

# 2017

## Crater District Health Departments



**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH  
*Healthy People in Healthy Communities*  
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## Annual Report

Dinwiddie • Emporia •  
Greensville • Hopewell •  
Petersburg • Prince  
George • Surry • Sussex

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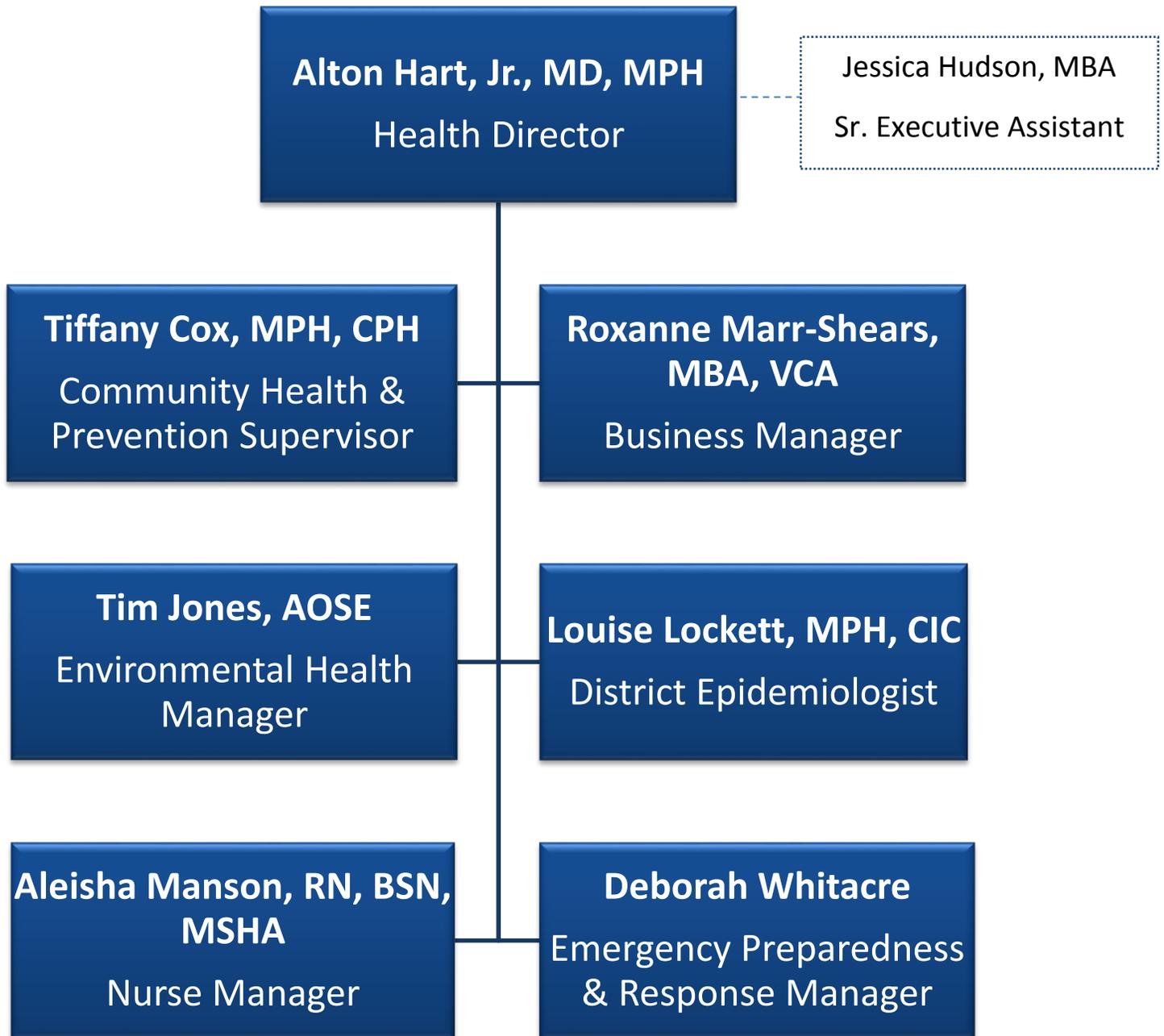
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# Crater Health District Management Team

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## Organizational Profile

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The Crater Health District (CHD) encompasses approximately 1,800 square miles and serves a population of about 150,000 residents. The District includes the cities of Petersburg, Hopewell and Emporia and the counties of Prince George, Dinwiddie, Surry, Sussex and Greensville. CHD is a state-city/county cooperative health service agency. It employs over 100 full-time and 10 part-time workers and countless volunteers each year. The Health District operates seven local health departments in Dinwiddie, Emporia/Greensville, Hopewell, Petersburg, Prince George, Surry and Sussex.

