Preventive Health and Health Services Block Grant

Work Plan for Virginia | Fiscal Year 2022

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FY 2022 Work Plan-Virginia

This Work Plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year **2022**. The **Virginia Department of Health** submitted this plan as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the FY **2022** Preventive Health and Health Services Block Grant is **$3,149,594**. The current year Annual Basic Allocation is **$2,969,403** and the current year Sex Offense Set Aside is **$180,191**. These amounts are based on an allocation table distributed by the Centers for Disease Control and Prevention (CDC).

Program Title	Health Objectives	Current Year Allocation
Community Water Fluoridation	OH-11 Increase the proportion of people whose water systems have the recommended amount of fluoride	$251,810
Tobacco Use Control Program	TU-13 Increase use of smoking cessation counseling and medication in adults who smoke	$72,000
Virginia Cancer Registry (VCR) Enhancement Program	C-01 Reduce the overall cancer death rate	$242,000
Creating Breastfeeding Friendly Environments	MICH-15 Increase the proportion of infants who are breastfed exclusively through age 6 months	$52,695
Data Collection – Youth Risk Behavior Survey (YRBS) and School Health Profiles (SHP)	PHI-R06 Enhance the use and capabilities of informatics in public health	$117,807
Increasing Healthcare Provider Capacity Project ECHO®: Injury and Violence Prevention	AHS-08 Increase the proportion of adults who get recommended evidence-based preventive health care	$160,000
Sexual Assault Intervention and Education Program	IVP-D05 Reduce contact sexual violence	$ 205,075

Traumatic Brain Injury Prevention Project	ECBP-D07 Increase the number of community organizations that provide prevention services	$130,000
State and Community Health Assessments and Improvement Plans	PHI-04 Increase the proportion of state and territorial jurisdictions that have a health improvement plan	$230,000
Injury and Violence Prevention Program	IVP-01 Reduce fatal injuries	$45,187
Reducing the Impact of Violence	IVP-D03 Reduce the number of young adults who report 3 or more adverse childhood experiences	$200,000
Data Collection – Pregnancy Risk Assessment Monitoring System (PRAMS)	PHI-R06 Enhance the use and capabilities of informatics in public health	$137,484
Oral Health Care Access for Individuals with Special Health Care Needs (ISHCN)	OH-08 Increase use of the oral health care system	$69,167
Data Collection – Behavioral Risk Factor Surveillance System (BRFSS)	PHI-R06 Enhance the use and capabilities of informatics in public health	$700,000
Creating Walkable Communities	PA-10 Increase the proportion of adults who walk or bike to get places	$239,429

Budget Detail for Virginia– Fiscal Year 2022	
A. FY2022 Award	**$3,149,594**
Annual Basic Allocation	$2,969,403
Sex Offense Allocation	$180,191
B. Total Current Year Annual Basic Allocation	**$2,969,403**
Administrative Costs	$296,940
Direct Assistance Amount	$0
C. Total Current Year Sex Offense Allocation	$180,191
Administrative Costs	$0
Total Available for Program Allocation in FY 2022	**$2,852,654**

Program Summary	
Program Name	Community Water Fluoridation
Program Goal	Virginia's goal is to maintain optimal community water fluoridation to communities throughout the Commonwealth.
Healthy People 2030 Objective	OH-11 Increase the proportion of people whose water systems have the recommended amount of fluoride
Recipient Health Objective	Between 10/2022 and 09/2023, continue to provide optimally fluoridated water to 96% of Virginians who are served by community water systems
Total Program Allocation	$251,810

Problem Information

Problem Description

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, untreated tooth decay in primary teeth among children aged 2–8 was twice as high for Hispanic and non-Hispanic black children compared with non-Hispanic white children. Among all adolescents aged 12–19 years, 15% 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.”

Key Indicator

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.” In Virginia, 6,630,785 Virginians (96.3%), of the 6,880,549 Virginias who are served by community water systems, receive fluoridated water.

Key Indicator Baseline

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

Problem was prioritized by the following factor(s)

Prioritized within a strategic plan

Program Strategy

Goal

Virginia's goal is to maintain optimal community water fluoridation to communities throughout the Commonwealth.

SDOH Addressed by the Program

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy

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 and funding equipment and supply replacement and upgrades. 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 is collected for each water treatment plant and used to determine priorities for funding. The following data on fluoridation equipment is collected: 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. $110,000 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 and will continue to require state and federal support.

Setting

State health department
Other
Local water works

Primary Strategic Partners

VDH Office of Drinking Water, Virginia Rural Water Association, Virginia Dental Association

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.

Program Budget	
FY2022 Basic Allocation	$251,810
FY 2022 Sex Offense Allocation	$0
Total Allocation	**$251,810**

PHHS Block Grant dollars were used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program. PHHS Block Grant funds made up 75-99% - Primary source of funding of the total program funding.

The other funds came from:

Other federal funding (CDC)
State Actions to Improve Oral Health Outcomes Grant

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program

Type of supported local agencies or organizations:

Other

local water works

FTEs (Full Time Equivalents)

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

Target Population of Program

Number of people served:

6,630,785

Ethnicity:

Hispanic or Latino
Non-Hispanic or Latino

Race:

African American or Black
American Indian or Alaskan Native
Asian
Native Hawaiian or Other Pacific Islander
White

Age:

Under 1 year
1 - 4 years
5 - 14 years
15 - 24 years
25 - 34 years
35 - 44 years
65 – 74 years
55 - 64 years
45 – 54 years
55 - 64 years
65 – 74 years
75 – 84 years
85 years and older

Gender Identity:

Male

Female
Transgender

Sexual Orientation:

Gay (lesbian or gay)
Bisexual
Straight, this is not gay (or lesbian or gay)
Something else

Location:

Entire State

Health Insurance Status:

Uninsured
Medicare
Affordable Care Act Plan
Medicaid
Private Health Insurance

Program Objective 1 of 3	
Program Smart Objective	Between 10/2022 and 09/2023, Dental Health Program staff will establish 6 new contracts with newly identified localities to upgrade fluoridation equipment to maintain optimum fluoride levels.
Title of Program SMART Objective	Upgrade fluoridation equipment
Item to be measured	New contracts with localities to upgrade fluoridation equipment
Unit to be measured	Number of new contracts
Baseline Value	0
Interim Target Value	4
Final Target Value	6

Problem Description

Outdated and broken fluoridation equipment must be updated and repaired or replaced as items become inoperable. Fluoridation equipment generally runs constantly and is susceptible to moderate to heavy wear and tear and corrosion. There are few sources of funding for local waterworks to upgrade equipment that is considered optional. Providing reimbursement for program upgrades and requiring use of grant funded equipment through its useful lifespan generally ensures that localities are fluoridating. Providing water test kits allow the water works to evaluate fluoridation values monthly and adjust rates to optimal ranges.

Key Indicator:

The key indicator is the number of new contracts completed that replace or repair outdated or unusable fluoridation equipment. Contracts require use of funded equipment to be in use for all of its useful life to avoid grant repayment.

Baseline Value for the Key Indicator

0

Intervention Summary

Establish 6 new contracts with localities to upgrade fluoridation equipment to maintain optimum fluoride levels. 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. 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. $110,000 is available each year for these mini-grants. Most contracts range from $2,000 - $10,000 with larger projects impacting many residents also approved in larger amounts. Maintaining and increasing CWF in small communities has for years and will continue to require state and federal support as Virginia struggles with aging infrastructure.

Type of Intervention

Evidence-Based Intervention

Evidence Source

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

Rationale for choosing the intervention

There are few sources of funding for local waterworks to upgrade equipment that is considered optional. Providing reimbursement for program upgrades and requiring use of grant funded equipment through its useful lifespan generally ensures that localities are fluoridating.

Target Population same as the Program or a subset

Same as the Program

Activity 1 of 2

Establish and monitor fluoridation contracts with localities

Summary

Establish and monitor fluoridation contracts with localities

Description

Between 10/2022 and 09/2023, Dental Health Program staff will establish contracts with communities for initiation and upgrading of fluoridation equipment and monitor contract progress though completion.

Activity 2 of 2

Maintain fluoridation plans

Summary

Maintain fluoridation plans

Description

Between 10/2022 and 09/2023, 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 initiate fluoridation based on cost effectiveness.

Program Objective 2 of 3	
Program Smart Objective	Between 10/2021 and 09/2022, 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 and support the Commonwealth's Community Water Fluoridation Rapid Response Team, made up of oral health advocates who provide information and educational resources in their local areas to address fluoridation challenges.
Title of Program SMART Objective	Provide training, education and technical assistance
Item to be measured	The number of trainings and presentations provided
Unit to be measured	Number of trainings and presentations provided to customers
Baseline Value	0
Interim Target Value	1
Final Target Value	3

Problem Description

As staff change and procedures are altered, training, education and TA is needed for water works operators. Improving knowledge on the benefits, safety, and status of community water fluoridation and supporting actions favorable to its implementation by using community-wide health promotion interventions including educational, regulatory, and organizational efforts directed toward the public, practitioners, and policymakers allows for fact sharing that highlights CWF as a safe and effective public health practice. Providing education and technical assistance to communities, organizations and other groups also promote the practice of CWF.

Key Indicator

The key indicator is the number of trainings and presentations provided to waterworks operators and customers

Baseline Value for the Key Indicator

0

Intervention Summary

Dental Health Program staff will conduct 3 trainings and presentations regarding the health benefits of fluoride and fluoridation to customers, health professionals and communities.

Type of Intervention
Evidence-based intervention

Evidence Source
Guide to Clinical Preventive Services (Task Force on Community Preventive Services)

Rationale for choosing the intervention
Improving knowledge on the benefits, safety, and status of community water fluoridation and supporting actions favorable to its implementation by using community-wide health promotion interventions including educational, regulatory, and organizational efforts directed toward the public, practitioners, and policymakers allows for fact sharing that highlights CWF as a safe and effective public health practice. Providing education and technical assistance to communities, organizations and other groups also promote the practice of CWF.

Target Population same as the Program or a subset
Same as the Program

Activity 1 of 3
Provide education

Summary
Provide CWF Education to customers to improve access to CWF.

Description
Between 10/2022 and 09/2023, 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 resources.

Activity 2 of 3
Provide training

Summary
Provide CWF trainings to customers to improve access to CWF.

Description
Between 10/2022 and 09/2023, Dental Health Program staff will collaborate with VDH ODW, and program partners to expand statewide training for waterworks operators. This includes promotion of CDC's online water fluoridation training for waterworks operators. Training and educational courses will continue to include specific water operator courses.

Activity 3 of 3
Provide technical assistance

Summary
Provide CWF technical assistance to customers to improve access to CWF.

Description
Between 10/2022 and 09/2023, Dental Health Program staff will provide technical assistance to professionals, including VDH staff, and support the Commonwealth's Community Water Fluoridation

Rapid Response Team. 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.

Program Objective	
Program Smart Objective	Between 10/2022 and 09/2023, VDH Dental Health Program staff, working with VDH ODW staff through a MOU, will review all monthly water systems reports, enter data, and maintain reporting systems for CWF.
Title of Program SMART Objective	Monitor water systems
Item to be measured	Monthly water system reports reviewed, entered, and maintained in reporting systems
Unit to be measured	Number of monthly water system reports reviewed, entered, and maintained
Baseline Value	561
Interim Target Value	561
Final Target Value	561

Problem Description

Water systems data are collected, reported, and analyzed and must be monitored for optimum water fluoridation. Monthly fluoridation operational reports and inspection surveys of water treatment plants including 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) must be done to ensure optimal community water fluoridation.

Key Indicator:

The key indicator is the number of monthly water system reports reviewed, entered, and maintained in state and national reporting systems

Baseline Value for the Key Indicator

561

Intervention Summary

The Dental Health Program will contract with ODW to review, enter, and maintain all monthly water systems reports, including uploading data to CDC fluoridation databases. The VDH Office of Drinking Water (ODW) and Office of Family Health Services work together to review monthly fluoridation operational reports and inspection surveys of water treatment plants; this includes 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).

Type of Intervention

Evidence-Based Intervention

Evidence Source

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

Rationale for choosing the intervention

CDC recommends that state and local water system personnel operate a monthly split sample program. Split samples have one half of the water sample tested on-site, and the second part is sent to a state laboratory or accredited laboratory for verification testing. It is also recommended that localities and state water programs Participate fully in CDC's Water Fluoridation Reporting System (WFRS), providing, at a minimum, monthly updates of changes in the fluoridation status of water systems. For those systems adjusting the fluoride content of the water, providing monthly averages of daily testing for each system and documentation of compliance with state testing requirements is also necessary.

Target Population same as the Program or a subset

Same as the Program

Activity 1 of 2

Maintain dual reporting systems

Summary

Maintain dual reporting systems for CWF monitoring.

Description

Between 10/2022 and 09/2023, VDH staff will serve as liaisons to the CDC CWF 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.

Activity 2 of 2

Monitor water system

Summary

Monitor water supplies through the collection, interpretation, compilation and reporting of statewide data including inspection and discrepancy reports

Description

Between 10/2022 and 09/2023, VDH staff will perform monthly monitoring of water supplies through the collection, interpretation, compilation and reporting of statewide data including inspection and discrepancy reports.

Program Summary	
Program Name	Tobacco Use Control Program
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.
Healthy People 2030 Objective	TU-13 Increase use of smoking cessation counseling and medication in adults who smoke
Recipient Health Objective	Between 10/2022 and 09/2023, VDH will increase the number of Virginians served by Quit Now Virginia to 3,500 individuals.
Total Program Allocation	**$72,000**

Problem Information

Problem Description

In Virginia, approximately 10,300 people will die each year from smoking-attributable causes. 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. Currently, 14% 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.

Key Indicator

Nicotine is a highly addictive chemical and often requires professional support from services such as a quitline in order to break the addiction. A short term key indicator is the number of people that contact Quit Now Virginia, a quitline Virginia residents who currently use tobacco/nicotine products.

Key Indicator Baseline

16.4% (1,051,507) traditional tobacco product users; 6.4% (156,822) e-cig users

Problem was prioritized by the following factor(s)

Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)

Program Strategy

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.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH):

- Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)

Program Strategy:

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.

Setting:

Local health department
Medical or clinical site
State health department

Primary Strategic Partners:

VDH programs, Virginia Foundation for Healthy Youth, Tobacco Free Alliance of Virginia

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.

