

Chesterfield Health District Annual Report

Fiscal Year 2023



VDH VIRGINIA
DEPARTMENT
OF HEALTH
*To protect the health and promote the
well-being of all people in Virginia.*

Serving Chesterfield and Powhatan Counties and
the City of Colonial Heights, Virginia

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MESSAGE FROM THE DIRECTOR

Achieving the main goal of public health, which is ultimately to make people and the communities they live in healthier, takes an incredible amount of teamwork. And members of this team come from both within and across agencies and within and across communities. I'm honored to share the very first Chesterfield Health District Annual Report, which provides an overview of the programs and services offered by this health district as we work to support and strengthen the broader partnerships that serve the public good.

I'm proud of the stellar services provided by health district staff over the past year, which has been an opportunity to grow and adapt as we've worked to integrate lessons that we've learned from the COVID-19 pandemic to better serve our most vulnerable communities. This report is dedicated to the incredible people I work with at the Chesterfield Health District, whom I'm honored to call colleagues, friends, and teammates.

Sincerely,



Alexander P. Samuel, M.D., MPH
District Director
Chesterfield Health District



The Chesterfield Health District encompasses Chesterfield County, Powhatan County, and the City of Colonial Heights. Each locality has its own health department.

OUR HEALTH DEPARTMENTS AND CLINICS

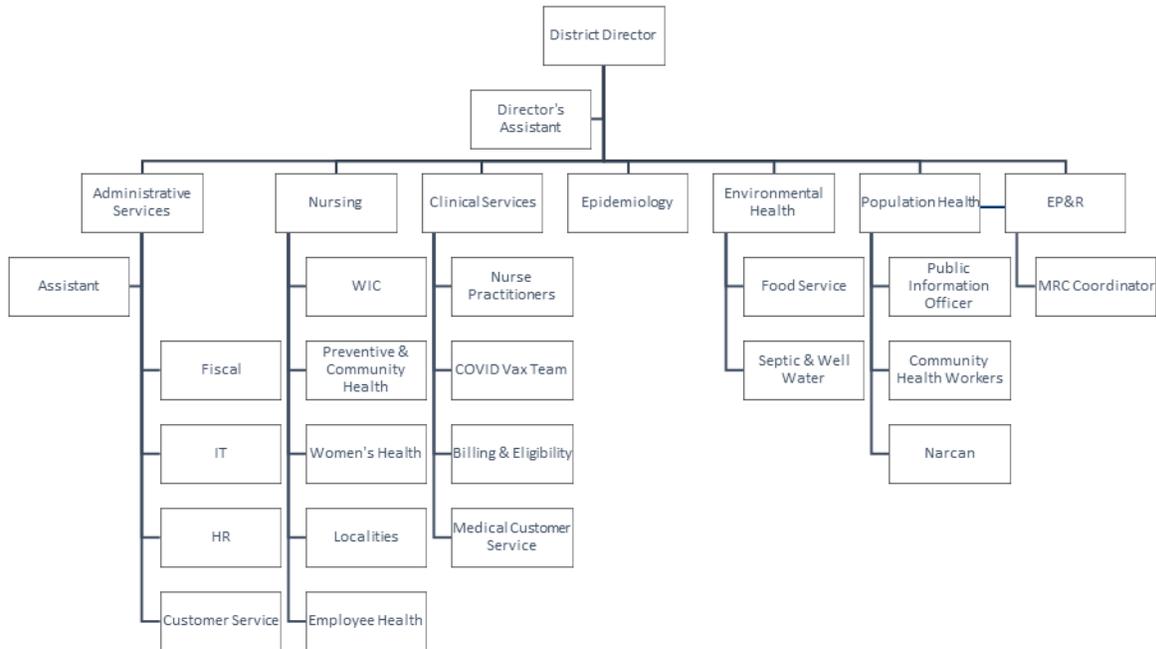
Chesterfield Health Dept.
9501 Lucy Corr Cir.
Chesterfield, VA 23832
P.O. Box 100
Telephone: (804) 748-1691

Powhatan Health Dept.
3908 Old Buckingham Rd., Ste. 1
P.O. Box 12
Powhatan, VA 23139
Telephone: (804) 598-5680

Colonial Heights Health Dept.
200 Highland Ave.
P.O. Box 3401
Colonial Heights, VA 23834
Telephone: (804) 520-9380

North Chesterfield WIC Clinic
302 Turner Rd., Ste. M
North Chesterfield, VA 23225
Telephone: (804) 318-8633

ORGANIZATIONAL CHART



SENIOR MANAGEMENT TEAM

Alexander Samuel, M.D., MPH
District Director

Paulette Moore
District Administrator

Jack Watts
Environmental Health Manager

Vicki Stamps
Nurse Manager Sr.

