DRAFT Virginia FY 2021
Preventive Health and Health Services Block Grant

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Contents **Page**

Executive Summary

This work plan is for the Preventive Health and Health Services (PHHS) Block Grant for Federal Year 2021. It is submitted by the Virginia Department of Health as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the FY2021 Preventive Health and Health Services Block Grant is $3,127,953. This amount is based on the 3/24/2021 allocation table distributed by the Centers for Disease Control and Prevention. Of the total amount, $294,905 has been allocated for administrative costs to cover salaries and related expenses, audit expenses, phone charges and IT functions. FY2021 funds are allocated to programs in priority health areas that address the following Healthy People 2020/2030 national health status objectives:

(HO AHS-7) Access to Health Services: $160,000 of the total award will support the development of a Project Echo model to expand the capacity of the existing health care workforce so that individuals are able to access high-quality care in or near the communities where they live.

(HO C – 12) Statewide Cancer Registries: $242,000 of the total award will support system enhancements to the Virginia Cancer Registry to increase electronic reporting of cancer cases.

(HO ECBP-10.1) Education and Community Based Programs: $130,000 of the total will support the Youth Traumatic Brain Injury Prevention Program. Funds will support prevention efforts toward school age children using the Project ECHO model.

(HO ECBP-10.9) Education and Community Based Programs: $90,213 of the total will be used to expand implementation of physical activity policy and systems change strategies to increase physical activity among school-age children.

(HO IVP – 1) Injury and Violence Prevention: $45,187 of the total will be used to provide resources, technical assistance, and training to build and maintain a statewide injury prevention infrastructure.

(HO IVP – 40) Sexual Assault-Rape Crisis: $178,896 of the total is a mandatory allocation to address the prevention of and services for victims of sexual assaults. Funds will support the partnership with community-serving organizations providing VDH HIV Care Services to provide primary prevention, screening and response activities related to sexual violence and intimate partner violence. The Virginia Department of Health will also contract with the Virginia Sexual and Domestic Violence Action Alliance to provide training and technical assistance to state SV/DV Agencies on prevention.

(HO IVP – 42) Injury and Violence Prevention: $200,000 of the total will support coordinated public health efforts to address adverse childhood experiences (ACEs) through injury and violence prevention efforts.

(HO MICH – 22) Breastfeeding: $75,000 of the total will be used to support the Creating Breastfeeding Friendly Environments project, which will provide technical assistance and resources to early care education settings and worksites to implement supportive breastfeeding interventions.

(HO OH – 8) Use of Oral Health Care System: $69,167 of the total will be used to support the Oral Health Care Access for Individuals with Special Health Care Needs (ISHCN) Program. Funds will provide education and training to dentists in an effort to encourage increased care or children with special health care needs.

(HO OH – 11) Community Water Fluoridation: $251,810 of the total will be used to maintain Virginia's optimal community water fluoridation level. Funds will be used to support the Community Water Fluoridation Program's coordinator position and for equipment upgrades, monitoring water systems, and providing training, education, and technical assistance.

(HO PA – 15) Physical activity opportunities: $216,496 of the total will be used to increase the number of

places that implement community planning, transportation and interventions that support safe and accessible physical activity.

(HO PHI – R06) Enhance Use of Informatics: $741,884 of the total will be used to increase the sample size of the Behavioral Risk Factor Surveillance System; $137,484 will be used to support staff and activities of the Pregnancy Risk Assessment Monitoring System; and $117,807 will be used to support staff, activities and data provision for the Virginia Youth School-based Surveys.

(HO PHI – 4) Public Health Improvement Plan: $256,000 of the total will be used to support the Centralized Support for Community Health Assessments and Health Improvement Plans initiative. Funds will support staff within the Division of Population Health Data who will provide support to each of the 35 local health districts in conducting community needs assessments and community health improvement plans.

(HO TU – 13) Smoking Cessation Attempts by Adults: $100,000 of this total will be allocated to the Tobacco Use and Control Program to fund the Quit Now Virginia quitline to provide tobacco cessation services to Virginians.

Budget Detail	
Total Award (1+6)	$3,127,953
A. Current Year Annual Basic	
1. Annual Basic Amount	$2,949,057
2. Annual Basic Admin Cost	($294,905)
3. Direct Assistance	$0
4. Transfer Amount	$0
(5). Sub-Total Annual Basic	$2,949,057
B. Current Year Sex Offense Dollars	
6. Mandated Sex Offense Set Aside	$178,896
7. Sex Offense Admin Cost	$0
(8.) Sub-Total Sex Offense Set Aside	$178,896
(9.) Total Current Year Available Amount (5+8)	$3,127,953
C. Prior Year Dollars	
10. Annual Basic	$0
11. Sex Offense Set Aside (HO 15-35)	$0
(12.) Total Prior Year	$0
13. Total Available for Allocation (5+8+12)	$3,127,953

Summary of Funds Available for Allocation	
A. PHHSBG $'s Current Year:	
Annual Basic	$2,949,057
Sex Offense Set Aside	$178,896
Available Current Year PHHSBG Dollars	$3,127,953
B. PHHSBG $'s Prior Year:	
Annual Basic	$0
Sex Offense Set Aside	$0
Available Prior Year PHHSBG Dollars	$0
C. Total Funds Available for Allocation	$3,127,9533

State Program Title: **Community Water Fluoridation**

State Program Strategy:

Program Goal:
Community water fluoridation (CWF) is defined as adjusting and monitoring fluoride to reach optimal concentrations in community drinking water. Virginia has met and exceeded the Healthy People 2020 objective for CWF with 96.37% of Virginians who are served by community water systems receiving optimally fluoridated water. This statistic is one of the highest in the country for this indicator and is maintained, in part, because of VDH's support in providing fluoridation equipment and supplies to communities with identified CWF needs. The localities and residents served changes each year and is based on need. The COVID-19 crisis has further strained local governments causing an influx of requests for support to maintain water fluoridation.

Program Health Priority:
Priorities for the program are to ensure safe and effective adjustment of community water to provide optimal fluoridation to reduce dental disease rates by monitoring water systems for compliance to rigorous standards 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 for years and will continue to require state and federal support as Virginia struggles with aging infrastructure and equipment that runs constantly and is exposed to water and chemicals so, by nature, is subject to a shorter useful life than other infrastructure components.

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

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

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

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

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

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

National Health Objective: HO OH-11 Community Water Fluoridation

State Health Objective(s):
Between 10/2021 and 09/2022, continue to provide optimally fluoridated water to 96% of Virginians who are served by community water systems

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

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

State Health Problem:

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

Target Population:
Number: 8,535,519
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male

Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 8,535,519
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau 2019 Population estimates

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Guide to Community Preventive Services (Task Force on Community Preventive Services)

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

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

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

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

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $251,810
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $110,000
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Upgrade fluoridation equipment
Between 10/2021 and 09/2022, Dental Health Program staff will establish **6** new contracts with newly identified localities to upgrade fluoridation equipment to maintain optimum fluoride levels.

Annual Activities:

1. Maintain fluoridation plans

Between 10/2021 and 09/2022, Dental Health Program staff will maintain a plan of fluoridation needs within the short term (1, 2 and 3 years) and long term and identify communities planning to expand/replace fluoridation facilities. Staff will maintain a list of potential areas with feasibility to cost effectively initiate fluoridation based on cost effectiveness.

2. Establish and monitor fluoridation contracts with localities

Between 10/2021 and 09/2022, Dental Health Program staff will establish contracts with communities for initiation and upgrading of fluoridation equipment and monitor contract progress though completion.

Objective 2:

Monitor water systems

Between 10/2021 and 09/2022, 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.

Annual Activities:

1. Maintain dual reporting systems

Between 10/2021 and 09/2022, 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.

2. Monitor water system

Between 10/2021 and 09/2022, VDH staff will perform monthly monitoring of water supplies through the collection, interpretation, compilation and reporting of statewide data including inspection and discrepancy reports.

Objective 3:

Provide training, education and technical assistance

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.

Annual Activities:

1. Provide education

Between 10/2021 and 09/2022, 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.

2. Provide training

Between 10/2021 and 09/2021, 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.

3. Provide technical assistance

Between 10/2021 and 09/2022, 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.

State Program Title: **Creating Breastfeeding Friendly Environments**

State Program Strategy:

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

Program Health Priority:
Leading a healthy lifestyle greatly reduces a person's risk for developing obesity and other chronic diseases. Reversing the growing trends in obesity and reducing chronic disease prevalence requires a comprehensive and coordinated approach that uses policy and systems change strategies to transform communities into places that support and promote healthy lifestyle choices for residents across the lifespan. Creating venues that promote breastfeeding and breast milk expression help support healthy nutrition and prevent obesity among infants and toddlers.