Program Budget	
FY2022 Basic Allocation	$72,000
FY 2022 Sex Offense Allocation	$0
Total Allocation	$72,000

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

Less than 10% - Minimal source of funding

The other funds came from:

Other federal funding (CDC)
National and State Tobacco Control Program

Type of supported local agencies or organizations:

None

FTEs (Full Time Equivalents)

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

Target Population of Program

Number of people served:

921,923

Ethnicity:

Hispanic or Latino
Non-Hispanic or Latino

Race:

African American or Black
American Indian or Alaskan Native
Asian
Native Hawaiian or Other Pacific Islander
White

Age:

1 - 4 years
5 - 14 years
15 - 24 years
25 - 34 years
35 - 44 years
65 – 74 years
55 - 64 years
45 – 54 years
55 - 64 years
65 – 74 years
75 – 84 years
85 years and older

Gender Identity:

Male
Female
Transgender

Sexual Orientation:

Gay (lesbian or gay)
Bisexual
Straight, this is not gay (or lesbian or gay)
Something else

Location:

Entire State

Health Insurance Status:

Uninsured
Medicare

Affordable Care Act Plan
Medicaid
Private Health Insurance

Program Objective 1 of 1	
Program Smart Objective	Between 10/2022 and 09/2023, Tobacco Control Program will provide cessation services through the Quit Now Virginia quitline to 3,500 individuals.
Title of Program SMART Objective	Provide tobacco cessation services
Item to be measured	Enrollments in Quit Now Virginia services
Unit to be measured	Number of unique clients
Baseline Value	3,012
Interim Target Value	3,162
Final Target Value	3,500

Problem Description

In Virginia, approximately 10,300 people will die each year from smoking-attributable causes. 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. Currently, 14% 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.

Key Indicator:

Nicotine is a highly addictive chemical and often requires professional support from services such as a quitline in order to break the addiction. A short term key indicator is the number of people that contact Quit Now Virginia, a quitline Virginia residents who currently use tobacco/nicotine products.

Baseline Value for the Key Indicator

16.4% (1,051,507) traditional tobacco product users; 6.4% (156,822) e-cig users

Intervention Summary

Quit Now Virginia will provide tobacco/nicotine cessation services for Virginia residents. Quit Now Virginia contracts with Optum to provide evidence based cessation services for tobacco/nicotine use. Services are provided via phone, text, and web. All Virginia residents, ages 13 and above, are eligible to receive a minimum of one comprehensive counseling call. Enhanced services are available for select groups such as persons who are uninsured, pregnant or breastfeeding, ages 13 to 21, or with behavioral health issues.

Type of Intervention

Evidence-Based Intervention

Evidence Source

Best Practice Initiative (U.S. Department of Health and Human Services)
Guide to Clinical Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Rationale for choosing the intervention

Tobacco users who use quitline services are 60% more likely to successfully quit compared to those who attempt to quit without help.

Target Population same as the Program or a subset

Same as the program

Activity 1 of 1

Tobacco cessation services

Summary

Provide tobacco cessation services.

Description

Between 10/2022 and 09/2023, 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 that provides intensive behavioral support tailored to unique needs during pregnancy and multiple relapse prevention calls during the post-partum phase. Callers who identify with a behavioral health diagnosis are eligible to enroll in a 7-call program that provides intensive behavioral support.

Program Summary	
Program Name	Virginia Cancer Registry (VCR) Enhancement Program
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.
Healthy People 2030 Objective	C-01 Reduce the overall cancer death rate
Recipient Health Objective	Between 10/2022 and 09/2023, the VCR will expand electronic reporting options for all statewide reporting facilities to increase its physician electronic reporting, and decrease backlog of paper cases.
Total Program Allocation	$242,000

Problem Information

Problem Description

This program aims to eliminate the backlog resulting from paper reporting of cancer cases and increase data modernization activities to implement more avenues for facilities to report electronically. The VCR consistently looks for opportunities to facilitate easier reporting methods for providers throughout the state. These providers include medical professionals in private practices, hospitals, clinics, labs and other clinical settings where the diagnosis and treatment of cancer occurs. 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. By removing the abstracting task, VCR staff would be able to work on the thousands of case reports that come from our electronic reporting hospitals into the VCR on a yearly basis. Thus, alternate and universally accessible means of electronic data reporting has become the urgent need and focus of the cancer registry data collection activity. VCR receives cancer diagnosis and treatment reports after our internal cutoff to report to our overarching funding and reporting agency through the CDC. After the internal reporting cutoff, VCR must move forward to consolidating and preparing the next reporting year of cancer diagnoses. The cases received after the cutoff remain in a repository until available staff are able to consolidate and enter them into the database. In addition, a wide-scale shift in data repository software caused several duplicate cases in the database.

Key Indicator

Chronic disease reporting and surveillance, state cancer burden, accurate incidence and mortality data.

Key Indicator Baseline

0

Problem was prioritized by the following factor(s)

Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)

Identified via surveillance systems or other data sources

Prioritized within a strategic plan

Program Strategy

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.

SDOH Addressed by the Program

This program is specifically addressing a Social Determinant of Health (SDOH):

Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)

Program Strategy:

Enhancing registry capacity collect accurate and timely data will significantly strengthen the cancer registry's ability to 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. In addition to launching Web Plus abstracting tool, hospitals that are not accredited by the Commission on Cancer (CoC) and other current paper reporters are actively being sought out for onboarding to Web Plus or other electronic reporting methods. VCR will continue to expand access, usage and training opportunities to other reporting facilities throughout the state. While the VCR cannot directly reduce the number of cancer cases, VCR can provide timely data to supplement policy direction for strategies directed towards detecting and reporting cancer at an earlier stage, thus allowing for assistance in development of screening and treatment programs in underserved areas identified by the statistics generated from the VCR, increasing survivorship and reducing the disability and death from cancer.

Setting:

State health department

Primary Strategic Partners:

physicians; hospital administrators; IT specialists

Evaluation Methodology:

Over the past year, the Virginia Cancer Registry has trained and on-boarded 56 physicians' practices to report electronically through Webplus. 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. In addition, VCR is working with IT personnel within the agency to implement necessary upgrades to an additional electronic reporting platform, eMaRC. PHINMS and HL7 are message types used for auto-reporting through eMaRc. Virginia's HIE (Health Information Exchange) system, ConnectVA, discontinued the use of Public Health Information Network Messaging System (PHINMS). As a result, the registry lost several pathologists who were regularly reporting via this method and are not equipped to report HL7 via electronic interface into the eMaRC reporting portal. Mandatory software updates are more easily managed now that the VCR has a dedicated IT specialist on staff who can troubleshoot any issues, and serve as a liaison between the program and agency IT staff.

Program Budget	
FY2022 Basic Allocation	$242,000
FY 2022 Sex Offense Allocation	$0

Total Allocation	$242,000

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program. PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program.

The other funds came from:

Other federal funding (CDC)

CDC/ National Program of Cancer Registries (NPCR)

Type of supported local agencies or organizations:

None

FTEs (Full Time Equivalents)

Total Number of Positions Funded: 2
Total FTEs Funded: 1.1

Target Population of Program

Number of people served:

40,000

Ethnicity:

Hispanic or Latino
Non-Hispanic or Latino

Race:

African American or Black
American Indian or Alaskan Native
Asian
Native Hawaiian or Other Pacific Islander
White

Age:

15 - 24 years
25 - 34 years
35 - 44 years
65 – 74 years
55 - 64 years
45 – 54 years
55 - 64 years
65 – 74 years
75 – 84 years
85 years and older

Gender Identity:

Male
Female
Transgender

Sexual Orientation:

Gay (lesbian or gay)
Bisexual
Straight, this is not gay (or lesbian or gay)
Something else

Location:

Entire State

Health Insurance Status:

Uninsured
Medicare
Affordable Care Act Plan
Medicaid
Private Health Insurance

Program Objective 1 of 2	
Program Smart Objective	Between 10/2022 and 09/2023, DPHD staff will maintain 4 electronic reporting systems.
Title of Program SMART Objective	Maintain and Upgrade Reporting Multiple Systems
Item to be measured	Number of electronic reporting software programs implemented, maintained, and consistently utilized
Unit to be measured	each
Baseline Value	1
Interim Target Value	3
Final Target Value	4

Problem Description

Key Indicator:

Number of electronic reporting software programs implemented, maintained, and consistently utilized

Baseline Value for the Key Indicator

1

Intervention Summary

DPHD/VCR Staff will maintain current electronic reporting systems and implement new methods to encourage and support timelier reporting of cancer cases. According to a preliminary report, in 2021 alone VCR received over 40,000 records from private practices, hospitals, clinics, labs and other clinical settings where the diagnosis and treatment of cancer occurs. Implementing and maintaining more efficient reporting methods will assist facilities increase reporting numbers more efficiently, and assist the registry by allowing for faster abstracting and consolidation into our database. This in turn will 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 and intervention services to the populations most in need.

Type of Intervention

Innovative/Promising Practice

Evidence Source

N/A

Rationale for choosing the intervention

Cancer cases are traditionally under-reported by medical treatment and diagnostic facilities. This is due to decreased manpower at reporting facilities, available methods with which facilities have to report, and established reporting timeframes. As a result of cancer cases being under-reported and unreported the true cancer burden in the state is not accurately depicted, and often under estimated. The VCR consistently looks for opportunities to facilitate easier reporting methods for providers throughout the state. With more resources being put towards providing physicians, clinics, and labs with several options to make reporting easier and more efficient, more accurate picture of the true cancer burden in Virginia will be depicted.

Target Population same as the Program or a subset

Same as the Program

Activity 1 of 2

Utilize and Promote WebPlus

Summary

VCR will onboard new users and create WebPlus accounts for reporting facilities while continuing to provide training to new and continued users.

Description

Between 10/2022 and 09/2023, DPHD/VCR staff will work with agency IT department to support continued utilization of the secure file transfer protocol (SFTP) properties of Web Plus to allow for secure transfer of protected health information to and from VCR. VCR staff will actively seek out non-reporting and paper reporting entities, send electronic user agreements to paper reporting partners, establish reporting agreements with non-reporters, onboard and train reporting partners how to use electronic reporting applications, and conduct general abstracting training. VCR staff will continue to provide timely training resources to staff in the field to use WebPlus as their primary cancer reporting outlet.

Activity 2 of 2

Re-establish usage of eMaRC reporting software as an alternate electronic reporting method

Summary

VCR will work with IT staff to implement upgrades and complete testing for eMaRC reporting software to move to production.]VCR will onboard new users and create WebPlus accounts for reporting facilities while continuing to provide training to new and continued users.

Description

Between 10/2022 and 09/2023, DPHD/VCR staff will work with agency IT department to accomplish prerequisite production steps required to successfully upgrade eMaRC software, enabling physicians to report HL7 via electronic interface into our eMaRC reporting portal. After which, server configuration changes will be completed for production. Currently, HL7 messages have an upgraded format and the current version of eMaRC cannot process those cases with the new structure. VCR has already started receiving cases/messages via this format that are essentially sitting idle and creating a second backlog of cases that cannot be processed until we properly upgrade eMaRC.

Program Objective 2 of 2	
Program Smart Objective	Between 10/2022 and 09/2023, DPHD will decrease the number of backlogged paper cases pending consolidation from 27,000 to 15,000
Title of Program SMART Objective	Reduce and eliminate paper cases
Item to be measured	Number of backlogged cases
Unit to be measured	Number of individual cases not yet consolidated or abstracted
Baseline Value	27,000
Interim Target Value	20,000
Final Target Value	15,000

Problem Description

Of the 300 active reporters throughout the state, over half are still submitting via paper reports which then must be individually abstracted. This is a time consuming process to report from the providers, and to abstract once received by the registry. The registry currently has over 27,000 paper cases that are waiting to be abstracted. Due to competitive salary increases with continued level funding, VCR/DPHD has not historically had the manpower to hire and dedicate multiple staff solely to this task but will continue to work to on-boarded unpaid interns, and schedule staff duties accordingly to assist with consolidation and decrease the number of backlogged cases.

Key Indicator:

Number of individual cases not yet consolidated or abstracted

Baseline Value for the Key Indicator

27,000

Intervention Summary

DPHD/VDH staff will work to decrease the number of backlogged paper cases in the pending abstraction and consolidation repository received by private practices, hospitals, clinics, labs and other clinical settings.

Type of Intervention

Innovative/Promising Practice

Evidence Source

Other

Rationale for choosing the intervention

Further ensuring all reported cancer cases are included in the DPHD/VCR database to ensure an accurate reflection of the true cancer burden and the quality and integrity of the VCR data.

Target Population same as the Program or a subset

Same as the Program

Activity 1 of 1

Abstract and Consolidate Backlog

Summary

DPHD/VCR staff will work to maintain an intern to focus on abstracting and consolidation of pending backlogged cases. This intern will work in conjunction with the efforts of a cancer data analyst also assigned to this duty. The intern will work year-round on this project with potential for a second intern—both unpaid until funding allows for compensation on a contract status. The cancer data analyst will work with the intern during non-peak program times, outside of call for data.

Description

Between 10/2022 and 09/2023, a cancer data analyst and an intern will be assigned to abstract backlogged paper cases by clearing out one pending non-submission year each goal year

Program Summary	
Program Name	Creating Breastfeeding Friendly Environments
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 (ECE) settings and worksites that support breastfeeding initiation and exclusivity and meet federal breastfeeding accommodations.
Healthy People 2030 Objective	MICH-15 Increase the proportion of infants who are breastfed exclusively through age 6 months
Recipient Health Objective	Between 10/2022 and 09/2023, VDH will implement activities to increase the number of places that implement supportive breastfeeding interventions. VDH will engage 20 new ECEs in completing breastfeeding and infant feeding (BF/IF) self-assessments and action plans for recognition as breastfeeding friendly. VDH will engage 20 new worksites in seeking recognition as breastfeeding friendly.
Total Program Allocation	$52,695

Problem Information

Problem Description

Breastfeeding is the best source of nutrition for most infants, yet most people want to breastfeed but stop early due to a lack of ongoing support. The first 1,000 days, or first two 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 82.9 percent of Virginia mothers breastfed or pumped breastmilk to feed their infant2 at some point during their first year, many mothers do not exclusively breastfeed for the recommended period of time. By 6 months of age the exclusive breastfeeding rate for Virginia mothers was 26.42, and disparities exist between races. Non-Hispanic multiple race mothers in Virginia have the highest prevalence of breastfeeding exclusivity (27.6%), followed by non-Hispanic White mothers (20.1%), non-Hispanic Black mothers (16.6%), non-Hispanic Asian mothers (14.8%), and then Hispanic mothers (13%)[2] .

1. American Academy of Pediatrics. (2012). Breastfeeding and the use of human milk.
2. Pediatrics, 129(3). e821-e841. doi:10.1542/peds.2011-3552. Virginia Department of Health. (2016).Virginia National Immunization Survey 2016.

Key Indicator

Increasing access to breastfeeding friendly environments in the early care education settings and workplaces gives our earliest Virginians a healthy start. These environments encourage exclusive breastfeeding up to 6 months and continued breastfeeding up to 1 year postpartum. Breastfeeding and

nursing increases the bond between mother and child and also serves as a protective factor against communicable and chronic conditions as the child ages.