Sumac Diaz, M.D.
Physician Supervisor of Clinical Services

Jana Smith
Population Health Manager

OTHER KEY PERSONNEL

Fernando Tirado
Local Health Emergency Coordinator

Emilie Schweikert
District Epidemiologist

Sarah Gagnon
MRC Coordinator

Mr. Kerry Williams
Nutrition Program Coordinator

Cassie Barber
District Communications Coordinator

Our leadership team and other key personnel are based in the Chesterfield Health Dept.

ADMINISTRATIVE SERVICES

The **mission** of the Administrative Team is to provide the highest level of customer service to both internal and external customers as well as community partners in a courteous and professional manner. Our **vision** is to be a trusted partner, working alongside district staff and community partners to positively impact the needs of the community.

Administration oversees fiscal, procurement, HR, IT, customers service, and operations (facilities, vehicles, contracts, etc.), serving all employees within the District as well as external customers. This department supports each district employee and is therefore integral to all internal operations.

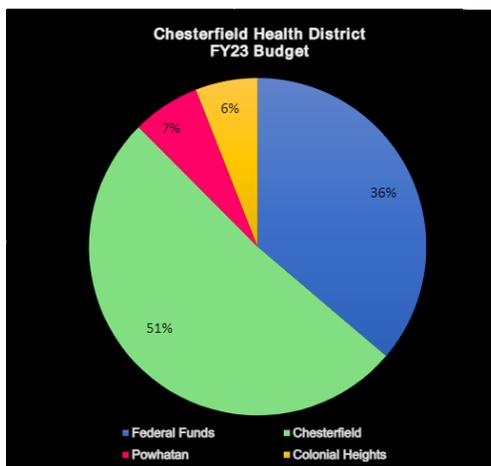
Funding

The Chesterfield Health District is funded through a variety of funding streams, typically divided into the “cooperative budget” and the “non-cooperative budget.” The cooperative budget includes funds allocated to the Virginia Department of Health by way of the Virginia General Assembly. By law, the *Code of Virginia* requires a match by the local governing bodies within the localities we serve. The non-cooperative budget consists of federal and other grant funding as well as local revenues generated through the provision of services. The FY23 budget was higher than Pre-COVID-19 norms due to the remaining funding used to support continued COVID-19 response efforts.

CHESTERFIELD HEALTH DISTRICT BUDGET

Federal Funds	\$4,471,123
Chesterfield*	\$6,333,283
Powhatan*	\$801,519
Colonial Heights*	\$735,844
TOTAL	\$12,341,769

* Includes state & local matched funds

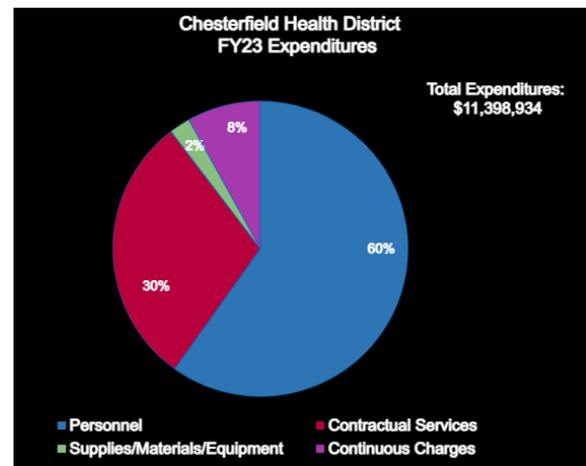


File Management • Paperwork • Phone Calls

- Record Keeping • Problem-Solving • Customer Service • Project Management • Deadlines • Raising More \$ • Event Planning
- Employee Relations • Payroll • Recruitment • Budgeting • Reconciliation • Procurement • Accounts Payable • Inventory • Accounts Receivable • Fleet Management • Surplus • Contract Management • Grants • Information Technology • Network • Equipment • Resource • Mail • Work Orders • Leave Management • Onboarding/Offboarding • ID Badges • Conference Room Scheduling

CHESTERFIELD HEALTH DISTRICT EXPENDITURES

Personnel	\$6,850,600
Contractual Services	\$3,408,400
Supplies/Materials/Equipment	\$263,200
Continuous Charges	\$923,400
TOTAL	\$11,445,600



ADMINISTRATIVE SERVICES *continued*

Activities to Highlight

We have revamped many of our processes and practices, implementing lessons learned from the pandemic. We have been working to update our IT hardware and software and implement process improvements. Manual processes, for example, have been replaced with more efficient digital/electronic applications.