Primary Strategic Partners:
Childcare Aware of Virginia (CCA-VA); Infant & Toddler Specialist Network (ITSN); Virginia Early Childhood Foundation (VECF) Virginia Breastfeeding Advisory Council (VBAC); Nurture; and Virginia Breastfeeding Coalition (VBC)

Evaluation Methodology:
Enumeration data from VBAC, VBC, CCA-VA, VECF, and ITSN, 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.

State Program Setting:
Child care center, State health department, Work site, and Community-based organization

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

Position Name: Vacant
Position Title: Healthy Communities Coordinator
State-Level: 25% Local: 0% Other: 0% Total: 25%
Position Name: Sharon Jones
Position Title: Administrative Specialist
State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 2
Total FTEs Funded: 0.35

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

State Health Objective(s):
Between 10/2021 and 09/2022, VDH will implement activities to increase the number of places that implement supportive breastfeeding interventions. VDH will engage 30 new ECEs in completing breastfeeding and infant feeding (BF/IF) self-assessments and action plans for recognition as breastfeeding friendly. VDH will engage 50 new worksites in seeking recognition as breastfeeding friendly.

Baseline:
- 75 subject matter experts were trained on breastfeeding friendly best practices and the Virginia Breastfeeding Friendly (VBFF) Early Care Recognition Program as of June 2021

- ●82 ECEs have received VBFF recognition status as of June 2021
- ●39 worksites have received VBFF recognition status as of June 2021

Data Source: Enumeration data from VBAC, VBC, CCA-VA, VECF, and ITSN 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.

State Health Problem:

Health Burden:
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 infant[2] 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 26.4[2], 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. Pediatrics, 129(3). e821-e841. doi:10.1542/peds.2011-3552.
2. Virginia Department of Health. (2016).Virginia National Immunization Survey 2016.

Target Population:
Virginia Total Population: 8,626,210
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 3,407,353 (39.5% of total population)
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: under 5 years, 20 - 24 years, 25 - 34 years, 35 - 44 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau 2019 Estimates

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
The Surgeon General's Call to Action to Support Breastfeeding
The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies

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

Virginia Plan for Wellbeing (VPfW)
Virginia Chronic Disease Prevention Collaborative Network Shared Agenda (Shared Agenda)
National Prevention Strategies

CDC Recommends:
Spectrum of Opportunities
Quick Start Action Guide for Obesity Prevention in ECE
The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies

Funds Allocated and Block Grant Role in Addressing HO-1:
Total Current Year Funds Allocated to HO: $ 75,000
Total Prior Year Funds Allocated to HO: $ 0
Funds Allocated to Disparate Populations: $66,866
Funds to Local Entities: $66,866
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Increase the number of breastfeeding friendly ECEs
Between 10/2021 and 09/2022, VDH will provide professional development, including training and technical assistance, and tools and resources to guide 30 new ECEs in seeking state-level recognition for meeting Virginia's Five Breastfeeding Friendly Early Care Standards.

Annual Activities:
1. Maintain Breastfeeding Friendly Child Care Centers tracking systems
Between 10/2021 and 09/2022, VDH, CCA-VA, Infant and Toddler Specialist Network, and VBC will maintain the tracking systems used to house data on: number of ECEs that have received recognition through the breastfeeding friendly designation programs, regions/counties, type of early care provider, participate as a CACFP provider, and other data points on the application.

2. Update and provide breastfeeding friendly professional development, including training and technical assistance
Between 10/2021 and 09/2022, 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.

3. Recognize ECEs that meet high standards for breastfeeding support

Between 10/2021 and 09/2022, 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.

4. Disseminate a communication and outreach plan to increase both child care centers and family homes participation in the Virginia's Breastfeeding Friendly Early Care Recognition Program
Between 10/2021 and 09/2022, 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.

5. Identify and update resources to support early care providers in meeting standards and other breastfeeding friendly best practices
Between 10/2021 and 09/2022, 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.

Objective 2:
Increase the number of breastfeeding friendly workplace settings
Between 10/2021 and 09/2022, VDH will provide tools, resources, and technical assistance to guide 50 workplaces in seeking state-level recognition through the Virginia Breastfeeding Friendly designation program (VBFF).

Annual Activities:

1. Identify and implement recommendations for improvement informed from surveys previously distributed to better understand workplaces lactation needs, policies, and employee benefits.
Between 10/2020 and 09/2021, VDH and VBC will develop a survey that can be distributed to workplaces across various sectors. VBC will work closely with the Virginia Chamber of Commerce, VA's Society of Human Resource Management, Black Chamber of Commerce, and the Hispanic Chamber of Commerce and other statewide workplace associations to 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.

2. Provide outreach and technical assistance to workplaces in meeting the Virginia Breastfeeding Workplace Recognition Program criteria
Between 10/2021 and 09/2022, 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.

3. Manage Virginia's Breastfeeding Friendly Workplace Recognition Program including the application, recognition ceremony, data collection, and quality improvement

Between 10/2021 and 09/2022, 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.

State Program Title: **Creating Walkable Communities**

State Program Strategy:

Program Goal:
The program goal is to create a coordinated infrastructure that will redesign and enhance the physical activity landscape of the Commonwealth by creating a culture of health that reinforces physical activity guidelines and recommendations where children and adults learn, live, work, play, and worship. 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.

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

Primary Strategic Partners:
Virginia Departments of Conservation and Recreation and Transportation, Virginia Parks and Recreation Society (VPRS); National Association of Chronic Disease Directors (NACDD); Equitable Cities, LLC; Municipal Planning Organizations (MPOs); Planning Commissions and Regional Transportation Planners; and Haas Media LLC

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.

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

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

Position Name: Vacant
Position Title: Healthy Communities Coordinator
State-Level: 25% Local: 0% Other: 0% Total: 25%
Position Name: Melicent Miller
Position Title: Health Equity Consultant

State-Level: 15% Local: 0% Other: 0% Total: 15%
Position Name: Sharon Jones
Position Title: Administrative Specialist
State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 3
Total FTEs Funded: 0.50

National Health Objective: HO PA-15 Built Environment Policies

State Health Objective(s):
Between 10/2021 and 09/2022, 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.

Baseline:
2015 to 2021
15 localities trained in and received technical assistance to improve pedestrian safety
1,165,074 residents impacted based on pedestrian safety improvements

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

State Health Problem:

Health Burden:
Although chronic diseases are preventable, many Virginians continue to be at risk for developing them due to the health behaviors that they engage in which are influenced by social determinants of health including proximity and accessibility to nutritious foods and opportunities for physical activity. In 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]

3. Virginia Department of Health. (2020). Virginia 2019 BRFSS dataset.
4. Virginia Department of Health. (2020). Virginia 2019 Youth Survey dataset.
5. Brown, C., Deka, D., Sinclair, J., Blickstein, S. (2018). Benefits of safe sidewalks: Reducing crime can also improve physical and mental health. New Jersey Municipalities Magazine.

Target Population:
Virginia Total Population: 8,626,210:
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 3,407,353 (39.5% of total population)

Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: under 5 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau 2019 Estimates

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Global Action Plan on Physical Activity 2018–2030: More Active People for a Healthier World
Complete Streets Plans
Pedestrian/Bicycle Master Plans
Vision Zero Action Plans

Other Recommended Community Strategies & Measurements to Prevent Obesity:
VPfW
Shared Agenda

CDC Recommends:
Environmental Supports for Physical Activity National Health Interview Survey, 2015
Step it Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities
2016 Bicycling and Walking Benchmarking Report
2019 The Active Communities Tool (ACT): An Action Planning Guide and Assessment Modules to Improve Community Built Environments to Promote Physical Activity

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $216,496
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $167,767
Funds to Local Entities: $167,767
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Increase knowledge of strategies related to improving walkability and access to physical activity
Between 10/2021 and 09/2022, 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. Participants will team action plans, and implement PSE outcomes to make their cities and counties more walkable and improve access to opportunities for physical activity over the long term. Between 10/2021 and 09/2022, VDH, Equitable Cities, LLC, and other partners will provide continued education to up to 30 previous participants from cohorts held in 5/2020 to 9/2021.

Annual Activities:
1. Revise/develop 4th Annual VWAI Course Curriculum
Between 10/2021 and 09/2022, 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.

2. Identify 25 to 30 professionals to participate in VWAI
Between 10/2021 and 09/2022, using application processes, assessments, and eligibility requirements from existing VWAI, NACDD Walkability Action Institute, and other state examples, VDH will select 25 to 30interdisciplinary teams to participate in VWAI. The terms 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.

