2023–2025
Community Health Improvement Plan (CHIP)

ALBEMARLE • CHARLOTTESVILLE
FLUVANNA • GREENE
LOUISA • NELSON

June 15, 2023

Transportation

Healthcare Workforce

Digital Access + Literacy

Mental + Behavioral Health
PHOTO CREDITS
Front cover: 2022MAPP2Health report cover
This page: Bus photo courtesy of Charlottesville Area Transit; Digital Access + Literacy photo courtesy of TJACE@PVCC; Healthcare Workforce Community Health Workers courtesy of Willie Mae Gray, Blue Ridge Health District; Mental + Behavioral Health workgroup workshop photo courtesy of Community Mental Health and Wellness Coalition.
# 2023–2025 Community Health Improvement Plan

## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>Overview</td>
<td>5</td>
</tr>
<tr>
<td><strong>Policy Target: Transportation</strong></td>
<td>9</td>
</tr>
<tr>
<td>Goals and Objectives</td>
<td>10</td>
</tr>
<tr>
<td><strong>Policy Target: Healthcare Workforce</strong></td>
<td>12</td>
</tr>
<tr>
<td>Goals and Objectives</td>
<td>14</td>
</tr>
<tr>
<td><strong>Policy Target: Digital Access + Literacy</strong></td>
<td>18</td>
</tr>
<tr>
<td>Goals and Objectives</td>
<td>19</td>
</tr>
<tr>
<td><strong>Policy Target: Mental + Behavioral Health</strong></td>
<td>22</td>
</tr>
<tr>
<td>Goals and Objectives</td>
<td>23</td>
</tr>
<tr>
<td>Appendix</td>
<td>25</td>
</tr>
</tbody>
</table>
MAPP2HEALTH

Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic framework for organizations, coalitions, and community members to work together for improved health and well-being for all. Locally we call the process MAPP2Health.

Since 2009, Blue Ridge Health District (BRHD) has completed five MAPP2Health community health assessments (CHA) and improvement plans (CHIP) in partnership with the other two Core Group members – UVA Health and Sentara Martha Jefferson Hospital – and community organizations. The Core Group has published the resulting five MAPP2Health Reports, the most recent in 2022.

The 2022 MAPP2Health participants – area organizations, coalitions, and community members – worked together in either the Leadership Council or the Locality Council to examine race and socioeconomic status as social determinants of health. The Leadership Council included 80 representatives from agencies and organizations that served two or more localities and that had authority or influence over policy creation or development. The Locality Council was made up of community members and organizations that primarily lived or worked in one locality and/or provided direct care or services.

The MAPP2Health councils met from January through June 2022 to identify priority issues and opportunities to reduce barriers to health equity. The result was a concentration of recommendations in two overarching focus areas: the Built Environment and the Healthcare System.

The 2022 MAPP2Health report was published in September 2022 and BRHD began soliciting participants in mid December 2022 to develop the corresponding Community Health Improvement Plan (CHIP). The CHIP is facilitated and managed by BRHD’s CHA/CHIP Program Officer and Data Analyst with support from the MAPP2Health Core Group.
COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

The Community Health Improvement Plan (CHIP) takes the policy targets identified in the MAPP2Health Report and unites organizations to identify and implement actionable objectives, as well as garner public support and encourage accountability. Our district’s CHIP is updated every three years. The 2022 CHIP launched publicly April 3, 2023 with the initial policy targets, goals and objectives, and contributing organizations. CHIP progress will be tracked by the BRHD CHA/CHIP program officer until its completion December 31, 2025.

WHY THE CHIP?

The CHIP serves primarily as a guiding document for all the implementing partners, in that it specifies very precisely what tasks are necessary to achieve the various objectives (which in turn should lead to completion of the goals), what organizations are responsible for the tasks, the planned completion dates for each task, and how progress will be measured. But the CHIP is also intended to be a public-facing document that allows interested community members to see not only what is being done to improve community health, but when they can expect to see concrete progress.

CHIP PROCESS

1. Identifying CHIP Workgroups

CHIP workgroup invitees were initially identified from the roster of those who participated in the MAPP2Health process. Organizational leads then recommended additional agencies and organizations. Finally, BRHD solicited the general public via announcements on local news outlets, social media channels, and its website. Community members were encouraged to join the CHIP process or refer organizations known to be working in the policy areas.

2. Clarifying Goals and Objectives

Initial CHIP policy areas, goals and strategies were carried over from MAPP2Health report recommendations, then refined by each workgroup based on the following considerations:

- **Alignment to Current Initiatives and Programs**
  Many MAPP2Health recommendations were similar or identical to initiatives and programs already underway by local organizations and agencies. Tasks that aligned with objectives were revised to better reflect those current efforts.

- **Feasibility**
  Some MAPP2Health recommendations were not feasible to complete within the three-year CHIP window and were tabled. For example, some transportation initiatives required five-year cycles to complete due to required coordination with legislative processes.

- **Availability of Conveners and Contributors**
  If no participating organization took responsibility for a MAPP2Health recommendation, or could actively contribute to its advancement, then the recommendation could not advance to the CHIP as a goal or objective.

The refining process led to the removal of Referral + Communication Networks and
Medicaid, Health Insurance + Payment as independent targets, incorporating instead some of their objectives and tasks into the Healthcare Workforce objectives.

3. Finalizing of Policy Priorities, Conveners, and Indicators

The remaining four policy targets – from the Built Environment: Transportation and Digital Access + Literacy, and from Healthcare Access: Healthcare Workforce and Mental + Behavioral Health – became the priority areas for which participants could align efforts. Workgroups met monthly from January-June 2023 to collaborate and choose lead Conveners and Contributors for each objective, define indicators and targets, and set target completion dates.