Administration is continuing to work to enhance internal and external customer service. Here are some things we have in the works:

- Enhancing our customer service area to comply with ADA standards as well as improve work areas for other departments.
- Planning furniture installation and office moves to accommodate the new Population Health Team and other new positions.
- Updating IT peripheral/hardware for enhanced productivity across the District.
- Creating/updating processes for smoother day-to-day operations.
- Working collaboratively with the American Rescue Plan Act (ARPA) broadband team. So far we have completed one or four broadband upgrades.
- Developing financial reporting tools for Senior Management Team (SMT) decision-making.
- Developing electronic tools for IT and Procurement tracking to improve efficiency and provide transparency to internal customers.

Vital Records

TOTAL FOR DISTRICT

	Death	Birth	Marriage	Divorce
CHD	661	387	46	13
CHHD	751	114	9	1
PHD	231	95	17	7
TOTAL	1643	596	72	21

FOIA

Date	Chesterfield Health Department	Powhatan Health Department
2022-2023	FOIA Hard Copy File Search	FOIA Hard Copy File Search
	Number of Applications	Number of Applications
TOTAL	1631	318

Fiscal Purchase Orders Processed

FY23 - 746

FY22 - 760

FY21 - 1340

FY20 - 729

FY19 - 940

Administrative Team Accomplishments

- Centralized the District's deposit processing protocols, improving staff efficiencies and decreasing liability and risk.
- Developed group email mailboxes to enhance customer service and provided a team of staff to respond to requests.
- Installed customer service drop boxes for our customers' convenience, particularly with after-hours drop-offs.
- Supported on-boarding and orientation of new staff. Our health district team experienced heavy turnover during the COVID-19 pandemic. This included rebuilding the administrative team.

EMERGENCY PREPAREDNESS & RESPONSE

*The **mission** of the Emergency Preparedness & Response (EP&R) team is to respond effectively to any emergency impacting public health through preparation, collaboration, education, and rapid intervention.*

Moving into the new year, the Chesterfield Health District is taking a hard look at emergency preparedness and response through the lens of health equity. The pandemic taught us that we have not engaged in a meaningful way with more vulnerable communities of need. We have learned through COVID-19 health disparities that how we educate, prepare, and activate in the event of an emergency needs to look different from neighborhood to neighborhood in the future. Available tools, understandings, and even geographic access affects the health of people living in the community. As we unpack and learn about the gaps of our services, we look to building a better prepared health district, with the intent of strong resiliency through community engagement, workshops, and collaboration.

The **Medical Reserve Corps (MRC)** is a force of dedicated volunteers who stand ready to support the community in the event of a public health emergency. Our unit comprises medical and public health professionals who, along with interested nonmedical community members, volunteer their skills, expertise, and time to support ongoing public health initiatives and health emergencies throughout Chesterfield County, Powhatan County, and the City of Colonial Heights.

In 2022, Chesterfield County recognized eight volunteers for more than 100 hours of service. One volunteer was honored for more than 300 hours of service.

MRC BY THE NUMBERS

Total number of volunteers: 101,
serving in nursing, clinical specialties, social work, and general support.

Volunteer Hours: 433.75

Number of Projects: 11



ENVIRONMENTAL HEALTH

Mission: Provide quality customer service while protecting people and the environment.

The Environmental Health Division provides services to protect the community and environment. With regulatory authority and local ordinances, the division processes applications for permitting, which also includes inspections for restaurants, daycare centers, temporary events, schools, recreational water, hotels, motels, bed and breakfast establishments, milk plant, migrant labor camps, campgrounds, marinas, conventional/alternative septic systems, and private wells. The Division investigates complaints in all the areas mentioned, in addition to community health and environmental health concerns. The Division works with local government jurisdictions in rabies investigations, residential/commercial building permits, and community service investigations/projects. With such diverse programs, the Division staff is well trained and prepared to lead and/or assist in health emergencies, investigations, and enforcements.

