. The Annual Virginia Summary Data is maintained in WFRS and serves as the data source for Virginia population receiving service from public water systems. The Best Practice Approach Report provided by the Association of State and Territorial Dental Directors describes a public health strategy, assesses the strength of evidence on the effectiveness of the strategy, and uses practice examples to illustrate successful implementation for CWF programs.

State Health Problem:

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

Target Population:
Number: 8,470,020

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

Disparate Population:
Number: 8,470,020
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau 2017 Population estimates

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

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

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

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

Sustainability: Demonstrate sustainability through the number of years that an identifiable water fluoridation program at the state level has operated and the number of systems initiating, continuing, or discontinuing water fluoridation annually.

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

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

Total Current Year Funds Allocated to Health Objective: $241,500
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $129,500
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
1. Upgrade fluoridation equipment
Between 10/2020 and 09/2021, Dental Health Program staff will establish **6** new contracts with newly identified localities to upgrade fluoridation equipment to maintain optimum fluoride levels.

Annual Activities:
1. Maintain fluoridation plans
Between 10/2020 and 09/2021, Dental Health Program staff will maintain a plan of fluoridation needs within the short term (1, 2 and 3 years) and long term and identify communities planning to expand/replace fluoridation facilities. Staff will maintain a list of potential areas with feasibility to cost effectively initiate fluoridation based on cost effectiveness.

2. Establish and monitor fluoridation contracts with localities
Between 10/2020 and 09/2021, Dental Health Program staff will establish contracts with communities for initiation and upgrading of fluoridation equipment and monitor contract progress though completion. Town managers or utilities department managers apply for funding for CWF equipment and supplies through an easy application process. ODW staff ensure that plans and proposed equipment meet or exceed current industry standards and inspect equipment installations before invoices are paid by VDH. $129,500 is available this year for these mini-grants, and for an annual supply of fluoride split sample kits for 80 public water systems. Most contracts range from $2,000 - $10,000 with larger projects impacting many residents also approved in larger amounts.

Objective 2:
2. Monitor water systems
Between 10/2020 and 09/2021, VDH Dental Health Program staff, working with VDH Office of Drinking Water staff through a MOU, will review **all** monthly water systems reports, enter data and maintain reporting systems for CWF.

Annual Activities:
1. Maintain dual reporting systems
Between 10/2020 and 09/2021, VDH staff will serve as liaisons to the CDC Community Water Fluoridation Program and maintain dual systems with CDC Water Reporting Fluoridation Systems (WFRS) public access side at My Water's Fluoride and Oral Health Maps according to the CDC Data Management Model and timeline.

2. Monitor water system
Between 10/2020 and 09/2021, VDH staff will perform monthly monitoring of water supplies through the collection, interpretation, compilation and reporting of statewide data including inspection and discrepancy reports. The VDH Office of Drinking Water (ODW) and Office of Family Health Services work together to assess fluoridation needs through review of water systems operational and discrepancy reports. Additionally, the Offices use a detailed assessment to identify and document water systems with aging fluoridation infrastructure. The assessment is completed every 2 years through a region-specific survey completed by Environmental Engineers and/or Environmental Health Specialists in each ODW regional field office. Information collected for each water treatment plant and used to determine priorities for funding include the following data on fluoridation equipment: 1) Urgency of Need (with three ranges: Immediate = 1-2 years, Intermediate = 3-7 years, Long-term = 8-10 years); Equipment Needs (with a list of seven commonly funded items that includes tanks, pumps, electrodes, plans/engineering, supplies, fluoride chemicals); and Total Estimated Project Cost (with a list of five cost ranges that increase in $5000 increments to “$20,000 and over”).

Objective 3:
3. Provide training, education and technical assistance

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Between 10/2020 and 09/2021, Dental Health Program staff will conduct **3** trainings and presentations regarding the health benefits of fluorides and fluoridation to customers, health professionals and communities. Staff will provide technical assistance to professionals, including VDH staff.

Annual Activities:

1. Provide education

Between 10/2020 and 09/2021, Dental Health Program staff will provide education for customers, health professionals and communities regarding the health benefits of fluorides and fluoridation in Virginia; challenges to maintaining CWF; regulations and recommendations; and educational materials and resources.

2. Provide training

Between 10/2020 and 09/2021, Dental Health Program staff will collaborate with VDH Office of Drinking Water, Salem Water Treatment Plant, local health districts and program partners to expand statewide training for waterworks operators. Training and educational courses will include specific water operator courses.

3. Provide technical assistance

Between 10/2020 and 09/2021, Dental Health Program staff will provide technical assistance to professionals, including VDH staff. The CWF coordinator will provide assistance to public and private medical and dental health professionals regarding a broad range of fluoridation issues including health concerns; evidenced-based research information for board or community meetings; cost-effectiveness; and information for professionals in areas with high levels of natural fluoride.

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State Program Title: Creating Breastfeeding Friendly Environments

State Program Strategy:

Program Goal:
The program goal is to improve nutrition and decrease obesity rates among infants in Virginia by increasing the number of early care education settings and worksites that support breastfeeding initiation and exclusivity and meet federal breastfeeding accommodations.
Program Health Priority:
Leading a healthy lifestyle greatly reduces a person's risk for developing obesity and other chronic diseases. Reversing the growing trends in obesity and reducing chronic disease prevalence requires a comprehensive and coordinated approach that uses policy and systems change strategies to transform communities into places that support and promote healthy lifestyle choices for residents across the lifespan. Creating venues that promote breastfeeding and breast milk expression help support healthy nutrition and prevent obesity among infants and toddlers.

Primary Strategic Partners:
Alliance for a Healthier Generation Healthcare Initiative; Childcare Aware of Virginia (CCA-VA); Virginia Early Childhood Foundation (VECF)); Virginia Breastfeeding Advisory Council (VBAC); #RVABreastfeeds; Virginia Chamber of Commerce (VCC)
Evaluation Methodology:
Data derived from programmatic surveys and documentation reviews will be collected and analyzed throughout the project period to inform programmatic strategic planning and decision-making. Data collected from all sources will be compiled, tailored to each audience, and shared via written report, presentation, and/or electronically as needed.

State Program Setting:
Child care center, State health department, Work site

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

Position Name: Megan Lopes
Position Title: Healthy Communities Coordinator
State-Level: 20% Local: 0% Other: 0% Total: 20%
Position Name: Melicent Miller
Position Title: Health Improvement Supervisor
State-Level: 4% Local: 0% Other: 0% Total: 4%
Position Name: Sharon Jones
Position Title: Administrative Specialist
State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 3
Total FTEs Funded: 0.34

National Health Objective: HO MICH-22 Worksite Lactation Support Programs

State Health Objective(s):

Between 10/2020 and 09/2021, VDH will implement activities to increase the number of places that

implement supportive breastfeeding interventions. VDH will engage 50 ECEs in completing breastfeeding & infant feeding (BF/IF) self-assessments and action plans for recognition as breastfeeding friendly. VDH will engage 50 worksites in completing worksite assessments and action plans for recognition as breastfeeding friendly.

Baseline:

As of July 31, 2020
- 70 ECEs have VBFF recognition status
- 73 worksites have VBFF recognition status

Data Source:

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

State Health Problem:

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

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

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

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

Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau 2017 Population estimates

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: The Surgeon General's Call to Action to Support Breastfeeding
The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies

Recommended Community Strategies & Measurements to Prevent Obesity in the United Global Strategy on Diet, Physical Activity, and Health (DPAS)
CDC Breastfeeding Report Card Indicators

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

Total Current Year Funds Allocated to Health Objective: $117,847
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $5,000
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Increase the number of breastfeeding friendly ECEs
Between 10/2020 and 09/2021, VDH will provide tools, resources, and technical assistance to **50** ECEs in seeking state-level recognition through the 10 Steps to Breastfeeding Friendly Child Care Centers program.

Annual Activities:
1. Maintain and update Breastfeeding Friendly Child Care Centers tracking systems
Between 10/2020 and 09/2021, VDH, CCA-VA, Infant and Toddler Specialist Network, and VBC will maintain the tracking systems used to house data on: number of ECEs that have received recognition through the breastfeeding friendly designation programs, regions/counties, type of early care provider, participate as a CACFP provider, and other data points on the application.

2. Provide breastfeeding friendly professional development, including training and technical assistance
Between 10/2020 and 09/2021, VDH and CCA-VA will provide up to 10 regional trainings for early care providers on Virginia's Five Breastfeeding Friendly Early Care Standards and the recognition program. From these training sessions, trainers will communicate with sites who need additional technical assistance, resources, and support in meeting the standards and completing the recognition program requirements.

3. Recognize ECEs that meet high standards for breastfeeding support
Between 10/2020 and 09/2021, VDH will work closely with CCA-VA,VBC, VECF, and the ITSN to recognize sites for their achievement. CCA-VA will process the recognition program applications on an on-going basis, and sites will be sent an award letter signed by the VDH Commissioner, framed certificate, and an award vinyl cling. The sites will be recognized at one of several early care and education conferences throughout Virginia, which may include the Early Care Business Summit, Annual Infant and Toddler Specialist Network Conference, VA Head Start Conference.