3. Host 4th Annual VWAI
Between 10/2021 and 09/2022, 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.

4. Provide continued education opportunities to past VWAI teams
Between 10/2021 and 4/2022, VDH will convene SMEs, partners, and teams to engage in members of the 10 alumni teams in continued education sessions aimed at implementing walkability action plans and increasing PSE change strategies to reduce physical activity disparities.

5. Evaluate VWAI and share data
Between 10/2021 and 09/2022, VDH will work with SMEs, partners, teams, and DHPD to evaluate VWAI. Monthly reports, participant surveys and census data and others will be used to gather qualitative and quantitative data that will be used for quality improvement efforts. A final summative report will be developed based on the VWAI and shared with partners.

Objective 2:
Increase collaboration
Between 10/2021 and 9/2022, VDH will increase state-wide intersectional collaboration to improve plans, policies, resources, tools for walkability, active community environments, and active and safe transportation. All focused on improving the health equity, wellness, chronic disease burden for Virginians.

Annual Activities:
1. Continue to implement activities within the Action Plan and three pillars
During 10/2021 through 09/2022, VDH will work with the VDOT and other statewide partners to implement the Partnership for Active Transportation and Health (PATHS) (formerly State Engagement Model (StEM) Active Communities) action plan for Virginia. This action plan has three pillars: 1) focus on improving the quality and accessibility of plans and policies; 2) compile and share guidance, resources, and tools; and 3) enhance and sustain the Virginia Walkability Action Institute.

The action plan includes goals, activities, partners, resources, and timelines. Each of these pillars has a workgroup of five to six individuals who work for state, regional, or local government or non-profit agencies and they represent public health, transportation, planning, aging, and community/economic development sectors. The workgroup will be meeting monthly and updates will be shared via virtual or in-person quarterly PATH meetings identified in Activity 2.

2. Hold one annual in person meeting and up to three webinars
During 10/2021 through 09/2022, VDH will work with VDOT to hold three webinars and one in person annual meeting. As in year's past, the focus of these webinars and the annual meeting are to report and discuss the activities being implemented and evaluated in the PATH's Active Communities Action Plan. The second goal of the meeting and webinars is to provide professional development and learning on a topic area that is relevant to the group. These topics areas could be in any of the following areas:

- ●transportation safety
- ●health equity
- ●transportation equity and justice
- ●active transportation (walkability and bikeability)
- ●community engagement
- ●other emerging topics and issues within the field

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

State Program Strategy:

Program Goal:
During the last 30 years, the Virginia Behavioral Risk Factor Surveillance System (BRFSS) has become the main source for annual, state-based health information in Virginia. Since 2002, the BRFSS program has provided data to each of the 35 health districts in an effort to inform public health actions and improve the health of all citizens. The primary goal of the Virginia BRFSS program is to continue the legacy of providing quality information to anyone who wants to understand and address health status and health risk behaviors. Additionally, BRFSS is the primary source of information for Virginia on the health-related behaviors of adults. Thus, BRFSS 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) as well as Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP). The PFWB and CHIPs will have a particular focus and emphasis on addressing the social determinants of health and the root causes of health inequities and disparities at the state and community level.

Program Health Priority:
The program health priority is data collection for health-related risk behaviors among adults. Extensive data visualizations and tables from the survey are posted on the VDH website for use by researchers and the public. The data are reported at the state, regional and health-district levels.
There is a large data gap when it comes to state level mental health data. The Virginia BRFSS added the Adverse Childhood Experiences (ACE) module and four Satisfaction with Life Scale questions to help address this gap. PHHS funds ensure the collection and analysis of these valuable state added questions.

Primary Strategic Partners:
Primary strategic partners include local health districts, other state agencies, non-profit and advocacy groups, researchers and the public.

Evaluation Methodology:
VDH will measure the number of survey completions, the percent of cell-phone only completions and the turnaround time for posting analyzed data to the VDH website.

State Program Setting:
State health department

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

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

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

National Health Objective: **HO PHI-R06 Public Health Infrastructure Enhance Use of Informatics**

State Health Objective(s):

Between 10/2021 and 09/2022, VDH will increase the availability and use of BRFSS data through an interactive portal platform.

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

Data Source:
Behavioral Risk Factor Surveillance System (BRFSS)

State Health Problem:

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

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

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

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: PHHS funds will be used to cover the cost of obtaining BRFSS data during the 2021 collection period. VDH uses a Call for Proposal process through which VDH offices, other state agencies and members of the public can submit proposals to add questions to the BRFSS. These proposals are evaluated by the BRFSS workgroup, and the State Health Commissioner makes a final determination regarding the questions included on the survey.

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $741,884
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Collect data
Between 10/2021 and 09/2022, VDH will collect **8,000** responses to the BRFSS on health risks among adults.

Annual Activities:
1. Conduct surveys
Between 10/2021 and 09/2022, VDH will conduct 8,000 telephone surveys, of which at least 60% will be cell-phone surveys.

Objective 2:
Develop survey
Between 10/2021 and 09/2022, VDH will develop **1** 2022 BRFSS questionnaire to align with state priorities.

Annual Activities:
1. Call for Proposal
Between 10/2021 and 09/2022, VDH will issue a Call for Proposal to VDH offices, other state agencies and members of the public to add questions to the BRFSS.

2. Develop survey
Between 10/2021 and 09/2022, the BRFSS Workgroup will evaluate the proposed questions and submit to the State Health Commissioner for final determination.

Objective 3:
Report data
Between 10/2021 and 09/2022, VDH will provide state, regional and health district BRFSS data to **all** interested parties.

Annual Activities:
1. Post data
Between 10/2021 and 09/2022, VDH will post BRFSS data to the website and the interactive online portal, Tableau within 90 days of receiving the data file.

2. Provide data reports
Between 10/2021 and 09/2022, VDH will provide BRFSS data reports on current year data (when available), trends and other analyses as requested.

3. Update SHA/SHIP
Between 10/2021 and 09/2022, VDH will provide BRFSS data updates to the Virginia Plan for Well-Being.

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

State Program Strategy:

Program Goal:
The primary program goal is to continue to provide data about pregnancy and the first few months after birth. PRAMS is the sole source of information for Virginia on the attitudes, behaviors, and experiences of women who have given a live birth. Thus, PRAMS 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). PRAMS data will address social determinants of health and the root causes of maternal and child health inequities and disparities at the state level.

Program Health Priority:
PRAMS provides population-level data on Healthy People 2030 goals related to access to health services, injury and violence prevention, immunization, maternal and child health, family planning, early and middle childhood, mental health and mental disorders, tobacco use and oral health.

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

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

State Program Setting:
State health department

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

Position Name: Kenesha Smith Barber
Position Title: PRAMS Coordinator
State-Level: 50% Local: 0% Other: 0% Total: 50%

Total Number of Positions Funded: 1
Total FTEs Funded: 0.65

National Health Objective: **HO PHI-R06 Public Health Infrastructure Enhance Use of Informatics**

State Health Objective(s):
Between 10/2021 and 09/2022, VDH will maintain its un-weighted PRAMS response rate (as measured in the PIDS system) above 50%.

Baseline:
The unweighted 2019 response rate is currently 52.9%.

Data Source:
PRAMS Integrated Data System (PIDS)

State Health Problem:

Health Burden:
PRAMS determines the health burdens affecting pregnant women and women who have recently given

birth. PRAMS is specifically designed to collect data related to potential correlates of infant mortality and other poor birth outcomes including low birthweight and preterm birth. Women are randomly selected for participation in the PRAMS survey. Potential participants are identified through Virginia's vital records database. The projected target population is 1,900 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.

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

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

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

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

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

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Conduct survey
Between 10/2021 and 09/2022, VDH will conduct **1,900** PRAMS surveys of women.

Annual Activities:
1. Mail surveys
Between 10/2021 and 09/2022, DPHD will mail surveys to 1,900 women for completion.

2. Complete phone calls
Between 10/2021 and 09/2022, DPHD will complete follow-up phone calls and provide incentives to maintain the response rate above 50%.

3. Track data
Between 10/2021 and 09/2022, DPHD will track and record data in the PIDS system.

Objective 2:

Disseminate data

Between 10/2021 and 09/2022, VDH will distribute data to inform and improve the health of the MCH population to **all** interested parties.

Annual Activities:

1. Identify stakeholders

Between 10/2021 and 09/2022, DPHD will identify internal and external stakeholders who would benefit from PRAMS data.

2. Analyze data

Between 10/2021 and 09/2022, DPHD will provide timely, accurate analysis of the PRAMS yearly dataset.

3. Produce reports

Between 10/2021 and 09/2022, DPHD will work with VDH communications staff to produce reports and materials using PRAMS analysis.

4. Update SHA/SHIP

Between 10/2021 and 09/2022, DPHD will provide VA PRAMS data updates to the Virginia Plan for Well-Being.