Noteworthy Activities Involving Environmental Health Staff in FY2023

- Septic Well Assistance Program (SWAP) (assisted property owners with grant program applications)
- New District Environmental Health website
- Chesterfield County Rabies Response Plan Memorandum of Agreement (MOA) (updated)
- Colonial Heights Rabies Response Plan MOA (updated)
- Rabies Clinics in Chesterfield County (2)
- Hotel state permit suspended due to code violations in Chesterfield County
- Legionella investigation in Chesterfield County
- Norovirus investigations in Chesterfield County Public Schools (2)
- Informal Fact Find Conferences (enforcement action) in Powhatan County (3)
- Presented Food Safety training at Chesterfield County Technical Center (2)

Environmental Health by the Numbers

745

Septic Applications Received and Processed

Chesterfield County	511
Powhatan County	234
Colonial Heights	0

333

Private Well Applications Received and Processed

Chesterfield County	118
Powhatan County	215
Colonial Heights	0

1,950

Food Team Inspections

Chesterfield County	1,653
Powhatan County	117
Colonial Heights	180

195

Food Facility Follow-up* Inspections

Chesterfield County	151
Powhatan County	11
Colonial Heights	33

968

Animal Exposure Reports Processed

Chesterfield County	918
Powhatan County	45
Colonial Heights	5

*Follow-up inspection is required for critical items.

EPIDEMIOLOGY AND COMMUNICABLE DISEASE

Mission: To prevent the spread of infectious diseases and promote health and well-being through surveillance, investigation, infection control, and education.

The Epidemiology and Communicable Disease Team works to prevent the spread of infectious diseases in our community and respond to those that could pose a risk to public health. We follow up on cases of reportable and emerging infectious diseases, outbreaks of any illness, and other public health emergencies in order to monitor community impact and intervene to prevent further transmission. We educate individuals on ways to protect

themselves and their family from infectious diseases and collaborate with other departments, community partners, and healthcare agencies to prevent and control the spread of disease. Epidemiology utilizes multiple databases such as Virginia Electronic Disease Surveillance System (VEDSS) to track and analyze the burden of disease to inform control recommendations.

Reportable Disease Investigations

All diseases on the Virginia Reportable Disease List are investigated by the Epidemiology Team, with the exception of TB, STI's, and HIV which are handled by Nursing and Clinical Services. The goals of public health investigations include identifying a potential source of exposure, determining if a high-risk situation is present, providing education, and implementing public health practices to prevent further spread as needed. In FY23, Epidemiology completed 658 reportable disease investigations (excluding COVID-19) that were counted in VEDSS. The Reportable diseases most frequently investigated in FY23 are listed in the table below.

CONDITION	TOTAL
Campylobacter	39
Candida auris, infection or colonization	8
CP-CRE (E. coli, Enterobacter and Klebsiella spp)	12
E. coli infection, shiga toxin producing	14
Giardiasis	9
Haemophilus influenzae, invasive	6
Legionellosis	10
Mpox (formerly known as Monkeypox)	17
Salmonellosis	39
Shigellosis	10
Streptococcus, Group A, invasive	19
Varicella (Chickenpox)	5
Vibrio infection – non-Cholera	9
Yersiniosis	7

Outbreak Investigations

Outbreaks of all diseases, including foodborne, vaccine-preventable, healthcare-associated, occupational, toxic-substance related, and waterborne, are reportable to the health department. In FY23, Epidemiology investigated 212 outbreaks in schools, daycares, correctional facilities, assisted living facilities, group homes, nursing homes and skilled nursing facilities, places of worship, businesses, and other community settings. Common etiologic agents for outbreaks included COVID-19, influenza, HFM (hand, foot, and mouth disease), strep throat, and gastrointestinal illness.

FY23 Highlights

In 2022, the Epidemiology Team responded to the global outbreak of mpox (formerly known as monkeypox) within the District. Epidemiology staff investigated 16 cases from July to October 2022. In FY23, in partnership with Clinical Services, 620 doses of JYNNEOS vaccine were administered to clients and 6 courses of Tpoxx treatment were prescribed.

In 2023, the Epidemiology Team responded to an outbreak of the emerging fungal disease, Candida auris, in a long-term care facility (LTCF). The team provided infection control recommendations and guidance to prevent further transmission. To determine the number of residents in the LTCF colonized with the fungus, a point prevalence survey was conducted, yielding a 3.8% attack rate.

NURSING, CLINICAL, AND SUPPORT SERVICES

The mission of Nursing, Clinical, and Support Services is to provide quality, equitable health care through improved access, promotion of wellness, prevention of disease, and collaboration with community partners.