Key Indicator Baseline

115 ECEs; 42 Worksites

Problem was prioritized by the following factor(s)

Prioritized within a strategic plan

Program Strategy

Goal

The program goal is to improve nutrition and decrease obesity rates among infants in Virginia by increasing the number of early care education (ECE) settings and worksites that support breastfeeding initiation and exclusivity and meet federal breastfeeding accommodations and provide direct support to people post-partum to improve breastfeeding rates.

SDOH Addressed by the Program

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy

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.

Setting

Child care center

Community based organization

Primary Strategic Partners

Childcare Aware of Virginia (CCA-VA) and Virginia Infant Toddler Specialists Network (ITSN), Virginia Early Childhood Foundation (VECF), Virginia Breastfeeding Coalition (VBC), and Nurture RVA

Evaluation Methodology

Enumeration data from VBC, CCA-VA, and VECF surveys and monthly reports will be used to track VBFF recognized programs, engagement in supportive breastfeeding interventions, population demographics of ECE sites and workplaces being reached through activities. Enumeration data from Nurture will be used to track the number of individuals connected to breastfeeding support programs and services.

Program Budget	
FY2022 Basic Allocation	$52,695
FY 2022 Sex Offense Allocation	$0
Total Allocation	**$52,695.00**

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as a total source of funding for this program.
The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program

The other funds came from:
None

Type of supported local agencies or organizations:
Local Organization

FTEs (Full Time Equivalents)
Total Number of Positions Funded: 3
Total FTEs Funded: 0.35

Target Population of Program

Number of people served:
4,581

Ethnicity:
Hispanic or Latino
Non-Hispanic or Latino

Race:
African American or Black
American Indian or Alaskan Native
Asian
Native Hawaiian or Other Pacific Islander
White

Age:
Under 1 year

Gender Identity:
Male
Female

Sexual Orientation:
Straight, this is not gay (or lesbian or gay)

Location:
Entire State

Health Insurance Status:
Uninsured
Medicare
Affordable Care Act Plan
Medicaid
Private Health Insurance

Program Objective 1 of 3	
Program Smart Objective	Increase the number of breastfeeding friendly ECEs. Between 10/2022 and 09/2023, VDH will provide professional development, including training and technical assistance, and tools and resources to guide 20 new ECEs

	in seeking state-level recognition for meeting Virginia's Five Breastfeeding Friendly Early Care Standards.
Title of Program SMART Objective	Increase the number of breastfeeding friendly ECEs
Item to be measured	ECEs that receive recognition
Unit to be measured	Number of ECEs
Baseline Value	115
Interim Target Value	125
Final Target Value	135

Problem Description

Breastfeeding is the best source of nutrition for most infants, yet most people want to breastfeed but stop early due to a lack of ongoing support. The first 1,000 days, or first two 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 82.9 percent of Virginia mothers breastfed or pumped breastmilk to feed their infant2 at some point during their first year, many mothers do not exclusively breastfeed for the recommended period of time. By 6 months of age the exclusive breastfeeding rate for Virginia mothers was 26.42, and disparities exist between races. Non-Hispanic multiple race mothers in Virginia have the highest prevalence of breastfeeding exclusivity (27.6%), followed by non-Hispanic White mothers (20.1%), non-Hispanic Black mothers (16.6%), non-Hispanic Asian mothers (14.8%), and then Hispanic mothers (13%)[2] .

1. American Academy of Pediatrics. (2012). Breastfeeding and the use of human milk.
2. Pediatrics, 129(3). e821-e841. doi:10.1542/peds.2011-3552. Virginia Department of Health. (2016).Virginia National Immunization Survey 2016.

Key Indicator

ECEs that receive recognition

Baseline Value for the Key Indicator

115

Intervention Summary

VDH will work with early care partners to expand the number of ECEs meeting Virginia's Five Breastfeeding Friendly Early Care Standards, therefore receiving Virginia Breastfeeding Friendly ECE. For the past three years, Virginia has strengthened its capacity to ensure that the youngest Virginians have a healthy start by reducing systemic barriers that prohibit parents from continuing to provide human milk to their infants for the recommended six-monthly exclusive. By training professionals working in early care education settings on human milk feeding best practices, they are able to create environments that prolong exposure to human milk. The Virginia Breastfeeding Recognition Program encourages ECEs to modify their existing environments to provide space for breastfeeding and nursing parents and normalize breastfeeding by educating staff, parents and children.

Type of Intervention

Innovative/Promising Practice

Evidence Source

None

Rationale for choosing the intervention

Virginia's five standards are a streamlined reflection of the components of the Ten Steps to Breastfeeding Friendly Child Care Centers, developed by the World Health Organization and UNICEF. The standards are: 1. Environmental: environment reflects normalizing, positive, and culturally responsive messages about breastfeeding; 2. Family Support: provides information and resources to families; 3. Infant Feeding: demonstrates infant feeding best practices; 4. Professional Development: provides training to early care providers in breast feeding topic areas; and 5. These standards provide guidance for developing and maintaining a breastfeeding friendly child care program.

Target Population same as the Program or a subset

Same as the Program

Activity 1 of 5

Breastfeeding Friendly Child Care Centers tracking

Summary

Maintain Breastfeeding Friendly Child Care Centers tracking systems

Description

Between 10/2022 and 09/2023, 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.

Activity 2 of 5

Professional Development

Summary

Update and provide breastfeeding friendly professional development

Description

Between 10/2022 and 09/2023, VDH and CCA-VA update existing professional development training established in 2019 and will provide up to ten regional trainings for early care providers on Virginia's Five Breastfeeding Friendly Early Care Standards and the recognition program. Early care providers who serve priority populations (Black, Hispanic/Latino, and Asian American/Pacific Islander populations) in Virginia where the exclusive six-month of breastfeeding rates are lower as compared to Whites will be targeted. The training will cover the following topic areas: the five breastfeeding friendly early care standards which include environmental, infant feeding, policy, professional development, and outreach to families; Virginia state requirements for infant feeding; how to handle breastmilk; best practices in infant feeding; and, resources and tools available. The training will be updated to ensure that all standards are up-to-date and health equity components are addressed. 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. On-site and off-site technical assistance will be provided to early care sites for up to eight hours of support. In addition, VDH and early care providers will offer a trainer for the breastfeeding training so additional organizations,

coalitions, and other groups working with early care settings can provide training and technical assistance to early care settings in meeting the Virginia breastfeeding standards.

Activity 3 of 5

Recognition of ECEs

Summary

Recognize ECEs that meet high standards for breastfeeding support

Description

Between 10/2022 and 09/2023, VDH will work closely with CCA-VA, VBC, VECF, and the ITSN in recognizing 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 from the VDH commissioner and an award vinyl cling. The sites will be honored 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. At these events, sites will be recognized with a formal certificate and frame.

Activity 4 of 5

Outreach

Summary

Disseminate a communication and outreach plan

Description

Between 10/2022 and 09/2023, VDH will work with CCA-VA, VECF, Virginia's ITSN to implement the outreach plan established in 2022. Implementation activities will include: 1) a social media package for statewide early care organizations to use and 2) 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 outlets.

Activity 5 of 5

Identify and update resources

Summary

Identify and update resources to support early care providers in meeting standards

Description

Between 10/2022 and 09/2023, 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 established in previous years include local breastfeeding resources for early care sites and a job-aid or tool, such as educational posters 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.

Program Objective 2 of 3	
Program Smart Objective	Between 10/2022 and 09/2023, VDH will provide tools, resources, and technical assistance to guide 20 workplaces in seeking state-level recognition through the Virginia Breastfeeding Friendly designation program (VBFF).
Title of Program SMART Objective	Increase the number of breastfeeding friendly worksites
Item to be measured	Worksites that receive recognition
Unit to be measured	Number of worksites recognized
Baseline Value	42
Interim Target Value	52
Final Target Value	62

Problem Description

Breastfeeding is the best source of nutrition for most infants, yet most people want to breastfeed but stop early due to a lack of ongoing support. The first 1,000 days, or first two 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 82.9 percent of Virginia mothers breastfed or pumped breastmilk to feed their infant2 at some point during their first year, many mothers do not exclusively breastfeed for the recommended period of time. By 6 months of age the exclusive breastfeeding rate for Virginia mothers was 26.42, and disparities exist between races. Non-Hispanic multiple race mothers in Virginia have the highest prevalence of breastfeeding exclusivity (27.6%), followed by non-Hispanic White mothers (20.1%), non-Hispanic Black mothers (16.6%), non-Hispanic Asian mothers (14.8%), and then Hispanic mothers (13%)[2] .

1. American Academy of Pediatrics. (2012). Breastfeeding and the use of human milk.
2. Pediatrics, 129(3). e821-e841. doi:10.1542/peds.2011-3552. Virginia Department of Health. (2016).Virginia National Immunization Survey 2016.

Key Indicator

Worksites that receive recognition

Baseline Value for the Key Indicator

42

Intervention Summary

VDH will work with the Virginia Breastfeeding Coalition to expand the number of worksites meeting gold, bronze, or silver level of the Virginia Breastfeeding Friendly Worksite Program. During the 2019 legislative session, HB1916 was passed, promoting Virginia state agencies into leadership positions on providing breastfeeding-friendly workplaces. A federal law is being considered now for federal buildings, and a national movement, with new studies and insights, pushes the nation towards helping all employers accommodate nursing mothers. For the past three years, Virginia has strengthened its capacity to ensure that the youngest Virginians have a healthy start by reducing systemic barriers that prohibit parents from continuing to provide human milk to their infants for the recommended six-

monthly exclusive. Worksites are guided on how to develop policies and create environments that prolong exposure to human milk, space for breastfeeding and nursing parents to nurse their children or express milk.

Type of Intervention
Innovative/Promising Practice

Evidence Source
None

Rationale for choosing the intervention
Virginia's five standards are a streamlined reflection of the components of the Ten Steps to Breastfeeding Friendly Child Care Centers, developed by the World Health Organization and UNICEF. The standards are: 1. Environmental: environment reflects normalizing, positive, and culturally responsive messages about breastfeeding; 2. Family Support: provides information and resources to families; 3. Infant Feeding: demonstrates infant feeding best practices; 4. Professional Development: provides training to early care providers in breast feeding topic areas; and 5. These standards provide guidance for developing and maintaining a breastfeeding friendly child care program.

Target Population same as the Program or a subset
Same as the Program

Activity 1 of 3
Quality Improvement

Summary
Identify and implement recommendations for improvement informed from surveys

Description
Between 10/2022 and 09/2023, 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 develop and distribute recommendations and best practices. Recommendations will include resources and support most beneficial in meeting the needs of workplaces with their lactation support services, policies, and over-all benefits to breastfeeding families.

Activity 2 of 3
Outreach and Technical Assistance

Summary
Provide outreach and technical assistance to workplaces

Description
Between 10/2022 and 09/2023, 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.

Activity 3 of 3

Breastfeeding Friendly Workplace Recognition Program

Summary

Manage Virginia's Breastfeeding Friendly Workplace Recognition Program

Description

Between 10/2022 and 09/2023, VBC, with support from VDH, will manage the application process for the recognition program. During this work plan cycle, as established in 2020, VBC plans to release the application during two one-month periods. 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 versus which criteria is challenging to meet. Finally, VBC will coordinate recognition ceremonies for awardees, aligning them with existing business conferences throughout Virginia.

Program Objective 3 of 3	
Program Smart Objective	Between 10/2022 and 09/2023, VDH provide breastfeeding support to postpartum women in the Richmond VA metro area.
Title of Program SMART Objective	Increase breastfeeding continuation rates among Black/African American women.
Item to be measured	BRT moderator resource and support
Unit to be measured	Number of people served by BRT moderators
Baseline Value	10
Interim Target Value	35
Final Target Value	60

Problem Description

Breastfeeding is the best source of nutrition for most infants, yet most people want to breastfeed but stop early due to a lack of ongoing support. The first 1,000 days, or first two 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 82.9

percent of Virginia mothers breastfed or pumped breastmilk to feed their infant2 at some point during their first year, many mothers do not exclusively breastfeed for the recommended period of time. By 6 months of age the exclusive breastfeeding rate for Virginia mothers was 26.42, and disparities exist between races. Non-Hispanic multiple race mothers in Virginia have the highest prevalence of breastfeeding exclusivity (27.6%), followed by non-Hispanic White mothers (20.1%), non-Hispanic Black mothers (16.6%), non-Hispanic Asian mothers (14.8%), and then Hispanic mothers (13%)[2] .

1. American Academy of Pediatrics. (2012). Breastfeeding and the use of human milk.
2. Pediatrics, 129(3). e821-e841. doi:10.1542/peds.2011-3552. Virginia Department of Health. (2016).Virginia National Immunization Survey 2016.

Key Indicator

Number of people served by BRT moderators

Baseline Value for the Key Indicator

10

Intervention Summary

VDH will continue to work with Nurture RVA increase the number of Black/African American women that continue to breast/chest feed their infants through the Breastfeeding Real Talk: Virtual Support Edition (BRT). BRT provides a safe space for breast/chestfeeding parents who identify as Black or Brown to receive support and encouragement from other parents and lactation professionals from similar backgrounds who have received culturally specific lactation support training. Nurture RVA's four moderators for BRT have received certification through The BLACK. Course, a 45-hour training recently launched by Black Lactation Support Providers for professional lactation education from the Black perspective. Moderators will work with parents during virtual groups sessions (via Facebook or Zoom) and one-on-one (Facebook page, messenger, and phone calls) to provide social, emotional, and mental support and connect to community-based resources.

Type of Intervention

Innovative/Promising Practice

Evidence Source

None

Rationale for choosing the intervention

Many low-income women and women of color face entrenched structural barriers that hinder their ability to breast/chestfeed. This problem is particularly acute for Black/African American women, who have the lowest breastfeeding initiation rate of all racial groups at 69.4 percent, compared with 85.9 percent of white women, and 83.2 percent of women overall. They also have the shortest breastfeeding duration, with 44.7 percent of black women breastfeeding at 6 months compared with 62 percent of white women and 57.6 percent of women overall. The BLACK Course is a full scope lactation and breastfeeding education course made by and for Black people and those supporting black breastfeeding. Moderators completing the course are aspiring lactation counselors equipped to provide support to parents to increase breast/chestfeeding duration rates.

Target Population same as the Program or a subset

Sub-set of the Program

Ethnicity:

Hispanic or Latino
Non-Hispanic or Latino

Race:

African American or Black

Age:

15 - 24 years
25 - 34 years
35 - 44 years

Gender Identity:

Female
Transgender

Sexual Orientation:

Straight, this is not gay (or lesbian or gay)
Gay (lesbian or gay); Bisexual

Location:

Greater Richmond Area

Health Insurance Status:

Uninsured
Medicare
Affordable Care Act Plan
Medicaid
Private Health Insurance

Activity 1 of 1

Virtual breastfeeding support

Summary

Implement virtual breastfeeding support to Black/African American post-partum women

Description

Between 10/2022 and 09/2022, Nurture will conduct virtual support groups via Facebook and Zoom and direct one-on-one support to Black/African American women who identify as having issues initiating and sustaining breastfeeding. Support will be provided using the BLACK training curriculum which is culturally relevant for Black/African American women. Support will include providing recommendations on latching, positioning the infant, and community based resources including lactation consultants. Trained moderators will report the number of group and individual participants and the recommendations/referrals made.