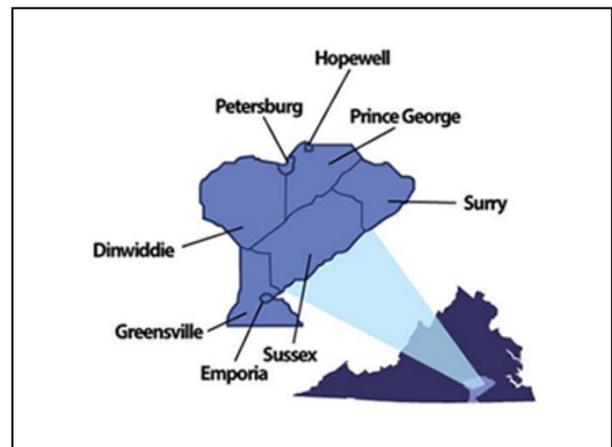


Congruent with CHD's vision, mission and motto is its goal of becoming the healthiest district in the state. This supports Virginia Department of Health's goal of becoming the healthiest state in the nation.

CHD is a large health district with a cooperative budget of over \$5 million, and several additional local, state and federal grants valued at nearly \$3 million.

Health departments within Crater provide services in clinics including OB, Family Planning, WIC and Immunizations. In addition, health department staff has responsibilities for handling foodborne outbreaks, communicable diseases, case management, nursing home screenings, home-visiting, environmental health, emergency preparedness and response, health fairs and other community based functions. Each site offers triage or walk-in services that vary by day of the week and time.

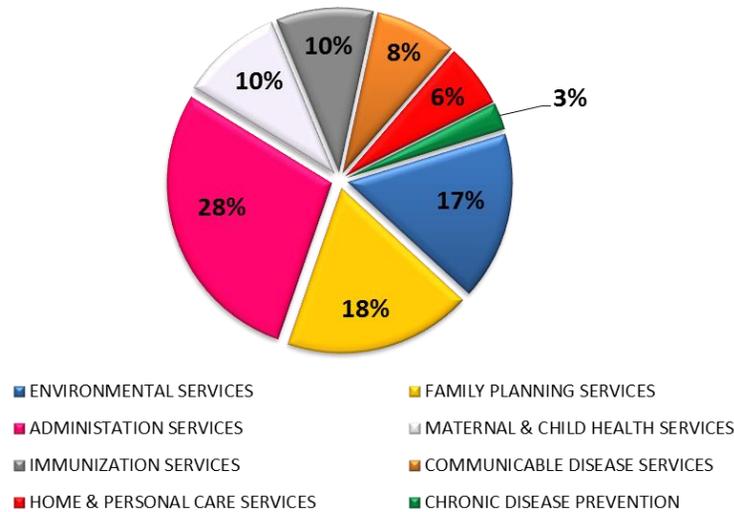
Our public health team consists of many disciplines such as physician, nurses, office support staff, health educators, nutritionists, outreach workers, nurse practitioners, health counselors, breastfeeding peer counselors, epidemiologist, emergency response planner, environmental health specialists, lab technician, facilities staff, etc. The District maintains vital statistics (birth and death records) at each local health department as well.



## Administrative Profile

Figure 1 displays Crater Health District's expenses and revenues for FY16. CHD relies on the advocacy of policymakers and stakeholders whose support is imperative to securing public health funding. The local, state and federal funding the district receives is critical for long-term viability. CHD encourages all its stakeholders to learn more about how public health creates healthier communities - where we live, learn, work and play. For FY16, Crater Health District's service expenses totaled \$7,551,045. The cooperative expenditures were \$4,991,227; and the non-cooperative expenditures totaled \$2,559,818.

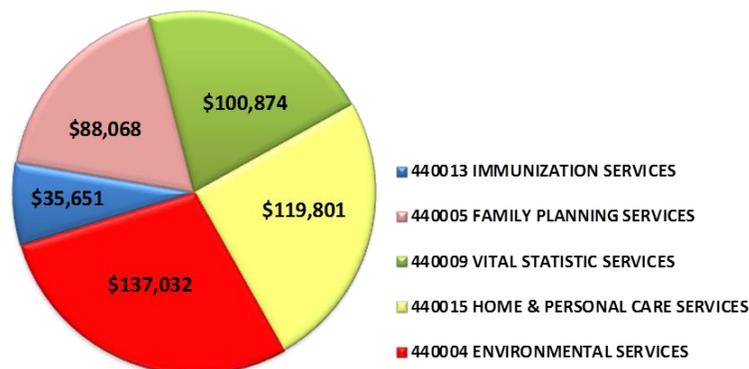
**Total FY16 Cooperative Budget- Expenses by Program Area**



**Figure 1: CHD Total FY16 Cooperative Budget Expenses**

Crater Health District's total budget is supported by various funding sources which include: local, state, and federal government, fee-for-service, and grants/donations from non-profit organizations. CHD's total FY16 revenue was \$606,866. Furthermore, in FY16, Crater Health District had five program services that generated 79% (\$479,424) of the overall revenue from service fees for the district. These top five revenue generating program services were immunization, family planning, vital statistics, home and personal care, and environmental.