Nursing, Clinical, and Support Services works with individuals in clinical, at-home, school, and community settings to provide medical services to vulnerable populations and identify diseases that impact the health and well-being of our community. We work to assure that equitable health care is available to those who might not otherwise receive important services. We collaborate with other health department services to assure safe environments, promote health and well-being, identify social determinants of health, connect customers to community services, and provide education to prevent illness. Services are provided by sliding scale based on income and include the following:

- **Maternity:** Exams, education, laboratory testing for common genetic disorders, blood type and diabetes, ultrasounds for dating, and other testing and referrals as indicated.
- **Family Planning:** Preconception counseling exams; birth control methods, including long-term reversible methods (LARCs); laboratory testing for sickle cell disease; sexually transmitted infections (STIs), including treatment and partner follow-up and other labs as indicated.
- **Sexually Transmitted Infections (STI):** Exams, counseling for safe sex practices, laboratory testing for common STIs (chlamydia, gonorrhea, syphilis, HIV, herpes, etc.) and partner identification, testing treatment and follow-up. Case management services for individuals with HIV, Syphilis, and other STIs when indicated to assure appropriate treatment and intervention.
- **Child Health:** Well-child exams from birth through school entrance, school physicals as mandated by state law through 5th grade, newborn screening for infants born at home or not tested at birth.
- **Immunizations:** Adult and routine child immunizations required or recommended to attend school, rabies pre-exposure vaccination for persons at risk of exposure, and rabies post-exposure prophylactic case management for persons exposed to a rabid/presumed rabid animal.
- **Long-Term Services and Support Services (Nursing Home Screenings):** Detailed assessment of customer care needs performed by a Public Health Nurse and a DSS Family Services Worker for individuals needing long-term care in a facility or in the home. This screening determines the appropriate placement for their care needs.
- **Tuberculosis (TB):** Risk assessment to determine indications for testing, treatment and follow-up of TB infection (not communicable), treatment and follow-up of TB disease (communicable), including case management contact investigation and DOT (direct observed therapy or viewing individuals take their medicines each day), as well as community and individual education and counseling.
- **Newcomer Health:** Initial health screening to address health issues, immunization needs, communicable diseases, and other public health concerns for individuals newly arrived and entering our District as a refugee or immigrant.
- **Communicable Disease Investigation:** Work closely with Epidemiology to identify, investigate and follow up reportable diseases in the Commonwealth of Virginia. These include TB, STI, Perinatal Hepatitis B follow-up, outbreaks in the community, etc. Coordinate with Epidemiology to complete large-scale communicable disease investigations.
- **Community Collaborations:** Provide guidance to child care and long-term care facilities to assure safe health practices; contract services with community and other state and county departments to provide immunizations, education, and testing; participation in community events to educate citizens about safe health practices and identification of healthy behaviors.