Program Summary	
Program Name	Data Collection – Youth Risk Behavior Survey (YRBS) and School Health Profiles (SHP)
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.
Healthy People 2030 Objective	PHI-R06 Enhance the use and capabilities of informatics in public health
Recipient Health Objective	Between 10/2022 and 09/2023, VDH will exceed CDC's required 60% response rate to obtain weighted data by 10% by maintaining the high school and student participation rate.
Total Program Allocation	$117,807

Problem Information

Problem Description

This program provides 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.

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 on future policy and social change implications. Data from the VYS and School Health Profiles are useful for school divisions, health districts, communities, and state organizations.

Key Indicator

The YRBSS assesses six categories of priority health behaviors—behaviors that contribute to unintentional injuries and violence; sexual behaviors related to unintended pregnancy and sexually transmitted diseases, including HIV infection; alcohol and other drug use; tobacco use; unhealthy dietary behaviors; and physical inactivity.

Key Indicator Baseline

N/A

Problem was prioritized by the following factor(s)

Conducted, monitored, or updated a jurisdiction health assessment
Identified via surveillance systems or other data sources
Prioritized within a strategic plan

Program Strategy

Goal

The goal of YRBS is to routinely monitor youth health behaviors and experiences; collaborates with education agencies to implement primary prevention of HIV, STDs, and unintended teen pregnancy; and conducts research to evaluate innovative prevention strategies.

SDOH Addressed by the Program

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy

The Youth Risk Behavior Surveillance System (YRBS) also referred to as the Virginia Youth Survey (VYS) was developed by the CDC in 1990 to monitor health behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. The School Health Profiles is a system of surveys assessing school health policies and practices in states, large urban school districts, and territories. The VYS is conducted every other odd year among middle and high school students and the SHP is conducted every other even year among middle and high school principals and lead health education teachers. Thus, VYS and SHP data will be used for State Health Assessments (SHA) and a State Health Improvement Plan (SHIP), also known in Virginia as The Virginia Plan for Well-Being (PFWB). VYS and SHP data will provide data to address aims 1 and 2 of the PFWB: maintaining healthy connected communities and a strong start for children.

Setting

State Health Department

Primary Strategic Partners

Local health districts, the Virginia Department of Education, local school divisions, Virginia Foundation for Healthy Youth

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.

Program Budget	
FY2022 Basic Allocation	$117,807
FY 2022 Sex Offense Allocation	$0
Total Allocation	**$117,807**

PHHS Block Grant funds were used as Supplement other existing funds for this program. PHHS Block Grant funds made up 50-74% - Significant source of funding of the total program funding.

The other funds came from

Other federal funding (CDC)
Cooperative Agreement for Virginia Youth Risk Behavior Surveillance System

Type of supported local agencies or organizations:

None

FTEs (Full Time Equivalents)

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

Target Population of Program

Number of people served:

10,000

Ethnicity:

Hispanic or Latino

Non-Hispanic or Latino

Race:

African American or Black

American Indian or Alaskan Native

Asian

Native Hawaiian or Other Pacific Islander

White

Age:

5 - 14 years

15 - 24 years

Gender Identity:

Male

Female

Transgender

Sexual Orientation:

Gay (lesbian or gay)

Bisexual

Straight, this is not gay (or lesbian or gay)

Location:

Entire State

Health Insurance Status:

Uninsured

Medicare

Affordable Care Act Plan

Private Health Insurance

Program Objective 1 of 1	
Program Smart Objective	Between 10/2022 and 09/2023, VDH will develop one 2023 Virginia Youth Survey.
Title of Program SMART Objective	Survey Development
Item to be measured	Survey
Unit to be measured	Survey
Baseline Value	0
Interim Target Value	0
Final Target Value	1

Problem Description

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 on future policy and social change implications. Data from the VYS and School Health Profiles are useful for school divisions, health districts, communities, and state organizations.

Key Indicator
2023 VYS Survey

Baseline Value for the Key Indicator
0

Intervention Summary
In October/November of 2022, the VYS workgroup will convene to discuss and propose state-added questions for the 2023 VYS questionnaire (middle and high). The draft VYS questionnaires (middle and high) are sent to CDC for any necessary changes and approval before being sent to VDH leadership. Additionally, once the questionnaires (middle and high) has been developed and approved by the workgroup members and CDC the final draft is sent to VDH leadership for any recommendations and final approval. The middle and high school questionnaires are both posted to the VDH website for public viewing.

Type of Intervention
Evidence-based intervention

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

Rationale for choosing the intervention
Priority health-risk behaviors (i.e., interrelated and preventable behaviors that contribute to the leading causes of morbidity and mortality among youths and adults) often are established during childhood and adolescence and extend into adulthood. The Youth Risk Behavior Surveillance System (YRBSS), established in 1991, monitors categories of priority health-risk behaviors among youths and young adults. The survey includes representative samples of students in grades 8–12. YRBSS continues to evolve to meet the needs of CDC and other data users through the ongoing revision of the questionnaire, the addition of new populations, and the development of innovative methods for data collection.

Target Population same as the Program or a subset
Same as the Program

Activity 1 of 1
Convene Workgroup

Summary
The workgroup will provide any proposed state-added questions and any deletions of the current questions to produce a draft 2023 VYS questionnaire. Additionally, the VDH workgroup and leadership will develop the YRBS questionnaire, meeting specifications outlined in the *Handbook for Conducting Youth Risk Behavior Surveys.*

Description
Between 10/2022 and 01/2023, VDH will convene the Virginia Youth Survey workgroup to discuss and propose stated added questions for the 2023 Virginia Youth Survey.

Program Summary	
Program Name	Increasing Healthcare Provider Capacity Project ECHO®: Injury and Violence Prevention
Program Goal	The goal of the VDH Injury and Violence Prevention Program ECHO is to expand the capacity of the existing workforce so that individuals are able to access quality healthcare facilitated by licensed professionals prepared to address critical priorities in the prevention of injury and violence.
Healthy People 2030 Objective	AHS-08 Increase the proportion of adults who get recommended evidence-based preventive health care
Recipient Health Objective	Between 10/2022 and 09/2023, VDH will implement 2 Project ECHO® learning lab initiatives to support the application of clinical based injury and violence prevention efforts among healthcare providers.
Total Program Allocation	$160,000

Problem Information

Problem Description

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. When appropriately trained, healthcare providers are a key mode to deliver injury and violence prevention anticipatory guidance, screening and referral to resources. 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.

Key Indicator

Number of healthcare providers participating in Project ECHO during the project timeline.

Key Indicator Baseline

40

Problem was prioritized by the following factor(s)

Identified via surveillance systems or other data sources
Prioritized within a strategic plan

Program Strategy

Goal

The goal of the VDH Injury and Violence Prevention Program ECHO is to expand the capacity of the existing workforce so that individuals are able to access quality healthcare facilitated by licensed professionals prepared to address critical priorities in the prevention of injury and violence.

SDOH Addressed by the Program:

Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)
Adverse Childhood Experiences (ACEs)

Program Strategy

The VDH Project ECHO model encompasses specialists led educational series content and connects community providers serving patients in underserved areas with these specialists during regular, real-time, collaborative sessions. Labs are held in three month rotation cohorts, and consists of six 90-minute programs that include a lecture, question and answer period, and case presentation. Thirty participants enroll in each cohort. Post cohort evaluation is conducted.

Setting

Community based organization
Medical or clinical site
Schools or school district
University or college

Primary Strategic Partners

George Mason, 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.

Program Budget	
FY2022 Basic Allocation	$160,000
FY 2022 Sex Offense Allocation	$0
Total Allocation	**$160,000**

PHHS Block Grant funds were used as Supplement other existing funds for this program. PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

The other funds came from

Other federal funding (CDC)
    Core State Injury Prevention Program
Other federal funding (non-CDC)
    HRSA Maternal Child Health Block Grant

Type of supported local agencies or organizations:

Local Organization

FTEs (Full Time Equivalents)

Total Number of Positions Funded: 2
Total FTEs Funded: 0.11

Target Population of Program

Number of people served

6,630,785

Ethnicity:

Hispanic or Latino
Non-Hispanic or Latino

Race:

African American or Black
American Indian or Alaskan Native
Asian
Native Hawaiian or Other Pacific Islander
White

Age:

Under 1 year
1 - 4 years
5 - 14 years
15 - 24 years
25 - 34 years
35 - 44 years
65 – 74 years
55 - 64 years
45 – 54 years
55 - 64 years
65 – 74 years
75 – 84 years
85 years and older

Gender Identity:

Male
Female
Transgender

Sexual Orientation:

Gay (lesbian or gay)
Bisexual
Straight, this is not gay (or lesbian or gay)
Something else

Location:

Entire State

Health Insurance Status:

Uninsured
Medicare
Affordable Care Act Plan
Medicaid

Private Health Insurance

Program Objective 1 of 2	
Program Smart Objective	Between 10/2022 and 09/2023, 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.
Title of Program SMART Objective	Enhance capacity related to addressing child abuse and neglect
Item to be measured	Child Abuse and Neglect Project ECHO cohort models
Unit to be measured	Number of Child Abuse and Neglect Project ECHO cohort models implemented
Baseline Value	3
Interim Target Value	3
Final Target Value	4

Problem Description

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. When appropriately trained, healthcare providers are a key mode to deliver injury and violence prevention anticipatory guidance, screening and referral to resources. 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.

Key Indicator

Number of Child Abuse and Neglect Project ECHO cohort models implemented

Baseline Value for the Key Indicator

3

Intervention Summary

The VDH and Virginia Commonwealth University ECHO: Protecting Children through Equal Access to Child Abuse Resources, is a virtual series of child abuse identification and evaluation educational programs led by specialists at Children's Hospital of Richmond at VCU. This series connects community providers with child abuse and maltreatment specialists in regular, real-time, collaborative sessions revolutionizing medical education and exponentially increasing workforce capacity to provide best-practice specialty care and reduce health disparities. Healthcare providers are equipped to prevent child abuse and neglect, summarize incidence of abuse and neglect, recognize normal versus abnormal physical findings, identify patterns of physical abuse, and recognize children needing additional evaluation, identify different categories of child neglect, develop an accurate diagnosis, and describe healthcare roles in identifying and prevention of child abuse and neglect. Labs are held in three month rotation cohorts, and consists of six 90-minute programs that include a lecture, question and answer period, and case presentation. Thirty participants enroll in each cohort. Post cohort evaluation is conducted.

Type of Intervention
Evidence-based intervention

Evidence Source
Best Practice Initiative (U.S. Department of Health and Human Services)

Rationale for choosing the intervention
The compendium of research and clinical practice guidelines, including those of the American Academy of Pediatrics and CDC technical packages, demonstrate healthier outcomes and lessening of harms when healthcare providers are trained to prevent and intervene incidences of injuries and violence.

Target Population same as the Program or a subset
Same as the Program

Activity 1 of 4
Collaborate

Summary
Coordination of an executed Memorandum of Understanding

Description
Between 10/2022 and 12/2022, VDH will execute 1 memorandum of agreement with Virginia Commonwealth University to conduct 1 Project ECHO® lab activities focused on effectively address issues of child abuse and neglect among their patient population.

Activity 2 of 4
Convene

Summary
Meet to outline curriculum goals, design outreach, review of evidence, and establish outcomes with convened partners.

Description
Between 10/2022 and 09/2023, the Injury and Violence Prevention Program will convene 1 meeting of stakeholders involved in the clinical treatment of child and abuse to outline the framework for a Project ECHO® lab model.

Activity 3 of 4
Curriculum Development

Summary
VDH will ensure that Project ECHO sessions encompass the most up to date evidence within the body of literature.

Description
Between 10/2022 and 09/2023, VDH Injury and Violence Prevention Program will provide feedback on an ongoing basis to Virginia Commonwealth University in the development and delivery of the curriculum to be used in the Project ECHO® lab.

Activity 4 of 4

Implementation and Evaluation

Summary

This activity is coordinated through a scope of work outlining Project ECHO facilitation, outreach planning for enrolled cohort members, didactic and case scenario coordination, and evaluation. Evaluation is conducted post sessions and follow up after cohort conclusion for policy and practice change.

Description

Between 11/01/2022 and 09/2023, VDH Injury and Violence Prevention Program, in partnership with Virginia Commonwealth University, will implement and evaluate 1 Project ECHO® lab focused on effectively address issues of child abuse and neglect among their patient population.

Program Objective 2 of 2	
Program Smart Objective	Between 10/2022 and 09/2023, VDH will implement 1 Project ECHO® lab equipping healthcare providers the skills and knowledge base to effectively treat and manage concussion among their patient population.
Title of Program SMART Objective	Enhance capacity related to treatment and management of concussions
Item to be measured	Concussion Management Project ECHO cohort model
Unit to be measured	Number of Concussion Management Project ECHO cohort models implemented
Baseline Value	3
Interim Target Value	3
Final Target Value	4

Problem Description

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. When appropriately trained, healthcare providers are a key mode to deliver injury and violence prevention anticipatory guidance, screening and referral to resources. 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.

Key Indicator

Number of Concussion Management Project ECHO cohort models implemented

Baseline Value for the Key Indicator

3

Intervention Summary

The VDH and George Mason University ECHO, is a virtual series of concussion management education led by specialists within and as part of the Virginia Concussion Initiative. This series connects community providers with concussion management specialists in regular, real-time, collaborative sessions revolutionizing medical education and exponentially increasing workforce capacity to provide best-practice specialty care and reduce health disparities. Healthcare providers are equipped to address primary prevention, prevent the impact of concussions, identify risk, screen, manage, refer and recognize children needing additional evaluation, and describe healthcare roles in identifying and prevention of concussion management. Labs are held in rotation cohorts, and consists of six 90-minute programs that include a lecture, question and answer period, and case presentation. Approximately thirty participants enroll in each cohort.

Type of Intervention

Evidence-based intervention

Evidence Source

Best Practice Initiative (U.S. Department of Health and Human Services)

Rationale for choosing the intervention

The compendium of research and clinical practice guidelines, including those of the American Academy of Pediatrics and CDC technical packages, demonstrate healthier outcomes and lessening of harms when healthcare providers are trained to prevent and intervene incidences of injuries and violence.