State Program Title: **Data Collection – Youth Risk Behavior Survey (YRBS) and School Health Profiles (SHP)**

State Program Strategy:

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. VYS and SHP are used to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults within the Commonwealth of Virginia. 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.

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

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

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

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

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

Position Name: Sarah Conklin
Position Title: Chronic Disease Supervisor
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Name: Lavonda Harrison
Position Title: Population Health Epidemiologist
State-Level: 35% Local: 0% Other: 0% Total: 35%

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

National Health Objective: **HO PHI-R06 Public Health Infrastructure Enhance the Use of Informatics**

State Health Objective(s):
Between 10/2021 and 09/2022, VDH will exceed CDC's required 60% response rate to obtain weighted data by 10% by maintaining the high school and student participation rate.

Baseline:
In 2019, a total of 59 public and charter high schools and 49 public and charter middle schools participated in the state-level YRBS. The high school response rate was 98%, the student response rate was 75%, and the overall response rate was 74%. In spring 2020, the School Health Profiles Survey began, but due to the coronavirus pandemic the profiles survey data collection was suspended and began back October 19, 2020-December 30, 2020. The School Health Profiles Survey did not receive the minimum of 70% response rate to receive weighted data.

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

State Health Problem:

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

Target Population:
Number: 168
Infrastructure Groups: Other

Disparate Population:
Number: 168
Infrastructure Groups: Other

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

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

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Develop survey
Between 10/2021 and 09/2022, VDH will develop **1** 2021 Virginia Youth Survey.

Annual Activities:
1. Convene workgroup
Between 10/2021 and 01/2022, VDH will convene the Virginia Youth Survey workgroup to discuss and propose stated added questions for the 2021 Virginia Youth Survey.

2. Propose survey
Between 10/2021 and 09/2021, VDH will propose the 2021 Virginia Youth Survey to VDH leadership for approval.

3. Post survey
Between 10/2021 and 09/2021, VDH will post the 2021 middle and high school Virginia Youth Survey to the website.

Objective 2:
Disseminate analyzed survey findings
Between 10/2021 and 09/2022, VDH will distribute analyzed Virginia Youth Survey and School Health Profiles Survey data to **all** interested stakeholders.

Annual Activities:
1. Post survey data
Between 10/2021 and 09/2022, VDH will post the 2021 survey findings and reports to the VDH webpage.

2. Create survey fact sheet
Between 10/2021 and 09/2022, VDH will create and disseminate fact sheets and data briefs summarizing the 2021 data.

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

Objective 3:
Disseminate profiles data
Between 10/2021 and 09/2022, VDH will distribute the 2022 Profiles data (Since administration of the 2020 Profiles questionnaires was suspended in the spring, 2020, VDH will also conduct the 2020 School Health Profiles questionnaires as directed by CDC) to **all** stakeholders.

Annual Activities:
1. Post Profiles data
Between 10/2021 and 01/2022, VDH will post the 2020 Profiles reports to the VDH webpage within 30 days of receiving the data. VDH is working with CDC and Westat to determine if data will be provided to states that did not meet the minimum 70% response rate on the Profiles.

2. Create Profiles fact sheet
Between 10/2021 and 03/2022, VDH will create data briefs highlighting Profiles and VYS data, and areas for improvement based on student health behaviors and current policies.

3. Share data with state partners
Between 10/2021 and 03/2022, VDH will schedule a meeting with state partners to review the Profiles data and disseminate the fact sheet.

4. Update SHA/SHIP
Between 10/2021 and 09/2022, DPHD will provide VYS and Profiles data updates to the Virginia Plan for Well-Being.

State Program Title: **Enhancing Physical Activity**

State Program Strategy:

Program Goal:
The program goal is to build on the foundation of existing strategies and partnerships to expand implementation of physical activity policy and systems change strategies to increase physical activity among school-aged children.

Program Health Priority:
Leading a healthy lifestyle greatly reduces a person's risk for developing obesity and other chronic diseases. Reversing the growing trends in obesity and reducing chronic disease prevalence requires a comprehensive and coordinated approach that uses policy and systems change strategies to transform communities into places that support and promote healthy lifestyle choices for residents across the lifespan. Implementing policy and system change strategies within LEAs that increase opportunities for physical activity support efforts to prevent obesity among adolescents.

Primary Strategic Partners:
Virginia Department of Education and Parks and Recreation; Local Education Agencies (LEAs), Alliance for a Healthier Generation Healthcare Initiative; Virginia Cooperative Extension/Family Nutrition Program (VCE/FNP); Focus Fitness; and Virginia Parks and Recreation Society (VPRS);

Evaluation Methodology:
Various data will be collected to inform project outcomes, including VYS data, project management and evaluation data, and document reviews. VYS physical activity questions will be evaluated to establish baseline prevalence of the measured outcomes. Health opportunity index data will be used to assess changes in the local impact of social determinants of health on wellbeing. Data derived from programmatic surveys and documentation reviews will be collected and analyzed throughout the project period to 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.

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

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

Position Name: TBD
Position Title: Healthy Communities Coordinator
State-Level: 25% Local: 0% Other: 0% Total: 25%
Position Name: Sharon Jones
Position Title: Administrative Assistant
State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 3
Total FTEs Funded: 0.35

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

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

Baseline:
26 local education agencies (LEAs)

Data Source:
Virginia Youth Survey (VYS), VDOE, Focused Fitness (that track assessment completion and action plan development and implementation.
,

State Health Problem:

Health Burden:
Over 27 percent of Virginians age 10-17-years old and 13 percent of high school students are overweight or obese.[6] Childhood obesity prevalence continues to increase causing immediate and long-term effects on physical, social, and emotional health. Children and adolescents spend a large proportion of the day in schools making them an ideal setting to create environments that are not only supportive to, but reinforce, healthy behaviors. Schools can adopt policies and practices to encourage children to learn about and make healthy nutrition choices, achieve the recommended amount of daily physical activity, and better prevent and/or manage the daily challenges from chronic health conditions, such as asthma, obesity, diabetes, food allergies, and poor oral health.

6. Laura Segal, J. R., & Martin, A. (2016). The State of Obesity: Better Policies for a Healthier America 2016. Robert Wood Johnson Foundation.

Target Population:
Number: 1,860,743
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: under 18
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 614,045
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: under 18
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau and National Center for Children in Poverty

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
WSCC model
CSPAP: A Guide for Schools

Other: Recommended Community Strategies & Measurements to Prevent Obesity in the United DPAS
VPfW
Shared Agenda

CDC Recommends:
CSPAP framework

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $90,213
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $70,645
Funds to Local Entities: $70,645
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Increase the implementation and integration of physical activity and healthy eating into statewide school systems
Between 10/2021 and 09/2022, VDH will increase physical activity and nutrition opportunities aligning with state and federal standards to a minimum of 10 LEAs through videos, other tools and resources, professional development, and technical assistance leading to improved outcomes in students' physical activity and healthy eating behaviors.

Annual Activities:
1. Disseminate physical activity and nutrition videos, linking to the importance of overall health and wellness.
Between 10/2020 and 09/2021, VDH partnered with Focused Fitness and DOE to develop a minimum of five videos that are focused on Virginia's 2015 Physical Education and the 2020 Health Education standards. These videos targeted grades K-5. These videos will be disseminated through various learning management platforms being utilized by school systems in Virginia. Some of these platforms include, but are not limited to the following: Schoology, GoOpenVA, and VA TV classroom. At a minimum, five LEAs, will be asked to implement these new videos into their health and PE curriculum. During this time period, partners will look at opportunities to extend some of these videos into before or after school programs. Focused Fitness will guide the development of the videos with support from VA health and PE educators. Focused Fitness will utilize current videos, and the Five for Life PE and nutrition curriculum for the development of the Virginia videos.

2. Expand physical activity in the classroom
Between 10/2021 and 09/2022, VDH will partner with Focused Fitness and VDOE to recruit 40 new Chief Movement Officers (CMO), who will work, directly with classroom teachers to increase physical activity breaks called brain boosts, and academic accelerators. Four CMO mentors will be identified to provide training and technical assistance to the officers, and work to develop the monthly movement opportunities in collaboration with Focused Fitness. The movement opportunities will be standardized so they can be disseminated to wider audiences at state and national conferences, including the JMU Health and PE Institute Conference, statewide principal conferences, Virginia Association of Health, Physical Education, Recreation, and Dance Conference, and the SHAPE America conference.