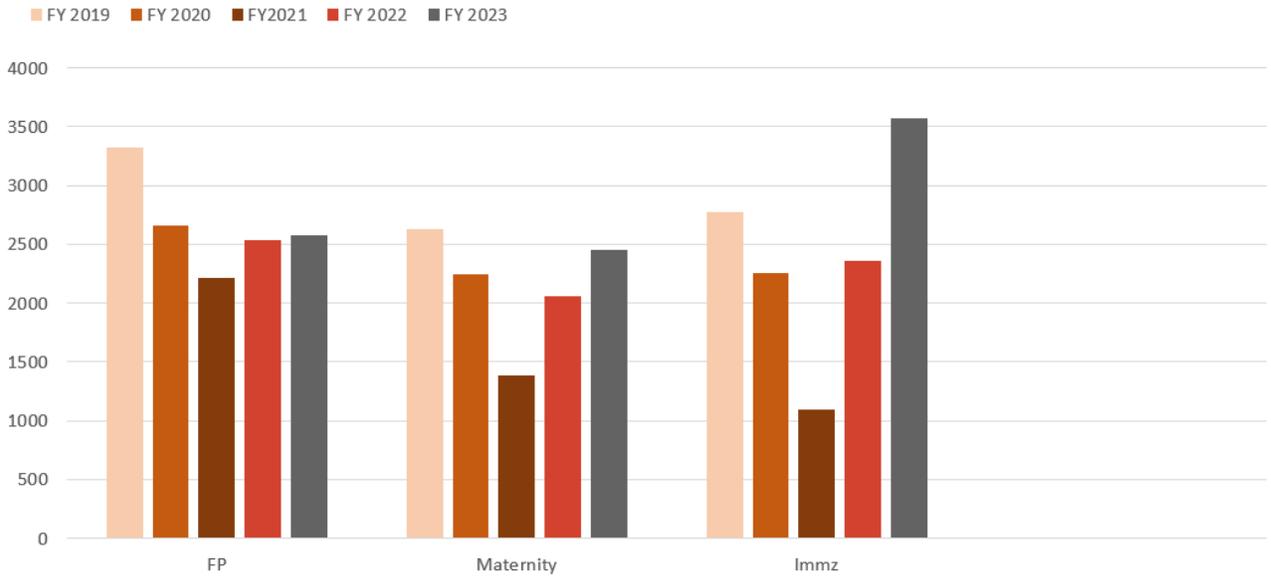
Clinical Services by the Numbers

	CHESTERFIELD	POWHATAN	COLONIAL HEIGHTS	DISTRICT TOTAL
Maternity Visits	2,403	0	46	2,449
Family Planning Visits	2,261	34	285	2,580
LARC Insertions	174	0	11	185
STI Clinic Visits	747	11	212	970
Immunizations	3,335	52	188	3,575
Child Health Visits (0-5 years)	36	0	4	40
Newcomer Health Assessments	53	6	0	59
Colposcopy	66	0	0	66

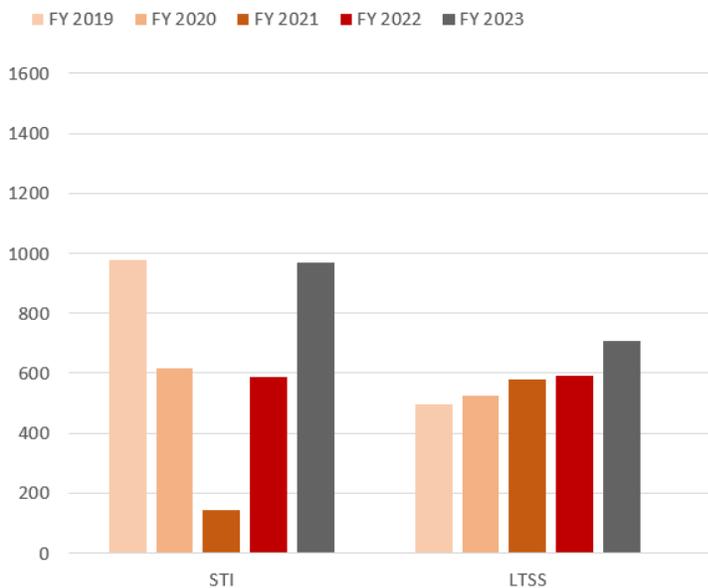
Nursing Community Services by the Numbers

	CHESTERFIELD	POWHATAN	COLONIAL HEIGHTS	DISTRICT TOTAL
LTSS Screenings	608	44	53	705
LTSS Appeals	24	0	0	24
TB Cases and Visits for DOT (direct observed therapy for meds)	1,080	0	0	1,080
LTBI Cases	170	0	0	170
TB Risk Assessments	250	75	49	374
Rabies Post-Exposure Case Management	300	20	4	324
STI Case Management	35	10	1	46
Newcomer Health Assessments	36	0	6	42

Chesterfield District: Annual Comparisons

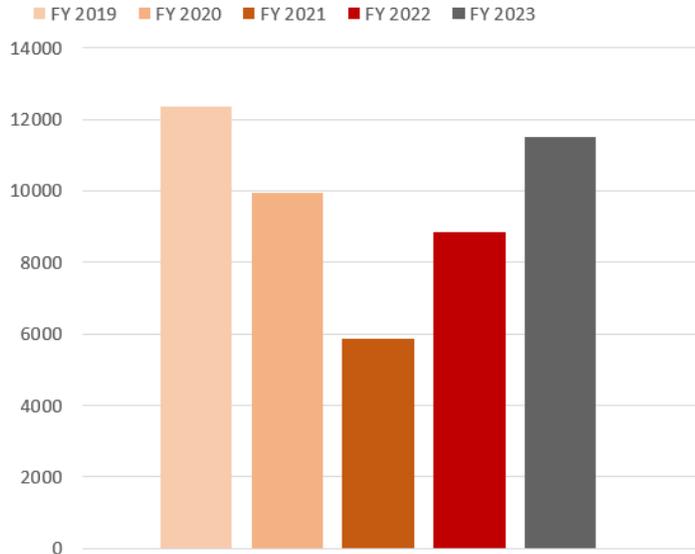


Chesterfield District: Annual Comparisons



Chesterfield District: All Services Total

Child Health, Family Planning, HIV, Immunizations, Maternity, Occupational Health, Opioid Addiction, Communicable Disease, NHS, Newcomer Health, Ryan White, STI, TB



POPULATION HEALTH

Mission: To improve access for community members through engagement, understanding, and collaboration.