**Top Five FY16 Revenue Generating Program Services**



**Figure 2: CHD FY16 Top Five Revenue Generating Program Services**



## Reproductive Health and Nursing Services

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### Reproductive Health Services

The health department recognizes the challenges associated with reproductive and sexual health behaviors in communities within CHD. CHD's reproductive health specialists are committed to addressing these challenges through a variety of client-centered programs and services as well as community partnerships. However, some of our communities require targeted efforts to impact some of the reproductive and sexual health issues that contribute to the overall health status of Crater communities. The Reproductive Health Section of this report highlights the efforts of the Crater District Health Departments to implement strategies to help lower teen pregnancy rates (e.g. HealthSpace Teen Clinic) and infant mortality (e.g. Healthy Start Loving Steps, Resource Mothers, etc). The public health professionals who lead these programs are dedicated and passionate about their work. The program descriptions will provide better insight regarding CHD efforts to address teen pregnancy and infant mortality in addition to providing strategies for healthy diets among women, infants, and children.

### Teenage Pregnancy Prevention

CHD addresses the district's teen pregnancy rate by promoting a combination of community/school education and clinical services to youth ages 10-19 yrs. The mission of the program is to provide teens with education with the goal being that they postpone sexual activity. However, if they make a decision to engage in sex, they will be educated on protecting themselves from sexually transmitted infections (STI) and unplanned pregnancy. CHD provides quality services that are available in a separate teen focused clinic setting.

Crater's Teen Pregnancy Prevention Program involves both school and community focused education using a comprehensive approach that emphasizes age appropriate education to combat teen pregnancy. By combining both abstinence and contraception education, the program promotes a unified community-based approach to reducing teen pregnancy. The program partners with Petersburg and Hopewell Public Schools and community organizations. It is a community-based program promoting abstinence, delay in pregnancy, effective communication, parental involvement, and sexual responsibility. In grant year 2016, the number of teen contacts within the schools and community was 7,810. See Table 1 for Crater teen pregnancy rates.

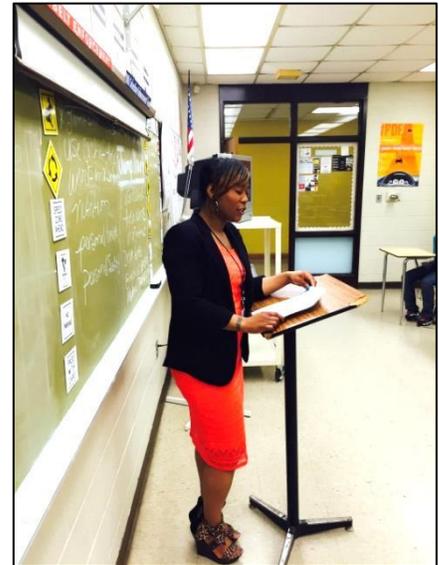


Table 1. FY16 Teen Pregnancy Counts and Rates (2010-2014)															
Dinwiddie		Emporia		Greensville		Hopewell		Petersburg		Prince George		Surry		Sussex	
Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
<b>2014</b>															
15	16	6	--	13	47.8	46	78.1	78	98.4	18	17.2	5	--	10	41.2
<b>2010</b>															
38	36.8	19	102.7	26	97	73	90.3	185	178.7	42	36.7	8	--	21	71.4

**Table 1: Crater Teen Pregnancy Rates by Locality (2010-2014)**

Through the HealthSpace program, CHD continues a community-based approach with educational outreach focusing on the high school population. HealthSpace is a collaboration between CHD and The Cameron and John Randolph Foundations. Education sessions and counseling are provided in Petersburg High School and Hopewell schools. The HealthSpace health educator and clinic nurse counsel young teens (< 19 years of age) regarding safe sex, sexual coercion, healthy relationships, self-esteem, career counseling and hygiene. Additionally, this program includes clinical services, providing contraception methods, pregnancy testing, referrals for pregnancies, STI treatment, and sports physicals. Clinical services are offered to Petersburg and Hopewell teen populations on an appointment and walk-in basis at the Petersburg and Hopewell Health Departments, although no teen is denied services.