4. Develop a communication and outreach plan
Between 10/2020 and 09/2021, VDH will work with CCA-VA, VECF, and Virginia's ITSN to develop an outreach plan to increase both child care centers and family homes participation in the Virginia's Breastfeeding Friendly Early Care Recognition Program. The plan will include the following two components: 1) social media package for statewide early care organizations to use: and 2) plans for integrating communication about the standards and recognition programs through existing annual conferences, newsletters, and other networks. The social media package will include guidance language, templates and resources for Twitter, Facebook, and other social media platforms.

5. Identify and update resources
Between 10/2020 and 09/2021, VDH will partner with CCA-VA,VBC, VECF, Virginia's ITSN to develop resources and tools for early care sites in meeting Virginia's Breastfeeding Friendly Early Care Standards. Two resources needed are local breastfeeding resources for early care sites and a job-aid or tool for early care providers in supporting families with the challenging questions that may arise around infant feeding. All early care sites must provide families with local breastfeeding resources which include breastfeeding support groups, lactation consultants, etc. Partners need to coordinate and map these resources, and make these publicly available for early care sites.

<u>Objective 2:</u>
Increase the number of breastfeeding friendly workplace settings
Between 10/2020 and 09/2021, VDH will provide tools, resources, and technical assistance to **<u>50</u>** worksites in seeking state-level recognition through the Virginia Breastfeeding Friendly designation program (VBF).

<u>Annual Activities:</u>
1. Understand workplaces lactation needs, policies, and employee benefits
Between 10/2020 and 09/2021,
VDH and VBC will develop a survey that can be distributed to workplaces across various sectors. VBC will work closely with the Virginia Chamber of Commerce, VA's Society of Human Resource Management, Black Chamber of Commerce, and the Hispanic Chamber of Commerce and other statewide workplace associations to distribute the survey. The survey will provide a baseline of what resources and support would be most beneficial in meeting the needs of workplaces with their lactation support services, policies, and over-all benefits to breastfeeding families.

2. Support workplace lactation programs
Between 10/2020 and 09/2021, VDH and VBC will develop a grant application for workplaces to apply for a mini-grant to financially support establishing or improving lactation programs. Ten workplaces will be eligible to receive funding for up to $500.00. Workplaces will also be required to submit an application to Virginia's Breastfeeding Friendly Workplace Recognition program. Workplaces may receive technical assistance from VBC.

3. Provide outreach to workplaces in meeting the Virginia Breastfeeding Workplace Recognition Progra
Between 10/2020 and 09/2021, VBC in partnership with VDH, will continue to provide outreach to workplaces by supporting them in meeting any of the 65 criteria for the recognition program. This outreach will be demonstrated in individualized technical assistance with workplaces and professional development and training at statewide conferences. VBC will pursue having a presentations at annuals at conferences with the at Virginia Chamber of Commerce, Black Chamber of Commerce, and Hispanic Chamber of Commerce, where data from the activity 1 will be shared, as well as best practices in breastfeeding friendly workplaces, aligning with the recognition program criteria. Overall promotion of the workplace recognition program, and best practices in workplace lactation programs will be shared throughout the year through social media. Finally, VBC will share best practices and stories from awardees on the website and through social media.

4. Manage Virginia's Breastfeeding Friendly Workplace Recognition Program

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Between 10/2020 and 09/2021, VBC, with support from VDH, will manage the application process for the recognition program. During this work plan cycle, VBC plans on releasing the application during two one month periods. This gives workplaces two opportunities to submit at different items per year rather than one time per year in previous cycles. VBC and VDH will review the application prior to each release to see if changes are needed for improvement. Once applications are received, VBC will convene members of the coalition to review applications and communicate with workplaces to validate data and answers from the application. This communication may take place by phone, virtual web-based meetings, or in-person. Data from the applications will be analyzed to better understand which breastfeeding friendly workplace criteria are being met verses which criteria is challenging to meet. Finally, VBC will coordinate recognition ceremony(ies) for awardees, either aligning them with existing business conferences throughout Virginia.

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State Program Title: Creating Walkable Communities

State Program Strategy:

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

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

Primary Strategic Partners:
Virginia Departments of Aging and Rehabilitative Services, Conservation and Recreation, and Transportation; American Heart Association (AHA); VCC; Virginia Parks and Recreation Society (VPRS); National Association of Chronic Disease Directors (NACDD); Equitable Cities, LLC,; Arthritis Foundation, Municipal Planning Organizations (MPOs), Planning Commissions and Regional Transportation Planners.

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

State Program Setting:

Business, corporation or industry, Community based organization, Faith based organization, Local health department, State health department, Work site

FTEs (Full Time Equivalents):

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

Position Name: Megan Lopes
Position Title: Healthy Communities Coordinator
State-Level: 20% Local: 0% Other: 0% Total: 20%
Position Name: Melicent Miller

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Position Title: Health Improvement Supervisor
State-Level: 4% Local: 0% Other: 0% Total: 4%
Position Name: Sharon Jones
Position Title: Administrative Specialist
State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 3
Total FTEs Funded: 0.34

National Health Objective: HO PA-15 Built Environment Policies

State Health Objective(s):

Between 10/2020 and 09/2021, VDH will work with statewide partners to improve multisectoral collaboration to improve walkability, active community environments, active transportation in order to increase access to opportunities for physical activity

Baseline:

15 localities trained in and received technical assistance to improve pedestrian safety
1,165,074 residents impacted based on pedestrian safety improvements

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

State Health Problem:

Health Burden:
Although chronic diseases are preventable, many Virginians continue to be at risk for developing them due to the health behaviors that they engage in which are influenced by social determinants of health including proximity and accessibility to nutritious foods and opportunities for physical activity. In 2016, only 51 percent were physically active for the recommended 150 minutes per week.[6] While many know that active living can reduce their risk for disease, safety issues such as crime, poorly maintained sidewalks, and absence of crosswalks reduce access to healthy food and physical activity options.[7]
6. Virginia Department of Health. (2016). Virginia BRFSS dataset.
7. Brown, C., Deka, D., Sinclair, J., Blickstein, S. (2018). Benefits of safe sidewalks: Reducing crime can also improve physical and mental health. New Jersey Municipalities Magazine.

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

Disparate Population:
Number: 8,470,020
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other

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Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: US Census Data 2017 population estimates

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Global Action Plan on Physical Activity 2018–2030: More Active People for a Healthier World; Step it Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities; Environmental Supports for Physical Activity National Health Interview Survey, 2015; 2016 Bicycling and Walking Benchmarking Report; 2019 The Active Communities Tool (ACT): An Action Planning Guide and Assessment Modules to Improve Community Built Environments to Promote Physical Activity

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

Total Current Year Funds Allocated to Health Objective: $151,138
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Implement the State Engagement Model (StEM) Active Communities Action Plan
Between 10/2020 and 09/2021, VDH, VDOT and other statewide partners will implement **1** State Engagement Model (StEM) Active Communities action plan for Virginia.

Annual Activities:
1. Implement activities within the Action Plan and three pillars
Between 10/2020 and 09/2021, VDH will work with the VDOT and other statewide partners to implement the State Engagement Model (StEM) Active Communities action plan for Virginia. This action plan has three pillars: 1) focus on improving the quality and accessibility of plans and policies; 2) compile and share guidance, resources, and tools; and 3) enhance and sustain the Virginia Walkability Action Institute. The action plan includes goals, activities, partners, resources, and timelines. Timelines spans 10/2020-9/2021 and beyond. Each of these pillars has a workgroup of five to six individuals who are employed by state, regional, or local government or non-profit agencies and they represent public health, transportation, planning, aging, and community/economic development sectors. The workgroup will continue to meet monthly. Furthermore, Pillars 1 and 2 are working to secure interns and contractors to support implementation of some activities.

2. Hold one annual in-person meeting and up to three webinars
Between 10/2020 and 09/2021, VDH will work with VDOT to hold three webinars and one in person annual meeting. The focus of these webinars and the annual meeting are to report and discuss the activities being implemented and evaluated in the StEM Active Communities Action Plan. The second goal of the meeting and webinars is to provide professional development and learning on a topic area that

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is relevant to the group. These topics areas could be in any of the following areas: transportation safety, health equity, transportation equity and justice, active transportation, walkability, bikeability; and other emerging topics and issues within the field.

Objective 2:
Increase walkabilty in localities
Between 10/2020 and 09/2021, VDH, Equitable Cities and other partners will provide travel assistance to attend the Virginia Walkability Action Institute (VWAI) course sessions, develop team action plans, and implement PSE outcomes to make their cities and counties more walkable over the long term to **5** newly selected interdisciplinary teams comprised of public health, transportation, planning, elected officials and other disciplines. VDH, Equitable Cities, LLC, and other partners will also provide TA to previously funded teams to carryout action plans.