Population Health is our newest work unit, established in April 2022. Population health approaches health at the community-level. We look for patterns in health outcomes (such as diabetes, addiction, asthma, etc.) and try to understand what the root cause of poor health is within the community. Our Community Health Workers strive to connect people with the programs and resources that they may need, such as housing, food, clothing,

and transportation. These impact health outcomes, and our team is trying to bridge those gaps. We attend community events and partner with organizations that directly serve community members. Working with our partners, we listen, connect, and engage with residents so we can learn from them what barriers they face, what health priorities they have, and what help they need. Our goal is to be part of the fabric of the community.

OUR COMMUNITY PARTNERS

Bon Secours St. Francis Medical Center
Chesterfield County
Chesterfield County Department of Mental Health Support Services
Chesterfield County Public Schools ESL Program
Chesterfield Food Bank
City of Richmond Office of Immigrant Engagement
CrossOver Healthcare Ministry
Families First
Free Clinic of Powhatan
Intensive Supervision Appearance Program (ISAP)
La Casa de Salud
Latinos in Virginia Empowerment
Little Hands
Robin's Hope
Virginia State University
Waymakers Foundation
YMCA
YWCA
And the list continues to grow....

SUCCESS STORY



Adolfo (L) with Carla and Armando at the Daily Planet.

Meet Armando. He was born in Nicaragua and traveled to the U.S. by land through Mexico. His journey lasted two months. Armando is diabetic and left Nicaragua without treatment. He lost his vision in Mexico.

Now in Virginia, Armando lives with his sister, Carla, and her daughter (who are also diabetic) in a small room in North Chesterfield. Carla is Armando's only source of support, and unfortunately,

she is out of work. Waymakers Foundation, one of our community partners, referred Armando to Community Health Worker Adolfo Hurtado.

"As a Community Health Worker, I started an intensive process to find him the ideal resources for his treatment," Adolfo said.

"Armando needs clothes, shoes, special food, a nutritionist, counselor, and housing. He also needs our support, empathy, and prayers."

On February 1, Adolfo accompanied Carla and Armando on a visit to the Daily Planet in Richmond, where they made an appointment to begin treatment. Armando's story illustrates how collaboration and commitment — and building bridges and trust — across the community can make a difference.

"There is a great resource that we use from VDH, which is a community health worker. I've tapped a lot into that resource."—Sandra Shearn, Program Manager, ISAP

Community Health Assessment

From fall 2022 through spring 2023, the Population Health Team facilitated a Community Health Assessment. Focused on the community story, particularly post-pandemic, we spent deliberate time learning the needs of the most vulnerable within marginalized communities of the Chesterfield Health District, specifically in Chesterfield County and the City of Colonial Heights. The compilation of surveys and stories from conversations, interviews, and focus groups identified the most urgent needs of respondents (highlighted below). A more comprehensive overview can be found in our Community Health Assessment Report.

What are the most important health problems in the community?

- Mental health, 12.5%
- Dental health, 11.5%
- Nutrition, 9.1%

“Mental health—that’s a problem—we don’t have enough resources. We don’t have enough mental health counselors.”
—VSU student

What would most improve the quality of life and health in the community?

- Affordable healthy food, 16.4%

- Health care services, 13.6%
- Affordable housing, 10.7%

“If I were to go out today to get an apartment, a one bedroom is about \$1,300. Then I’ve got to have at least \$1,300, if not \$2,600, if not \$3,900 for the deposit. . . . On top of that, you’ve gotta take \$1,300 and triple it, which is three times the rent. If they’re hung up in SSI, SSA, SSDI in any combination, they don’t make \$3,900 a month to make triple the rent. There’s no such thing as affordable housing.”

—Bridgette Engle, Case Manager, My Brother’s Keeper

“People are still struggling to buy food, so our numbers have not gone down.”—Xiomara Encarnacion, Regional Manager, Outreach & Compliance, Feed More

What to you and your family need to become or stay healthy?

- Doctor I see regularly, 19.6%
- Dental care, 15.4%
- Nutrition and exercise programs, 11.3%

“We have so many families—they just don’t know where to go. I receive calls from friends—do you know a dentist who can speak Spanish? So, to have more doctors, teachers, staff that can be bilingual, that’s a major need of the community.”

—Glenda Chaffins, ESL Family Engagement Specialist, CCPS

SUCCESS STORY

A patient in the clinic opened up to a Community Health Worker (CHW) regarding her situation of domestic abuse. Since she moved to Virginia her husband only wanted her to be home with the house and children. He was mentally and physically abusing her, and she wanted help or guidance.