ACTION PLAN STRUCTURE

The action plan for each policy target is structured in a hierarchy with the overarching goal at the top. Underneath the goal are a number of objectives, all of which must be achieved to attain the goal. For some policy targets, objectives in turn are divided into lower-level sub-objectives, which contribute to the upper-level objective. Finally, at the bottom, each objective (or sub-objective) is broken down into tasks, where again each task must be completed to achieve the objective/sub-objective. See Appendix for the full hierarchy.

PROGRESS AND REPORTING

Following the launch of this revised CHIP, the BRHD CHA/CHIP Officer will follow-up with each Convener for progress reports on their respective objectives or tasks. Quarterly CHIP updates will be published to the BRHD website and social media channels, included in the BRHD newsletter, and shared with the other Core Group members.

LIMITATIONS

While BRHD is coordinating this CHIP, it is not providing any direct funding to participants to achieve their goals and objectives. The BRHD Program Officer assists participating organizations in connections to grants to support their efforts, but ultimately only has a facilitating and convening role. Participating organizations are involved in implementing this CHIP on a voluntary basis, because they view the work as important to their mission, or the objectives are aligned with their current initiatives. In some cases workgroup members are incorporating CHIP tasks into their existing workload without additional resources.

RISKS TO SUCCESS

1. This plan requires interlocking contributions from diverse partners; if any partner cannot achieve their part on time, the results of others are impacted.

2. In some cases, approval from outside the workgroup is required to advance a task, which is often not under Convener or participants control.

3. Some objectives depend on funding that is actively being sought, but may not be assured.
GLOSSARY OF TERMS

**CHA** – Community Health Assessment. The MAPP2Health report is the District’s Community Health Assessment for 2022. CHA’s must be completed every 3 years for non-profit hospitals (Sentara Martha Jefferson Hospital) and every 5 years for accredited health departments (Virginia Department of Health). Our District’s CHA is on a 3-year cycle.

**CHIP** – Community Health Improvement Plan. A CHIP is an action plan to address the priorities in the CHA. CHIP goals and objectives should be feasible and achievable within the 3-year window.

**CHA/CHIP Program Officer** – The CHA/CHIP Program officer monitors, track, and report all workgroups’ progress internally (to all workgroups) and externally (to the public), attends meetings, records and circulate notes for all meetings, updates the CHIP website and social media channels, works with the BRHD Data Analyst to provide data needed to support workgroup tasks and objectives, convenes and manage the Core Group, and report progress to stakeholders.

**Contributor** – Contributors support the Convener and the CHIP by completing tasks and objectives on time, attending meetings, reporting on task progress, and publicizing their activities and results to their clients and partners.

**Convener** – Conveners recruit any community organizations or residents who can contribute to specific goals, objectives, sub-objectives, or tasks, organize meetings (remotely or in-person) with Contributors; sustain ongoing attention and progress to their respective CHIP objective and goals; regularly report progress, achievements, risks, and barriers to the BRHD CHA/CHIP Program Officer; and publicize their activities and results to their clients and partners.

**Core Group** – One representative from each of the district’s two hospital systems and the CHA/CHIP Program Officer at Blue Ridge Health District

**The District** – The locality service area, also referenced as BRHD, includes Albemarle County, the City of Charlottesville, and Fluvanna, Greene, Louisa, and Nelson counties.

**Leadership Council** – MAPP2Health participants were invited to join the Leadership Council if they held an elected position, worked for a local government agency, lead an organization that served two or more localities in the district, or held a high ranking position in public safety. Members had influence on both policy and practice within their organization or their locality at large.

**Locality Council** – MAPP2Health participants were invited to join the Locality Council if they were community members, worked with or for any organization or agency that served at least one community in one locality, or provided direct services to at least one community in one locality. Members were the voice of their communities and informed the Leadership Council on focus areas and policy targets.

**Policy Targets** – The policy targets for 2022 were transportation, digital access and literacy, healthcare and mental healthcare access. These were specific, actionable areas to which policy and practice changes could potentially remove obstacles to health. All policy targets were associated with their respective focus area of either the built environment or healthcare system.

**Workgroup** – The Conveners and Contributors for a CHIP policy target or individual objectives are considered the workgroup.
2023-2025 Policy Targets
Policy Target: Transportation

A 2017 report by the American Hospital Association estimated that more than 3.6 million people do not obtain medical care each year due to transportation issues. A 2019 Kaiser Permanente report found that, beyond providing healthcare access, reliable transportation fills a social need that, if unmet, threatens to deteriorate mental and physical health.

And a 2022 Transit Equity and Modernization Study from the Virginia Department of Rail and Public Transportation found that 25% of those living below the poverty line do not have access to any public transit. For Virginians, transportation costs are often the “second-highest household expenditure after housing, the presence of public transit can be critical to affordability and quality of life, especially for those who are cost-burdened.”

Thus, it is no surprise that transportation consistently arose as a barrier to health in both the Locality and Leadership Council workgroups, and in the focus groups facilitated by UVA’s Master of Urban and Environmental Planning program students. Topics included improving the frequency of public transit fixed routes, the quality and quantity of bus stops, and the expansion of on-demand transit. Transportation recommendations from the MAPP2Health process also focused on procuring vouchers for rideshares and expanding accessibility and routes from more rural areas and localities to providers and services.

Transportation improvements for the 2023 CHIP focus mainly on public transit services and their ability to provide District residents, both urban and rural, with reliable, efficient, and accessible accommodations to healthcare providers and everyday activity centers. The Transportation workgroup also developed a new objective to initiate a riders’ transit group to encourage community engagement in transit decision-making.

