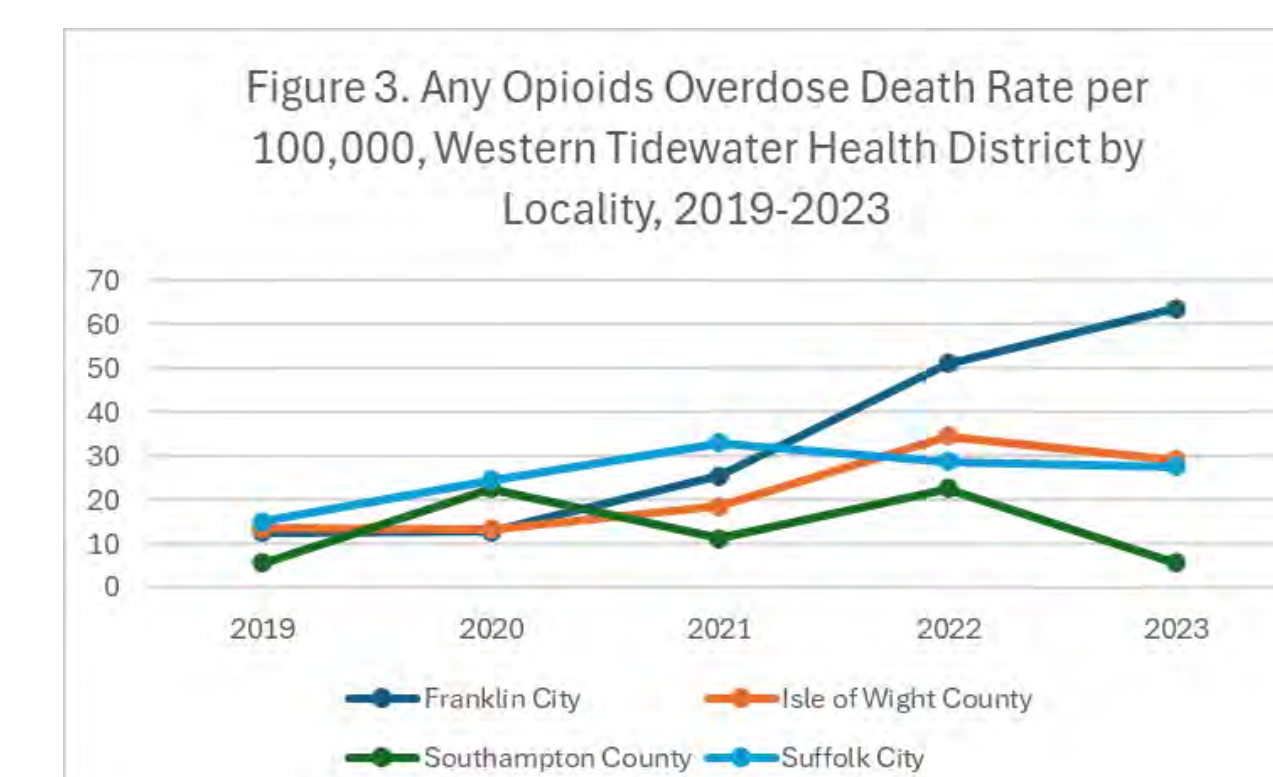
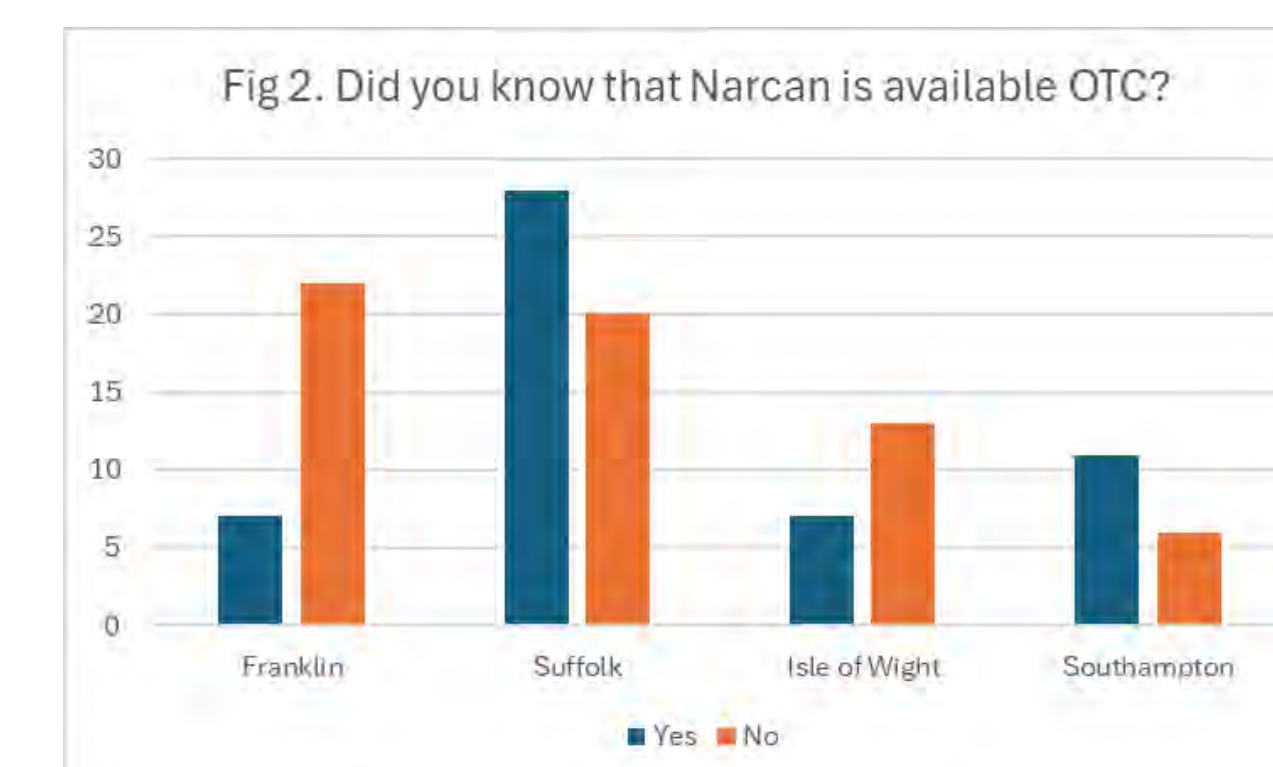