3. Continue to increase opportunities for diversity and inclusion efforts
Between 10/2021 and 09/2022, VDH will work with Focused Fitness, VDOE, and state universities, and other subject matter experts to review the current physical activity work for inclusion for English Language Learners and adaptive physical activity and movement. The focus will be on updating past brain boosts and academic accelerators developed by the CMO cadre in Activity 2 for more additional opportunities for diversity and inclusion. The framework identified between 10/2019 and 09/2020 will be used to apply diversity and inclusion components into all of the CMO cadre's physical activity work.

4. Improve school wellness policy implementation and evaluation
Between 10/2021 and 09/2022, VDH will work with Focus Fitness, VDOE Nutrition Programs, Equitable Cities LLC, and VDOT to increase school professional awareness and knowledge of PSE change strategies

to increase physical activity. Approximately, 25 to 30 professionals will be provided opportunities to learn about such strategies through webinars, resources and tools developed under these program objectives and activities.

State Program Title: **Increasing Healthcare Provider Capacity Project ECHO®: Injury and Violence Prevention**

State Program Strategy:

Program Goal:
The goal of the Healthcare Provider Education Project ECHO® is to use the Project ECHO® model to expand the capacity of the existing health care workforce so that individuals are able to access high-quality care in or near the communities where they live.

Program Health Priority:
The Injury and Violence Prevention Program works to prevent and reduce the consequences of unintentional injury and acts of violence, addressing risk factors at a population health level through practice and policy change.

Primary Strategic Partners:
George Mason University; Virginia Commonwealth University; University of New Mexico

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

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

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.
Position Name: Lisa Wooten
Position Title: Injury and Violence Prevention Program Supervisor
State-Level: 1% Local: % Other: % Total: 1%
Position Name: Paul D. Ronca
Position Title: Community Systems Program Coordinator
State-Level: 10% Local: Other: % Total: 10%

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

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

State Health Objective(s):
Between 10/2021 and 09/2022, VDH will implement **2** Project ECHO® learning lab initiatives to support the application of clinical based injury and violence prevention efforts among healthcare providers.

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

Data Source:
VDH Project ECHO® training records

State Health Problem:

Health Burden:
Injuries represent the leading cause of death in the 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.

When appropriately trained, healthcare providers are a key mode to deliver injury and violence prevention anticipatory guidance, screening and referral to resources. Training is key when addressing injury and violence issues that are influenced by complex social and individual factors. Virginia has laws in place regarding medical provider continuing education requirements for a variety of health conditions; however, varying models facilitated by many stakeholders often do not contain Virginia state specific scope of practice content, statewide resources, integrated care content, and clinical networking needed by practitioners. In addition, there are varying models of independent medical school requirements statewide for prevention education, ranging from reported four hours to six hours in total clinical content over the course of training and lack of evidence based injury and violence prevention models for clinical rotations.

VDH's ECHO model develops knowledge and capacity among community providers by 1) using technology (multipoint videoconferencing and internet) to leverage scarce resources and create knowledge networks, which connect a multidisciplinary team of experts located at the hub with learners at spoke sites through regularly scheduled teleECHO clinics; 2) improving outcomes by reducing variations in processes of care and sharing best practices; 3) providing case-based learning with guided practice through diverse, real-life cases with subject matter experts to facilitate learning; and 4) tracking of data (using HIPAA-compliant tools) to measure clinic function over time for the purposes of ongoing quality improvement.

Target Population:
Number: 8,535,519
Description: Virginia Residents Statewide
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1-3 years, 4-11 years, 12-19 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Statewide
Target and Disparate Data Sources: US Census Bureau

Disparate Population:
Number: 8,535,519
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Statewide
Target and Disparate Data Sources: U.S. Census Bureau 2019 population estimates

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
Other: University of New Mexico Project ECHO® bibliography; CDC Recommends: The Prevention Guidelines System, Healthy People 2020

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

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Enhance capacity related to addressing child abuse and neglect
Between 10/2021 and 09/2022, VDH will implement **1** Project ECHO® lab equipping healthcare providers the skills and knowledge base to effectively address issues of child abuse and neglect among their patient population.

Annual Activities:
1. Collaborate
Between 10/2021 and 11/2021, 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.

2. Convene stakeholders
Between 10/2021 and 09/2022, 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.

3. Curriculum development
Between 10/2021 and 09/2022, 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.

4. Implementation and evaluation
Between 11/01/2021 and 09/2022, 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.

Objective 2:
Enhance capacity related to treatment and management of concussions
Between 10/2021 and 09/2022, 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.

Annual Activities:
1. Collaborate
Between 10/2021-11/2021, VDH Injury and Violence Prevention Program will execute **1** memorandum of agreement with George Mason University to implement **1** Project ECHO® lab equipping healthcare

providers the skills and knowledge base to effectively treat and manage concussion among their patient population.

2. Convene stakeholders
Between 11/2021 and 09/2022, the Injury and Violence Prevention Program will convene **1** meeting of stakeholders involved in the development of the Academy of Family Physician's concussion management training to outline the framework for a Project ECHO® lab model.

3. Curriculum development
Between 11/2021 and 09/2022, 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.

4. Implementation and evaluation
Between 11/01/2021 and 09/2022, VDH Injury and Violence Prevention Program, in partnership with George Mason University, will implement and evaluate **1** Project ECHO® lab focused on equipping healthcare providers the skills and knowledge base to effectively treat and manage concussion among their patient population.

State Program Title: Injury and Violence Prevention Program

State Program Strategy:

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.

Program Health Priority:
Injuries impact everyone at some point in their lives and represent the leading cause of death in the US and Virginia for those 1-44 years of age. The Centers for Disease Control and Prevention estimates that every three minutes someone in the US dies from an intentional or unintentional injury. Although death is the most severe result of injury, it represents only part of the problem. The majority of those who incur injuries survive. Depending on the severity of the injury, victims may be faced with life-long mental, physical and financial problems as a result of loss of productivity and stress to the victim, family, and other caregivers.

Unfortunately, because injuries are so commonplace they are often accepted as an inevitable part of life. However, research has proven that the causes of injuries are predictable and preventable and not randomly occurring accidents. Injuries can be prevented through potentially modifiable factors, which affect the occurrence and severity of injury, such as behavior change, policy, environment and the use of safety devices.

The Injury and Violence Prevention Program supports promising and best practice injury prevention activities at the local level that address leading or emerging injury issues.

Primary Strategic Partners:
In addition to collaborating with relevant programs in the VDH Offices of Family Health Services, 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 Departments of Social Services, Criminal Justice Services, Education, Aging and Rehabilitative Services, Fire Programs, Conservation and Recreation, Motor Vehicles and Transportation.

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

State Program Setting:
State health department, medical or clinical site, community health center, local health department, Other: Injury and Violence advocate groups

FTEs (Full Time Equivalents):

Position Name: Heather Board
Position Title: DPHP Director
State-Level: 8% Local: 0% Other: % Total: 8%
Position Name: Lisa Wooten
Position Title: Injury and Violence Prevention Program Supervisor
State-Level: 2% Local: % Other: % Total: 2%
Position Name: Paul D. Ronca
Position Title: Community Systems Program Coordinator
State-Level: 10% Local: Other: % Total: 10%
Position Name: Jennifer Schmid
Position Title: Injury and Violence Prevention Program Support
State-Level: 10% Local: % Other Total: 10%

Total Number of Positions Funded: 4
Total FTEs Funded: .30

National Health Objective:
IVP-1: Reduce Fatal and Nonfatal Injuries

State Health Objective(s):
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.

Baseline:
51.9 deaths per 100,000 (2012); 428.4 hospitalizations per 100,000 (2012)

Data Source:
VDH Division of Population Health Data

State Health Problem:

Health Burden:
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.

Target Population:
Number: 8,535,519
Description: Virginia Residents Statewide
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1-3 years, 4-11 years, 12-19 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Statewide

Target and Disparate Data Sources: US Census Bureau

Disparate Population:
Number: 8,535,519
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Statewide
Target and Disparate Data Sources: U.S. Census Bureau 2019 population estimates

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Guide to Community Preventive Services (Task Force on Community Preventive Services); MMWR Recommendations and Reports (Centers for Disease Control and Prevention); Other: CDC Recommends: The Prevention Guidelines System, Healthy People 2020, Safe Kids Worldwide, Home Safety Council, Safe States Alliance, Children's Safety Network, Harborview Injury Prevention and Research Center, Safe Communities America Program

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $ 45,187.00
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Injury and Violence Prevention Program Infrastructure and targeted programs
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100%

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Assure a competent workforce
Between 10/2021 and 09/2022, the VDH Injury and Violence Prevention Program will provide statewide stakeholders and partners with resources, technical assistance, and training to build and maintain a statewide injury prevention infrastructure.

Annual Activities:
1. Provide training and education
Between 10/2021 and 09/2022, 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.

2. Outreach and education
Between 10/2021 and 09/2022, VDH will share resources through the Injury Prevention Network listserv on a routine basis to support local efforts.