She was referred to Latinos in VA, a domestic violence support organization. She contacted our CHW, again sharing she is currently separated from her partner and wants to know about an English class and job for could apply for. She was referred to Sacred Heart and to an organization that she was contracting with. She is now learning English and is about to start training at her new job. She is also planning to buy a house. She feels happy, self-sufficient, and independent.

Population Health by the Numbers

- Number of people in the District who live in socially vulnerable communities: 80,000 (20%)
- Clients supported through care resource coordination: 1,119
- Community health assessment surveys collected: 2,158
- Community health assessment interviews/engagement: 105
- REVIVE! Opioid overdose and naloxone education trained: 110

Communications

Cassie Barber is our District Communications Coordinator and a member of our Population Health Team. Cassie provides information about the District’s services, emergency and outbreak response, and upcoming events to the community, stakeholders, and government leaders. One of our primary communications channels is social media, and Cassie was responsible for creating our Facebook and Twitter pages in FY23. She has also taken on the mammoth task of updating our website and developing branding for the District.

WOMEN, INFANTS, AND CHILDREN PROGRAM

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is funded through the U.S. Department of Agriculture and is operated through local health departments and satellite and mobile clinics in Virginia.

WIC provides high-quality nutritional care and food to our participants. The program provides milk; cheese; eggs; juice; cereal; dried beans or peas; peanut butter; fresh, frozen, and canned fruits and vegetables; and iron-fortified formula that supply

crucial nutrients such as protein, iron, calcium, and vitamins A and C, which are essential to maintain health.

WIC provides breastfeeding education during pregnancy and breastfeeding support after delivery. Individual counseling and group classes on breastfeeding are available for clients. Breastfeeding Peer Counselors are available during normal office hours to answer questions about breastfeeding and address concerns.

Challenges for the WIC Program This Fiscal Year

- **The winding down of the COVID-19 Public Health Emergency.** The Public Health Emergency is set to expire on May 15, which will require all WIC Programs to start seeing clients in person by August 2023. The caseload numbers have continued to increase since the onset of the pandemic. Caseload numbers for 2021 were 4,565; for 2022, 4,910; and for 2023, 5,404—showing that the need for WIC services has continued to increase. The caseload numbers have increased but staffing has not, so in-person services will require excellent teamwork and time management.
- **Two Chesterfield Health District WIC staff were accepted into the VA-MD Dietetic Internship Program,** an 11-month program that will prepare and allow the interns to sit for the boards to become Registered Dietitians. This has required the interns to be away from the office for several months to complete these duties. They will be bringing back nutrition expertise once completing the program. The internship is 1,200 hours total. The hours are organized as follows: 560 hours in Public Health (440 hours Supervised Practice

Hours; 120 hours Didactic Coursework; 40 hours on assignments, 80 hours on Capstone), 240 hours in Foodservice Management (200 hours Supervised Practice; 40 hours Didactic Coursework), and 400 hours in Clinical Nutrition (360 hours Supervised Practice; 40 Didactic Coursework).



WIC by the Numbers

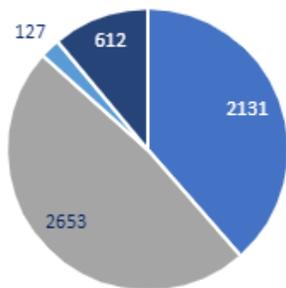
CHESTERFIELD				
	Women	Infants	Children	Total
Monthly Average	465	471	1,197	2,131

POWHATAN				
	Women	Infants	Children	Total
Monthly Average	27	29	70	127

COLONIAL HEIGHTS				
	Women	Infants	Children	Total
Monthly Average	122	129	356	612

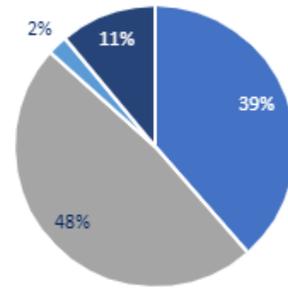
NORTH CHESTERFIELD				
	Women	Infants	Children	Total
Monthly Average	621	597	1,415	2,653

Monthly Average
Number of Clients by Location



■ Chesterfield ■ North Chesterfield ■ Powhatan ■ Colonial Heights

Monthly Average
Proportion of Total Clients by Location



■ Chesterfield ■ North Chesterfield ■ Powhatan ■ Colonial Heights