**Family Planning**

The goal of the CHD family planning program is to assist women and men with the decision to have children and, if so, how many and how far apart they want to space their children. Funded through the Title X program, Crater provides confidential family planning birth control methods and services in each of the District’s seven local health departments. Family planning methods, infertility services and services for teens are provided to everyone regardless of race, age, citizenship, or income status. Services are provided at low or no cost based on income eligibility. A Spanish language interpreter is provided at each visit for clients with limited English proficiency.

A total of 1,418 individuals received these services in FY16, resulting in a total of 2,992 visits (Table 1).

**Maternity Care**

The District’s goal is to decrease the perinatal mortality rate and achieve healthy pregnancy outcomes for district residents. This is accomplished by providing comprehensive prenatal and post-partum care to those residents seeking care. All seven local health departments in the Crater district serve clients who are not eligible for health plans or are otherwise unable to receive services from local community health centers or private physicians.

Prenatal care services were provided to 102 clients resulting in 426 clinic visits for FY16 (Table 1). Services are enhanced through the use of a Spanish language medical interpreter and include regularly scheduled physical exams and prenatal blood work. Nutritional counseling is provided with emphasis on nutrition and breastfeeding education. Case management and referrals to community resources are



provided as appropriate. Delivery, acute high-risk care, and emergency care are provided to Crater clients through an agreement with the Virginia Commonwealth University Medical Center.

Table 2. FY16 Reproductive Health Services Provided By Locality								
Program Clients (Visits)	Dinwiddie	Emporia/Greenville	Hopewell	Petersburg	Prince George	Surry	Sussex	District Total
Family Planning	149 (326)	206 (468)	198 (440)	569 (1120)	134 (309)	72 (193)	68 (136)	1361(2992)
Maternity Care	10 (34)	16 (97)	9 (46)	57 (178)	12(46)	0 (1)	5 (24)	102 (426)

Table 2: Crater FY16 Reproductive Health Services By Locality

### Healthy Start Loving Steps

The Healthy Start Loving Steps (HSLs) program is a home visitation, case management program that provides services to primarily African American adult women (age 20-40 years) in the City of Petersburg through the Petersburg Health Department. The purpose of the program is to improve perinatal health and reduce racial and ethnic disparities in perinatal outcomes. This program is grant funded by the Health Resources and Services Administration (HRSA) through the Virginia Department of Health. The goal of the program is to reduce infant mortality and low birth weights among those participating clients. The HSLs team is comprised of a nurse, a dietician, and community outreach workers. This team provides intensive case management, care coordination, and works to enroll women into prenatal care within their first trimester. Program clients are screened for medical, nutritional, social, economic, and environmental risks. The HSLs program also reviews causes of fetal deaths, infant deaths, and low weight births in order to improve future birth outcomes. Thirty-nine (39) clients were provided services in FY16.

### Resource Mothers

The Resource Mothers program is a grant-funded home visiting program offered through the Petersburg and Hopewell Health Departments. The primary goal for this program is to improve birth outcomes for pregnant teens. The Resource Mothers staff of community health workers mentors African American teens (up to age 19) that are pregnant for the first time through the child’s first year of life. Program staff ensures that participants receive early and adequate prenatal care to reduce the chances of a low birth weight or infant death. Expectant teens are provided intensive child development education, encouraged to set and achieve personal education goals, supported to involve the family and father, and offered referrals to needed services. Fourteen (14) clients received Resource Mothers services in FY16. Since the program began in 1992, more than 20,000 young women have participated in this program.

Efforts from these programs have contributed to the decrease in infant mortality observed in Petersburg and Hopewell. Petersburg and Hopewell saw a total of 10 infant deaths in 2014, a decrease from 17 infant deaths in 2010.



## Women, Infants, and Children (WIC)

The purpose of the Supplemental Nutrition Program for Women, Infants, and Children (WIC) is to provide personalized nutrition assessment, education, counseling, and strategies for a healthy diet. Program goals are to improve pregnancy outcomes, prevent nutritional deficiencies, and support optimal growth and development. This is accomplished through a variety of supplemental foods as well as referrals to other agencies and the benefits of breastfeeding awareness. Participants include: pregnant, breastfeeding, and post-partum women, infants, and children up to age five.

In FY16, the total number of clients served was 3,933. This includes 351 pregnant women and 132 breastfeeding women who were enrolled in the services. The WIC program plays a vital role in the District's plan to reduce infant mortality as well as to promote and teach healthy food choices for families.