3. Collaboration
Between 10/2021 and 09/2022, the Injury and Violence Prevention Program will disseminate the revision of the statewide Injury and Violence Prevention Strategic Plan.

Objective 2:
Analyze data
Between 10/2021 and 9/2022, 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.

Annual Activities:
1. **Build capacity**
Between 10/2021 and 9/2022, VDH will maintain public access to currently available injury hospitalization and death data by updating the Injury and Violence Prevention Dashboard in partnership with the Division of Population Health Data.

2. **Assess**
Between 10/2021 and 9/2022, the VDH Injury and Violence Prevention Program will conduct **1** environmental scan statewide with an emphasis on at risk communities to determine gaps in primary prevention activities facilitated to address youth community violence. This will support the expansion of the VDH Injury and Violence Prevention Program's collective impact planning of its Youth Violence Prevention Program by identifying 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.*

Objective 3:
Collaborate
Between 10/2021 and 09/2022, The Injury and Violence Prevention Program will support **1** network of Low Income Safety Seat Distribution and Education Program (LISSDEP) distribution sites by providing child safety seats and booster seats to indigent families unable to purchase a safety seat who are currently on a LISSDEP waitlist.

Annual Activities:
1. Build capacity
Between 10/2021 and 09/2022, the Injury and Violence Prevention Program will support the network of Low Income Safety Seat Distribution and Education Program (LISSDEP) distribution sites to provide child safety seats and booster seats to indigent families who are currently by providing child safety seats and booster seats to indigent families unable to purchase a safety seat who are currently on a LISSDEP waitlist.

Objective 4:
Collaborate
Between 10/2021 and 09/2022, the Injury and Violence Prevention Program will support the Brain Injury Association of Virginia to build the capacity of regional **1** network of funded state brain injury programs to provide linkages of care to domestic violence prevention services amongst individuals receiving traumatic brain injury harm reduction care.

Annual Activities:
1. Build capacity
Between 10/2021 and 11/2021, the Injury and Violence Prevention Program will execute **1** memorandum of understanding with the Brain Injury Association of Virginia to provide technical assistance for funded state brain injury programs providing linkages of care to Intimate Partner Violence prevention services amongst individuals receiving traumatic brain injury harm reduction care.

2. Convene stakeholders
Between 11/2021 and 12/2021, the VDH Injury and Violence Prevention Program will convene **1** meeting with the Brain Injury Association of Virginia involved in the framework of technical assistance drafting mapping. Mapping will re-evaluation Intimate Partner Violence referrals and brain injury comprehensive referrals, linkages of care to resources, and support for those individuals affected by Intimate Partner

Violence and traumatic brain injury.

3. Curriculum development
Between 11/2021 and 09/2022, VDH Injury and Violence Prevention Program will provide feedback on an ongoing basis to the Brain Injury Association of Virginia for the project and the training curriculum assisting state funded brain injury programs.

4. Implementation and evaluation
Between 11/01/2021 and 09/2022, VDH Injury and Violence Prevention Program, in partnership with the Brain Injury Association of Virginia, will implement and evaluate **1** project to provide technical assistance for funded state brain injury programs providing linkages of care to Intimate Partner Violence prevention services amongst individuals receiving traumatic brain injury harm reduction care.

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

State Program Strategy:

Program Goal:
The overall goal of the program is to increase awareness and education regarding 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.

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

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

State Program Setting:
Community based organizations, State health departments, Educational institutions

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

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

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

National Health Objective: HO OH-8 Use of Oral Health Care System

State Health Objective(s):
Between 10/2021 and 09/2022, 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).

Baseline:
As of January 2020, there were 2,304 dentists in Virginia with active accounts on the VDH online directory of dentists willing to treat ISHCN or very young children. As of March 2018, there were approximately 7,299

dentists licensed in Virginia. However, the number of dentists with current licenses and residing in Virginia was 5,548.

Data Source:
VDH online ISHCN dentist directory database

State Health Problem:

Health Burden:
In 2011, the Virginia Health Promotion for People with Disabilities Project of the Virginia Partnership for People with Disabilities developed a report 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.

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

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

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $69,167
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0

Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Conduct oral health trainings
Between 10/2021 and 09/2022, 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.

Annual Activities:
1. Establish and monitor contracts
Between 10/2021 and 09/2022, 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.

2. Conduct trainings
Between 10/2021 and 09/2022, 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.

Objective 2:
Evaluate oral health trainings and report findings
Between 10/2021 and 09/2022, VDH will evaluate **all** training outcomes.

Annual Activities:
1. Prepare course evaluations
Between 10/2021 and 09/2022, 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.

2. Evaluate trainings for quality improvement
Between 10/2021 and 09/2022, Dental Health Program staff will evaluate the outcomes and evaluations for each training; make a comparison with previous course evaluations; and adjust the courses, as needed, to ensure proper delivery of the most appropriate and useful information.

Objective 3:
Update online directory for ISHCN providers
Between 10/2021 and 09/2022, 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.

Annual Activities:
1. Update provider database
Between 10/2021 and 09/2022, 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.

State Program Title: **Reducing the Impact of Violence**

State Program Strategy:

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

Program Health Priority:
Violence prevention requires understanding the many factors that influence violence. But violent behavior is complex. Understanding how violence is connected is important when working with communities that have experienced more than one type of violence. Focusing prevention efforts on multiple forms of violence and the connections between them can better match prevention approaches with the needs of the people and communities.

Different forms of violence share common risk and protective factors. Working from a perspective of shared risk and protective factors can help make violence prevention work more efficient and relevant in communities, since it recognizes that people don't live in "vacuums," they live within families, schools, neighborhoods, and a broader community where they could be experiencing multiple risk or protective factors, and/or multiple forms of violence.

Understanding shared risk and protective factors of violence can guide planning on how to prevent multiple forms of violence at once. Violence prevention and intervention efforts that focus on only one form of violence can be broadened to address multiple, connected forms of violence and increase public health impact.

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

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

State Program Setting:
State health department

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

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

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

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

State Health Objective(s):

Between 10/2021 and 09/2022, VDH will support the initiation of a coordinated public health effort to address Adverse Childhood Experiences (ACEs) through injury and violence prevention efforts.

Baseline:
Start up effort. No available data

Data Source:
VDH data

State Health Problem:

Health Burden:
Injuries represent the leading cause of death in the 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.

Target Population:
Number: 8,535,519
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Statewide
Target and Disparate Data Sources: US Census Bureau

Disparate Population:
Number: 8,535,519
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Statewide
Target and Disparate Data Sources: U.S. Census Bureau 2019 population estimates

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Centers for Disease Control and Prevention *Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence Technical Package*

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $200,000.00
Total Prior Year Funds Allocated to Health Objective: $0

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

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Initiate ACEs blueprint development
Between 10/2021 and 09/2022, VDH will continue the establishment of **1** framework to develop a blueprint for ACEs prevention.

Annual Activities:
1. Data collection
Between 10/2021 and 11/2021, the VDH Injury and Violence Prevention Program will contract with an academic university to conduct a roadmap analysis and quality improvement project in strategies to support the facilitation of the program's response to reducing ACEs.

2. Resource development
Between 11/2021 and 09/2022, the VDH Injury and Violence Prevention Program will partner with an academic university to implement a ACEs study focusing 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.

Objective 2:
Shared risk and protective factors
Between 10/2021 and 09/2022, VDH Injury and Violence Prevention Program will continue to analyze **1** framework for the prevention of multiple forms of violence in Virginia.

Annual Activities:
1. Convene stakeholders
Between 10/2021 and 09/2022, VDH will continue to convene a series of key informant interviews among state level stakeholders involved in the prevention of multiple forms of violence which share identifiable risk and protective factors to advance its shared agenda work.

Objective 2:
Evaluate
Between 10/2021 and 09/2022, VDH will continue to analyze **1** framework for the prevention of multiple forms of violence in Virginia.

Annual Activities:
1. Develop enhanced evaluation methods to assess economic burden of ACEs
Between 10/2021 and 11/2021, VDH Injury and Violence Prevention Program will contract with a state academic university to develop enhanced evaluation methods for program and policy interventions through an integrative surveillance project resulting 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.

State Program Title: **Sexual Assault Intervention and Education Program**

State Program Strategy:

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

Program Health Priority:
Rape and sexual assault are public health problems in Virginia. In 2020, there were 4,679 victims of the forcible sex offenses reported by contributing agencies; 85.8% of the victims were female (Source: Crime in Virginia, Virginia State Police, 2020). The crude rate per 100,000 population was 54.5 per 100,000. In Virginia, the lifetime prevalence of sexual violence other than rape is estimated to be 43.6% for women and 24.8% for men. (Source: The National Intimate Partner and Sexual Violence Survey, 2015). In cases of sexual assault, however, the victim is often hesitant to report the crime to law enforcement officials. It has been estimated that only 34% of rapes and sexual assaults are reported to police ("Criminal Victimization, 2014", U.S. Department of Justice, Office of Justice Programs, August 2015).