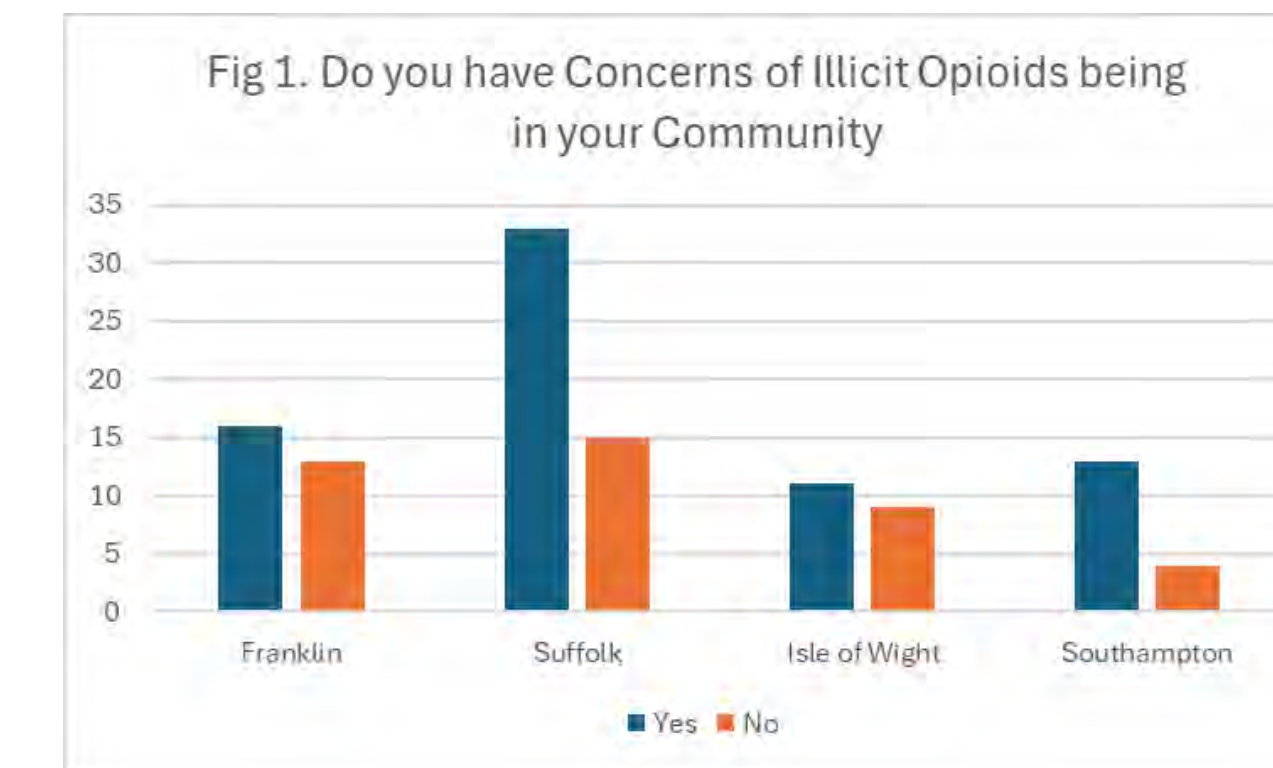