TRANSPORTATION WORKGROUP

Organizations listed below have a participating member in the Transportation Workgroup.

- Board of Supervisors of Albemarle County
- Charlottesville Area Alliance (CAA)
- Charlottesville Area Transit (CAT)
- City of Charlottesville
- Jaunt
- Piedmont Mobility Alliance
- Thomas Jefferson Planning District Commission (TJPDC)
- University Transit Service

ENDNOTES


## Policy Target: Transportation GOALS + OBJECTIVES

For a complete list of tasks associated with each objective, see Appendix.

<table>
<thead>
<tr>
<th>GOAL</th>
<th>Objective</th>
<th>Convener</th>
<th>Contributors</th>
<th>Target Date</th>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
</table>
| 1. Improve all public transit infrastructure | 1.0 Obtain approved contract to allow installation of mobility accessible, age-friendly bus shelters where needed | Charlottesville Area Transit (CAT) | • Board of Supervisors of Albemarle County  
• Virginia Department of Transportation (VDOT) | 12/31/2025 | # MOUs approved for new bus shelter design by 12/31/2025 | 1 |
| | 1.1 Produce a governance study for a mechanism to increase funding for regional transit and manage those funds | Thomas Jefferson Planning District Commission (TJPDC)  
Regional Transit Partnership (RTP)  
Albemarle, Fluvanna, Greene, Louisa and Nelson Counties  
City of Charlottesville | | 12/31/2023 | # final governance study documents published by 12/31/2023 | 1 |
| | 1.2 Improve infrastructure for getting patients to and from health system hospitals and providers | Blue Ridge Health District  
Jaunt | | 12/31/2023 | # people using improved on-demand transport | baseline + 10% |
| | 1.3 Improve scheduling service for Jaunt | Jaunt | N/A | 12/31/2023 | # people using improved scheduling service to book transportation | baseline + 10% |
| | 1.4 Jaunt locality service is sufficient for residents’ needs | Jaunt | N/A | 12/31/2025 | % Jaunt locality service users who give a positive rating [based on rider survey] | 75% |
| | 1.5 Expand GPS tracking app availability for riders | Charlottesville Area Transit (CAT)  
• Jaunt  
• University Transit Service (UTS) | | 12/31/2025 | • # GPS apps developed by 12/31/2024  
• # GPS apps implemented (put in service) by 11/01/2025 | 1  
1 |
| | 1.6 Initiate a sustainable Riders’ Transit Group (advisory/advocacy) | Charlottesville Area Alliance (CAA)  
CAA Riders’ Transit Group Workgroup | | 12/31/2025 | # people who attended at least three meetings of the Riders’ Transit Group in a single calendar year | 20 |
| | 1.7 Implement microtransit pilot | Charlottesville Area Transit (CAT) | N/A | 12/31/2025 | • # microtransit vehicles in service by 12/31/2025  
• # rides taken in micro-transit vehicles during 2025 | 6  
10,000 |
| 2. Develop a robust rideshare network for patients and clients | 2.0 Develop a Mobility Management Program to include a one-click-one-call information and referral center | Thomas Jefferson Planning District Commission (TJPDC)  
• Charlottesville Area Alliance (CAA)  
• Jefferson Area Board for Aging (JABA)  
• Rappahannock-Rapidan Regional Commission (RRRC)  
• Virginia Department of Rail and Transportation (DRPT) | | 12/31/2025 | # annual users of Mobility Management System | 500 |
When MAPP2Health participants discussed improving healthcare access, the focus often turned to diversifying the healthcare workforce and community health workers (CHWs) (and similar roles) as trusted resources. CHWs serve as connectors between health services and their communities, improving both access to and continuity of care.¹

Currently, CHWs practicing in the District are trained to support their clients across various domains ranging from maternal and child health, to social services and mental health. The CHWs live in the communities they serve, reflecting the diversity of their clients. The CHIP objectives focused on CHWs seek to grow CHWs’ skills and outreach by creating a robust network for training, collaborating, and engagement – as well as advocating for more paid positions for CHWs districtwide.

In other MAPP2Health discussions, cultural humility and empathy, equity, and inclusion were identified as core competencies necessary but underrepresented in the healthcare workforce in general. This shortage is particularly acute in the mental and behavioral health workforce. Beyond diversifying the clinical workforce, one recommendation was to increase the amount of, and paid positions for, high quality medical interpreters. The CHIP workgroup for medical interpretation is meeting in June to explore the possibility of a medical interpretation training hub.

Additionally, participants discussed how the people hired to play the role of patients during clinical training sessions – known as Standardized Patients (SP) - tend to be disproportionately white and older, and how this was a disservice to medical students, and ultimately, patients. The CHIP workgroup for Standardized Patients is focused on both recruiting a more diverse pool of SPs and designing clinical

**HEALTHCARE WORKFORCE WORKGROUP**

Organizations listed below have a participating member in the Healthcare Workforce Workgroup.

- Albemarle County Public Schools
- Blue Ridge Health District
- Blue Ridge Medical Center
- Clinical Skills Center at the UVA School of Medicine
- Charlottesville Free Clinic
- Community Mental Health and Wellness Coalition
- International Rescue Committee Charlottesville
- Latino Health Initiative at UVA Health
- Move2Health Equity
- Nelson County Wellness Alliance
- Network2Work@PVCC
- Pipelines and Pathways at UVA
- Sentara Martha Jefferson Hospital
- Starr Hill Pathways
- Support Services at UVA Health
- UVA Health Office of Diversity and Community Engagement
- WellAWARE
skills simulations that address cultural humility and empathy.