This violence also has short and long-term health related consequences. The 2010 and 2015 National Intimate Partner and Sexual Violence Survey update reported “women who had experienced rape or stalking by any perpetrator or physical violence by an intimate partner in their lifetime were more likely than women who did not experience these forms of violence to report having asthma, diabetes, and irritable bowel syndrome.” The survey also reported that “men and women who experienced these forms of violence were more likely to report frequent headaches, chronic pain, and difficulty with sleeping, activity limitations, poor physical health and poor mental health than men and women who did not experience these forms of violence.”

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

Primary Strategic Partners:
VDH HIV Care Services Program, Coalition hub

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

State Program Setting:
Community based organization, HIV/Infectious Disease center

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

Position Name: Maria Altonen
Position Title: Violence Prevention Coordinator
State-Level: 20% Local: 0% Other: 0% Total: 20%

Total Number of Positions Funded: 1
Total FTEs Funded: 0.20

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

State Health Objective(s):
Between 10/2021 and 09/2022, 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.

Baseline:
Percentage of community based agencies and public health programs aligned with CDC STOP SV technical package to be determined.

Data Source:
VDH program data

State Health Problem:

Health Burden:
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.

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

Disparate Population:
Number: 8,535,519
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban

Primarily Low Income: No
Location: Statewide
Target and Disparate Data Sources: U.S. Census Bureau 2019 population estimates

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

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

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Build capacity
Between 10/2021 and 09/2022, VDH Injury and Violence Prevention, in partnership with VDH HIV Care Services will build the capacity of existing community-based HIV Care Service organizations to implement evidence-informed sexual assault primary prevention.

Annual Activities:
1. Support local agencies
Between 10/2021 and 09/2022, VDH Injury and Violence Prevention Program will provide ongoing technical assistance to community-based VDH HIV Care Service organizations and training in-line with the CDC's Stop SV technical package. Technical assistance will be documented. The statewide sexual violence/domestic violence (SV/DV) coalition and/or family advocacy coalition hub will be consulted as needed.

Objective 2:
Implement linkages of care
Between 10/2021 and 09/2022, VDH Injury and Violence Prevention Program and the VDH HIV Care Services Program will increase the number of local sites focused on screening individuals accessing HIV infection prevention services within population based community organizations for SV/intimate partner violence (IPV) and providing community-based sexual assault services for identified victims from 3 to **4**.

Annual Activities:
1. Expand linkages of care program
Between 10/2021 and 09/2022, the Injury and Violence Prevention Program will expand the SV/IPV and HIV intersection project to **1** additional community-based HIV Care Service organization. Efforts will include enrolling participating agencies in the UniteUs platform.

2. Promote trauma informed care
Between 10/2021 and 09/2022, the VDH Injury and Violence Prevention Program will ensure that sites implement a model that promotes optimal health outcomes for the client by emphasizing an understanding of patient-centric trauma-informed responses to intimate partner violence.

3. Support provision of services to victims

Between 10/2021 and 09/2022, VDH will contract with **1** statewide coalition to conduct community level intervention training in alignment with the CDC Stop SV technical package for local organizations working to increase linkages of care, lessen harms and provide direct services to victims of sexual offenses.

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

State Program Strategy:

Program Goal:
The goal is to facilitate the completion of a state health assessment (SHA) and a state health improvement plan (SHIP), also known in Virginia as the Virginia Plan for Well-Being (PfWB). Additionally, all 35 health districts in the Commonwealth will have completed or be engaged in the process of completing of a community health assessment (CHA) and a community health improvement plan (CHIP). The PFWB and CHIPs will have a particular focus and emphasis on addressing the social determinants of health and the root causes of health inequities and disparities at the state and community level. Additionally, VDH will develop a core set of indicators to be analyzed in every hospital and health department needs assessment. VDH will design a portal a portal to house core indicators, and provide timely and updated data to inform CHAs/CHIPs.

Program Health Priority:
Virginia *Plan for Well-being* Measure: Goal 1.2–Virginia's communities collaborate to improve the population's health.

Primary Strategic Partners:
Primary partners will include each of the 35 health districts and the Virginia Hospital and Healthcare Association, Community Based Organizations and Non-Profits.

Evaluation Methodology:
Program progress will be evaluated using the following measures: The number of CHAs/CHIPs completed, the number of the number of community health assessments completed; the number of metrics provided to local health districts via the data for community health portal; the number of local health district websites developed for data dissemination; the number of improvement plans developed; and the number and reach of trainings provided. Number of unique visitors to the data portal.

State Program Setting:
Local health department, State health department

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

Position Name: Khalida Willoughby
Position Title: State Health Assessment and Health Improvement Manger
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Vacant
Position Title: CHA/CHIP Coordinator/Population Health Training Coordinator
State-Level: 100% Local: 0% Other: 0% Total: 100%

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

National Health Objective: **HO PHI- 04 Public Health Infrastructure**

State Health Objective(s):
Between 10/2021 and 09/2022, VDH will complete a SHA for Virginia that will be used to revise the VPfWB.

Baseline:
2015 SHA

Data Source:
Program data

State Health Problem:

Health Burden:
Reach is expected to be over 3500 staff at local health districts, hospitals/healthcare systems, community partners and organizations, vulnerable populations and others who participate in the collaborative approach of health assessment and improvement planning.

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

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

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Other: NACCHO Mobilizing Action through Partnerships and Planning (MAPP)
CDC Community Health Assessment and Group Evaluation (CHANGE)
ACHI Community Health Assessment
Community Tool Box Toolkits

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $256,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
CHA/CHIP process
Between 10/2021 and 09/2022, VDH will provide continued support in the CHA/CHIP process to **all** local health districts requesting assistance including the development of a shared portal that will automate the data process including the use of a shared set of indicators with particular attention to underserved populations, equity and health dipartites.

Annual Activities:

1. Provide feedback and support
Between 10/2021 and 09/2022, VDH will provide feedback, guidance and technical support to all local health districts on CHA and CHIP reports.

2. CHA and CHIP reports
Between 10/2021 and 09/2022, completed CHA and CHIP reports will be made available electronically to community partners utilizing local district webpages.

3. Next steps for Population Health Assessment and Improvement Collaborative
Between 10/2021 and 09/2022, VDH will continue to partner with the Virginia Hospital and Healthcare Association (VHHA) to support the next steps of the *Population Health Assessment and Improvement Collaborative* for staff from Virginia hospitals and local health departments.

4. Shared data portal
Between 10/2021 and 09/22, VDH will develop a common set of indicators that all hospitals and health districts will measure in the CHAs and VDH will develop a CHA/CHNA data hub with shared indicators.

Objective 2:
Support SHA-SHIP process
Between 10/2021 and 09/2022, VDH will develop a state health improvement plan using nationally recognized standards and evidence-based interventions and informed from data collected as part of the State Health Assessment.

Annual Activities:
1. State health assessment
Between 10/2021 and 09/2022, VDH will complete a state health assessment to be informed by an external SHA Advisory Council comprised of partners from various sectors.

State Program Title: **Tobacco Use Control Program**

State Program Strategy:

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

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

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

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

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

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

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

National Health Objective: **HO TU-13 Smoking Cessation Attempts by Adults**

State Health Objective(s):
Between 10/2021 and 09/2022, VDH will increase the number of Virginians served by Quit Now Virginia to 3,400 individuals.

Baseline:
2,964 individuals were served in SFY 2020

Data Source:
Virginia Quitline monthly reports

State Health Problem:

Health Burden:
Tobacco use is the leading cause of preventable disease and death in the United States annually, resulting in more than 480,000 premature deaths. The Office of the Surgeon General, in 2014, predicted that one out of every 13 children will die early from smoking if more is not done to reduce current smoking rates. Direct health care expenditures and productivity losses related to tobacco use account for approximately $289 billion each year. Despite progress over the past several decades, millions of adults still smoke cigarettes, the most commonly used tobacco product in the United States.

Children exposed to secondhand smoke are at an increased risk of experiencing the following health problems: asthma, bronchitis and pneumonia; colds and sore throats; ear infections and hearing loss; reduction of lung function; and Sudden Infant Death Syndrome (SIDS). Children are particularly vulnerable to the effects of secondhand smoke due to their smaller airways, higher breathing rates and less mature immune systems. Healthcare costs associated with prenatal and post-natal exposure to secondhand smoke range from $1.4 billion to $4.0 billion annually in the United States.
Studies also indicate that children exposed to secondhand smoke have more learning and behavioral problems during childhood, are more likely to initiate smoking, and are at increased risk for developing diabetes, heart disease and certain cancers later in life.