Issue Identified

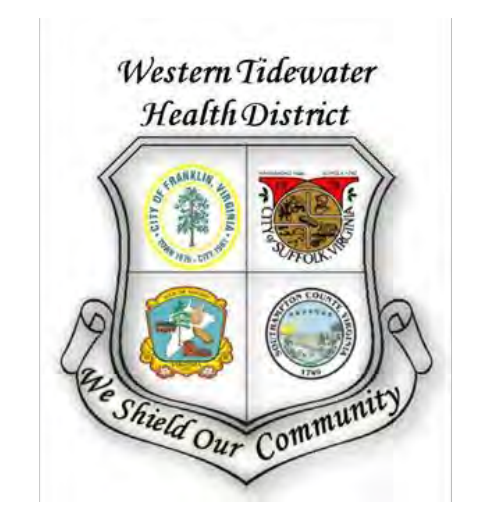
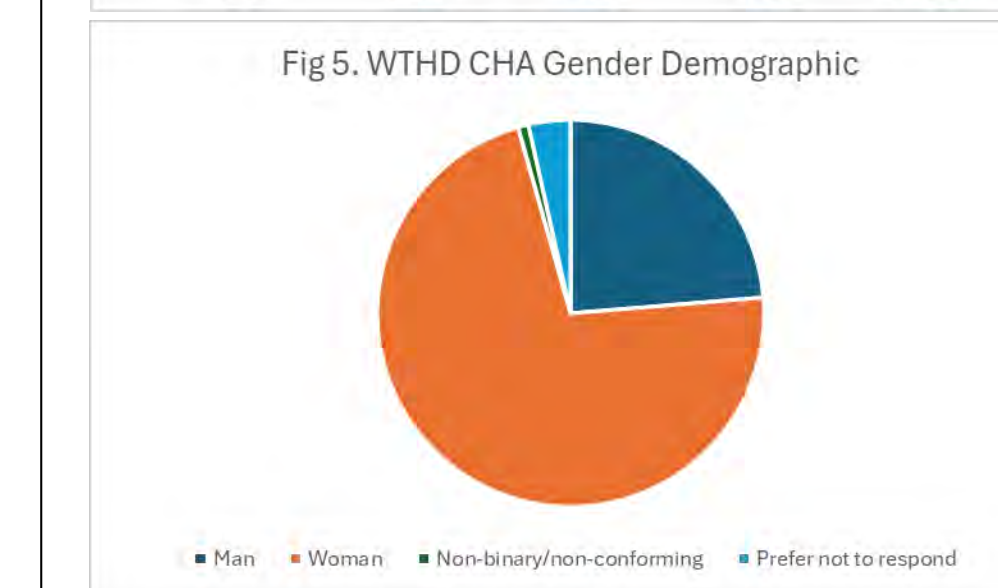
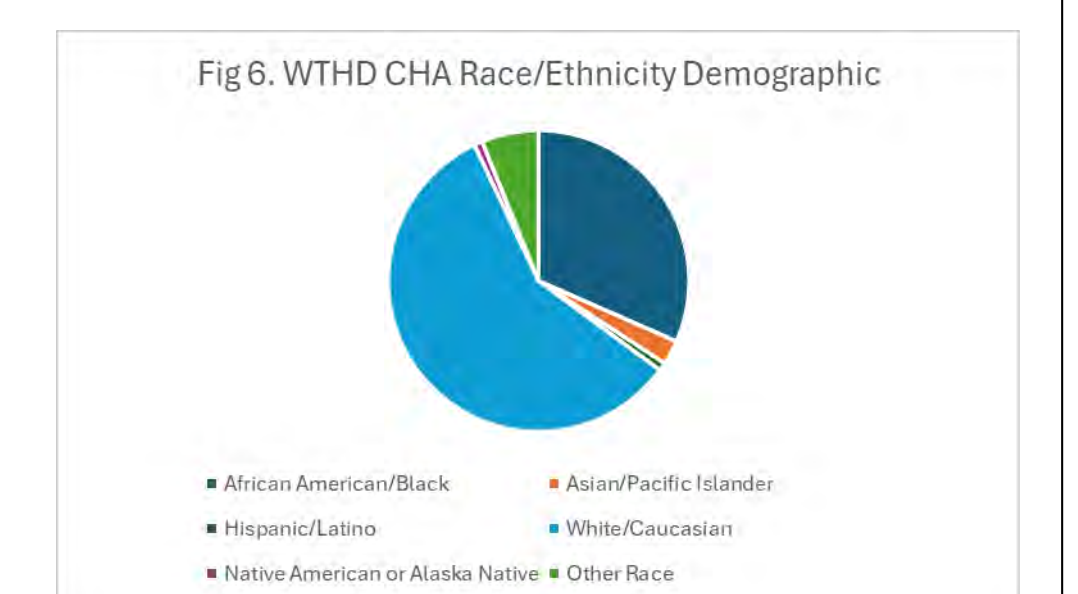
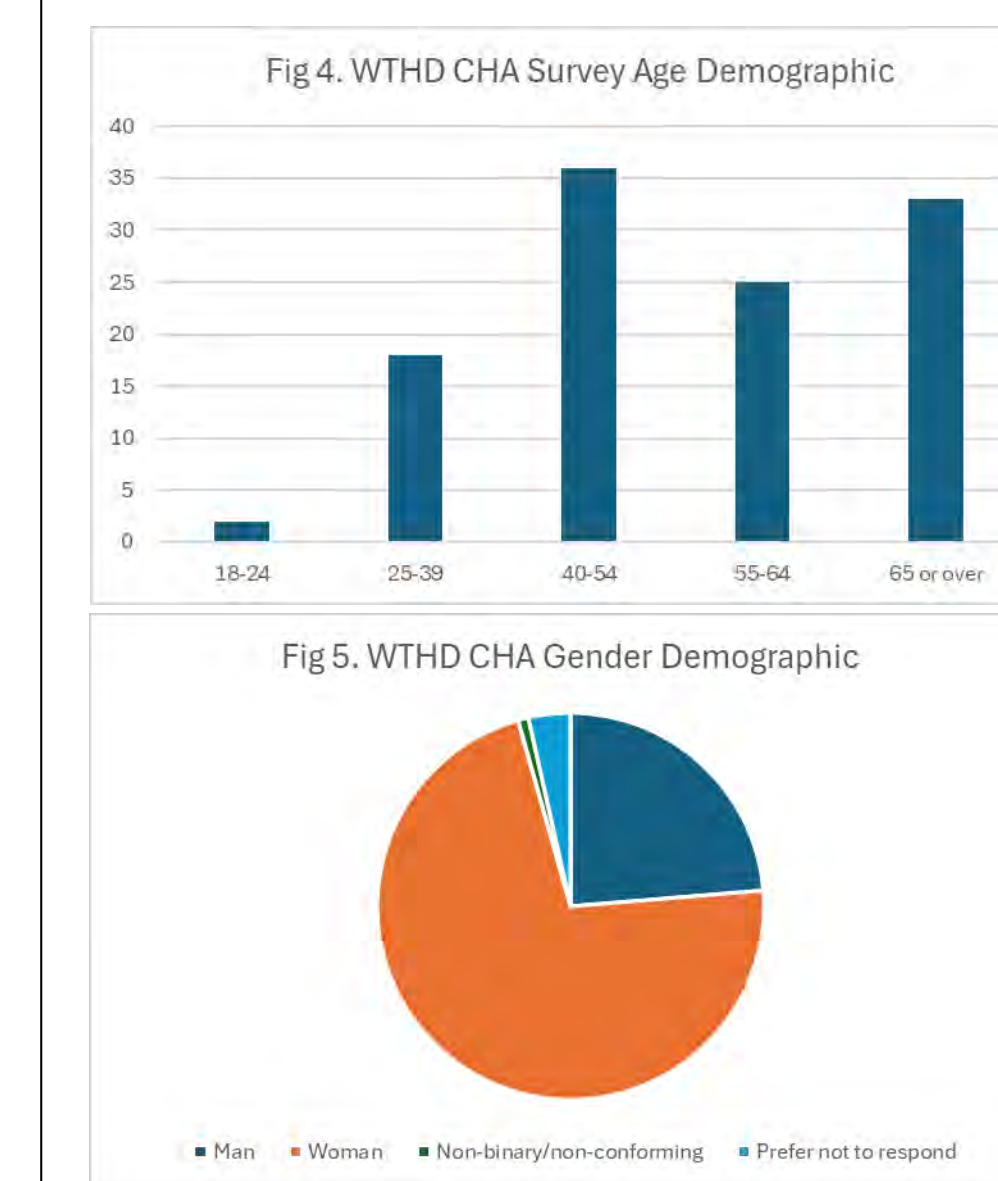
The Western Tidewater Health District's previous opioid response plan existed in name but had not been fully utilized or implemented. With the recent appointment of a new Medical Reserve Corps (MRC) Coordinator in 2024, there was a renewed opportunity to realign the plan with current priorities—specifically enhancing promotion of **REVIVE!** trainings, a key MRC initiative. Additionally, in the absence of a dedicated Population Health Manager, the district opted to focus on a targeted improvement effort rather than developing a full Community Health Improvement Plan (CHIP). As a result, the opioid response plan was chosen as a strategic tool to address both the ongoing opioid crisis and the integration of MRC volunteerism and community overdose education.