Annual Activities:
1. Revise/develop 3rd Annual VWAI Course Curriculum
Between 10/2020 and 09/2021,
VDH will work with Equitable Cities, LLC, VDOT, and other partners to develop a two 2 day course sessions, webinars, technical assistance, and 1 day final session curriculum aimed at guiding 5 regional teams to develop, implement, and evaluate walkability improvement action plans.

2. Identify 5 teams to participate in VWAI
Between 10/2020 and 09/2021, using application processes, assessments, and eligibility requirements from existing VWAI, NACDD Walkability Action Institute and other state examples, VDH will select 5 interdisciplinary teams to participate in VWAI. The teams' participation will include detailed provision of services by VDH to each participating team, deliverables, and funds to support course participation and walkability action plan development, implementation and evaluation.

3. Host 3rd Annual VWAI
Between 10/2020 and 09/2021,
VDH will convene SMEs, partners, and teams to engage in: 1) at least 3 days of in-person training sessions; 2) monthly distance learning modules; 3) monthly office hours sessions; 4) tailored technical assistance sessions; and 5) site visits

4. Evaluate VWAI
Between 10/2020 and 09/2021, VDH will work with SMEs, partners, teams, and DHPD to evaluate VWAI. Monthly reports, participant surveys, team annual survey/reports, census data, and other relevant date will be used to gather qualitative and quantitative data that will be used for quality improvement efforts. A final summative report will be developed based on the VWAI and shared with partners.

5. Provide TA to Inagural VWAI Teams
Between 10/2020 and 04/2021, VDH will convene SMEs, partners, and teams to engage in 5 teams in TA sessions aimed at increasing knowledge on intermediate level PSE change strategies, guiding the implementing of walkability action plans, and receiving periodic updates on walkability action plans.

State Program Title: Data Collection – Behavioral Risk Factor Surveillance System (BRFSS)

State Program Strategy:

Program Goal:
During the last 30 years, the Virginia Behavioral Risk Factor Surveillance System (BRFSS) has become the main source for annual, state-based health information in Virginia. Since 2002, the BRFSS program has provided data to each of the 35 health districts in an effort to inform public health actions and improve the health of all citizens. The primary goal of the Virginia BRFSS program is to continue the legacy of providing quality information to anyone who wants to understand and address health status and health risk behaviors.
Program Health Priority:
The program health priority is data collection for health-related risk behaviors among adults. Extensive data visualizations and tables from the survey are posted on the VDH website for use by researchers and the public. The data are reported at the state, regional and health-district levels.
There is a large data gap when it comes to state level mental health data. The Virginia BRFSS added the Adverse Childhood Experiences (ACE) module and four Satisfaction with Life Scale questions to help address this gap. PHHS funds ensure the collection and analysis of these valuable state added questions.
Primary Strategic Partners:
Primary strategic partners include local health districts, other state agencies, non-profit and advocacy groups, researchers and the public.
Evaluation Methodology:
VDH will measure the number of survey completions, the percent of cell-phone only completions and the turnaround time for posting analyzed data to the VDH website.

State Program Setting:
State health department

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

Position Name: Lavonda Harrison
Position Title: BRFSS Coordinator
State-Level: 15% Local: 0% Other: 0% Total: 15%
Position Name: Rebeka Sultana
Position Title: Epidemiologist
State-Level: 35% Local: 0% Other: 0% Total: 35%
Position Name: Sarah Conklin
Position Title: CHA Supervisor
State-Level: 25% Local: 0% Other: 0% Total: 25%

Total Number of Positions Funded: 3
Total FTEs Funded: 0.75

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

State Health Objective(s):
Between 10/2020 and 09/2021, VDH will increase the availability and use of BRFSS data through an interactive portal platform.

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Baseline:
The number of surveys completed is 8,000. The percentage of surveys completed for cell-phone is 60%.

Data Source:
Behavioral Risk Factor Surveillance System (BRFSS)

State Health Problem:

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

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

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

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: PHHS funds will be used to cover the cost of obtaining BRFSS data during the 2018 collection period. VDH uses a Call for Proposal process through which VDH offices, other state agencies and members of the public can submit proposals to add questions to the BRFSS. These proposals are evaluated by the BRFSS workgroup, and the State Health Commissioner makes a final determination regarding the questions included on the survey.

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

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

Total Current Year Funds Allocated to Health Objective: $544,367
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

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Objective 1:
Collect data
Between 10/2020 and 09/2021, VDH will collect **8,000** responses to the BRFSS on health risks among adults.

Annual Activities:
1. Conduct surveys
Between 10/2020 and 09/2021, VDH will conduct 8,000 telephone surveys, of which at least 60% will be cell-phone surveys.

Objective 2:
Develop Survey
Between 10/2020 and 09/2021, VDH will develop **1** 2021 BRFSS questionnaire to align with state priorities.

Annual Activities:
1. Call for Proposal
Between 10/2020 and 09/2021, VDH will issue a Call for Proposal to VDH offices, other state agencies and members of the public to add questions to the BRFSS.

2. Survey Development
Between 10/2020 and 09/2021, the BRFSS Workgroup will evaluate the proposed questions and submit to the State Health Commissioner for final determination.

Objective 3:
Report data
Between 10/2020 and 09/2021, VDH will provide state, regional and health district BRFSS data to **all** interested parties.

Annual Activities:
1. Post data
Between 10/2020 and 09/2021, VDH will post BRFSS data to the website and the interactive online portal, Tableau within 90 days of receiving the data file.

2. Provide data reports
Between 10/2020 and 09/2021, VDH will provide BRFSS data reports on current year data (when available), trends and other analyses as requested.

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State Program Title: Data Collection – Pregnancy Risk Assessment Monitoring System (PRAMS)

State Program Strategy:

Program Goal:
The primary program goal is to continue to provide data about pregnancy and the first few months after birth.

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

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

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

State Program Setting:

State health department

FTEs (Full Time Equivalents):

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

Position Name: Kenesha Smith
Position Title: PRAMS Coordinator
State-Level: 40% Local: 0% Other: 0% Total: 40%
Position Name: Sarah Conklin
Position Title: CHA Supervisor
State-Level: 25% Local: 0% Other: 0% Total: 25%

Total Number of Positions Funded: 2
Total FTEs Funded: 0.65

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

State Health Objective(s):

Between 10/2020 and 09/2021, VDH will maintain its un-weighted PRAMS response rate (as measured in the PIDS system) above 50%.

Baseline:
The unweighted 2019 response rate is currently 55.4%.

Data Source:
PRAMS Integrated Data System (PIDS)

State Health Problem:

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

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

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

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $137,484
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Conduct survey
Between 10/2020 and 09/2021, VDH will conduct **1,900** PRAMS surveys of women.

Annual Activities:
1. Mail surveys
Between 10/2020 and 09/2021, DPHD will mail surveys to 1,900 women for completion.

2. Complete phone calls
Between 10/2020 and 09/2021, DPHD will complete follow-up phone calls and provide incentives to

maintain the response rate above 55%.

3. Track data
Between 10/2020 and 09/2021, DPHD will track and record data in the PIDS system.

Objective 2:
Disseminate data
Between 10/2020 and 09/2021, VDH will distribute data to inform and improve the health of the MCH population to **all** interested parties.

Annual Activities:
1. Identify stakeholders
Between 10/2020 and 09/2021, DPHD will identify internal and external stakeholders who would benefit from PRAMS data.

2. Analyze data
Between 10/2020 and 09/2021, DPHD will provide timely, accurate analysis of the PRAMS yearly dataset.

3. Produce reports
Between 10/2020 and 09/2021, DPHD will work with VDH communications staff to produce reports and materials using PRAMS analysis.

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<u>State Program Title:</u> Data Collection – Youth Risk Behavior Survey (YRBS) and School Health Profiles (SHP)

<u>State Program Strategy:</u>

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

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

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

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

<u>State Program Setting:</u>

Local health department, Schools or school district, State health department

<u>FTEs (Full Time Equivalents):</u>

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

Position Name: Sarah Conklin
Position Title: CHA Supervisor
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Name: Lavonda Harrison
Position Title: BRFSS Coordinator
State-Level: 35% Local: 0% Other: 0% Total: 35%

Total Number of Positions Funded: 2
Total FTEs Funded: 0.85

<u>National Health Objective:</u> HO PHI-7 National Data for Healthy People 2020 Objectives

<u>State Health Objective(s):</u>

Between 10/2020 and 09/2021, VDH will exceed CDC's required 60% response rate to obtain weighted data by 10% by maintaining the high school and student participation rate.

Baseline:
In 2019, a total of 59 public and charter high schools and 49 public and charter middle schools

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participated in the state-level YRBS. The high school response rate was 98%, the student response rate was 75%, and the overall response rate was 74%. In spring 2020, the School Health Profiles Survey began, but due to the coronavirus pandemic the profiles survey data collection has been suspended and will resume fall 2021.

