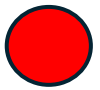
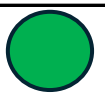
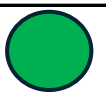
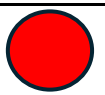
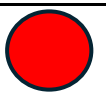
CVHD
Community Health Improvement Plan
Quarterly Tracking & Progress

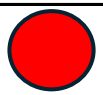
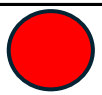
PROGRESS CODES

- Completed
- In Progress
- Not started
- Ongoing

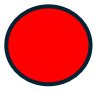
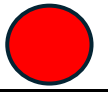
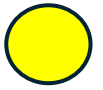
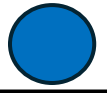
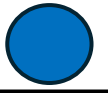
CHRONIC DISEASE PREVENTION/FOOD INSECURITY & NUTRITION				
INCREASE ACCESS TO HEALTHY FOODS AND IMPROVE EATING HABITS FOR WIC PARTICIPANTS	**Q3-2025**	**Q4-2025**	**Q1-2026**	**Q2-2026**
Objective - Increase utilization of and redemption rate for WIC vouchers to promote healthy food options for qualifying families.				
Strategy 1 - Survey WIC participants to determine obstacles preventing clients from seeking WIC services and redeeming WIC vouchers by August 2025.				
Strategy 2 - Use survey results to develop a plan in conjunction with WIC to increase utilization and redemption rates by December 2025.				
Strategy 3 - Monitor and evaluate the plan through December 2028 making changes/additions as needed.				
Stratgy 4 - Work with the Nourish Network partners to promote the WIC program and educate families about WIC services. Ongoing through June 2028				
INCREASE AVAILABILITY OF EVIDENCE-BASED CHRONIC DISEASE PREVENTION PROGRAMS	**Q3-2025**	**Q4-2025**	**Q1-2026**	**Q2-2026**
Objective 1– Increase the number of community members served through CDC's Diabetes Prevention Program.				
Strategy 1 - Increase the number of CVHD DPP cohorts completed by CHW's from 2 to 4 by December 2026. 8 12 participants enrolled per cohort, this goal would increase clients served by 200% and continue at that rate with at least 4 cohorts per year through June 2028.				
Strategy 2: Increase the number of CHW's from partner organizations conducting the DPP program from 1 to at least 4 by June 2028.				
Strategy 3: Monitor and evaluate the plan through December 2028 making changes/additions as needed.				

Objective 2 – Establish a Heart Healthy Initiative in collaboration with Centra Community Health and other partners as needed.				
Strategy 1: Focus efforts on the Diamond Hill neighborhood by establishing a Healthy Heart Learning Collaborative by August 2025.				
Strategy 2: Train at least 2 CHW's to teach ambassadors to do blood pressure checks in targeted areas by December 2025.				
Strategy 3: Train at least 2 CHW's to conduct the blood pressure self-monitoring nutrition education classes by December 2025.				
Strategy 4: CHW's will have completed at least 10 Blood Pressure Self-Monitoring (BPSM) program cohorts by June 2028.				
Strategy 5: CHW's will identify smokers in the program and offer support via the Quitline or other resources. Ongoing through June 2028.				
Strategy 6: Work with Nourish Network partners to promote the Healthy Heart program and support initiatives. - Ongoing.				

SUBSTANCE USE DISORDERS				
FOCUS EFFORTS ON OVERDOSE PREVENTION AND RECOVERY COMMUNITY	**Q3-2025**	**Q4-2025**	**Q1-2026**	**Q2-2026**
Objective 1 - Increase funding and capacity for the Partnering 4 Recovery program to support the recovery community.				
Strategy 1 - Seek OAA and other funding to support increasing capacity of the Partnering 4 Recovery program by December 2025.				
Strategy 2 - Develop a plan to provide peer support to those on probation/parole with a SUD related crime for localities that have interest by January 2026.				
Strategy 3 - Work with EMS in all localities to develop a system for referral to peer services when responding to substance use related calls by December 2027.				
Objective 2 - Reduce the number of overdose deaths in CVHD by 10% in collaboation with CVARR.				
Strategy 1 - Formulate a naloxone distribution plan to increase naloxone distribution across the district by at least 10% by January 2026.				
Strategy 2 - Encourage the use of test strips and develop a dissimination plan by January 2026.				
Strategy 3 - Target eduation and outreach to Hispanic and rural communities. Ongoing				

MATERNAL CHILD HEALTH				
IMPROVE ACCESS TO POSTPARTUM CARE AND SCREENINGS FOR WOMEN	**Q3-2025**	**Q4-2025**	**Q1-2026**	**Q2-2026**
Objective 1 - Utilize the BabyCare program to focus on postpartum care through the work of CVHD's nursing department and MCH CHW.				
Strategy 1 - Increase the number of women in the BabyCare program that receive postpartum visit 21-56 days after giving birth. Ongoing through 2028				
Strategy 2 - Increase the number of women in the BabyCare program who receive postpartum depression screening. Ongoing through 2028				
Strategy 3 - Ensure that women in the BabyCare program who experience postpartum depression receive medication for depression (if warranted). Ongoing through 2028.				
DECREASE THE % OF WOMEN RECEIVING LATE OR NO PRENATAL CARE TO AT LEAST THE VA STATE % IN COORDINATION WITH THE MATERNAL CHILD HEALTH COLLABORATIVE	**Q3-2025**	**Q4-2025**	**Q1-2026**	**Q2-2026**
Objective 1 - Work with the Maternal Child Health Collaborative and safety net providers to develop a coordinated plan.				
Strategy 1 - complete a community engagement survey to determine reasons for late or no prenatal care by March 2026.				
Strategy 2 - Use results of survey to engage MCH collaboarative partners in creating a plan to increase access to prenatal care by June 2026.				
Strategy 3 - Partners will initiate interventions from the plan and evaluate success. July 2026 through June 2028.				
Strategy 4 - Focus prenatal efforts on Black, Hispanic, and rural populations in which data indicates disparities. Ongoing through June 2028				

COORDINATION OF RESOURCES & OUTREACH				
UTILIZE THE CHWLA HUB TO DEVELOP A COORDINATED APPROACH FOR REFERRALS AND OUTREACH	**Q3-2025**	**Q4-2025**	**Q1-2026**	**Q2-2026**
Objective 1 - The CHWLA Hub will develop a system to connect community members to CHW's for linkage to services.				
Strategy 1 - Review how referrals and connections to CHW's are currently being implemented for each organization in the Hub by October 2025.				

Strategy 2 - Using information from strategy 1 and discussing potential options, formulate a plan for coordinated CHW referral system by January 2026.				
Strategy 3 - Test the system and make changes/enhancements based on feedback from the CHWLA Hub. January 2026 through June 2028.				
Objective 2 - Station CHW's at United Way throughout the week to assist with walk-in referrals and language acess materials.				
Strategy 1 - CVHD CHW's will spend at least 8 hours per week at United Way and track encounters.				
BUILD THE CAPACITY OF CHW'S ACROSS ALL LOCALITIES IN THE DISTRICT	**Q3-2025**	**Q4-2025**	**Q1-2026**	**Q2-2026**
Objective 1 - Utilize the CHWLA Hub as a convenor for community health workers.				
Strategy 1 - Increase training, certification and recertification options for CHW's. Ongoing thorugh July 2028.				
Strategy 2 - Educate the public and partners on CHW work and impact. Ongoing through July 2028.				
Strategy 3 - Determine through CHNA and other data where targeted resources and outreach are most needed and develop a plan for reaching targeted communited by March 2026.