However, the district had not conducted a Community Health Assessment (CHA) in several years, leaving a gap in recent, localized data and stakeholder feedback. This lack of up-to-date information limited the district's ability to design an actionable opioid response plan grounded in current community needs. To effectively revise the plan, it became necessary to gather new data and engage local stakeholders to ensure that response efforts would be both relevant and responsive to the evolving nature of the opioid crisis in the Western Tidewater region.



Outcomes

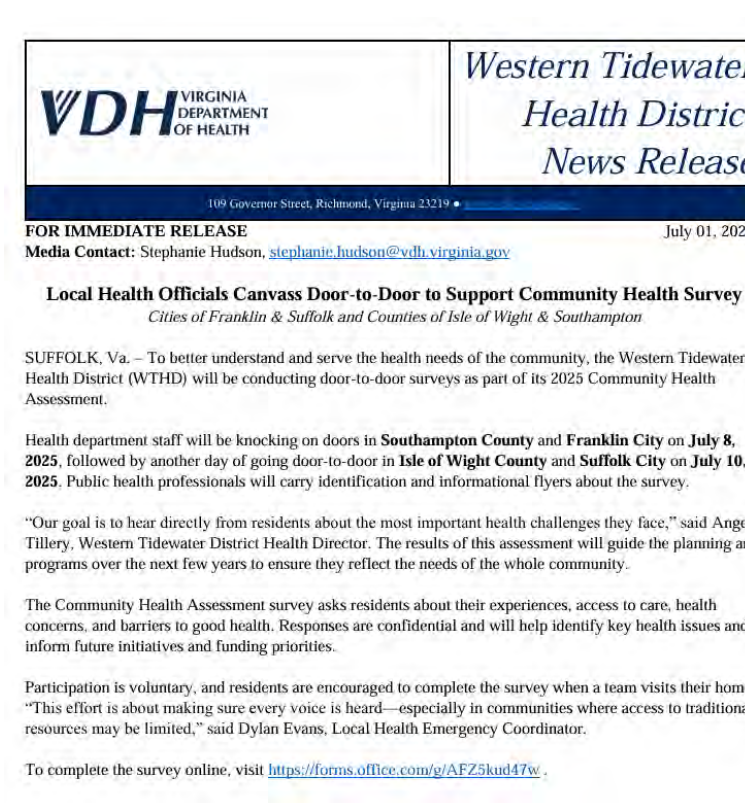
The top 3 Community Health Concerns according to the 114 respondents are Mental Health Concerns (46%), Aging Problems (37%) and Cancers (29%).