Table 3. FY16 WIC Clients Served By Locality									
Fiscal Year	Dinwiddie	Emporia/Greenville	Hopewell	Petersburg	Prince George	Surry	Sussex	Fort Lee	TOTAL
FY15	396	494	884	1,275	434	111	158	318	4,070
FY16	384	438	890	1,213	440	114	148	306	3,933

Table 3: Crater FY16 WIC Clients Served By Locality

## Nursing Home Pre-Admission Screening Services

Pre-admission screenings are performed in all localities of the district. These screenings, performed by public health nurses in collaboration with the Department of Social Services, are conducted under a contractual agreement between Virginia Department of Health and the Department of Medical Assistance Services (DMAS). During FY16, 487 patients were screened throughout the district—49 in Dinwiddie, 75 in Emporia/Greenville, 76 in Hopewell, 136 in Petersburg, 86 in Prince George, 21 in Surry and 44 in Sussex.

## Communicable Disease Services

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### Communicable Disease Team

The CHD Communicable Disease Team conducts surveillance and investigations to minimize effects of communicable disease outbreaks within the district. By ensuring thorough investigations of all reportable disease conditions, the Communicable Disease Team works to prevent transmission of disease and to curtail disease outbreaks. During the 2015 calendar year, the CHD Communicable Disease Team responded to outbreaks of respiratory illness in long-term care facilities, scabies associated with a high school baseball team and assisted living facility, chicken pox cluster in a correctional facility, increase of antibiotic resistant *Klebsiella pneumoniae* in a nursing home, *Stenotrophomonas maltophilia* associated with dialysis patients, and continued to monitor travelers returning from Ebola-affected countries.



## Tuberculosis Control Program

As part of this team, the Tuberculosis Control Program protects CHD citizens from the transmission of tuberculosis (TB) by identification, assessment, monitoring, and treatment of individuals with tuberculosis disease. The TB Program staff also assesses those exposed to individuals with tuberculosis. CHD outreach personnel provided directly observed therapy (DOT), assuring proper drug administration for all active TB cases throughout the district. This past year TB program staff followed one active case of TB. Table 3 shows the 2011-2015 five-year trend of TB cases for the Crater Health District compared to the Central Region area (which includes Crater, Chesterfield, Chickahominy, Henrico, Richmond, Piedmont and Southside health districts) and to the state. Over the past five years, Crater's TB rates continue to decrease below that of the region and the state.

## Immunization Program

The Immunization Program promotes and provides childhood and adult immunizations against diseases such as pertussis, human papilloma virus (HPV), measles, etc. to prevent disease outbreaks within CHD. A total of 1,636 people district-wide were immunized to prevent multiple diseases in FY2016. By locality, 289 residents of Dinwiddie, 112 of Emporia/Greenville, 184 of Hopewell, 546 of Petersburg, 185 of Prince George, 68 of Surry and 65 of Sussex received vaccination services.

## Sexually Transmitted Infections (STI) Program

The Sexually Transmitted Infections (STI) Program has as its primary goal the reduction and prevention of the incidence of sexually transmitted diseases, including HIV infection. Aggressive case finding efforts and treatment are employed by Crater's STI counselors to curtail the spread of STIs. In FY2016, a total of 1,917 people received STI clinic services provided at local health departments. By locality, 26 residents of Dinwiddie, 121 of Emporia/Greenville, 54 of Hopewell, 1,089 of Petersburg, 140 of Prince George, 12 of Surry and 16 of Sussex received STI clinic services.

Area	Pop	2011		2012		2013		2014		2015	
		Cases	Rate								
Crater Health District	157,517	4	2.6	1	0.6	3	1.9	2	1.3	0	0
Central Region	1,418,339	28	2.0	30	2.2	30	2.1	17	1.2	16	1.1
Virginia	8,382,993	221	2.7	235	2.9	179	2.2	198	2.4	212	2.5

Table 4: Crater Number of Reported TB Cases and Rates per 1,000 (2011-2015)

Disease	2011		2012		2013		2014		2015	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
HIV	25	16.0	31	19.9	35	22.4	33	21.2	46	29.5
Total Early Syphilis	8	5.1	14	9.0	23	14.8	18	11.6	46	29.5
Gonorrhea	353	225.7	316	203.0	273	175.1	361	231.7	441	283.1
Chlamydia	1,604	1,025.7	1,281	822.9	1,342	860.8	1,387	890.3	1,449	930.1

Table 5: Crater Number of Reported STI Cases and Rates per 100,000 (2011-2015)