Research on the healthcare workforce aligns with all of the MAPP2Health recommendations: The effects of diversifying the healthcare workforce are that patients are more satisfied, more likely to make healthy behavior changes, and more likely to have improved health when their provider is “in racial and ethnic concordance.”

Taking this into account, the remaining CHIP objectives aim to improve healthcare access not only by expanding services to where they’re needed most, but by ensuring those services are delivered by diverse, trusted, and empathetic providers.

ENDNOTES


## Policy Target: Healthcare Workforce  
**GOALS + OBJECTIVES**

For a complete list of tasks associated with each objective, see Appendix.

<table>
<thead>
<tr>
<th>GOAL</th>
<th>Objective</th>
<th>Sub-Objective</th>
<th>Convener</th>
<th>Contributors</th>
<th>Target Date</th>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
</table>
| 1. Ensure providers and staff reflect the diverse patient population | 1.1 Clinicians (including behavioral health clinicians) reflect the diverse patient population | | | | 12/31/2025 | As of 31 December 2025  
- % clinicians who are people of color  
- % behavioral health clinicians who are people of color  
- % clinicians who are multi-lingual  
- % behavioral health clinicians who are multi-lingual | >=15%  
>15%  
>20%  
>20% |
| | 1.1.1 Increase the number of people of color and multi-language speakers who participate in local trainings and classes to join the clinical workforce | Blue Ridge Health District | Charlotteville Free Clinic  
Sentara Martha Jefferson Hospital  
UVA Health Office of Diversity and Community Engagement | 12/31/2025 | # people of color and multi-language speakers who take local trainings or classes encouraging clinical workforce entry during 2024 | baseline + 20% |
| | 1.1.2 Improve simulations and scenarios at UVA Med School to include "Standardized Patients" that are diverse in race, age, gender identity, and socio-economic status | UVA Clinical Skills Center | Latino Health Initiative  
Move2Health Equity  
UVA Health Office of Diversity and Community Engagement | 12/31/2025 | As of December 2025, % of Standardized patients who are  
- people of color  
- younger than 60  
- identify as LGBTQ+  
- are non-native English speakers | >=10%  
>=30%  
>=5%  
>=15% |
| | 1.1.3 Bolster and expand the clinical workforce pipeline | UVA Health Office of Diversity and Community Engagement | Albemarle County Public Schools  
Pipelines & Pathways at UVA  
Sentara Martha Jefferson Hospital  
Starr Hill Pathways | 12/31/2025 | # clinical workforce pipeline paths that support people of color and multi-lingual speakers | baseline + 10% |
| 1.2 CHWs (and similar outreach worker positions) reflect the diverse patient population | | | | | 12/31/2025 | As of 12/31/2025, % CHWs and similar districtwide who are  
- people of color  
- multi-lingual | >=10%  
>=10% |
| | 1.2.1 Increase the number of people of color, LGBTQ+, and multi-language speakers who participate in local trainings and classes to become CHWs and similar outreach positions | Blue Ridge Health District | Latino Health Initiative  
Nelson County Wellness Alliance  
Sentara Martha Jefferson Hospital  
WellAware | 12/31/2025 | # people of color, LGBTQ+, and multi-language speakers who take local CHW or similar outreach trainings or classes between September 1, 2023–December 31, 2025 | 30 [baseline is 0] |
| | 1.2.2 Increase paid opportunities for multilingual and local CHWs as patient supporters and navigators | TBD | Latino Health Initiative  
Nelson County Wellness Alliance  
WellAware | 12/31/2025 | # paid multi-lingual or local CHWs providing patient support between 2024-2025 | baseline + 10% |
| | 1.2.3 Create a network that will provide an opportunity for training, collaboration, and networking for the district’s CHWs and similar positions | Blue Ridge Health District | Nelson County Wellness Alliance | 12/31/2024 | # CHWs or people in similar positions referred via the network hub to trainings during 2024 | 30 |

(Continued on page 16)
## Policy Target: Healthcare Workforce  
**GOALS + OBJECTIVES**