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

State Health Problem:

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

Target Population:
Number: 168
Infrastructure Groups: Other

Disparate Population:
Number: 168
Infrastructure Groups: Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

No Evidence Based Guideline/Best Practice Available

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

Total Current Year Funds Allocated to Health Objective: $117,807
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Develop Survey
Between 10/2020 and 09/2021, VDH will develop **1** 2021 Virginia Youth Survey.

Annual Activities:
1. Convene Workgroup
Between 10/2020 and 01/2021, VDH will convene the Virginia Youth Survey workgroup to discuss and propose stated added questions for the 2021 Virginia Youth Survey.

2. Propose Survey
Between 01/2021 and 09/2021, VDH will propose the 2021 Virginia Youth Survey to VDH leadership for approval.

3. Post survey
Between 01/2021 and 09/2021, VDH will post the 2021 middle and high school Virginia Youth Survey to the website.

Objective 2:
Disseminate analyzed survey findings
Between 10/2020 and 09/2021, VDH will distribute analyzed Virginia Youth Survey and School Health Profiles Survey data to **all** interested stakeholders.

Annual Activities:
1. Post survey data
Between 10/2020 and 09/2021, VDH will post the 2019 survey findings and reports to the VDH webpage.

2. Create survey fact sheet
Between 10/2020 and 09/2021, VDH will create and disseminate fact sheets and data briefs summarizing the 2019 data.

3. Share data with partners
Between 10/2020 and 09/2021, VDH will present and distribute survey data to health districts, schools, state and community organizations.

Objective 3:
Disseminate profiles data
Between 10/2020 and 09/2021, VDH will distribute the 2018 Profiles data (Since administration of the 2020 Profiles questionnaires was suspended in the spring, 2020, VDH will also conduct the 2020 School Health Profiles questionnaires as directed by CDC) to **all** stakeholders.

Annual Activities:
1. Post Profiles data
Between 10/2020 and 01/2021, VDH will post the 2020 Profiles reports to the VDH webpage within 30 days of receiving the data.

2. Create Profiles fact sheet
Between 10/2020 and 03/2021, VDH will create data briefs highlighting Profiles and VYS data, and areas for improvement based on student health behaviors and current policies.

3. Share data with state partners
Between 10/2020 and 03/2021, VDH will schedule a meeting with state partners to review the Profiles data and disseminate the fact sheet.

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State Program Title: Enhancing Physical Activity and Nutrition

State Program Strategy:

Program Goal:
The program goal is to build on the foundation of existing strategies and partnerships to expand implementation of physical activity policy and systems change strategies to increase physical activity among children, youth and adults.
Program Health Priority:
Leading a healthy lifestyle greatly reduces a person's risk for developing obesity and other chronic diseases. Reversing the growing trends in obesity and reducing chronic disease prevalence requires a comprehensive and coordinated approach that uses policy and systems change strategies to transform communities into places that support and promote healthy lifestyle choices for residents across the lifespan. Implementing policy and system change strategies that increase opportunities for physical activity and support healthy eating and beverage choices prevent obesity.
Primary Strategic Partners:

Virginia Department of Education and Parks and Recreation; Alliance for a Healthier Generation Healthcare Initiative; Virginia Cooperative Extension/Family Nutrition Program (VCE/FNP); Focus Fitness; Virginia Parks and Recreation Society (VPRS); Virginia Foundation for Healthy Youth and the Virginia Chapter of The American Academy of Pediatrics.
Evaluation Methodology:
Various data will be collected to inform project outcomes, including VYS data, project management and evaluation data, and document reviews. VYS physical activity questions will be evaluated to establish baseline prevalence of the measures outcomes. Health opportunity index data will be used to assess changes in the local impact of social determinants of health on wellbeing. Data derived from programmatic surveys and documentation reviews will be collected and analyzed throughout the project period to compliment identified data sources and inform programmatic strategic planning and decision-making. Data collected from all sources will be compiled, tailored to each audience, and shared via written report, presentation, and/or electronically as needed.

State Program Setting:
Community based organization, Faith based organization, Schools or school district, State health department

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

Position Name: Megan Lopes
Position Title: Healthy Communities Coordinator
State-Level: 60% Local: 0% Other: 0% Total: 60%
Position Name: Melicent Miller
Position Title: Health Improvement Supervisor
State-Level: 12% Local: 0% Other: 0% Total: 12%
Position Name: Sharon Jones
Position Title: Administrative Assistant
State-Level: 30% Local: 0% Other: 0% Total: 30%

Total Number of Positions Funded: 3
Total FTEs Funded: 1.02

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National Health Objective: HO ECBP-8 Worksite Health Promotion Programs

State Health Objective(s):

Between 10/2020 and 09/2021, VDH will work with partners to disseminate worksite wellness resources and tools to support the improved worksite health promotion programs to employees in 50 new worksites.

Baseline:
47 Virginia worksites as of July 2020

Data Source:
Program data

State Health Problem:

Health Burden:
Half of an employee's waking hours are spent working, whether in the workplace or teleworking from home during COVID-19. Workplaces and employers provide an opportunity to provide a workplace environment that supports health and safety of their employees. In Virginia, 35.9 percent (2018) of individuals age of 18 and older have an overweight classification, and 49 percent (2017) of adults do not complete the recommended number of 150 minutes of physical activity.[1] Furthermore, five million people in Virginia have at least one chronic disease, two million had two (2) or more chronic diseases, and 25,100 lives could be saved annually through better prevention and treatment of chronic disease.[2] Worksite health promotion programs can help employees adopt a healthy lifestyle, increase their physical activity, eating well and not smoking. By supporting worksite wellness policies, employers can reduce their healthcare cost and save money.
1. CDC's Nutrition, Physical Activity, and Obesity Data Trends Reports: Behavioral Risk Factor Surveillance System 2017 and 2018: http://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html.
2.Virginia Fact Sheet_Partnership to Fight Chronic Disease:
https://www.fightchronicdisease.org/sites/default/files/download/PFCD_VA.FactSheet_FINAL1.pdf

Target Population:
Number: 4,084,035
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 4,084,035
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: US Census Data 2017: Population 16 years and over; employed

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

DRAFT

Other: Wellness Council of America Well Workplace Checklist; CDC Healthy Worksite Food; CDC Worksite Health Scorecard

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

Total Current Year Funds Allocated to Health Objective: $33,132
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Increase worksite wellness programs
Between 10/2020 and 09/2021, VDH will increase the number of worksites with employee wellness activities and programs from 47 to **97**.

Annual Activities:
1. Develop a Virginia Worksite Wellness Toolkit
Between 10/2020 and 09/2021, VDH will develop a Virginia wellness worksite toolkit for all types of businesses. The Virginia Department of Human Resources Management, VA- Chamber of Commerce, and VA Chapter of Society of Human Resource Management will be engaged in contributions and review of the tool. The toolkit will be shared through newsletters, listservs, and at conferences.

2. Target worksite wellness programs in Early Childhood Education and school settings
Between 10/2020 and 09/2021, VDH will partner with VECF and other early care partners to distribute a survey to measure the worksite wellness programs and needs of early care providers. The information gathered in this survey will help prioritize areas of future need and support. Furthermore, two (2) webinars/trainings will be held at early care conferences to support worksite wellness activities within early care settings.

National Health Objective: HO ECBP-10 Community-Based Primary Prevention Services

State Health Objective(s):

Between 10/2020 and 09/2021, VDH will increase the number of local education agencies by 10 that are implementing a school physical activity programs utilizing the Whole School, Whole Community, Whole Child (WSCC) Model.

Baseline:

23 local education agencies (LEAs)

Data Source:
Virginia Youth Survey (VYS), VDOE, Focused Fitness

State Health Problem:

Health Burden:
Over 27 percent of Virginians age 10-17-years old and 13 percent of high school students are overweight or obese.[5] Childhood obesity prevalence continues to increase causing immediate and long-term effects on physical, social, and emotional health. Children and adolescents spend a large proportion of the day in schools making them an ideal setting to create environments that are not only supportive to, but rein-force, healthy behaviors. Schools can adopt policies and practices to encour-age children to learn about and make healthy nutrition choices, achieve the recommended amount of daily physical activity, and better prevent and/or manage the daily challenges from chronic health conditions, such as asthma, obesity, diabetes, food allergies, and poor oral health.
5. Laura Segal, J. R., & Martin, A. (2016). The State of Obesity: Better Policies for a Healthier America 2016. Robert Wood Johnson Foundation.