Target Population same as the Program or a subset

Same as the Program

Activity 1 of 4

Collaborate

Summary

Coordination of an executed Memorandum of Understanding

Description

Between 10/2022 and 12/2022, VDH will execute 1 memorandum of agreement with George Mason University to conduct 1 Project ECHO® lab activities focused on effective concussion management education.

Activity 2 of 4

Convene

Summary

Meet to outline curriculum goals, design outreach, review of evidence, and establish outcomes with convened partners.

Description

Between 10/2022 and 09/2023, the Injury and Violence Prevention Program will convene 1 meeting of stakeholders involved in the effective concussion management education to outline the framework for a Project ECHO® lab model.

Activity 3 of 4

Curriculum Development

Summary

VDH will ensure that Project ECHO sessions encompass the most up to date evidence within the body of literature.

Description

Between 10/2022 and 09/2023, VDH Injury and Violence Prevention Program will provide feedback on an ongoing basis to George Mason University in the development and delivery of the curriculum to be used in the Project ECHO® lab.

Activity 4 of 4

Implementation and Evaluation

Summary

This activity is coordinated through a scope of work outlining Project ECHO facilitation, outreach planning for enrolled cohort members, didactic and case scenario coordination, and evaluation. Evaluation is conducted post sessions and follow up after cohort conclusion for policy and practice change.

Description

Between 11/01/2022 and 09/2023, VDH Injury and Violence Prevention Program, in partnership with George Mason University, will implement and evaluate 1 Project ECHO® lab focused on effective concussion management education.

Program Summary	
Program Name	Sexual Assault Intervention and Education Program
Program Goal	The goal of this program is to increase and improve services to victims of sexual assault.
Healthy People 2030 Objective	IVP-D05 Reduce contact sexual violence
Recipient Health Objective	Between 10/2022 and 09/2023, VDH will increase the capacity of community based programs 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.
Total Program Allocation	$ 205,075

Problem Information

Problem Description

VAData, a data system that collects information on sexual and domestic violence from domestic violence programs and sexual assault crisis centers in Virginia, reported that over the five-year period from 2014 to 2018, the number of adults and children seeking sexual violence (SV) advocacy services increased by 15% and 13%, respectively. College-aged students in Virginia experienced a 63% increase in dating violence offenses from 2014 to 2018, particularly those that occurred on campus (78%). In total, SV affects all Virginians across the lifespan and in all communities. In 2018 alone, 6,219 adults sought SV advocacy services; among these individuals, 90% were female, and a majority received crisis intervention and counseling, followed by information and referrals. For the 2,061 children who received SV advocacy services in 2018, a majority received crisis intervention and counseling, and 77% were female. Further, of the 10,017 SV hotline calls received in 2018, 25% were due to SV perpetration against children, reflecting SV has significant impacts on very young age groups as well.

Problem was prioritized by the following factor(s)

Identified via surveillance systems or other data sources
Prioritized within a strategic plan

Program Strategy

Goal

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

SDOH Addressed by the Program:

This program specifically addresses a Social Determinant of Health (SDOH)

Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability)
Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)
Adverse Childhood Experiences (ACEs)

Program Strategy

This program aims to increase the capacity of community based programs 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.

Setting:

State Health Department

Primary Strategic Partners:

Community based organizations, Medical or clinical site, University or college

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.

Program Budget	
FY2022 Basic Allocation	$24,884
FY 2022 Sex Offense Allocation	$180,191
Total Allocation	**$ 205,075**

The other funds came from:

Other federal funding (CDC)

CDC Rape Prevention and Education

Type of supported local agencies or organizations:

Local Organization

FTEs (Full Time Equivalents)

Total Number of Positions Funded: 2
Total FTEs Funded: 0.95

Target Population of Program

Number of people served:

6,630,785

Ethnicity:

Hispanic or Latino
Non-Hispanic or Latino

Race:
African American or Black
American Indian or Alaskan Native
Asian
Native Hawaiian or Other Pacific Islander
White
Age:
Under 1 year
1 - 4 years
5 - 14 years
15 - 24 years
25 - 34 years
35 - 44 years
65 – 74 years
55 - 64 years
45 – 54 years
55 - 64 years
65 – 74 years
75 – 84 years
85 years and older
Gender Identity:
Male
Female
Transgender
Sexual Orientation:
Gay (lesbian or gay)
Bisexual
Straight, this is not gay (or lesbian or gay)
Something else
Location:
Entire State
Health Insurance Status:
Uninsured
Medicare
Affordable Care Act Plan
Medicaid
Private Health Insurance

Program Objective 1 of 2	
Program Smart Objective	Between 10/2022 and 09/2023, VDH Injury and Violence Prevention, will build the capacity of existing health systems to implement evidence-informed sexual assault primary prevention through facilitation of the Services for Survivors of Sexual Assault Task Force.
Title of Program SMART Objective	Build capacity
Item to be measured	Health Systems
Unit to be measured	Health systems to implement evidence-informed sexual assault primary prevention efforts

Baseline Value	0
Interim Target Value	0
Final Target Value	3

Problem Description

VAData, a data system that collects information on sexual and domestic violence from domestic violence programs and sexual assault crisis centers in Virginia, reported that over the five-year period from 2014 to 2018, the number of adults and children seeking sexual violence (SV) advocacy services increased by 15% and 13%, respectively. College-aged students in Virginia experienced a 63% increase in dating violence offenses from 2014 to 2018, particularly those that occurred on campus (78%). In total, SV affects all Virginians across the lifespan and in all communities. In 2018 alone, 6,219 adults sought SV advocacy services; among these individuals, 90% were female, and a majority received crisis intervention and counseling, followed by information and referrals. For the 2,061 children who received SV advocacy services in 2018, a majority received crisis intervention and counseling, and 77% were female. Further, of the 10,017 SV hotline calls received in 2018, 25% were due to SV perpetration against children, reflecting SV has significant impacts on very young age groups as well.

Intervention Summary

Established by Chapter 725 of the 2020 Acts of Assembly, the Services for Survivors of Sexual Assault Task Force is to develop model documents, plans, and processes for these facilities to use; to educate these facilities on their obligations in treating or transferring survivors of sexual assault; and to increase the use of telemedicine in providing services to survivors of sexual assault.

Type of Intervention

Innovative/Promising Practice

Evidence Source

N/A

Rationale for choosing the intervention

This activity is assigned to VDH to facilitate pursuant to Chapter 725 of the 2020 Acts of Assembly, creating Title 32.1, Chapter 5, Article 8 (§ 32.1-162.15:2 et seq.)

Target Population same as the Program or a subset

Same as the Program

Activity 1 of 1

Expand health system model policies and processes to address sexual violence

Summary

Pursuant to Virginia Code, this activity requires for VDH to convene a group of diverse stakeholders across state agencies, forensic nurse associations, legislators, and health systems to design model policies, approaches, and education strategies to improve services for survivors and ensure a trauma responsive approach is taken. Work will include design of policy documents in workforce, education, model implementation, and best practices.

Description

Between 10/2022 and 09/2023, the Injury and Violence Prevention Program will facilitate three Task Force/document committee meetings over the project period timeline.

Program Objective 2 of 2	
Program Smart Objective	Between 10/2022 and 09/2023, VDH Injury and Violence Prevention, will build the capacity of existing health systems to implement evidence-informed intimate partner violence/sexual assault primary prevention through facilitation of linkages of care models.
Title of Program SMART Objective	Linkages of Care
Item to be measured	Health Systems
Unit to be measured	Health systems implementing linkages of care models
Baseline Value	0
Interim Target Value	0
Final Target Value	3

Problem Description

VAData, a data system that collects information on sexual and domestic violence from domestic violence programs and sexual assault crisis centers in Virginia, reported that over the five-year period from 2014 to 2018, the number of adults and children seeking sexual violence (SV) advocacy services increased by 15% and 13%, respectively. College-aged students in Virginia experienced a 63% increase in dating violence offenses from 2014 to 2018, particularly those that occurred on campus (78%). In total, SV affects all Virginians across the lifespan and in all communities. In 2018 alone, 6,219 adults sought SV advocacy services; among these individuals, 90% were female, and a majority received crisis intervention and counseling, followed by information and referrals. For the 2,061 children who received SV advocacy services in 2018, a majority received crisis intervention and counseling, and 77% were female. Further, of the 10,017 SV hotline calls received in 2018, 25% were due to SV perpetration against children, reflecting SV has significant impacts on very young age groups as well.

Intervention Summary

This work will support the implementation of IPV screening in the health care setting and linkage to care models. This model will encompass a quality improvement approach by learning from health systems the facilitators and barriers in implementing an IPV screening model, including training, buy in, reimbursement, and model policies and practices. Work will be facilitated by a social worker and emergency department team and will not focus on personable identifiable records.

Type of Intervention

Innovative/Promising Practice

Evidence Source

N/A

Rationale for choosing the intervention

The CDC Stop SV technical package emphasizes criticality among public health sectors to create protective environments for survivors.

Target Population same as the Program or a subset

Same as the Program

Activity 1 of 1

Expand health system model policies and processes to address intimate partner violence/sexual violence

Summary

This activity will include training, leadership buy in, design of policy documents in workforce, education, model implementation, and best practices, and evaluation.

Description

Between 10/2022 and 09/2023, the Injury and Violence Prevention Program will partner with the University of Virginia to facilitate a quality improvement model addressing facilitators and barriers to implementing IPV referral practices.

Program Summary	
Program Name	Traumatic Brain Injury Prevention Project
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.
Healthy People 2030 Objective	ECBP-D07 Increase the number of community organizations that provide prevention services
Recipient Health Objective	1. 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 2024. 2. 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 2024.
Total Program Allocation	$130,000

Problem Information

Problem Description

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.

The Virginia Board of Education (VBOE) developed the Guidelines for Policies on Concussions in Students in 2016. Most recently in 2021, the Guidelines established best practices for concussion recognition and management in school divisions pursuant to House Bill 1930. These efforts are critical in the prevention of concussions, as VCI revealed 64% of Virginia's school divisions had the same Virginia School Board Association Model Policy from 2010. Given that 52% of schools reported to VCI that the nearest community provider was about 30 miles away from the school, a special emphasis through this project has been placed on educating gatekeepers that care for concussed youth within the priority population.

Key Indicator

Number of schools that participate in ECHO platform education during the project period timeline

Key Indicator Baseline

30

Problem was prioritized by the following factor(s)

Identified via surveillance systems or other data sources
Prioritized within a strategic plan

Program Strategy

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.

SDOH Addressed by the Program

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy

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.

Setting

Schools or school district

Primary Strategic Partners

Athletic Trainers' Association, George Mason Univ., Univ. of New Mexico, schools

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.

Program Budget	
FY2022 Basic Allocation	$130,000
FY 2022 Sex Offense Allocation	$0
Total Allocation	**$130,000**

PHHS Block Grant funds were used as Supplement other existing funds for this program. 10-49% - Partial source of funding

The other funds came from

Other federal funding (CDC)

Core State Injury Prevention Program

Other federal funding (non-CDC)

HRSA Maternal Child Health Block Grant

Type of supported local agencies or organizations:

Academic university

FTEs (Full Time Equivalents)

Total Number of Positions Funded: 3

Total FTEs Funded: 0.22

Target Population of Program

Number of people served:

1,086,330

Ethnicity:

Hispanic or Latino

Non-Hispanic or Latino

Race:

African American or Black

American Indian or Alaskan Native

Asian

Native Hawaiian or Other Pacific Islander

White

Age:

1 - 4 years

5 - 14 years

15 - 24 years

Gender Identity:

Male

Female

Transgender

Sexual Orientation:

Gay (lesbian or gay)

Bisexual

Straight, this is not gay (or lesbian or gay)

Something else

Location:

Entire State

Health Insurance Status:

Uninsured

Medicare

Affordable Care Act Plan

Private Health Insurance

Program Objective 1 of 1	
Program Smart Objective	Between 10/2022 and 09/2023, VDH, in partnership with George Mason University, 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.
Title of Program SMART Objective	Enhance school-based concussion teams
Item to be measured	Schools
Unit to be measured	Number of schools that participate in ECHO platform
Baseline Value	30
Interim Target Value	30
Final Target Value	40

Problem Description

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.

The Virginia Board of Education (VBOE) developed the Guidelines for Policies on Concussions in Students in 2016. Most recently in 2021, the Guidelines established best practices for concussion recognition and management in school divisions pursuant to House Bill 1930. These efforts are critical in the prevention of concussions, as VCI revealed 64% of Virginia's school divisions had the same Virginia School Board Association Model Policy from 2010. Given that 52% of schools reported to VCI that the nearest community provider was about 30 miles away from the school, a special emphasis through this project has been placed on educating gatekeepers that care for concussed youth within the priority population.

Key Indicator

Number of schools that participate in ECHO platform

Baseline Value for the Key Indicator

30

Intervention Summary

VDH Injury and Violence Prevention Program and George Mason University provides school providers with training and technical assistance through the ECHO platform to address the BOE Concussion Guidelines. The VDH and George Mason University ECHO, is a virtual series of school based, Return to Learn, Return to Play concussion management education led by specialists within and as part of the Virginia Concussion Initiative. This series connects school personnel, inclusive of administration, school nurses, trainers, faculty, coaches, and associated clinical providers with concussion management specialists in regular, real-time, collaborative sessions revolutionizing professional development education and exponentially increasing workforce capacity to provide best-practice specialty care and reduce health disparities. An emphasis is placed on adopting the BOE Concussion Guidelines. Labs are held in rotation cohorts, and consists of six 90-minute programs that include a lecture, question and answer period, and case presentation.

Type of Intervention

Evidence-Based Intervention

Evidence Source

Best Practice Initiative (U.S. Department of Health and Human Services)

Rationale for choosing the intervention

Project ECHO is an evidence based model adopted by the VDH Injury and Violence Prevention Program across all of its programs. The compendium of research and clinical practice guidelines demonstrate healthier outcomes and lessening of harms when school personnel are trained to prevent and intervene incidences of concussions.

Target Population same as the Program or a subset

Same as the program

Activity

Implementation and evaluation

Summary

This ECHO brings together a team of concussion experts to optimize the well-being of every child with a concussion through collaborative networks, tailored guidance, and practical resources. VCI aims to support the implementation of concussion best practices across home, school, and community settings to protect and support the young minds of Virginia.

Description

Between 10/01/2022 and 09/2023, George Mason University, and the Virginia Concussion Initiative, in partnership with VDH Injury and Violence Prevention Program, will be contracted to implement and evaluate 1 Project ECHO® lab on an ongoing basis focused on assisting school-based concussion teams with the implementation of the Board of Education's Student Concussion Guidelines.