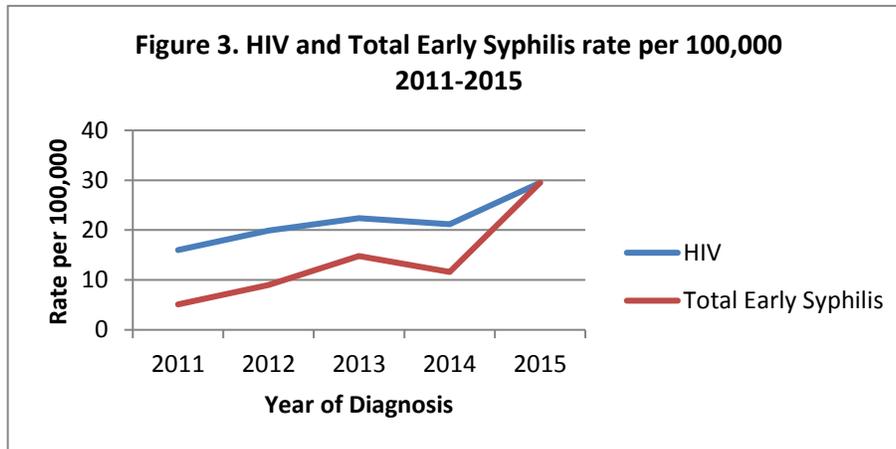


Figure 3: Crater HIV and Total Early Syphilis Rater per 100,000 (2011-2015)

Table 4 gives a five-year trend of Crater’s number of reported STI cases and their respective rates. Figure 1 provides the rates for HIV and Total Early Syphilis from 2011-2015. The HIV rate has increased, with its 2015 rate of 29.5 approaching the District’s 10 year high in 2009 (30.0). Total Early Syphilis has also risen to its highest rate (29.5) observed in the last 10 years. Over the past year, the District has implemented the use of rapid syphilis testing in the community, which may contribute to some of the increase in cases observed in 2015.

### Environmental Health Services

The local health departments in CHD have Environmental Health Specialists that are engaged in a variety of environmental programs. Some localities do not have a full time Environmental Health Specialist and the programs are covered by district Environmental Health Specialists, as well as, supervisory and management staff. All environmental staff with the exception of one have caseload responsibilities in multiple localities throughout the district. These programs are either state mandated or directed through local code/ordinance.



Environmental programs include: onsite sewage and private water well permitting/inspection; food facility inspections; rabies prevention; campground, summer camp and migrant labor camp inspections; marina inspections; hotel/motel and bed and breakfast inspections; swimming pool inspections at tourist establishments; and environmental complaints. Local health departments do not investigate mold in residential dwellings. Program responsibilities specific to some localities include tattoo parlor inspections, grocery store inspections and standing water complaints. Environmental Health Specialists are standardized in the food inspection process and/or hold a license from the Department of Professional and Occupational Registry for onsite sewage work.

The economy seems to be improving; but it still continues to have an impact on the onsite sewage and well permitting program. In FY16, some localities experienced an increase in activities while others remained constant or saw a slight decline in activities. Table 5 illustrates environmental health activities in three of the major programs and total site visits are provided for all programs.



<b>Table 6. FY16 Environmental Health Services Provided</b>							
<b>FY16</b>	<b>Petersburg</b>	<b>PG</b>	<b>Hopewell</b>	<b>Gr/Emp</b>	<b>Dinwiddie</b>	<b>Surry</b>	<b>Sussex</b>
<b>Sewage Applications</b>	1	80	0	23	107	39	11
<b>Well Applications</b>	0	61	1	18	75	34	10
<b>Food Inspections</b>	401	113	173	110	73	24	60
<b>Rabies Investigations</b>	98	77	38	12	55	7	8
<b>Positive Rabies Cases</b>	2	0	3	1	2	0	0
<b>Total Site Visits</b>	1299	498	484	227	459	150	103

**Table 6: Crater FY16 Environmental Health Services Provided**

<b>Table 7. FY15 Environmental Health Services Provided</b>							
<b>FY15</b>	<b>Petersburg</b>	<b>PG</b>	<b>Hopewell</b>	<b>Gr/Emp</b>	<b>Dinwiddie</b>	<b>Surry</b>	<b>Sussex</b>
<b>Sewage Applications</b>	1	75	0	22	118	34	9
<b>Well Applications</b>	0	40	2	20	53	35	14
<b>Food Inspections</b>	373	109	216	168	105	17	57
<b>Rabies Investigations</b>	108	90	62	23	63	3	4
<b>Positive Rabies cases</b>	0	5	0	0	2	1	1
<b>Total Site Visits</b>	1070	405	529	319	589	150	103

**Table 7: Crater FY15 Environmental Health Services Provided**

Training of food service workers in food safety is provided by district Environmental Health Specialists. The Certified Food Managers course is offered several times per year and Basic Food Safety Training is provided upon request. These trainings are open to anyone who wants to attend which includes individuals that participate in temporary food events.