Continued from page 15

<table>
<thead>
<tr>
<th>GOAL</th>
<th>Objective</th>
<th>Sub-Objective</th>
<th>Convener</th>
<th>Contributors</th>
<th>Target Date</th>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ensure providers and staff reflect the diverse patient population (cont'd)</td>
<td>1.3 Medical interpreters are working in sufficient variety to serve a diverse patient population</td>
<td>1.3.1 IRC and UVA Health collaborate for training and staffing of medical interpreters</td>
<td>Blue Ridge Health District</td>
<td>International Rescue Committee Charlottesville • UVA Health Special Services</td>
<td>12/31/2025</td>
<td># high quality trained medical interpreters working in the District by 12/31/2025</td>
<td>baseline + 10%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.3.2 Expand medical interpreter paid positions beyond UVA Hospital</td>
<td>Blue Ridge Health District</td>
<td>TBD</td>
<td>12/31/2025</td>
<td># new medical interpreter paid positions outside UVA Hospital from 1/1/2023 to 12/31/2025</td>
<td>TBD</td>
</tr>
<tr>
<td>2. Expand the provision of health services in rural and underserved communities</td>
<td>2.1 Work with county and city governments to include incentives for healthcare practices in rural or underserved communities in comprehensive plans or zoning</td>
<td>Blue Ridge Health District</td>
<td>Albemarle County AC44 • Nelson County Department of Planning &amp; Zoning</td>
<td>12/31/2025</td>
<td># comprehensive plans including CHIP recommendations or incentivize healthcare practices in rural or underserved communities</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.2 Expand the provision of Medicaid health services</td>
<td>TBD</td>
<td>TBD</td>
<td>12/31/2025</td>
<td># meetings with legislators to discuss increasing Medicaid reimbursement rates by 12/31/2025</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.2.1 Advocate at the legislative level for increased Medicaid reimbursement rates, particularly for dentistry and mental and behavioral health services</td>
<td>TBD</td>
<td>TBD</td>
<td>12/31/2025</td>
<td># assessments completed by 12/31/2023</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.2.2 Assess the proportion of Medicaid-eligible patients in each locality to determine the ideal benchmark for enrollment numbers</td>
<td>Blue Ridge Health District</td>
<td>Move2Health Equity</td>
<td>12/31/2023</td>
<td># reports on characteristics of providers who do not accept Medicaid completed by 12/31/2023</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.2.3 Characterize the providers (including dentists) who do and do not accept Medicaid</td>
<td>Blue Ridge Health District</td>
<td>Free Clinic Charlottesville</td>
<td>12/31/2023</td>
<td># meetings held by 12/31/2023 that include at least three Community Paramedicine partners to determine levels of collaboration and cooperation</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.3 Assess the need for more integrated or broader Community Paramedicine (CP) services through UVA Health and Charlottesville, Albemarle, Nelson Fire Departments and volunteer EMS providers</td>
<td>Blue Ridge Health District</td>
<td>Albemarle County Fire &amp; Rescue • Charlottesville Albemarle Rescue Squad • Charlottesville Fire Department • UVA Population Health’s CP Program • Wintergreen Fire &amp; Rescue</td>
<td>12/31/2023</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Policy Target: Digital Access + Literacy

Broadband access is often referred to as a “super-determinant” of health because it plays such a critical role in connectivity to social networks, healthcare, educational institutions, and emergency services.¹

Yet rural localities – like Fluvanna, Greene, Louisa, and Nelson counties, plus southern Albemarle – suffer insufficient access to broadband internet.

Broadband infrastructure has been slow to reach the more remote areas of the district, and MAPP2Health participants from Nelson County in particular recognized how lack of broadband has exacerbated existing health and socioeconomic inequities – known as the digital divide.

Beyond broadband, the ability to “find, evaluate, create, and communicate information” online, known as digital literacy, is critical to navigate the domains of daily life, including getting access to health care both in person and online.

Lack of digital skills and competencies is not confined to rural residents alone; it can be particularly challenging for older adults and non-native English speakers.

Thus, the CHIP’s goals and objectives address broadband access, literacy, hardware and software components of connectivity to navigate daily life, and specifically, healthcare encounters.

ENDNOTES

DIGITAL ACCESS + LITERACY WORKGROUP
Organizations listed below have a participating member in the Digital Access + Literacy Workgroup

- Albemarle County Broadband Accessibility and Affordability Office
- Firefly Fiber Broadband
- Jefferson Area Board for Aging (JABA)
- Jefferson-Madison Regional Libraries (JMRL)
- Louisa County Commission on Aging
- Thomas Jefferson Adult Career Education (TJACE@PVCC)
### Policy Target: Digital Access + Literacy  
**GOALS + OBJECTIVES**

For a complete list of tasks associated with each objective, see Appendix.

<table>
<thead>
<tr>
<th>GOAL</th>
<th>Objective</th>
<th>Convener</th>
<th>Contributors</th>
<th>Target Date</th>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Expand broadband access</td>
<td>1.1 Promote the Regional Internet Service Expansion (RISE)</td>
<td>Firefly Fiber Broadband</td>
<td>Blue Ridge Health District</td>
<td>12/31/2024</td>
<td># people who receive RISE marketing materials by 12/31/2024</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>1.2 Ensure households in need of internet get a physical connection</td>
<td>Firefly Fiber Broadband</td>
<td>Blue Ridge Health District</td>
<td>12/31/2025</td>
<td>% households in the District that have broadband Internet by 12/31/2025</td>
<td>90%</td>
</tr>
</tbody>
</table>
| 2. Expand digital literacy improvement services, especially for older adults, or non-native English speakers | 2.1 Increase enrollment for digital literacy and learning classes | Blue Ridge Health District | • Jefferson Area Board for Aging  
• Jefferson Madison Regional Libraries (JMRL)  
• TJACE@PVCC | 12/31/2025 | # non-native English speakers or people 65+ who participated in a digital literacy program by 12/31/2025 | baseline + 10% |
| 3. Integrate digital navigators into the healthcare domain | 3.1 Train digital navigators | Broadband Affordability and Accessibility Office (BAAO) | Blue Ridge Health District | 12/31/2024 | # digital navigators trained by 12/31/2024 | 2 |
| | 3.2 Increase paid opportunities for healthcare workers who have digital navigator training | TBD | TBD | 12/31/2024 | # paid positions for healthcare workers with digital navigator training by 12/31/2024 | 6 |
| 4. Increase access to affordable hardware and software | 4.1 Develop and sustain digital access equity services at centralized locations with reliable hardware, broadband, software, and technology support | TBD | • Broadband Affordability and Accessibility Office (BAAO)  
• Jefferson Madison Regional Libraries (JMRL)  
• Louisa County Commission on Aging | 12/31/2024 | # digital access equity days at JMRL locations by 12/31/2024 | 6 |
Mental health problems are among the most common health conditions in the U.S., with one in five adults experiencing mental illness each year.¹ With the onset of COVID-19, the already strained mental health system was hit by a perfect storm of personal fear and anxiety, societal and political upheaval, forced isolation, loss of life, and an economic downturn, coupled with unprecedented challenges for the behavioral health workforce.