Target Population:
Number: 1,829,382
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 1,829,382
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: US Census Data 2017 population estimates;

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Recommended Community Strategies & Measurements to Prevent Obesity in the United States; CSPAP framework; Whole School, Whole Community, Whole Child Model (WSCC)

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

Total Current Year Funds Allocated to Health Objective: $98,865
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $5,000
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

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Increase the implementation and integration of physical activity and healthy eating in schools
Between 10/2020 and 09/2021, VDH will provide physical activity and nutrition opportunities aligning with state and federal standards through videos, other tools and resources, professional development, and technical assistance leading to improved outcomes in students' physical activity and healthy eating behaviors to **10** local education agencies (LEAs).

Annual Activities:

1. 1. Develop and implement physical activity and nutrition videos
Between 10/2020 and 09/2021,
VDH will partner with Focused Fitness and VDOE to develop a minimum of 5 videos that are focused on Virginia's 2015 Physical Education and the 2020 Health Education standards. These videos will be targeted to grades K through 5. Moreover, the videos will demonstrate and engage students in physical activity that aligns with specific motor skills, social development, fitness planning, and knowledge about energy balance that is age and grade appropriate. Within the videos, direct links will be made that focus on disease prevention, and overall impact of these activities on health and wellness. Furthermore, the videos will engage students on healthy decision making around their physical activity choices, and how to advocate and promote physical activity with family and friends. These videos will be disseminated through various learning management platforms being utilized by school systems in Virginia. Some of these platforms include, but are not limited to the following: Schoology, GoOpenVA, and VA TV classroom. At a minimum, five (5) LEAs, will be asked to implement these new videos into their health and PE curriculum. During this time period, partners will look at opportunities to extend some of these videos into before or after school programs. Focused Fitness will guide the development of the videos with support from VA health and PE educators. Focused Fitness will utilize current videos, and the Five for Life PE and nutrition curriculum for the development of the Virginia videos.

2. Expand physical activity in the classroom
Between 10/2020 and 09/2021,
VDH will partner with Focused Fitness and VDOE to recruit 40 Chief Movement Officers (CMO), who will work directly with classroom teachers to increase physical activity breaks called brain boosts, and academic accelerators. Four (4) CMO mentors will be identified to provide training and technical assistance to the officers, and work to develop the monthly movement opportunities in collaboration with Focused Fitness. The movement opportunities will be standardized so they can be disseminated to wider audiences at state and national conferences, including the JMU Health and PE Institute Conference, Virginia Association of Health, Physical Education, Recreation, and Dance Conference, and the SHAPE America conference.

3. Increase opportunities for inclusion
Between 10/2020 and 09/2021, VDH will work with Focused Fitness, VDOE, and state universities, and other subject matter experts to review the current physical activity work for inclusion for English Language Learners and adaptive physical activity. The focus will be on updating past brain boosts and academic accelerators developed by the CMO cadre in activity two for more inclusion, and establish a framework to apply inclusion components into all of the CMO cadre's physical activity work.

4. Improve school wellness policy implementation and evaluation
Between 10/2020 and 09/2021,
VDH will work with VDOE Nutrition Programs to support school wellness policy implementation and evaluation. Each local school system must complete their first triennial assessment for their school wellness policy by June 30, 2021. This assessment will guide policy revisions and implementation of the policy. VDH will work with VDOE to provide mini-grants to School Health Advisory Boards and school systems to support wellness policy implementation.

National Health Objective: HO NWS-11 Inappropriate Weight Gain

State Health Objective(s):

Between 10/2020 and 09/2021, VDH will collaborate with statewide partners to promote a healthy weight

among children under the age of 5 by increasing the educational efforts of pediatric offices and 20 new Early Childhood Education settings.

Baseline:
250 ECE settings as of July 2020

Data Source:

Program data

State Health Problem:

Health Burden:
The most recent annual report November 2019 showed 15.3 percent of children ages 2-4 enrolled in Virginia WIC were overweight or obese. [1] Furthermore, 31 percent of children were overweight or obese according to the 2019 Virginia Head Start Data from the Program Information Report (PRI).[2] In Virginia, approximately 75 percent of children ages birth to 5 years are enrolled in care outside the home, and nearly half of these children spend up to 12 hours a day in this type of environment. While these statistics are changing due to COVID-19, early care settings still play a critical role in many children's early development including meeting nutrition and physical activity goals. Influencing children's food and physical activity choices is easier when they are young; therefore, ECE settings can help young children build a foundation for healthy habits. Also, pediatric settings provide a window of opportunity for pediatricians and other medical providers to assess and talk with parents and families about their children's nutrition and physical activity behaviors, and access to healthy foods and opportunities to engage in physical activity.
1. Robert Wood Johnson Foundation State of Childhood Obesity 2019, Virginia WIC Data from 2016. https://www.headstartva.org/assets/2017%20Annual%20Report%20Final%201-4.pdf .
2. Virginia Head Start Association (2019). 2014-2015 PIR Summary Report for Virginia. Retrieved from: https://www.headstartva.org/assets/EHS-HS%20StateLevelSummaryReport%202019.pdf

Target Population:
Number: 503,596
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 503,596
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: US Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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Other: American Academy of Pediatrics (AAP) Healthy Active Living for Families Program; AAP Bright Futures; Recommended Community Strategies & Measurements to Prevent Obesity in the United States; Quick Start Action Guide for Obesity Prevention in ECE

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

Total Current Year Funds Allocated to Health Objective: $32,132
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Increase the awareness of nutrition standards in Early Childhood Education settings
Between 10/2020 and 09/2021, VDH will increase the number of Early Childhood Education settings hosting a Rev Your Bev Day event from 0 to **20**.

Annual Activities:
1. Rev Your Bev Day events
Between 10/2020 and 09/2021, VDH will collaborate with advocates statewide and support ECEs to host *Rev Your Bev* Day events by providing toolkits containing newsletter and social media content, lesson plans, recipes, and activities to engage parents and their children.

Objective 2:
Increase the awareness of nutrition, beverage, and physical activity standards in pediatric offices
Between 10/2020 and 09/2021, VDH will conduct **2** webinars for members of the VA Chapter-AAP.

Annual Activities:
1. Conduct education and outreach
Between 10/2020 and 09/2021, VDH will partner with the VA chapter of the American Academy of Pediatrics to hold webinars and participate in Virginia's Annual Pediatric Conference. Furthermore, VHD will also work to disseminate information through webinars and the Annual Virginia Pediatric Conference. Some of the topics may include the following: 2020 Dietary Guidelines for Americans (expected to be released December 2020), developmental screening of nutrition and physical activity standards, supporting mothers in their breastfeeding goals, other topic areas within the AAP Healthy Active for Living Families program.

DRAFT

State Program Title: Increasing Healthcare Provider Capacity Project Echo: Injury and Violence Prevention

State Program Strategy:

Program Goal:
The goal of the Healthcare Provider Education Project Echo is to use the Project Echo model to expand the capacity of the existing health care workforce so that individuals are able to access high-quality care in or near the communities where they live.
Program Health Priority:
The Injury and Violence Prevention Program works to prevent and reduce the consequences of unintentional injury and acts of violence, addressing risk factors at a population health level through practice and policy change.

Primary Strategic Partners:
Virginia Chapter of the American Academy of Pediatrics; Virginia Association of School Nurses; Brain Injury Association of Virginia; Virginia Academy of Family Physicians; Virginia Commonwealth University; University of New Mexico

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

State Program Setting:
Community health center, Medical or clinical site, State health department

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

Position Name: Lisa Wooten
Position Title: Injury and Violence Prevention Program Supervisor
State-Level: 3% Local: 0% Other: 0% Total: 3%
Position Name: Jennifer Schmid
Position Title: Injury and Violence Prevention Program Support
State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 2
Total FTEs Funded: 0.13

National Health Objective: HO AHS-7 Receipt of Evidence-Based Clinical Preventive Services

State Health Objective(s):

Between 10/2020 and 09/2021, VDH will implement **2** Project ECHO® leaning lab initiatives to support the application of clinical based injury and violence prevention efforts among healthcare providers.

Baseline:
2018: Two Project ECHO® leaning labs for healthcare providers addressing injury and violence prevention: Opioid Misuse/Abuse & Neonatal Abstinence Syndrome

Data Source:
VDH Project Echo® training records

State Health Problem:

Health Burden:
Injuries represent the leading cause of death in the U.S. and Virginia for those 1-44 years of age. The 2016 all cause injury death rate for Virginians was 61.3 per 100,000. Although death is the most severe result of injury, the majority of those who incur injuries survive. The 2016 all cause injury hospitalization rate for all Virginians was 436.4 per 100,000. Depending on the severity of the injury, victims may be faced with lifelong mental, physical and financial problems as a result of lost productivity and stress to the victim, family and other caregivers. Injuries impact everyone regardless of age, race or economic status. Because injuries are so commonplace, they are often accepted as an inevitable part of life. However, research has demonstrated that injuries can be prevented through modifiable factors such as behavior, policy and the environment. When appropriately trained, healthcare providers are a key mode to deliver injury and violence prevention anticipatory guidance, screening and referral to resources. Training is key when addressing injury and violence issues that are influenced by complex social and individual factors. Virginia has laws in place regarding medical provider continuing education requirements for a variety of health conditions; however, varying models facilitated by many stakeholders often do not contain Virginia state specific scope of practice content, statewide resources, integrated care content, and clinical networking needed by practitioners. In addition, there are varying models of independent medical school requirements statewide for prevention education, ranging from reported four hours to six hours in total clinical content over the course of training and lack of evidence based injury and violence prevention models for clinical rotations.