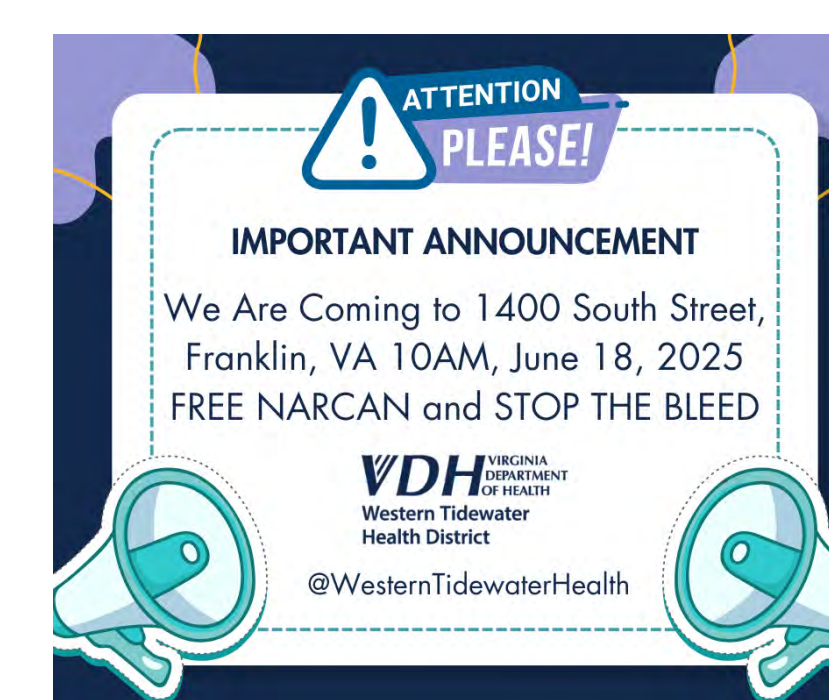
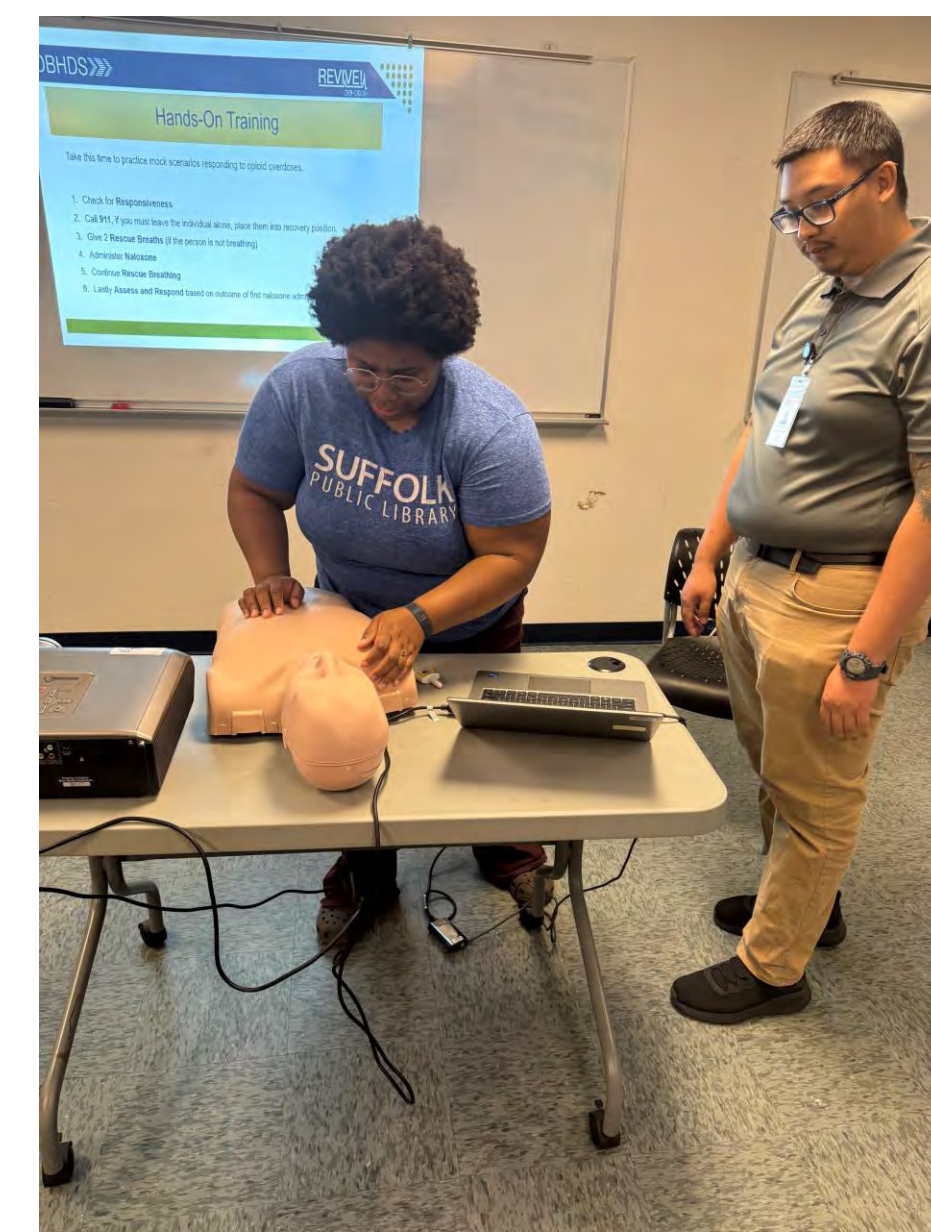
Outputs