Black, Latino, and multi-racial adults in Virginia reported higher rates of depression throughout the pandemic than White and Asian Virginians.²

At the same time, Virginia has a long-standing shortage of behavioral health workers, with access to behavioral health providers varying widely within BRHD, exacerbated by a critical shortage of in-patient psychiatric beds. The shortage is even more acute among practitioners of color, with Black and Latinx psychiatrists and psychologists each representing under 8% of the mental health workforce.³

The Mental + Behavioral Health workgroup, convened by the Community Mental Health and Wellness Coalition (CMHWC), is acutely aware of these issues. A network of over 20 organizations that serve the entire District, CMHWC will concentrate its CHIP work on policy change at the health system, legislative, and workforce levels – engaging leadership from both UVA Health and Sentara Martha Jefferson Hospital.

CHIP objectives address the need to expand capacity for racially and culturally responsive behavioral health care; increase access to care (such as by increasing in-patient psychiatric beds); and promote policies, systems, and environments that improve behavioral health and wellness – particularly for people of color. The workgroup is currently identifying conveners and clarifying both indicators and targets.

ENDNOTES
## Policy Target: Mental + Behavioral Health

**GOALS + OBJECTIVES**

For a complete list of tasks associated with each objective, see Appendix.

<table>
<thead>
<tr>
<th>GOAL</th>
<th>Objective</th>
<th>Convener</th>
<th>Lead Contributors</th>
<th>Target Date</th>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
</table>
| 1. Improved mental and behavioral health policy and planning | 1.1 Create a plan for shared advocacy, planning, and accountability | Community Mental Health and Wellness Coalition Steering Committee (CMHWC) | • Sentara Martha Jefferson Hospital  
• UVA Health | 12/31/2024 | #plans published for advocacy, planning, and accountability by 05/01/2024 | 1 |
| | 1.2 Adopt anti-racist policies, practices and procedures | TBD | TBD | 12/31/2024 | TBD | TBD |
| | 1.3 Develop resilient and growing workforce that reflects the community | TBD | • Albemarle County Fire & Rescue  
• Sentara Martha Jefferson Hospital  
• UVA Health | 12/31/2025 | TBD | TBD |
| 2. Expanded behavioral health promotion and community health hubs | 2.1 Expand behavioral health promotion efforts | TBD | TBD | 09/01/2025 | TBD | TBD |
| 3. Improved treatment and recovery services | 3.1 Provide comprehensive, accessible, culturally responsive adult outpatient services | TBD | • Sentara Martha Jefferson Hospital  
• UVA Health | 12/31/2025 | # adults receiving comprehensive, accessible, culturally responsive outpatient services during 2023-2025 | 500 |
| | 3.2 Provide expanded continuum of youth services | TBD | TBD | 12/31/2025 | # youth receiving expanded continuum of services during 2023-2025 | 500 |
| 4. Quality, equitable, crisis response services | 4.1 Promote neighboring models and existing local efforts | TBD | TBD | 12/31/2025 | TBD | TBD |
| | 4.2 Develop regional mobile service response (24/7,365) | TBD | TBD | 12/31/2025 | TBD | TBD |
| | 4.3 Inventory treatment capacity (locations depending on needs) | TBD | TBD | 12/31/2025 | TBD | TBD |
| | 4.4 Create regional policy for data sharing/care coordination | TBD | TBD | 12/31/2025 | TBD | TBD |
Appendix

This appendix supplements the goals-and-objectives tables by listing the entire hierarchy of goals, objectives, sub-objectives, and tasks needed to implement the CHIP. Listing the specific tasks for each objective and sub-objective helps to understand more concretely what the partners intend to achieve.
Policy Target: Transportation

**GOAL 1. Improve all transit infrastructure**

- **Objective 1.0** Obtain approved contract to allow installation of mobility accessible, age-friendly bus shelters where needed
  
  - Task 1.0.1 Finalize bus shelter design to include mobility accommodations
  - Task 1.0.2 Conduct inventory of which shelters are on VDOT roads and non-VDOT property

- **Objective 1.1** Produce a governance study for a mechanism to increase funding for regional transit and manage those funds
  
  - Task 1.1.1 TJPDC reports out publicly on governance study progress

- **Objective 1.2** Improve infrastructure for getting patients to and from health system hospitals and providers
  
  - Task 1.2.1 Review needs from UVA on discharge and after-hours discharge
  - Task 1.2.2 Assess the need for on-demand rides - particularly from Sentara Martha Jefferson Hospital ER after hours
  - Task 1.2.3 Implement, if necessary, on-demand ride service for eligible patients getting discharged from SMJH ER

- **Objective 1.3** Improve scheduling service for Jaunt
  
  - Task 1.3.1 Jaunt Transit Development Plan posted to Jaunt website
  - Task 1.3.2 Launch passenger portal (app-based response) for scheduling

- **Objective 1.4** Jaunt locality service is sufficient for residents’ needs
  
  - Task 1.4.1 Conduct needs assessment for expanding service in localities
  - Task 1.4.2 If necessary, expand locality service

- **Objective 1.5** Expand GPS tracking app availability for riders
  
  - Task 1.5.1 Assess necessity for alternatives to TransLoc
  - Task 1.5.2 Ensure all transportation providers use the same GPS app
  - Task 1.5.3 Publicize new GPS app

- **Objective 1.6** Initiate a sustainable Riders’ Advisory Group for Transit
  
  - Task 1.6.1 Investigate best model for a Riders’ Advisory Group
  - Task 1.6.2 Identify best organization, or create new organization, to house the Group
  - Task 1.6.3 Develop a charter for the Group
  - Task 1.6.4 Publicize the Group and recruit members
  - Task 1.6.5 Determine how to measure success of the Group

- **Objective 1.7** Begin to Implement microtransit
  
  - Task 1.7.1 Implement microtransit pilot in N. Rte 29 Corridor and Pantops
  - Task 1.7.2a Engage community and publicize microtransit services

(Continued on page 27 →)
Policy Target: Transportation - cont’d.