Program Summary	
Program Name	Injury and Violence Prevention Program
Program Goal	The goal of the Injury and Violence Prevention Program is to prevent and reduce the consequences of unintentional injuries and acts of violence, addressing risk factors at a population health level through practice and policy change.
Healthy People 2030 Objective	IVP-01 Reduce fatal injuries
Recipient Health Objective	1. Reduce the rate of injury related deaths by 3% from the 2012 baseline of 51.9 per 100,000 to 50.3 per 100,000 by 2024. 2. Reduce the rate of injury related hospitalization by 5% from the 2012 baseline of 428.4 per 100,000 to 407 per 100,000 by 2024.
Total Program Allocation	$45,187

Problem Information

Problem Description

Injuries represent the leading cause of death in the US and Virginia for those 1-44 years of age; the 2019 crude injury related death rate per 100,000 population (using 2019 population estimate as denominator) was 64.0 per 100,000, and the number of deaths was 5,465. Although death is the most severe result of injury, the majority of those who incur injuries survive; the 2019 crude injury hospitalization rate for all Virginians was 439.8 per 100,000, and the number of injury hospitalizations was 37,541. Depending on the severity of the injury, victims may be faced with life-long mental, physical and financial problems as a result of lost productivity and stress to the victim, family and other caregivers. Injuries impact everyone regardless of age, race or economic status.

Key Indicator

Rate of injury related deaths; rate of injury related hospitalization

Key Indicator Baseline

51.9 per 100,000; 428.4 per 100,000

Problem was prioritized by the following factor(s)

Identified via surveillance systems or other data sources

Prioritized within a strategic plan

Program Strategy

Goal

The goal of the Injury and Violence Prevention Program is to prevent and reduce consequences of unintentional injuries and acts of violence, addressing risk factors at the population health level through practice and policy change.

SDOH Addressed by the Program:

Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)

Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)

Adverse Childhood Experiences (ACEs)

Program Strategy

IVPP works to 1) Collect and explain injury related data, 2) identify and address risk and protective factors, 3) fund programs to prevent unintentional injury and acts of violence, 4) work with partners to expand prevention efforts, 5) train the workforce to address critical priorities, and 6) provide Virginians with the knowledge to protect themselves.

Setting

Community based organization
Home
Local health department
Medical or clinical site
Parks or playgrounds
Schools or school district
State health department
University or college

Primary Strategic Partners

Emergency Medical Services, and the Chief Medical Examiner, the Injury Prevention Program partners with a variety of organizations and agencies at the state and local levels depending on the mechanism of injury being addressed. These include but are not limited to drug free organizations, Safe Kids coalitions, schools, child care centers, fire and police departments, health systems, Poison Control Centers, Virginia High School League, Virginia Association of Independent Schools, Virginia Chapter of the American Academy of Pediatrics, Bike Walk Virginia, AAA divisions, Anthem Blue Cross and Blue Shield of VA, VA Association of Health, Physical Education, Recreation and Dance, VA Recreation and Park Society, VA Safe Routes to School Network, VA Fire and Life Safety Coalition, Virginia Association of School Nurses, Brain Injury Association of VA, Drive Smart Virginia and the Virginia

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.

Program Budget	
FY2022 Basic Allocation	$45,187
FY 2022 Sex Offense Allocation	$0
Total Allocation	**$45,187**

The other funds came from

Other federal funding (CDC)

Core State Injury Prevention Program

Other federal funding (non-CDC)

HRSA Maternal Child Health Block Grant

Type of supported local agencies or organizations:

N/A

FTEs (Full Time Equivalents)

Total Number of Positions Funded: 4

Total FTEs Funded: 0.3

Target Population of Program

Number of people served:

6,630,785

Ethnicity:

Hispanic or Latino

Non-Hispanic or Latino

Race:

African American or Black

American Indian or Alaskan Native

Asian

Native Hawaiian or Other Pacific Islander

White

Age:

Under 1 year

1 - 4 years

5 - 14 years

15 - 24 years

25 - 34 years

35 - 44 years

65 – 74 years

55 - 64 years

45 – 54 years

55 - 64 years

65 – 74 years

75 – 84 years

85 years and older

Gender Identity:

Male

Female

Transgender

Sexual Orientation:

Gay (lesbian or gay)

Bisexual

Straight, this is not gay (or lesbian or gay)

Something else

Location:

Entire State

Health Insurance Status:

Uninsured
Medicare
Affordable Care Act Plan
Medicaid
Private Health Insurance

Program Objective 1 of 1	
Program Smart Objective	Between 10/2022 and 09/2023, the VDH Injury and Violence Prevention Program will continue to provide statewide stakeholders and partners with resources, technical assistance, and training to build and maintain a statewide injury prevention infrastructure.
Title of Program SMART Objective	Build workforce capacity
Item to be measured	Technical assistance activities provided
Unit to be measured	number
Baseline Value	300
Interim Target Value	450
Final Target Value	600

Problem Description

Preventionists in the field and the public require ongoing education to ensure reduction of injury related deaths and hospitalizations.

Key Indicator

Technical assistance activities provided

Baseline Value for the Key Indicator

300

Intervention Summary

VDH IVPP continues to provide resources, training, epidemiology, policy development, and evaluation technical assistance for statewide stakeholders and partners to build capacity in addressing immediate threats of injuries and violence; continues to facilitate its existing multi-disciplinary public/private collaborative quarterly meeting group, the Network, representing all CDC-funded IVP programs in its jurisdiction; placing an emphasis on a science-based approach to injury and violence, and a shared risk and protective factor approach to its work; continues to disseminate child passenger safety seats to income eligible families; and advance violence prevention work with unintentional brain injury sector partners.

Type of Intervention

Innovative/Promising Practice

Evidence Source

N/A

Rationale for choosing the intervention

Building capacity of statewide stakeholders to address injury and violence prevention is a critical role of the program. The CDC and Safe States identifies core competencies in building essential knowledge necessary to work in the field of injury and violence prevention.

Target Population same as the Program or a subset

Same as the Program

Activity 1 of 3

Provide training and education

Summary

The VDH Injury and Violence Prevention Program convenes and leads the Collaborative Network, a group of local and state partners working to address injury and violence prevention.

Description

Between 10/2022 and 09/2023, the Injury and Violence Prevention Program will continue to support a statewide network of injury and violence prevention practitioners through the coordination of **2** regional shared risk and protective factor meetings to support local capacity and sustainability of injury and violence prevention infrastructure.

Activity 2 of 3

Data Analysis

Summary

In the provision of support to the Injury and Violence Prevention Program in the development of data driven programmatic activities for the prevention of injury and violence, the VDH Division of Population Health Data (DPHD) staff are experts in analyzing data extracted from population health data sets and creating and disseminating data products; establishing quality measures; determining available data for program planning and evaluation purposes; evaluating strategies for collaborative efforts; cross-state learning; and behavioral science.

Description

Between 10/2022 and 9/2023, the VDH Injury and Violence Prevention Program, in partnership with the VDH Division of Population Health Data, will support the development of data driven programmatic activities for the prevention of injuries and violence by maintaining public access to currently available injury hospitalization and death data and updating the Injury and Violence Prevention Dashboard in partnership with the Division of Population Health Data.

Activity 3 of 3

Identify and Solve Community Problems

Summary

This activity will support the expansion of the VDH Injury and Violence Prevention Program's collective impact planning of its Youth Violence Prevention Program by filling community level strategy gaps in at

risk communities as identified within the Centers for Disease Control and Prevention's *A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors.*

Description

Between 10/2022 and 9/2023, the VDH Injury and Violence Prevention Program will draft a Youth Violence Program implementation plan based on environmental scan statewide results with an emphasis on at risk communities to fill gaps in primary prevention activities facilitated to address youth community violence.

Rationale for choosing the intervention

Building capacity of statewide stakeholders to address injury and violence prevention is a critical role of the program. The CDC and Safe States identifies core competencies in building essential knowledge necessary to work in the field of injury and violence prevention.

Target Population same as the Program or a subset

Same as the Program

Activity 1 of 3

Provide training and education

Summary

The VDH Injury and Violence Prevention Program convenes and leads the Collaborative Network, a group of local and state partners working to address injury and violence prevention.

Description

Between 10/2022 and 09/2023, the Injury and Violence Prevention Program will continue to support a statewide network of injury and violence prevention practitioners through the coordination of **2** regional shared risk and protective factor meetings to support local capacity and sustainability of injury and violence prevention infrastructure.

Program Summary	
Program Name	Reducing the Impact of Violence
Program Goal	The goal is to use a shared risk and protective factor framework to effectively prevent multiple forms of violence.
Healthy People 2030 Objective	IVP-D03 Reduce the number of young adults who report 3 or more adverse childhood experiences
Recipient Health Objective	Between 10/2022 and 09/2023, VDH will support the continued coordination of a public health effort to address Adverse Childhood Experiences (ACEs) through injury and violence prevention efforts.
Total Program Allocation	$200,000

Problem Information

Problem Description

The VDH Injury and Violence Prevention Program (IVPP) recognizes that ACEs occurring in childhood can influence a child's sense of safety, stability, overall well-being, and ability to bond. According to the Centers for Disease Control and Prevention (CDC), ACEs are potentially traumatic events that occur in childhood (0-17 years). The impact of experiencing violence, abuse, or neglect; being a child of divorce;, incarceration of a caregiver; substance misuse in the home,; and mental health problems of parents and caregivers; and having a family member attempt or die by suicide, all can contribute to negative health outcomes for children. The body of literatures shows that ACEs can have negative, lasting effects on health, wellbeing, and opportunity. Per CDC, these exposures can disrupt healthy brain development, affect social development, compromise immune systems, and can lead to substance misuse and other unhealthy coping behaviors. ACEs can also negatively impact education, employment, and earnings potential.

Problem was prioritized by the following factor(s)

Identified via surveillance systems or other data sources
Prioritized within a strategic plan

Program Strategy

Goal

The VDH Injury and Violence Prevention ACEs prevention initiative seeks to strategize and provide a preventive direction to achieve the goal of preventing ACEs through programs, practices, and policies through application of evidence for each of the approaches in preventing ACEs or its associated risk factors.

SDOH Addressed by the Program

Adverse Childhood Experiences (ACEs)

Program Strategy

To achieve the goal of preventing ACEs through programs, practices, and policies through application of evidence for each of the approaches in preventing ACEs or its associated risk factors, the VDH Injury and Violence Prevention Program has worked in FY22 to create a blueprint for achieving this goal in partnership with Virginia Commonwealth University and the Virginia Chapter of the American Academy

of Pediatrics (AAP). This intervention encompasses the establishment of a framework to build capacity in four types of public health interventions: 1) Screening: equipping its healthcare providers to assess all individuals seeking clinical services for risk of ACEs, 2) Health teaching: equipping stakeholders with the skills to communicate health risks and change the level of knowledge, attitudes, behaviors of its patient population, 3) Policy development: implementation of evidence-based interventions and drafting policies for community access to services, 4) Outreach: equipping stakeholders to identify its population-at-risk, provide information about ACEs through trauma responsive principles, promote community access to services and linkages of care, and identify strategies and evaluate processes to solving possible solutions in linkages of care.

Setting

Community based organization
Medical or clinical site
State health department
University or college

Primary Strategic Partners

Virginia Commonwealth University; AAP, 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.

Program Budget	
FY2022 Basic Allocation	$200,000
FY 2022 Sex Offense Allocation	$0
Total Allocation	**$200,000**

PHHS Block Grant funds were used as Supplement other existing funds for this program.
PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

The other funds came from

Other federal funding (CDC)
Core State Injury Prevention Program

Type of supported local agencies or organizations:

Local organizations

FTEs (Full Time Equivalents)

Total Number of Positions Funded: 4
Total FTEs Funded: 0.3

Target Population of Program

Number of people served:
6,630,785
Ethnicity:
Hispanic or Latino
Non-Hispanic or Latino
Race:
African American or Black
American Indian or Alaskan Native
Asian
Native Hawaiian or Other Pacific Islander
White
Age:
Under 1 year
1 - 4 years
5 - 14 years
15 - 24 years
25 - 34 years
35 - 44 years
65 – 74 years
55 - 64 years
45 – 54 years
55 - 64 years
65 – 74 years
75 – 84 years
85 years and older
Gender Identity:
Male
Female
Transgender
Sexual Orientation:
Gay (lesbian or gay)
Bisexual
Straight, this is not gay (or lesbian or gay)
Something else
Location:
Entire State
Health Insurance Status:
Uninsured
Medicare
Affordable Care Act Plan
Medicaid
Private Health Insurance

Program Objective 1 of 1	
Program Smart Objective	Between 10/2022 and 09/2023, VDH will continue to partner with Virginia Commonwealth University and the Virginia Chapter of the American Academy of Pediatrics to conduct ACEs program evaluation and quality improvement implementation, and develop a blueprint for ACEs prevention.
Title of Program SMART Objective	ACEs Blueprint
Item to be measured	ACEs Blueprint
Unit to be measured	Completed ACEs Blueprint
Baseline Value	0
Interim Target Value	0
Final Target Value	1

Problem Description

The VDH Injury and Violence Prevention Program (IVPP) recognizes that ACEs occurring in childhood can influence a child's sense of safety, stability, overall well-being, and ability to bond. According to the Centers for Disease Control and Prevention (CDC), ACEs are potentially traumatic events that occur in childhood (0-17 years). The impact of experiencing violence, abuse, or neglect; being a child of divorce;, incarceration of a caregiver; substance misuse in the home,; and mental health problems of parents and caregivers; and having a family member attempt or die by suicide, all can contribute to negative health outcomes for children. The body of literatures shows that ACEs can have negative, lasting effects on health, wellbeing, and opportunity. Per CDC, these exposures can disrupt healthy brain development, affect social development, compromise immune systems, and can lead to substance misuse and other unhealthy coping behaviors. ACEs can also negatively impact education, employment, and earnings potential.

Key Indicator

Pediatric practices implementing SEEK

Baseline Value for the Key Indicator

0

Intervention Summary

This work will involve the development of enhanced methods to evaluate the impact of the SEEK model and resource support on ACEs and injury prevention and referral connections, identification of pediatric practices in five health regions of the state to implement SEEK will be conducted in partnership with VA-AAP, partner with VA-AAP to ensure practices in each region implement SEEK screenings on 100% parents and caregivers of children from birth to age five at baseline and six-, 18-, and 36-month follow-ups, and implement an enhanced evaluation plan for SEEK interventions. This model will be supported over several fiscal year cycles.

Type of Intervention

Evidence-Based Intervention

Evidence Source

Best Practice Initiative (U.S. Department of Health and Human Services)

Rationale for choosing the intervention

Based on 2017-2018 data from the National Survey of Children's Health, an estimated 280,629 children (15.6%) in Virginia have been exposed to two or more ACEs. This grant work will expand this evaluation and measure the breadth of available resources, success at linking families with appropriate resources, and use of resources by referred families.

Target Population same as the Program or a subset

Same as the Program

Activity 1 of 3

Identify and Collaborate

Summary

Establishing a contract with the university will outline scope of work and resources provided for the project to be executed.