Environmental Health is involved in Emergency Planning and Response. Events such as natural and manmade disasters and/or terrorist events require health department involvement. Post-event recovery and sheltering are areas that require environmental work. Non-hurricane related events that produce weather that causes power failure to food facilities and/or flooding of drinking water supplies (wells) required environmental health involvement to facilitate the protection of the public's health.

## **Community Health and Prevention**

### **Lead Case Management**

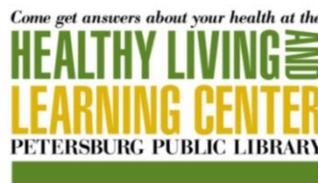
There is no safe blood lead level for children. Exposure to lead can affect brain development, ability to pay attention and academic achievement. Effects of lead exposure cannot be reversed so it is important to prevent lead exposure before it occurs. The Lead Case Management program strives to prevent children from being exposed to lead as a health hazard and ensure children that have been exposed are receiving treatment. CHD provides lead case management for children age 15 years and younger, who have elevated blood lead levels. Case management includes a preliminary assessment of the home, and



education and follow-up with the family. Lead program staff works with the child's primary care provider to assure lead poison treatment. They conduct home visits to identify sources of lead exposure, and to educate families on how to eliminate or reduce potential sources of lead exposure as well. For FY16, CHD provided case management services to 11 families. Of these, one was newly reported, and 10 were follow-up.

### Health Education and Community Outreach

Engaging the communities we serve to promote health and wellness is a priority for CHD. CHD staff regularly assesses community needs and responds to community requests for a variety of outreach opportunities. These opportunities include presentations, health fairs, community coalitions, trainings, health screenings, immunization clinics and preparing and distributing health-related literature. CHD staff implements interventions and health information campaigns to address community health needs. CHD health educators work directly with various populations in the community such as youth, older adults, clinicians, worksites and faith-based organizations. Staff actively seek funding opportunities, and develop grant proposals to address health priorities for the District. Also, the Community Health and Prevention team supports development of grant proposals made by local community organizations to improve public health. In addition, the team is an active participant with several community organizations and coalitions who work towards improving health in the District. In FY2016, CHD received over 40 outreach requests. Staff attended over 50 community events, and reached an estimate of 2,800 community members throughout the District.



### Healthy Living and Learning Center

Health literacy is defined as the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions (Patient Protection and Affordable Care Act, Title V). It is necessary for people to have and be able to use health literacy skills to find information and services, understand information from their doctor, and make informed decisions about their health. The Healthy Living and Learning Center (HLLC) is a supportive, literacy-conscious environment where health information and resources such as books, brochures, videos, referrals and online services are shared with community members. HLLC provides citizens with access to health information and connections to existing health resources available in the community in a readily available location. The Center provides these services at its location in the Petersburg Public Library and through mobile outreach efforts. HLLC is a partnership between Crater Health District, the Petersburg Public Library and VCU Massey Cancer Center. Since its beginning, up to FY2016, HLLC has served over 5,000 people, received over 400 referrals, made over 600 referrals to community resources, distributed over 10,000 condoms, and attended nearly 500 community programs or events.



## Chronic Disease Prevention

Nationally, seven of 10 deaths each year are attributed to chronic diseases. Chronic diseases account for 86% of the nation's healthcare costs (CDC). These are avoidable conditions that are largely impacted by the places where we live, learn, work, worship and play. In CHD, heart disease and cancer are the leading causes of death in all localities. Chronic disease can be largely prevented through healthy eating and active living. CHD has undertaken a number of initiatives to make the healthy choice the easy choice in the environments in which Crater families call home.

### Healthy Eating and Active Living

#### *Crater Healthy Corner Stores*

Many areas in CHD are considered to be a food desert which means there are no grocery stores in close proximity. People living in these areas have limited options for obtaining healthy food. The Crater Healthy Corner Store Initiative was designed to increase availability of fresh fruits and vegetables in local corner stores. Many Crater residents do a large majority of their grocery shopping at these sites. This initiative will increase access to healthy food options for those most in need.



#### *Walk the Line*

The Walk the Line program is in partnership with the HLLC and Virginia Cooperative Extension- Virginia State University. In this program, recipients at a local food pantry are provided education on healthy eating and healthy meals they can prepare with the items they receive. They are referred to a program that teaches healthy meal preparation for the whole family as well.

#### *Healthy Food and Beverage Policy*

Policy and systems change are an important part of creating healthier environments. CHD is promoting healthy food and beverage (HFB) policy development and adoption with Crater localities, worksites and community organizations. CHD supports these organizations by providing support and technical assistance for drafting and obtaining approval for HFB policies.