**GOAL 2. Develop a robust rideshare network for patients and clients**

**Objective 2.0** Develop a Mobility Management Program to include a one-click-one-call information and referral center

- **Task 2.0.1** Introduce the concept of Mobility Management to community partners
- **Task 2.0.2** Start a one-call-one-click referral center (obtain phone number & equipment, hire & train mobility coordinator, develop website & ride referral information)
- **Task 2.0.3** Implement a data system to track project success and transportation needs
- **Task 2.0.4** Provide information and referrals on transportation options
- **Task 2.0.5** Connect riders with transportation services
- **Task 2.0.6** Provide travel training
- **Task 2.0.7** Promote services
Policy Target: Healthcare Workforce

**GOAL 1. Ensure providers and staff reflect the diverse patient population**

**Objective 1.1** Clinicians (including behavioral health clinicians) reflect the diverse patient population

**Sub-Objective 1.1.1** Increase the number of people of color and multi-language speakers who participate in local trainings and classes to join the clinical workforce

- **Task 1.1.1a** Assess the number of people of color and multi-language speakers who are currently participating in local trainings and classes (in-person)
- **Task 1.1.1b** Advocate for educational scholarships to clinical trainings, and classes for people of color and multi-language speakers
- **Task 1.1.1c** Expand clinical training opportunities that include evening hours and childcare
- **Task 1.1.1d** Outreach to people of color and multi-language speakers for trainings and classes to join the clinical workforce.

**Sub-Objective 1.1.2** Improve simulations and scenarios at UVA Med School so "Standardized Patients" are diverse in race, age, gender identity, and socio-economic status

- **Task 1.1.2a** Assess current cases and evaluate if there is room to include dialogue/scenarios that improve cultural competency skills
- **Task 1.1.2b** Assess and analyze communication skills curriculum and determine where scenarios that improve cultural humility and empathy can be embedded in the training
- **Task 1.1.2c** Create a video to recruit in nearby neighborhoods with help of trusted organizations, introducing diverse candidates to the SP concept.
- **Task 1.1.2d** Work with programs to make payments to Standard Patients more flexible (e.g., tax ID in lieu of SSN, gift cards instead of direct deposit)

**Sub-Objective 1.1.3** Bolster and expand the clinical workforce pipeline

- **Task 1.1.3a** Identify high schools and pathway programs districtwide that support the clinical workforce pipeline
- **Task 1.1.3b** Increase the number of people of color and multilingual students enrolled in Earn While You Learn programs for clinicians
- **Task 1.1.3c** Explore models and funding for creating mental health and substance use professional pathways

**Objective 1.2** CHWs (and similar outreach worker positions) reflect the diverse patient population

**Sub-Objective 1.2.1** Increase the number of people of color, LGBTQ+, and multi-language speakers who participate in trainings and classes to become CHWs and similar outreach positions

- **Task 1.2.1a** Advocate for educational scholarships to CHW certifications and trainings
- **Task 1.2.1b** Facilitate CHW training course at PVCC

(Continued on page 29 →)
Policy Target: Healthcare Workforce cont'd.

Task 1.2.1c Create a list of various training options for CHWs
Task 1.2.1d Facilitate Peer Support Recovery training and certification and other behavioral health awareness trainings
Task 1.2.1e Publicizing to people of color, LGBTQ+, and multi-language speakers for CHW trainings and classes - contingent on how many job available to CHWs locally

Sub-Objective 1.2.2 Increase paid opportunities for multilingual and local CHWs and peer support recovery navigators
Task 1.2.2a Assess which paid CHWs or alike positions self-identify as multi-lingual or a person of color
Task 1.2.2b Incorporate incentives into pay scales to compensate multi-lingual health workers and staff
Task 1.2.2c Advocate for equitable pay for CHW and peer support recovery navigators
Task 1.2.2d Identify the obstacles to hiring CHWs and peer support recovery navigators

Sub-Objective 1.2.3 Create a network that will provide an opportunity for training, collaboration, and networking for the district’s CHWs and similar positions
Task 1.2.3a Hire an Outreach Network Coordinator
Task 1.2.3b Establish a system for making referrals "in network"/ across agencies and organizations
Task 1.2.3c Assess which service providers have local CHWs or similar positions on staff

Objective 1.3 Medical interpreters are working in sufficient variety to serve a diverse patient population

Sub-Objective 1.3.1 IRC and UVA collaborate for training and staffing of medical interpreters
Sub-Objective 1.3.2 Expand medical interpreter service beyond UVA Hospital
Task 1.3.2a Expand medical interpreter service to Sentara Martha Jefferson Hospital
Task 1.3.2b Expand medical interpreter service to UVA ER and satellite offices
Task 1.3.2c Expand medical interpreter service to outlying locality providers
GOAL 2. Expand the provision of health services in rural and underserved communities

Objective 2.1 Work with county and city government to include incentives for healthcare practices in rural or underserved communities in comprehensive plans or zoning

Task 2.1.1 MAPP Recommendations included in Comprehensive Plans districtwide

Task 2.1.2 Reform zoning policies to provide affordable and sustainable rent for rural healthcare clinics