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

Disparate Population:
Number: 1,037,819
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau 2017 population estimates

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: University of New Mexico Project ECHO® bibliography; CDC Recommends: The Prevention Guidelines System, Healthy People 2020, Safe Kids Worldwide, Home Safety Council, Safe States Alliance, Children's Safety Network, Harborview Injury Prevention and Research Center, Safe Communities America Program

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $160,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Enhance capacity related to addressing child abuse and neglect
Between 10/2020 and 09/2021, VDH will implement **1** Project ECHO® lab equipping healthcare providers the skills and knowledge base to effectively address issues of child abuse and neglect among their patient population.

Annual Activities:
1. Convene stakeholders
Between 10/2020 and 09/2021, the Injury and Violence Prevention Program will convene a meeting of stakeholders involved in the clinical treatment of child and abuse to outline the framework for a Project ECHO® lab model.

2. Project Echo curriculum development
Between 10/2020 and 09/2021, the Injury and Violence Prevention Program will coordinate the development of the curriculum to be used.

3. Project Echo implementation
Between 10/2020 and 09/2021, the Injury and Violence Prevention Program will implement and evaluate a Project ECHO® lab focused on child abuse and maltreatment.

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Objective 2:
Enhance capacity related to treatment and management of concussions
Between 10/2020 and 09/2021, VDH will implement **1** Project ECHO® labs equipping healthcare providers the skills and knowledge base to effectively treat and manage concussion among their patient population.

Annual Activities:
1. Convene stakeholders
Between 10/2020 and 09/2021, the Injury and Violence Prevention Program will convene a meeting of

stakeholders involved in the development of the Academy of Family Physician's concussion management training to outline the framework for a Project ECHO® lab model.

2. Project Echo curriculum development
Between 10/2020 and 09/2021, the Injury and Violence Prevention Program will coordinate the development of the curriculum to be used.

3. Project Echo Implementation
Between 10/2020 and 09/2021, the Injury and Violence Prevention Program will implement and evaluate a Project ECHO® lab focused on reducing the impact of concussions.

DRAFT

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

State Program Strategy:

Program Goal:

The overall goal of the program is to increase awareness and education regarding the oral health of ISHCN for a wide variety of stakeholders and providers that have the potential to make a difference in access to oral health care in this population. The program will involve two approaches including providing oral health in-service trainings to direct service providers (DSPs) working in the Department of Behavioral Health and Disability Services (DBHDS) licensed group homes for ISHCN and providing continuing education (CE) courses to dental providers regarding oral care of ISHCN. The combined parts of the program will include up to twelve virtual courses or course sessions advertised throughout the Commonwealth of Virginia, with a specific focus region for each course.

Program Health Priority:

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

Primary Strategic Partners:

Primary strategic partnerships for the ISHCN programs include the Virginia Dental Association Foundation (VDAF) and Virginia Dental Association, DBHDS, and Virginia Health Catalyst (VHC).

Evaluation Methodology:

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

State Program Setting:

Community based organization, Medical or clinical site, State health department

FTEs (Full Time Equivalents):

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

Position Name: Tonya Adiches
Position Title: Dental Health Programs Manager
State-Level: 5% Local: 0% Other: 0% Total: 5%
Position Name: Delphine Anderson
Position Title: Program Support Tech
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Earl Taylor
Position Title: Program Support Tech
State-Level: 30% Local: 0% Other: 0% Total: 30%

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

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

State Health Objective(s):

Between 10/2020 and 09/2021, VDH will increase the proportion of active, licensed dental providers willing to provide dental care to Individuals with Special Health Care Needs (ISHCN) listed in the VDH Dental Health Program online directory.

Baseline:

As of January 2020, there were 2,304 dentists in Virginia with active accounts on the VDH DHP online directory of dentists willing to treat ISHCN or very young children. As of March 2018, there were approximately 7,299 dentists licensed in Virginia. However, the number of dentists with current licenses and residing in Virginia was 5,548.

Data Source:
VDH online directory of dentists database

State Health Problem:

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

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

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

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

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Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: AMCHP, promising state practices to improve access to dental care

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

Total Current Year Funds Allocated to Health Objective: $60,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Conduct Oral Health Trainings
Between 10/2020 and 09/2021, VDH will conduct **12** virtual oral health care for ISHCN courses or course sessions, including DSP trainings and dental provider CE, advertised throughout the Commonwealth of Virginia, with a specific focus region for each course. The courses will continue to build on the partnership with the VDAF and VHC to plan and manage logistics.

Annual Activities:
1. Establish and monitor contracts
Between 10/2020 and 09/2021, Dental Health Program staff will establish contracts with VDAF and VHC to facilitate logistics, design and distribute course promotional material, and manage registration and other details for courses. DHP staff will monitor progress through completion.

2. Partner with contractors to aid in project planning
Between 10/2020 and 09/2021, Dental Health Program staff will work with contractors to assist with CE course training planning by facilitating contracts with speakers, utilizing a database of licensed dentists in Virginia to identify dentists in the target regional areas for each course.

3. Conduct trainings
Between 10/2020 and 09/2021, Dental Health Program staff, with the assistance of project partners, will organize, facilitate, and complete each training event. This includes obtaining CE credit for training participation by dental providers.

4. Evaluate trainings for quality improvement
Between 10/2020 and 09/2021, Dental Health Program staff will evaluate the outcomes and evaluations for each training, make a comparison with previous course evaluations, and adjust the courses, as needed, to ensure proper delivery of the most appropriate and useful information.

Objective 2:
Evaluate oral health trainings and report findings
Between 10/2020 and 09/2021, VDH will evaluate **all** training outcomes.

Annual Activities:
1. Prepare course evaluations
Between 10/2020 and 09/2021, DHP, DBHDS, and/or VHC staff will prepare a final course evaluation to determine the satisfaction level of course participants.

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2. Prepare final report
Between 10/2020 and 09/2021, DHP and VHC staff will prepare a final report based on available totals from the project and an assessment of any notable course evaluation responses.

Objective 3:
Update online directory for ISHCN providers
Between 10/2020 and 09/2021, Dental Health Program staff will update **1** Dental Health Program online directory of providers who serve ISHCN.

Annual Activities:
1. Update provider database
Between 10/2020 and 09/2021, DHP staff will utilize electronic change requests submitted to DHP for updates to the ISHCN Provider Database and encourage dental providers attending ISHCN courses to routinely check their directory listings for needed updates.

DRAFT

State Program Title: Reducing the Impact of Violence

State Program Strategy:

Program Goal:
Using a shared risk and protective factor framework to effectively prevent multiple forms of violence.

Program Health Priority:
Violence prevention requires understanding the many factors that influence violence. But violent behavior is complex. Understanding how violence is connected is important when working with communities that have experienced more than one type of violence. Focusing prevention efforts on multiple forms of violence and the connections between them can better match prevention approaches with the needs of the people and communities.
Different forms of violence share common risk and protective factors. Working from a perspective of shared risk and protective factors can help make violence prevention work more efficient and relevant in communities, since it recognizes that people don't live in "vacuums," they live within families, schools, neighborhoods, and a broader community where they could be experiencing multiple risk or protective factors, and/or multiple forms of violence.
Understanding shared risk and protective factors of violence can guide planning on how to prevent multiple forms of violence at once. Violence prevention and intervention efforts that focus on only one form of violence can be broadened to address multiple, connected forms of violence and increase public health impact.

Primary Strategic Partners:
Virginia Commonwealth University; local health departments; hospital and healthcare systems; NGOs

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

State Program Setting:
State health department

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

Position Name: Jennifer Schmid
Position Title: Injury and Violence Prevention Program Support
State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 1
Total FTEs Funded: 0.10

National Health Objective: HO IVP-42 Children's Exposure to Violence

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State Health Objective(s):

Between 10/2020 and 09/2021, VDH will support the initiation of a coordinated public health effort to address Adverse Childhood Experiences (ACEs) through injury and violence prevention efforts.

Baseline:
Start up effort. No available data

Data Source:

VDH data

State Health Problem:

Health Burden:
Injuries represent the leading cause of death in the U.S. and Virginia for those 1-44 years of age. The 2016 all cause injury death rate for Virginians was 61.3 per 100,000. Although death is the most severe result of injury, the majority of those who incur injuries survive. The 2016 all cause injury hospitalization rate for all Virginians was 436.4 per 100,000.