- Community Health Assessment (CHA) Survey – designed to gather community input with a focus on opioids and SUD treatment
- Flyers promoting the CHA Survey – distributed digitally and in-person to boost participation
- Event Flyers for REVIVE! Trainings – created and shared for in-person naloxone education events across WTHD localities
- CHA Canvass News Release – developed to raise awareness and promote participation in the community health assessment
- Full Community Health Assessment (CHA) Report – included opioid impact analysis, local barriers, and resource mapping
- Opioid Response Plan & SOP – created a unified document for WTHD response, combining strategy and implementation guidelines

CHA Canvass with Dylan Evans (Right) and Gilbert Agaran (Left) getting community feedback in WTHD



Teaching Basic REVIVE! For Lay Rescuers to Suffolk Public Library staff



Conducting Rapid REVIVE! and STOP THE BLEED in Franklin



Acknowledgments

Special thanks to my mentors Dylan Evans and Gilbert Agaran for their contributions and guidance towards making my time with VDH impactful. Shout out to Julia Mogren and Stephanie Hudson for their support. Lastly a big thank you to the WTHD team for welcoming and supporting me throughout my internship.

Challenges

- Accessing Localized Data:** A key challenge involved requesting and obtaining deidentified data on opioid-related overdoses, as well as information on the annual usage of substance use disorder (SUD) treatment and mental health services. These data were essential for supporting a more comprehensive and localized Community Health Assessment (CHA), but required significant coordination with external stakeholders and agencies.
- Engaging Rural Stakeholders:** Identifying venues and community partners for in-person REVIVE! trainings was particularly difficult in rural areas, such as Southampton County. Limited infrastructure and fewer centralized community spaces presented barriers to outreach and scheduling.
- Implementing MAPP 2.0 Without Foundational Support:** Applying the MAPP 2.0 Framework proved challenging due to the absence of a prior CHA and a currently vacant population health team within the district. This limited historical reference points and institutional knowledge, requiring more effort to build a foundational assessment process from the ground up.