Task 2.2.1 Track Greene County revitalization project

Objective 2.2 Expand the provision of Medicaid health services

Sub-Objective 2.2.1 Advocate at the legislative level for increased Medicaid reimbursement rates, particularly for dentistry and mental and behavioral health services

Sub-Objective 2.2.2 Assess the proportion of Medicaid-eligible patients in each locality to determine the ideal benchmark for enrollment numbers

Sub-Objective 2.2.3 Characterize the providers (including dentists) who do and do not accept Medicaid

Task 2.2.3a Assess the proportion of non-dental providers who accept Medicaid

Task 2.2.3b Assess the proportion of dentists who accept Medicaid

Task 2.2.3c Of those non-dental providers who do not accept Medicaid, determine the reasons

Task 2.2.3d Of those dentists who do not accept Medicaid, determine the reasons

Objective 2.3 Assess need for more integrated or broader Community Paramedicine (CP) services through Charlottesville, Albemarle, and Nelson Fire Departments, and Volunteer providers

Task 2.3.1 Identify current Community Paramedicine (CP) or similar programs

Task 2.3.2 Assess current CP program activities and determine gaps and potential synergies
**Policy Target: Digital Access + Literacy**

**GOAL 1. Expand broadband service access**

**Objective 1.1** Promote the Regional Internet Service Expansion (RISE)

**Task 1.1** Communicate updates from Firefly and other providers to counties and residents

**Objective 1.2** Ensure households in need of internet get a physical connection

**Task 1.2.1** Identify households that need broadband

**Task 1.2.2** Promote broadband expansion services to households

**GOAL 2. Expand digital literacy improvement services, especially for older adults, and non-native English speakers**

**Objective 2.1** Increase enrollment for digital literacy and learning classes

**Task 2.1.1** Promote JRML Digital Media Center

**Task 2.1.2** Promote digital literacy and learning classes Districtwide

**GOAL 3. Integrate Digital Navigators into the healthcare domain**

**Objective 3.1** Train digital navigators

**Task 3.1.1** Identify best practices for digital navigators actions and staffing

**Objective 3.2** Increase paid opportunities for healthcare workers who have digital navigator training

**GOAL 4. Increase access to affordable hardware and software**

**Objective 4.1** Develop and sustain digital access equity services at centralized locations with reliable hardware, broadband, software, and technology support

**Task 4.1.1** Publicize and promote digital access equity days
Policy Target: Mental + Behavioral Health

GOAL 1. Improved mental and behavioral health policy and planning

Objective 1.1 Create a plan for shared advocacy, planning, and accountability

Task 1.1.1 Revitalize Coalition Steering Committee to guide a shared community plan across health systems

Task 1.1.2 Explore models for shared accountability from other communities

Task 1.1.3 Develop and track shared behavioral health activities and measurable outcomes

Task 1.1.4 Develop and promote a shared advocacy platform for expanding the behavioral health workforce and increasing Medicaid reimbursement for behavioral health services

Task 1.1.5 Publicize and promote the shared advocacy platform and in-person opportunities

Objective 1.2 Adopt anti-racist policies, practices and procedures

Task 1.2.1 Coordinate training for behavioral health and human services on anti-racist practices

Task 1.2.2 Organizational pledge to do an organizational assessment and share commitment in work, practice, training

Task 1.2.3 Advocate for and support major organizations completing an anti-racist organizational assessment

Objective 1.3 Develop resilient and growing workforce that reflects the community

Task 1.3.1 Explore models and local resources for a behavioral health career ladder for our region (Same as HCS Workforce 1.1.3c)

Task 1.3.2 Expand behavioral health competencies for community health workers and other healthcare providers (Same as HCS Workforce 1.2.1e)

Task 1.3.3 Get Planning Grant approved for behavioral health workforce pipeline initiatives

Task 1.3.4 Advocate for barrier crimes legislative change

Task 1.3.5 Promote workforce resilience training across healthcare workforce

GOAL 2. Expanded behavioral health promotion and community health hubs

Objective 2.1 Expand behavioral health promotion efforts

Task 2.1.1 Inventory existing health promotion activities & who they serve

Task 2.1.2 Scale Narcan distribution at all hubs throughout the community

Task 2.1.3 Expand Mental Health Awareness Training throughout the community

Task 2.1.4 Increase marketing and promotion for behavioral health promotion activities

GOAL 3. Improved treatment and recovery services

Objective 3.1 Provide comprehensive, accessible, culturally responsive adult outpatient services

Task 3.1.1 Expand access to low-barrier adult behavioral health services in Charlottesville

(Continued on page 33 →)
Objective 3.2 Provide expanded continuum of youth services
   Task 3.2.1 Advocate for pediatric psychiatric beds
   Task 3.2.1 Increase number of pediatric psychiatric beds
   Task 3.2.2 Increase outpatient services for children and youth
   Task 3.2.3 Learn about Governor’s plan and advocate for / seek additional funding
   Task 3.2.4 Increase local data collection

GOAL 4. Quality, equitable, crisis response services

Objective 4.1 Promote neighboring models and existing local efforts
   Tasks TBD

Objective 4.2 Develop regional mobile service response (24/7, 365)
   Tasks TBD

Objective 4.3 Inventory treatment capacity (locations depending on needs)
   Tasks TBD

Objective 4.4 Create regional policy for data sharing/care coordination
   Tasks TBD
For questions on the Community Health Improvement Plan or to join one of its workgroups, please contact CHA/CHIP Program Officer Jen Fleisher at Blue Ridge Health District.
2023–2025
Community Health Improvement Plan

BRHD Blue Ridge Health District
SENTARA
UVA Health