Relative to other states, Virginia operates in an environment that is particularly challenging for tobacco use control. Virginia has a long history of growing tobacco and is currently one of the leading tobacco producing states. Virginia has very low excise taxes on tobacco products, and for this reason it is often the focus of law enforcement activity to target the illicit trade of Virginia cigarettes to other US and international markets. Furthermore, Virginia has very weak smokefree air laws relative to other states. Advocacy groups such as the American Cancer Society's Cancer Action Network and the American Lung Association frequently highlight the state of Virginia for its relatively weak smokefree air laws and low tobacco excise taxes in comparison with other states in the nation.

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

Target Population:
Number: 8,535,319
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 8,535,319
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: US Census Data 2017 population estimates

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: National Quitline Guidelines

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $100,000
Total Prior Year Funds Allocated to Health Objective: $100,000

Funds Allocated to Disparate Populations: $100,000
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
21% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Provide tobacco cessation services
Between 10/2021 and 09/2022, Tobacco Control Program will provide cessation services through the Quit Now Virginia quitline to **3,400** individuals.

Annual Activities:
1. Provide cessation services
Between 10/2021 and 09/2022, 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 and who do not have health insurance are eligible to reroll in a 7-call program that provides intensive behavioral support.

State Program Title: **Traumatic Brain Injury Prevention Project**

State Program Strategy:

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

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

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

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

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

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

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

Total Number of Positions Funded: 3
Total FTEs Funded: 0.22

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

State Health Objective(s):
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.

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.

Baseline:
1. The 2012 traumatic brain injury fatality rate was 18.3 per 100,000.
2. The 2012 traumatic brain injury hospitalization rate was 58.4 per 100,000.

Data Source:
1. Vital Records
2. Virginia Health Information

State Health Problem:

Health Burden:
Prevention of traumatic brain injury in Virginia is a critical priority in Virginia. In 2019, 1,781 TBI-related deaths occurred. The crude rate per 100,000 population (using 2019 population estimate as denominator) was 20.9 per 100,000. In 2019, 5,248 TBI-related hospitalizations occurred statewide. The crude rate per 100,000 population was 61.5 per 100,000. 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.

A hallmark effort within this initiative is the VDH-Virginia Concussion Initiative, spearheaded by the VDH Injury and Violence Prevention Program and George Mason University, with the Virginia Department of Education (VDOE), to update the *2016 Virginia Board of Education (VBOE) Guidelines for Policies on Concussions in Students*. 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.

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

Disparate Population:
Number: 1,086,330
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Data 2019 population estimates

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $130,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Enhance school-based concussion teams
Between 10/2021 and 09/2022, 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.

Annual Activities:
1. Collaborate
Between 10/2021 and 11/2021, VDH will execute **1** memorandum of agreement with George Mason University to conduct 1 Project ECHO® lab focused on reducing the impact of Traumatic Brain Injury among school aged youth.

2. Convene stakeholders
Between 10/2021 and 12/2021, the VDH Injury and Violence Prevention Program will convene **1** meeting of Virginia Concussion Initiatives stakeholders involved in the development of BOE Concussion Guidelines to outline the framework for the expansion of the Project ECHO® lab model based on data provided by George Mason University pertaining to variance of student athlete concussion guideline implementation.

3. Curriculum development
Between 10/2021 and 09/2022, VDH Injury and Violence Prevention Program will provide feedback on an ongoing basis to George Mason University and the Virginia Concussion Initiative in the development and delivery of the curriculum to be used in the Project ECHO® lab.

4. Implementation and evaluation
Between 11/01/2021 and 09/2022, George Mason University, and the Virginia Concussion Initiative, in partnership with VDH Injury and Violence Prevention Program, will implement and evaluate **1** Project ECHO® lab focused on assisting school-based concussion teams with the implementation of the Board of Education's Student Concussion Guidelines.

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

State Program Strategy:

Program Goal:
The goal of this program is that enhanced capacity will significantly strengthen the cancer registry's ability to more accurately identify and quantify the number of cancer cases diagnosed in the Commonwealth and, therefore, allow VDH to identify underserved areas and to direct resources to the populations most in need. VDH has recently launched *Web Plus* abstracting tool to a select test group of physicians, hospitals that are not accredited by the Commission on Cancer (CoC) and other current paper reporters, and will continue to expand access, usage and training opportunities to other reporting facilities throughout the state.

Program Health Priority:
Cancer cases are grossly under-reported and unreported from physicians and outpatient clinics. While the VCR cannot directly reduce the number of cancer cases, staff can provide policy direction in order to assist in detecting cancer at an earlier stage, and provide physicians, clinics, and labs with several options to make reporting easier and more efficient. Increased reporting will provide a more accurate picture of the true cancer burden in Virginia, thus allowing for assistance in development of screening and treatment programs in underserved areas identified by the statistics generated from the VCR, thus increasing survivorship and reducing the disability and death from cancer.

The related Virginia *Plan for Well-being* measure is: Goal 3.4–Cancers are prevented or diagnosed at the earliest stage possible. By 2021, the percent of adults aged 50 to 75 years in Virginia who receive colorectal cancer screening increases from 69.1% to 85.0%.

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

Evaluation Methodology:
The baseline of physicians reporting electronically is two. Over the past year, the Virginia Cancer Registry has trained and on-boarded 32 additional physicians' practices to report electronically through WebPlus. According to the Virginia Board of Medicine, there are more than 30,000 doctors of medicine, osteopathic medicine and podiatry in the Commonwealth. In addition, there are eight hospitals that are not CoC-accredited and are reporting only by paper. These paper cases are a burden to the registry, as it would take approximately 23% of the work year to abstract these cases.

VCR staff will be able to monitor the number of current paper reporters who have converted to electronic reporting through the assignment of accounts in *Web Plus*. In addition, WebPlus is a web-based reporting system that does not require downloading and implementation of additional software programs thus creating an additional cost effective, efficient, reporting avenue for physicians, labs, and hospitals. 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.

State Program Setting:
Virginia State Health Department

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

Position Name: Rena Lambert
Position Title: Administrative Assistant
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Larry Kirkland
Position Title: Cancer Data Manager/Informatics Data System Manager
State-Level: 100% Local: 0% Other: 0% Total: 100%

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

National Health Objective: HO C-12 Statewide Cancer Registries

State Health Objective(s):
Between 10/2021 and 09/2022, the VCR will expand electronic reporting options for all reporting facilities to increase its physician electronic reporting to 150.

Baseline:
Currently 34 physicians' practices are reporting electronically through WebPlus.

Data Source:
Virginia Cancer Registry

State Health Problem:

Health Burden:
The target population for enhancement of the VCR includes medical professionals in private practices, hospitals, clinics, labs and other clinical settings where the diagnosis and treatment of cancer occurs. This population was identified due to the health systems/information exchange enhancements that are needed per registry best practices and regulations.

Many priority physicians report sporadically by sending case information on paper which, in turn, the cancer registrars must abstract. This is a very time consuming process. The current benchmark for abstracting paper cases is fifteen per day. With more than 4,500 cases coming to the VCR on paper, this consumes about 300 work days. If we assign all five of our FTE registrars, this would take 60 work days or approximately 23% of a work year. By removing the abstracting task, VCR staff would be able to work on the total 90,000 case reports that come from our electronic reporting hospitals into the VCR on a yearly basis.

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

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

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

Location: Entire state
Target and Disparate Data Sources: Virginia Cancer Registry

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Other: National Program of Cancer Registries (NPCR), North American Association of Central Cancer Registries (NAACCR), Code of Virginia – Cancer Reporting Laws; Board of Health Regulations – Cancer Reporting

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

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Maintain reporting systems
Between 10/2021 and 09/2022, DPHD staff will maintain **3** electronic reporting systems.

Annual Activities:
1. Utilize Web Plus
Between 10/2021 and 09/2022, DPHD staff will work with agency IT department to implement 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 continue to train and onboard reporting staff in the field to use WebPlus as their primary cancer reporting outlet.

2. Re-establish usage of eMaRC reporting software.
Between 10/2021 and 09/2022, DPHD staff will work with agency IT department to develop an alternative software patch enabling physicians to report HL7 via electronic interface into our eMaRC reporting portal.

Objective 2:
Reduce paper cases
Between 10/2021 and 09/2022, DPHD will decrease the number of backlogged paper cases pending consolidation from **53,300** to **45,000**.

Annual Activities:
1. Abstract backlog
Between 10/2021 and 09/2022, 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.