Depending on the severity of the injury, victims may be faced with lifelong mental, physical and financial problems as a result of lost productivity and stress to the victim, family and other caregivers. Research surrounding Adverse Childhood Experiences (ACEs) has identified the risk and potential negative long-term outcomes of childhood exposure to various forms of violence.
Many collective impact (CI) based prevention interventions are being developed to prevent ACEs related injuries and disease. However, empirical evidence supporting the effectiveness of CI models is lacking. Without knowing what models of ACEs prevention and health promotion exist and what public health impact they might have, it is extremely difficult to develop statewide strategies for preventing ACEs-related injury and chronic disease.

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

Disparate Population:
Number: 8,470,020
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau 2017 population estimates

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

DRAFT

<u>Funds Allocated and Block Grant Role in Addressing this Health Objective</u>:

Total Current Year Funds Allocated to Health Objective: $245,187
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

<u>Objective 1:</u>
Initiate ACEs blueprint development
Between 10/2020 and 09/2021, VDH will establish **<u>1</u>** framework to develop a blueprint for ACEs prevention.

<u>Annual Activities:</u>
1. Data Collection
Between 10/2020 and 09/2021, the Division of Prevention and Health Promotion will contract with an academic university to conduct a nationwide search for an evidence-based CI model in ACEs prevention and to map out a scientifically solid, longitudinal study.

2. Resource Development
Between 10/2020 and 09/2021, the Division of Prevention and Health Promotion will contract with an academic university to implement a ACEs study focusing on cross-sector partnership, identification of prevention targets and ACEs prevention demonstration projects.

<u>Objective 2:</u>
Shared Risk and Protective Factors
Between 10/2020 and 09/2021, VDH will analyze **<u>1</u>** framework for the prevention of multiple forms of violence in Virginia.

<u>Annual Activities:</u>
1. Convene stakeholders
Between 10/2020 and 09/2021, VDH will convene a series of meetings among state level key stakeholders involved in the prevention of multiple forms of violence which share identifiable risk and protective factors.

DRAFT

State Program Title: Sexual Assault Intervention and Education Program

State Program Strategy:

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

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

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

Women who have experienced intimate partner violence are almost 3.5 times as likely to have an HIV/AIDS diagnosis than those women who had not experienced such violence. (Sareen et al, 2009) This may be explained by findings indicating that women who experience intimate partner violence in their current or past primary partnership also reported higher rates of multiple sexual partners, past or currently sexually transmitted infections, inconsistent or nonuse of condoms and a partner with known HIV risk factors. (Wu et al. 2003)

Primary Strategic Partners:
Virginia Sexual and Domestic Violence Action Alliance; VDH HIV Care Services Program
Evaluation Methodology:
The evaluation plan will follow the RE-AIM framework to include, where applicable, the systematic measurement of: the number of participants in training events and the level of exposure for awareness activities (Reach); the impact of trainings and educational sessions on behavioral change and changes in the rates of available Virginia injury data (Efficacy); the number of new partnerships and/or policies developed to support implementation (Adoption); fidelity to best practices at the project level (Implementation); and the extent to which the program becomes institutionalized or part of the routine organizational practice (Maintenance). Outcomes of awareness and training activities will be assessed through tracking of activities; monitoring of audience exposures to information provided; and behavior change that results from activities. In addition, data on the type and number of distributed resources will be collected. The Action Alliance will submit quarterly reports to VDH to provide qualitative data on collaboration, policy and systems change as well as impact at the local level.

State Program Setting:

DRAFT

Community based organization, Rape crisis center

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

Position Name: Vacant
Position Title: Violence Prevention Coordinator
State-Level: 15% Local: 0% Other: 0% Total: 15%

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

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

State Health Objective(s):

Between 10/2020 and 09/2021, VDH will increase the capacity of all SV/DV community based agencies in Virginia who are implementing prevention efforts aligned with the core strategies and approaches outlined in the CDC STOP SV technical package to prevent and provide services to sexual violence and intimate partner violence.

Baseline:

Percentage of SV/DV community based agencies aligned with CDC STOP SV technical package to be determined.

Data Source:
VDH program data

State Health Problem:

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

Target Population:
Number: 8,517,685
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 70,141
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other

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Pacific Islander, White, Other
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau 2017 population estimates; VDH HIV data

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

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

Total Current Year Funds Allocated to Health Objective: $178,896
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $163,896
Funds to Local Entities: $100,000
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Build capacity
Between 10/2020 and 09/2021, VDH will analyze **all** of the existing community-based HIV Care Service organizations to determine how to increase their capacity to implement evidence-informed sexual assault primary prevention.

Annual Activities:
1. Collect data
Between 10/2020 and 09/2021, VDH will survey existing community-based HIV Care Service organizations to determine a baseline of those implementing prevention efforts aligned with CDC STOP SV technical package.

2. Support local agencies
Between 10/2020 and 09/2021, VDH will contract with the state sexual violence coalition to provide technical assistance to community-based HIV Care Service organizations and training in-line with the CDC's Stop SV technical package. Technical assistance will be documented.

Objective 2:
Implement linkages of care
Between 10/2020 and 09/2021, VDH Injury and Violence Prevention Program and the VDH HIV Care Services Program will increase the number of local sites focused on screening individuals accessing HIV infection prevention services within population based community organizations for SV/IPV and providing community-based sexual assault services for identified victims from 2 to **3**.

Annual Activities:
1. Expand linkagaes of care program
Between 10/2020 and 09/2021, the Injury and Violence Prevention Program will expand the SV/IPV and

HIV intersection project to 1 additional community-based HIV Care Service organization.

2. Promote trauma informed care
Between 10/2020 and 09/2021, the Injury and Violence Prevention Program will ensure that sites implement a model that promotes optimal health outcomes for the client by emphasizing an understanding of patient-centric trauma-informed responses to intimate partner violence.

3. Support provision of services to victims
Between 10/2020 and 09/2021, VDH will contract with the Virginia Sexual and Domestic Violence Action Alliance to support the provision of services to victims of sexual offences through such methods as the Virginia crisis hotline.

DRAFT

State Program Title: State and Community Health Assessments and Improvement Plans

State Program Strategy:

Program Goal:
The goal is to facilitate the completion of a health assessments and health improvement plans for the state of Virginia as well as at the community level to reflect the diversity of community level health needs throughout Virginia.

Program Health Priority:
Virginia *Plan for Well-being* Measure: Goal 1.2–Virginia's communities collaborate to improve the health population's health.
Primary Strategic Partners:
Primary partners will include each of the 35 health districts and the Virginia Hospital and Healthcare Association.
Evaluation Methodology:
Program progress will be evaluated using the following measures: the number of community health assessments completed; the number of metrics provided to local health districts via the data for community health portal; the number of local health district websites developed for data dissemination; the number of improvement plans developed; and the number and reach of trainings provided.

State Program Setting:
Local health department, State health department

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

Position Name: Vacant
Position Title: SHA SHIP Manager
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Khalida Willoughby
Position Title: CHA CHIP Coordinator
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 2
Total FTEs Funded: 2.00

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

State Health Objective(s):

Between 10/2020 and 09/2021, VDH will develop a State Health Assessment for Virginia which will be used to revise the Virginia Plan for of a State Health Improvement Plan

Baseline:

The last State Health Assessment was conducted in 2015.

Data Source:
Program data

State Health Problem:

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

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

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

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

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

Total Current Year Funds Allocated to Health Objective: $320,565
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
CHA/CHIP Process
Between 10/2020 and 09/2021, VDH will provide continued support in the CHA/CHIP process to **all** local health districts requesting assistance.

Annual Activities:
1. Provide feedback and support
Between 10/2020 and 09/2021, VDH will provide feedback and support to all local health districts on CHA and CHIP reports.

2. CHA & CHIP Reports
Between 10/2020 and 09/2021, completed CHA and CHIP reports will be made available electronically to community partners utilizing local district webpages.

3. Population Health Assessment and Improvememt Collaborative
Between 10/2020 and 09/2021, VDH will continue to partner with the Virginia Hospital and Healthcare Association (VHHA) to support the next steps of the *Population Health Assessment and Improvement*

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Collaborative for staff from Virginia hospitals and local health departments.

Objective 2:

Support SHA-SHIP Process

Between 10/2020 and 09/2021, VDH will develop **1** draft of a State Health Improvement Plan using nationally recognized standards and evidence-based interventions and informed from data collected as part of the State Health Assessment.

Annual Activities:

1. State Health Assessment

Between 10/2020 and 09/2021, VDH will complete a State Health Assessment to be informed by an external SHA Advisory Council comprised of partners from various sectors.

DRAFT

State Program Title: Tobacco Use Control Program

State Program Strategy:

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

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

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

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

State Program Setting:
Local health department, Medical or clinical site, State health department

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

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

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

State Health Objective(s):

Between 10/2020 and 09/2021, VDH will maintain the number of Virginians served by Quit Now Virginia at 4,445 individuals.