Description

Between 10/2022 and 12/2022, the VDH Injury and Violence Prevention Program will contract with Virginia Commonwealth University to conduct a quality improvement project in strategies to support the facilitation of the program's response to reducing ACEs.

Activity 2 of 3

Implement a study

Summary

This work will focus on cross-sector partnership, identification of prevention targets, ACEs prevention demonstration projects, examination of differences in the types of positive ACEs screens by conducted by pediatricians by health regions, and determination of level of resources needed within health regions.

Description

Between 11/2022 and 09/2023, the VDH Injury and Violence Prevention Program will partner with an academic university to implement a SEEK ACEs study.

Activity 3 of 3

Enhanced evaluation methods

Summary

This work will result in a web-based calculator tool that stakeholders can use to view the impact of ACEs on economic costs over time and in specific localities. Law and policymakers in Virginia will be given a full picture of how this dynamic affects our children, families, and communities across the state so that effective, comprehensive, and public health mind policy and action can occur.

Description

Between 10/2022 and 09/2023, VDH Injury and Violence Prevention Program will continue to contract with a state academic university to develop enhanced evaluation methods for program and policy interventions through an integrative surveillance project that measures economic costs of ACEs.

Program Summary	
Program Name	Data Collection – Pregnancy Risk Assessment Monitoring System (PRAMS)
Program Goal	The primary program goal is to continue to provide data about pregnancy and the first few months after birth.
Healthy People 2030 Objective	PHI-R06 Enhance the use and capabilities of informatics in public health
Recipient Health Objective	Between 10/2022 and 09/2023, VDH will maintain its unweighted PRAMS response rate (as measured in the PIDS system) above 50%.
Total Program Allocation	$137,484

Problem Information

Problem Description

PRAMS determines the health burdens affecting pregnant women and women who have recently given birth.

Key Indicator

Virginia prioritizes a "healthy start for children" in their strategic plan. VA PRAMS is a major source of maternal and child health data and can speak to many indicators used to assess a healthy start. Some key indicators include unintended pregnancy, breastfeeding, and infant safe sleep practices.

Key Indicator Baseline

44.36% unintended pregnancy, 88.46% breastfeeding at discharge, 80.66% of infants placed on back

Problem was prioritized by the following factor(s)

Conducted, monitored, or updated a jurisdiction health assessment
Identified via surveillance systems or other data sources
Prioritized within a strategic plan

Program Strategy

Goal

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

SDOH Addressed by the Program

Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability)
Education (e.g. low high school graduation rates, low literacy levels, poor early childhood education)
Social and Community Context (e.g. discrimination, low civic participation, poor workplace conditions, incarceration)
Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)

Program Strategy

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 1,900 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.

Setting
State health department

Primary Strategic Partners
Local health districts, state agencies, March of Dimes, researchers, CDC

Evaluation Methodology
VDH will measure the number of survey completions against the benchmark set by CDC PRAMS for all states: 50% unweighted response rate.

Program Budget	
FY2022 Basic Allocation	$137,484
FY 2022 Sex Offense Allocation	$0
Total Allocation	**$137,484**

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program. PHHS Block Grant funds made up 50-74% - Significant source of funding of funding of the total program funding.

The other funds came from
Other federal funding (CDC)

CDC PRAMS Grant funding

Type of supported local agencies or organizations:
N/A

FTEs (Full Time Equivalents)
Total Number of Positions Funded: 1
Total FTEs Funded: 0.65

Target Population of Program

Number of people served:
1,900

Ethnicity:
Hispanic or Latino
Non-Hispanic or Latino

Race:
African American or Black
American Indian or Alaskan Native
Asian

Native Hawaiian or Other Pacific Islander
White

Age:

15 - 24 years
25 - 34 years
35 - 44 years
65 – 74 years
55 - 64 years

Gender Identity:

Female

Sexual Orientation:

Gay (lesbian or gay)
Bisexual
Straight, this is not gay (or lesbian or gay)

Location:

Entire State

Health Insurance Status:

Uninsured
Medicare
Affordable Care Act Plan
Medicaid
Private Health Insurance

Program Objective 1 of 1	
Program Smart Objective	Between 10/2022 and 09/2023, VDH will maintain its un-weighted PRAMS response rate (as measured in the PIDS system) above 50%.
Title of Program SMART Objective	PRAMS response rate
Item to be measured	number of completed surveys/number of VA mothers contacted
Unit to be measured	percentage
Baseline Value	50%
Interim Target Value	50%
Final Target Value	50%

Problem Description

PRAMS determines the health burdens affecting pregnant women and women who have recently given birth.

Key Indicator

number of completed surveys/number of VA mothers contacted

Baseline Value for the Key Indicator

50%

Intervention Summary

Maintain accurate contact information for participant contact and work with survey contractors to ensure at least 50% of mothers asked are participating.

Type of Intervention

Innovative/Promising Practice

Evidence Source

N/A

Rationale for choosing the intervention

Increase response rates to improve data quality

Target Population same as the Program or a subset

Same as the program

Activity 1 of 3

Mail surveys

Summary

VDH will work with the survey implementation contractors to ensure at least 1,900 women are sampled and surveyed within the fiscal year. VDH staff will randomly select mothers from birth certificate data and send the information to Rutgers to carry out the survey. The survey coordinator will work closely with Rutgers to ensure participants are being contacted and followed-up with in order to complete the PRAMS survey

Description

Between 10/2022 and 09/2023, DPHD will mail surveys to 1,900 women for completion.

Activity 2 of 3

Complete phone calls

Summary

VDH will work with the survey implementation contractors to ensure at least 1,900 women are sampled and surveyed within the fiscal year. VDH staff will randomly select mothers from birth certificate data and send the information to Rutgers to carry out the survey. The survey coordinator will work closely with Rutgers to ensure participants are being contacted and followed-up with in order to complete the PRAMS survey.

Description

Between 10/2022 and 09/2023, DPHD will complete follow-up phone calls and provide incentives to maintain the response rate above 50%.

Activity 3 of 3

Track data

Summary

DPHD will check the CDC PIDS website bi-weekly to determine the current response rate. DPHD will also have monthly meetings with the survey contractors to gather updates on data collection activities.

Description

Between 10/2022 and 09/2023, DPHD will track and record data in the PIDS system.

Program Summary	
Program Name	Oral Health Care Access for Individuals with Special Health Care Needs (ISHCN)
Program Goal	The goal is to increase awareness and access for good oral health outcomes for ISHCN.
Healthy People 2030 Objective	OH-08 Increase use of the oral health care system
Recipient Health Objective	Between 10/2022 and 09/2023, VDH will maintain the existing proportion of active, Virginia-licensed dental providers listed in the VDH Dental Health Program online directory of dentists willing to provide dental care to Individuals with Special Health Care Needs (ISHCN).
Total Program Allocation	$69,167

Problem Information

Problem Description

In 2011, the Virginia Health Promotion for People with Disabilities Project of the Virginia Partnership for People with Disabilities developed a report comparing people with and without disabilities. The report showed those with disabilities 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.

Key Indicator

Virginia specific data collected in a 2019 Basic Screening Survey of ISHCN found that 54.4% of the respondents to the question, “During the past 12 months, did any of the following things prevent you from receiving dental care?” reported having trouble finding a local dentist; 30.4% reported fear of going to the dentist; and 20.2% reported the dentists would only treat them with sedation. Other barriers dealt with the cost of dental care: 44.4% reported not being able to afford a dentist and 47.3% reported the dentist did not accept their insurance. The key indicator affected by this problem is the percent of people in Virginia with any reported disability.

Key Indicator Baseline

1,680,000

Problem was prioritized by the following factor(s)

Conducted, monitored, or updated a jurisdiction health assessment (e.g., state health assessment)

Program Strategy

Goal

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

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)

Program Strategy:

The overall goal of the program is to increase awareness and education regarding oral health care related to ISHCN for a wide variety of stakeholders and providers with the potential to make a difference in access to oral health care in this population. The program will involve two primary approaches. First, provide 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. Second, provide continuing education (CE) courses to dental providers regarding oral care of ISHCN. The combined parts of the program will include eleven in-person courses or virtual course sessions advertised throughout the Commonwealth of Virginia.

Setting:

Community based organization
State health department
University or college

Primary Strategic Partners:

Virginia Dental Association Foundation, Virginia Dental Association, DBHDS, Virginia Health Catalyst

Evaluation Methodology:

In order to confirm increased capacity of dental providers available to treat ISHCN, VDH staff will monitor the number of providers trained and dentists registered on the VDH online provider directory of dentists willing to treat ISHCN. 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.

Program Budget	
FY2022 Basic Allocation	$69,167
FY 2022 Sex Offense Allocation	$0
Total Allocation	**$69,167**

PHHS Block Grant funds were used as Supplement other existing funds for this program. PHHS Block Grant funds made up 50-74% - Significant source of funding of the total program funding.

The other funds came from:

Other federal funding (non-CDC)

HRSA Maternal Child Health Block Grant

Type of supported local agencies or organizations:

Local organizations

FTEs (Full Time Equivalents)

Total Number of Positions Funded: 3
Total FTEs Funded: 0.65

Target Population of Program

Number of people served:
1,680,000
Ethnicity:
Hispanic or Latino
Non-Hispanic or Latino
Race:
African American or Black
American Indian or Alaskan Native
Asian
Native Hawaiian or Other Pacific Islander
White
Age:
Under 1 year
1 - 4 years
5 - 14 years
15 - 24 years
25 - 34 years
35 - 44 years
65 – 74 years
55 - 64 years
45 – 54 years
55 - 64 years
65 – 74 years
75 – 84 years
85 years and older
Gender Identity:
Male
Female
Transgender
Sexual Orientation:
Gay (lesbian or gay)
Bisexual
Straight, this is not gay (or lesbian or gay)
Something else
Location:
Entire State
Health Insurance Status:
Uninsured
Medicare
Affordable Care Act Plan
Medicaid
Private Health Insurance

Program Objective 1 of 3	
Program Smart Objective	Between 10/2022 and 09/2023, VDH will conduct 11 in-person courses or virtual course sessions regarding oral

	health care for ISHCN, including DSP trainings and dental provider CE. The courses will continue to build on the partnerships with VDAF, Catalyst, and DBHDS to plan and manage logistics.
Title of Program SMART Objective	Conduct oral health trainings
Item to be measured	The number of course sessions regarding oral health care for ISHCN
Unit to be measured	Number of course sessions
Baseline Value	0
Interim Target Value	4
Final Target Value	11

Problem Description

In 2011, the Virginia Health Promotion for People with Disabilities Project of the Virginia Partnership for People with Disabilities developed a report comparing people with and without disabilities. The report showed those with disabilities 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.

Key Indicator

The number of course sessions regarding oral health care for ISHCN

Baseline Value for the Key Indicator

0

Intervention Summary

VDH will maintain the existing proportion of active, Virginia-licensed dental providers listed in the VDH Dental Health Program online directory of dentists willing to provide dental care to ISHCN by conducting in-person or virtual course sessions regarding oral health care for ISHCN, including DSP trainings and dental provider CE. VDH aims to increase awareness and education regarding oral health care related to ISHCN for stakeholders and providers with the potential to improve access to oral health care in this population.

The program involves 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 courses to dental providers regarding oral care of ISHCN. The dentist providers trained will have an opportunity to add their names to the list of providers willing to see ISHCN and very young children.

Type of Intervention

Innovative/Promising Practice

Evidence Source

N/A

Rationale for choosing the intervention

Reports show those with disabilities demonstrate a statistically lower frequency of positive health practices (or reported more health disparities) related to visiting a dentist or accessing dental care. Providing education to caregivers improves oral hygiene, enables oral issues to be found in earlier stages, and provides knowledge that may lead to improving caregiver prioritization of oral care. Additionally, teaching dental providers techniques to treat ISHCN without sedation increases the number of qualified providers available to provide care and decreases the cost of dental care, both of which increase access to care for ISHCN.

Target Population same as the Program or a subset

Same as the Program

Activity 1 of 2

Establish and monitor contracts

Summary

Establish and monitor ISHCN contracts with localities

Description

Between 10/2022 and 09/2023, Dental Health Program staff will establish contracts with VDAF and Catalyst to facilitate logistics, design, advertisement, and registration for courses or course sessions. DHP staff will monitor progress through completion.

Activity 2 of 2

Conduct Trainings

Summary

Conduct trainings on oral health and care for ISHCN

Description

Between 10/2022 and 09/2023, Dental Health Program staff, with the assistance of project partners, will organize, facilitate, and complete each training event. This includes obtaining CE credit for dental providers' attendance.

Program Objective 2 of 3	
Program Smart Objective	Between 10/2022 and 09/2023, VDH will evaluate all training outcomes.
Title of Program SMART Objective	Evaluate oral health trainings and report findings
Item to be measured	The number of course sessions regarding oral health care for ISHCN
Unit to be measured	The number of course sessions regarding oral health care for ISHCN that are evaluated
Baseline Value	0
Interim Target Value	4
Final Target Value	11

Problem Description

In 2011, the Virginia Health Promotion for People with Disabilities Project of the Virginia Partnership for People with Disabilities developed a report comparing people with and without disabilities. The report showed those with disabilities 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.

Key Indicator

The number of course sessions regarding oral health care for ISHCN

Baseline Value for the Key Indicator

0

Intervention Summary

VDH will evaluate all trainings and share evaluation results with partners and stakeholders for informational purposes and for quality improvement adjustments. VDH staff and partners will prepare a final course evaluation to be completed by participants to determine their satisfaction level with each course or course session. Additionally, VDH 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. Evaluation results will be shared with partners and stakeholders for informational purposes and for quality improvement adjustments.

Type of Intervention

Innovative/Promising Practice

Evidence Source

N/A

Rationale for choosing the intervention

Program evaluation is a valuable tool to strengthen the quality of programs and improve outcomes for the target population. Program evaluation answers basic questions about a program's effectiveness and evaluation data should be used to improve programs and ensure outcomes are met.

Target Population same as the Program or a subset

Same as the Program

Activity 1 of 2

Prepare course evaluations

Summary

VDH will evaluate all trainings and share evaluation results with partners and stakeholders for informational purposes and for quality improvement adjustments.

Description

Between 10/2022 and 09/2023, DHP, DBHDS, and/or Catalyst staff will prepare a final course evaluation to be completed by participants to determine their satisfaction level with each course or course session.

Activity 2 of 2

Evaluate trainings

Summary

Evaluate trainings for quality improvement

Description

10/2022 and 09/2023, 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.

Program Objective 3 of 3	
Program Smart Objective	Between 10/2022 and 09/2023, Dental Health Program staff will update 1 Dental Health Program online directory of providers who are willing to serve ISHCN in order to maintain the existing proportion of active, Virginia-licensed dental providers listed.
Title of Program SMART Objective	Update online directory for ISHCN providers
Item to be measured	Online directory for ISHCN providers
Unit to be measured	Completed online directory for ISHCN providers
Baseline Value	0
Interim Target Value	0
Final Target Value	1

Problem Description

In 2011, the Virginia Health Promotion for People with Disabilities Project of the Virginia Partnership for People with Disabilities developed a report comparing people with and without disabilities. The report showed those with disabilities 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.