Baseline:

4,445 individuals in SFY 2015

Data Source:
Virginia Quitline monthly reports

State Health Problem:

DRAFT

Health Burden:
Tobacco use is the leading cause of preventable disease and death in the United States annually, resulting in more than 480,000 premature deaths. The Office of the Surgeon General, in 2014, predicted that one out of every 13 children will die early from smoking if more is not done to reduce current smoking rates. Direct health care expenditures and productivity losses related to tobacco use account for approximately $289 billion each year. Despite progress over the past several decades, millions of adults still smoke cigarettes, the most commonly used tobacco product in the United States.
Children exposed to secondhand smoke are at an increased risk of experiencing the following health problems: asthma, bronchitis and pneumonia; colds and sore throats; ear infections and hearing loss; reduction of lung function; and Sudden Infant Death Syndrome (SIDS). Children are particularly vulnerable to the effects of secondhand smoke due to their smaller airways, higher breathing rates and less mature immune systems. Healthcare costs associated with prenatal and post-natal exposure to secondhand smoke range from $1.4 billion to $4.0 billion annually in the United States.
Studies also indicate that children exposed to secondhand smoke have more learning and behavioral problems during childhood, are more likely to initiate smoking, and are at increased risk for developing diabetes, heart disease and certain cancers later in life.
Relative to other states, Virginia operates in an environment that is particularly challenging for tobacco use control. Virginia has a long history of growing tobacco and is currently one of the leading tobacco producing states. Virginia has very low excise taxes on tobacco products, and for this reason it is often the focus of law enforcement activity to target the illicit trade of Virginia cigarettes to other US and international markets.
Furthermore, Virginia has very weak smoke-free air laws relative to other states. Advocacy groups such as the American Cancer Society's Cancer Action Network and the American Lung Association frequently highlight the state of Virginia for its relatively weak smoke-free air laws and low tobacco excise taxes in comparison with other states in the nation.
In Virginia, approximately 10,300 people will die each year from smoking-attributable causes. Currently, 19% of Virginians smoke. Annually, Virginia incurs medical costs of $3,133,000 from smoking. It is estimated that for every person who dies from smoking or exposure to secondhand smoke, thirty more people suffer with at least one serious smoking-related illness.

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

Disparate Population:
Number: 8,470,020
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: US Census Data 2017 population estimates

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

DRAFT

Other: National Quitline Guidelines

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $100,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Provide tobacco cessation services
Between 10/2020 and 09/2021, Tobacco Control Program will provide cessation services through the Quit Now Virginia quitline to **4,445** individuals.

Annual Activities:
1. Provide cessation services
Between 10/2020 and 09/2021, VDH will provide evidence-based tobacco/nicotine cessation services by phone and web. Pregnant and breastfeeding callers will be provided with a 10-call program which provides intensive behavioral support tailored to unique needs during pregnancy and multiple relapse prevention calls during the post-partum phase.

DRAFT

State Program Title: Traumatic Brain Injury Prevention Project

State Program Strategy:

Program Goal:
The program goal is to prevent and lessen the harms resulting from traumatic brain injuries among youth through an increase of diagnosis and proper management of concussions.

Program Health Priority:
The CDC identifies traumatic brain injury (TBI) as a leading public health issue throughout the U.S. Across the lifespan, there are many different mechanisms of injury that can result in TBI. The Traumatic Brain Injury Prevention Program targets prevention efforts toward school age children given the known implications of injury to the developing brain.

Primary Strategic Partners:
Virginia Departments of Education; Virginia Athletic Trainers' Association; George Mason University; University of New Mexico

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

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

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

Position Name: Lisa Wooten
Position Title: Injury and Violence Prevention Program Supervisor
State-Level: 2% Local: 0% Other: 0% Total: 2%
Position Name: Alisha Anthony
Position Title: Community Systems Program Coordinator
State-Level: 30% Local: 0% Other: 0% Total: 30%
Position Name: Jennifer Schmid
Position Title: Injury and Violence Prevention Program Support
State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 3
Total FTEs Funded: 0.42

National Health Objective: HO ECBP-10 Community-Based Primary Prevention Services

DRAFT

State Health Objective(s):

Between 10/2017 and 09/2021, VDH will reduce the rate of fatal traumatic brain injuries by 3% from the 2012 baseline of 18.3 per 100,000 to 17.8 per 100,000 by 2021.

Between 10/2017 and 09/2020, VDH will reduce the rate of traumatic brain injury hospitalizations by 3% from the 2012 baseline of 58.4 per 100,000 to 56.6 per 100,000 by 1.

Baseline:

1. The 2012 traumatic brain injury fatality rate was 18.3 per 100,000.

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

Data Source:

1. Vital Records

2. Virginia Health Information

State Health Problem:

Health Burden:

Prevention of traumatic brain injury in Virginia is a critical priority in Virginia. In 2016, 1,644 TBI-related deaths occurred and 5,078 TBI-related hospitalizations occurred statewide. While scholastic and recreational sport have many health, educational, and social benefits, school aged youth are at particular risk, given the known health and development implications of injury to the developing brain. Virginia's General Assembly passed Senate Bill (SB) 652, Student-Athlete Protection Act, effective July 1, 2011, establishing the law that public school students suffering a concussion should be properly diagnosed by an appropriate licensed healthcare provider, and that students be given adequate support and time to recover before they return to play based on guidelines developed by the Board of Education for policies dealing with concussions in students. However, according to an analysis conducted in by the Injury and Violence Prevention Program and George Mason University there is significant variance in the implementation of guidelines and best practices among public schools statewide.

Target Population:

Number: 1,086,330
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:

Number: 1,086,330
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Data 2017 population estimates

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

DRAFT

Other: University of New Mexico Project ECHO evidence-based compendium

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $130,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Enhance school-based concussion teams
Between 10/2020 and 09/2021, VDH will conduct **1** Project ECHO® labs focused on reducing the impact of Traumatic Brain Injury among school aged youth by equipping school-based concussion teams with the knowledge and skills to effectively implement the BOE Concussion Guidelines.

Annual Activities:
1. Convene stakeholders
Between 10/2020 and 09/2021, the Injury and Violence Prevention Program will convene a meeting of stakeholders involved in the development of BOE Concussion Guidelines to outline the framework for the expansion of the Project ECHO® lab model based on data provided by George Mason University pertaining to variance of student athlete concussion guideline implementation.

2. Curriculum Development
Between 10/2020 and 09/2021, the Injury and Violence Prevention Program will coordinate the development of the curriculum to be used in the Project Echo lab.

3. Implementation and evaluation
Between 10/2020 and 09/2021, the Injury and Violence Prevention Program will implement and evaluate a Project ECHO® lab focused on assisting school-based concussion teams with the implementation of the Board of Education's Student Concussion Guidelines.

DRAFT

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

State Program Strategy:

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

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

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

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

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

State Program Setting:
State health department

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

Position Name: Rena Lambert
Position Title: Administrative Assistant
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Vacant
Position Title: Cancer Data Manager
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 2
Total FTEs Funded: 1.10

National Health Objective: HO C-12 Statewide Cancer Registries

State Health Objective(s):

DRAFT

Between 10/2020 and 09/2021, The VCR will increase its physician electronic reporting from 2 to 100.

Baseline:
The number of physicians reporting electronically is two.

Data Source:
Virginia Cancer Registry

State Health Problem:

Health Burden:
The target population for enhancement of the VCR includes medical professionals in private practices, hospitals, clinics, labs and other clinical settings where the diagnosis and treatment of cancer occurs. This population was identified due to the health systems/information exchange enhancements that are needed per registry best practices and regulations.
Many priority physicians report sporadically by sending case information on paper which, in turn, the cancer registrars must abstract. This is a very time consuming process. The current benchmark for abstracting paper cases is fifteen per day. With more than 4,500 cases coming to the VCR on paper, this consumes about 300 work days. If we assign all five of our FTE registrars, this would take 60 work days or approximately 23% of a work year. By removing the abstracting task, VCR staff would be able to work on the other approximately 72,000 case reports that come from our electronic reporting hospitals into the VCR on a yearly basis.

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

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

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

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

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Reporting

<u>Funds Allocated and Block Grant Role in Addressing this Health Objective</u>:
Total Current Year Funds Allocated to Health Objective: $242,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

<u>Objective 1:</u>
Maintain reporting system
Between 10/2020 and 09/2021, DPHD staff will maintain **<u>1</u>** reporting system.

<u>Annual Activities:</u>
1. Utilize Web Plus
Between 10/2020 and 09/2021, DPHD staff will utilize the secure file transfer protocol (SFTP) properties of *Web Plus* to allow for secure transfer of protected health information to and from VCR.

<u>Objective 2:</u>
Reduce paper cases
Between 10/2020 and 09/2021, DPHD will decrease the number of backlogged paper cases from 56,000 to **<u>50,000</u>**.

<u>Annual Activities:</u>
1. Abstract backlog
Between 10/2020 and 09/2021, a cancer data analyst will be assigned to abstract backlogged paper cases.

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