Key Indicator

Online directory for ISHCN providers

Baseline Value for the Key Indicator

0

Intervention Summary

VDH will update the Dental Health Program online directory of providers who are willing to serve ISHCN in order to maintain the existing proportion of active, Virginia-licensed dental providers listed. VDH staff will utilize electronic change requests submitted to DHP for updates to the ISHCN Provider Database. Staff will also encourage dental providers attending ISHCN courses to add a listing and/or routinely check their directory listing for any updates needed. If possible, providers will receive a reminder to update their information or add a listing to the directory in their annual license renewal.

Type of Intervention

Innovative/Promising Practice

Evidence Source

N/A

Rationale for choosing the intervention

Maintaining and updating a central database of dental providers who serve ISHCN provides an easy-to-access site for ISHCN and their caregivers to quickly find dentists who may be able to provide routine and emergency dental care given their disability or condition.

Target Population same as the Program or a subset

Same as the Program

Activity 1 of 1

Update provider database

Summary

Utilize electronic change requests submitted to DHP to update the ISHCN Provider Database

Description

Between 10/2022 and 09/2023, 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 add a listing and/or routinely check their directory listing for any updates needed.

Program Summary	
Program Name	Data Collection – Behavioral Risk Factor Surveillance System (BRFSS)
Program Goal	The program aims to provide data to each of Virginia's 35 local health districts, multiple statewide programs and stakeholders to inform public health actions and improve the health of all Virginians.
Healthy People 2030 Objective	PHI-R06 Enhance the use and capabilities of informatics in public health
Recipient Health Objective	Between 10/2022 and 09/2023, VDH will increase the availability and use of BRFSS data through an interactive portal platform.
Total Program Allocation	**$700,000**

Problem Information

Problem Description

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. 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

Key Indicator

BRFSS is a continuous, state-based surveillance system that collects information about modifiable risk factors for chronic diseases (COPD, Cancer, Asthma, Arthritis, Diabetes, Cardiovascular disease) and other leading causes of death.

Key Indicator Baseline

1

Problem was prioritized by the following factor(s)

Conducted, monitored, or updated a jurisdiction health assessment
Identified via surveillance systems or other data sources

Program Strategy

Goal

The primary goal of the Virginia BRFSS program is to provide quality information to anyone who wants to understand and address health status and health risk behaviors.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability)
Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low

health literacy)
Adverse Childhood Experiences (ACEs)

Program Strategy

BRFSS is the most comprehensive source of data on health-related risk behaviors among adults in Virginia. Issues addressed in the BRFSS include adult (18+) tobacco use, health care coverage and access, HIV/AIDS knowledge and prevention, physical activity, marijuana usage, Adverse Childhood Experiences (ACE), emerging issues such as long-term COVID, and sexual orientation and gender identity for LGBTQ+ people. Personal health behaviors have a major impact on the health of the population and contribute to the leading causes of disease and premature death. BRFSS is used as a resource for VDH's strategic plan mission and vision are to protect the health and promote and well-being of all people in Virginia and become the healthiest state in the nation.

Setting:

State health department

Primary Strategic Partners:

Local health districts, state agencies, non-profit and advocacy groups, researchers and the public

Evaluation Methodology:

The evaluation plan along with the data management plan (DMP) will be developed during the project planning phase prior to the initiation of collecting or generating public health data and regularly updated as plans evolve. The DMP will be evaluated by CDC for completeness and quality at the time of application submission, award, or submission of the evaluation plan; at least annually thereafter; and when the project approaches termination. 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.

Program Budget	
FY2022 Basic Allocation	$700,000
FY 2022 Sex Offense Allocation	$0
Total Allocation	**$700,000**

PHHS Block Grant dollars were used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program. PHHS Block Grant funds made up 50-74% - Significant source of funding of the total program funding.

The other funds came from:

Other federal funding (CDC)
Cooperative Agreement for Virginia Behavioral Risk Factor Surveillance System

Type of supported local agencies or organizations:

N/A

FTEs (Full Time Equivalents)

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

Target Population of Program

Number of people served:

6,630,785

Ethnicity:

Hispanic or Latino

Non-Hispanic or Latino

Race:

African American or Black

American Indian or Alaskan Native

Asian

Native Hawaiian or Other Pacific Islander

White

Age:

Under 1 year

1 - 4 years

5 - 14 years

15 - 24 years

25 - 34 years

35 - 44 years

65 – 74 years

55 - 64 years

45 – 54 years

55 - 64 years

65 – 74 years

75 – 84 years

85 years and older

Gender Identity:

Male

Female

Transgender

Sexual Orientation:

Gay (lesbian or gay)

Bisexual

Straight, this is not gay (or lesbian or gay)

Something else

Location:

Entire State

Health Insurance Status:

Uninsured

Medicare

Affordable Care Act Plan

Medicaid

Private Health Insurance

Program Objective 1 of 1

Program Smart Objective	Between 10/2022 and 9/2023, VDH will conduct 8,000 telephone surveys, of which at least 60% will be cell-phone surveys.
Title of Program SMART Objective	Data collection survey completes
Item to be measured	Survey completes
Unit to be measured	number
Baseline Value	0
Interim Target Value	4,500
Final Target Value	8,000

Intervention Summary

The VA BRFSS is a cross-sectional telephone survey that conducts monthly interviews over landline telephones and cellular telephones with a standardized questionnaire and technical and methodologic assistance from CDC. The interviews are conducted by our contractor Abt Associates 7 days a week, during both daytime and evening hours. VDH target population of survey completes is 8,000, of which 4,800 are cellphone and 3,200 are landlines.

Type of Intervention

Evidence-Based Intervention

Evidence Source

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

Rationale for choosing the intervention

BRFSS is the only source of state-based data on adult health and health risk behaviors.

Target Population same as the Program or a subset

Same as the Program

Activity 1 of 2

Continue conducting 2022 Survey

Summary

VDH will conduct 8,000 telephone surveys, of which 4,800 will be cellphones and 3,200 landlines. VDH will collect 8,000 responses to the BRFSS on health risks among adults. The interviews are conducted by our contractor Abt Associates 7 days a week, during both daytime and evening hours.

Description

Between 10/2022 and 9/2023, VDH will conduct 8,000 telephone surveys, of which at least 60% will be cell-phone surveys.

Activity 2 of 2

Develop 2023 Survey

Summary

Virginia begins contacting members of the BRFSS workgroup and solicited proposals for state-added questions in October/November. VDH has kept and maintained a list of interested parties who have

reached out since the 2019 questionnaire development. The BRFSS workgroup collaborates on the questions through a voting system and makes sure that the questions prioritize state and local health programs and policy plans. The 2023 questionnaire will be finalized with the input received from the workgroup members and submitted up the chain of command for approval by leadership.

Description

Between 10/2022 and 9/2023, the BRFSS Workgroup will evaluate the proposed questions and submit to the State Health Commissioner for final determination on the 2023 BRFSS questionnaire.

Program Summary	
Program Name	Creating Walkable Communities
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, play, and worship.
Healthy People 2030 Objective	PA-10 Increase the proportion of adults who walk or bike to get places
Recipient Health Objective	Between 10/2022 and 09/2023, VDH will work with statewide partners to improve multisector collaboration to improve walkability, active community environments, and active transportation in order to increase access to opportunities for physical activity and improve pedestrian safety.
Total Program Allocation	$239,429

Problem Information

Problem Description

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 2019, less than 23 percent of adults participated in enough Aerobic and Muscle Strengthening exercises to meet guidelines.3 Nearly 60 percent of high school students were not physically active at least 60 minutes per day on 5 or more days.4 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.5

1. Virginia Department of Health. (2020). Virginia 2019 BRFSS dataset.
2. Virginia Department of Health. (2020). Virginia 2019 Youth Survey dataset.
3. 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.

Key Indicator

Increasing access to physical activity within communities through policy, systems, and environmental strategies directly impacts quality of life. Improvement environments to ensure equitable and safe access to destinations improves health as well as contributes positively to the local economy and social cohesion.

Key Indicator Baseline

63

Problem was prioritized by the following factor(s)

Conducted, monitored, or updated a jurisdiction health assessment
Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)
Prioritized within a strategic plan

Program Strategy

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, play, and worship.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)

Program Strategy

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, health care systems, schools, businesses, institutions, faith-based organizations, and other entities to coordinate statewide efforts and resources. 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.

Setting:

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

Primary Strategic Partners:

Virginia Departments of Conservation, Transportation, Parks and Recreation, NACDD

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 measured 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 complement 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.

Program Budget	
FY2022 Basic Allocation	$239,429
FY 2022 Sex Offense Allocation	$0
Total Allocation	**$239,429**

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Total source of funding for this program.

The other funds came from:

N/A

Type of supported local agencies or organizations:

Other Local Government
Local Organization

FTEs (Full Time Equivalents)

Total Number of Positions Funded: 3
Total FTEs Funded: 0.5

Target Population of Program

Number of people served:

193,000

Ethnicity:

Hispanic or Latino
Non-Hispanic or Latino

Race:

African American or Black
American Indian or Alaskan Native
Asian
Native Hawaiian or Other Pacific Islander
White

Age:

Under 1 year
1 - 4 years
5 - 14 years
15 - 24 years
25 - 34 years
35 - 44 years
65 – 74 years
55 - 64 years
45 – 54 years
55 - 64 years
65 – 74 years

75 – 84 years
85 years and older

Gender Identity:

Male
Female
Transgender

Sexual Orientation:

Gay (lesbian or gay)
Bisexual
Straight, this is not gay (or lesbian or gay)
Something else

Location:

Entire State

Health Insurance Status:

Uninsured
Medicare
Affordable Care Act Plan
Medicaid
Private Health Insurance

Program Objective 1 of 1	
Program Smart Objective	Between 10/2022 and 09/2023, VDH, Equitable Cities, LLC, and other partners will work with 25 to 30 interdisciplinary professionals (comprised of public health, transportation, planning, elected officials, and other disciplines) to provide education, awareness, and travel assistance through the Virginia Walkability Action Institute (VWAI) course sessions.
Title of Program SMART Objective	Increase knowledge of strategies related to improving walkability/ moveability and access to physical activity
Item to be measured	Participants trained
Unit to be measured	number
Baseline Value	62
Interim Target Value	74
Final Target Value	84

Problem Description

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 2019, less than 23 percent of adults participated in enough Aerobic and Muscle Strengthening exercises to meet guidelines.3 Nearly 60 percent of high school students were not physically active at least 60 minutes per day on 5 or more days.4 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.5

1. Virginia Department of Health. (2020). Virginia 2019 BRFSS dataset.

2. Virginia Department of Health. (2020). Virginia 2019 Youth Survey dataset.
3. 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.

Intervention Summary

Through the VWAI, VDH will provide education, awareness, tools, and resources to 25 to 30 public health, planning, and transportation professionals on the best practices of creating healthy, safe, and active communities. According to the CDC, activity-friendly routes to everyday destinations is a strategy that improves the design of communities by connecting routes such as sidewalks, trails, bicycle lanes, and public transit to destinations such as grocery stores, schools, worksites, libraries, parks, or health care facilities. This strategy makes it safe and easy to walk, bicycle, or wheelchair roll for people of all ages and abilities. The VWAI will not expose participants to best practices under this strategy, but charge each participant with creating and implementing an action plan related to improving policy or micro infrastructure changes to improve access and micro mobility and active transportation.

Type of Intervention

Innovative/Promising Practice

Evidence Source

N/A

Rationale for choosing the intervention

Many Virginians live in neighborhoods with poor sidewalk and street infrastructure or few safe spaces for physical activity. We also so high obesity and chronic disease rates within these same communities. Equitable and inclusive access is foundational to CDC's Active People, Healthy Nation and Healthy People 2030. All people, regardless of age, race, education, socio-economic status, disability status, sexual orientation, and geographic location should have access to safe and convenient opportunities to be physically active.

Target Population same as the Program or a subset

Same as the Program

Activity 1 of 5

Revise/develop 5th Annual VWAI Course Curriculum

Summary

VDH will revise the full-year curriculum for the next iteration of the VWAI for the 5th cohort of participants.

Description

Between 10/2022 and 09/2023, VDH will work with Equitable Cities, LLC, VDOT, and other partners to develop an in-person and virtual learning sessions, webinars, technical assistance, and site visits aimed at guiding 25 to 30 professional to develop, implement, and evaluate walkability improvement action plans.

Activity 2 of 5

Identify 25 to 30 professionals to participate in VWAI

Summary

VDH will release and review applications and select participants for the 5th cohort.

Description

Between 10/2022 and 09/2023, using a competitive application processes, assessments, and eligibility requirements from existing VWAI, NACDD Walkability Action Institute, and other state examples, VDH will select 25 to 30 interdisciplinary members of teams or individuals to participate in VWAI. The terms of participation will include detailed provision of services by VDH to each participant, deliverables, and funds to support course participation and walkability action plan development, implementation and evaluation. Special consideration will be made for recruiting professionals from areas of the state with high rates of overweight and obesity and low rates of physical activity.

Activity 3 of 5

Host 5th Annual VWAI

Summary

VDH will host in-person and virtual opportunities to multisector partners to increase walkability and moveability within their respective jurisdictions

Description

Between 10/2022 and 09/2023, VDH will convene SMEs, partners, and participants to engage in a one day action planning course; a monthly learning session; tailored technical assistance through VWAI Office hours; and a one-day closing session. During these sessions, participants will be exposed to a variety of topics (determined in Activity 1) aimed at increasing their capacity to create healthy, connected and resilient communities.

Activity 4 of 5

Provide statewide professional development opportunities

Summary

VDH will host in-person and virtual opportunities to multisector partners to increase walkability and moveability within their respective jurisdictions

Description

Between 10/2022 and 09/2023, VDH will convene partners, past VWAI participants, multisector professionals in quarterly workshops and an annual conference. During these sessions, participants will be exposed to a variety of topics aimed at increasing their capacity to create healthy, connected and resilient communities.

Activity 5 of 5

Develop Prioritizing Active Transportation Health and Safety (PATHS) strategic actions.

Summary

VDH will develop PATHS strategic actions collaboration between VDH and VDOT.

Description

Between 10/2022 and 09/2023, VDH will convene work with VDOT and Equitable Cities to develop strategic actions that will strengthen collaboration between VDH and VDOT and increase the

sustainability of VWAI and its related healthy, connected communities work. Such strategic actions will include the development of a 3 to 5 year PATHS strategic plan, VWAI communication plan, enhanced website, and increase and diversification of partners.