#### *Complete Streets*

Complete Streets is a process by which localities can undergo capital projects to improve the walkability and bikeability of their communities. CHD has hosted Complete Streets workshops to educate city and county leaders on this process, as well as technical assistance for implementing a Complete Streets project.

#### *Access to Physical Activity*

CHD has initiated and partnered in projects to change the built environment to make it easier for residents of Crater to engage in physical activity safely. These projects include conducting community



walking audits and a photovoice project to identify barriers to physical activity; providing workshops on joint-use agreements (JUA); and developing a walking club toolkit. Identifying the barriers with community members allows us to include them in healthy changes to their community. JUAs will increase opportunities for physical activity by providing community recreational access to private and/or limited access facilities such as schools and shopping centers.

### Community-clinical Linkages

#### *Diabetes Prevention Program Network*

CHD organized a network of community organizations that will implement the diabetes prevention program (DPP). This program is a lifestyle-change program recognized by the Centers for Disease Control and Prevention. Currently, the network includes six organizations that will be implementing the program, including one that will be delivered completely in Spanish. This will be the first Spanish-speaking program in the state and one of few in the nation. This program has been proven to reduce risk of diabetes for those identified to be pre-diabetic. The network will include a referral system for providers to refer their patients to these community sites. Providing these programs in the community will increase the availability of community resources for those most at risk.

#### *Blood Pressure Self-management*

Poor management of blood pressure is a significant risk factor for heart disease and stroke. CHD is providing training and tools to faith-based and other community organizations to educate residents on how to manage their blood pressure and make healthy choices.

#### *Electronic Health Record (EHR) Adoption*

CHD has provided support to a local free clinic and other private providers for them to adopt or enhance EHRs. This includes purchasing equipment, providing technical assistance on meaningful use, and using EHRs to gather data on those at risk for pre-diabetes.

#### *Medication Therapy Management*

CHD is partnering with local pharmacies and doctor of pharmacy students to provide education to pharmacy customers on properly managing their medication. In addition, CHD is providing resources for pharmacies to support their customers to manage their blood pressure through the Team Up/Pressure Down program.

## **Emergency Preparedness and Response**

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### **Medical Reserve Corps (MRC)**

The Crater Medical Reserve Corps mission is to improve overall health and preparedness by recruiting, training, deploying, and retaining volunteer health professionals and community members who will contribute their skills and expertise in response to threats of terrorism, public health emergencies, and other community needs. It is important to note, the Regional MRC Coordinator joined the team on March 25, 2015. Until that time the position was vacant for one year. In nine months, volunteer membership increased to 216 (8%); 12 trainings were completed totaling 200 hours



and \$1,878 of volunteer training hours. During those nine months, Crater MRC volunteers participated in a variety of events, such as dispensing exercises and flu clinics (in an effort to immunize community members against influenza). Volunteers assisted with security, logistics, flu form reviews, registration, greeting and vaccinations. MRC accounted for over 50% of flu staff at the annual October fall exercise in Prince George County.

In FY16, three MRC units within the central region merged under one full-time MRC Coordinator, forming South Central MRC. These were Crater, Piedmont and Southside Health Districts. With this merger, FY17 will include many emerging and diverse activities.

**Emergency Planning & Preparedness:**

Project Public Health Readiness (PPHR) re-recognition was a major highlight in FY16. CHD and area response partners developed and enhanced emergency plans and processes by working together. The district was able to provide evidence indicating significant progress and growth since the 2010 award and met PPHR 2015 criteria through this partnership. Evaluation for the program takes place every five years. Crater continues to strengthen working relationships and improve integration within its emergency preparedness community on a daily basis. The following are some of the successes achieved in FY16.

*Emergency Response Events*

Under Emergency Support Function 8 (ESF 8 – Public Health, Behavioral Health & Medical), CHD is required to deliver a coordinated and comprehensive health and medical response during emergency incidents or situations. Emergency activations occurring in FY16 are listed in Table 7 below.

Table 7. FY16 Emergency Response Events			
Event	Location	Impact	Support
Petersburg Water Main Break  <i>(16 inch Water Main Break- S. Sycamore Street)</i>  June 2016	City of Petersburg	<ul style="list-style-type: none"> <li>- Southside Regional Medical Center (SRMC) loss potable water for 5 days</li> <li>- Limited services</li> <li>- Dialysis Center in SRMC area required sterilized water</li> <li>- Coordination between SRMC and City Emergency Management</li> </ul>	<ul style="list-style-type: none"> <li>- CHD Emergency Coordinator (EC) on-site support and liaison for City, health officials and other agencies</li> <li>- CHD Emergency Operations Center (EOC) on alert</li> </ul>
Stony Creek Discharge  <i>(unnamed tributary with an oily sheen and a foul odor)</i>  August 2015	Dinwiddie County	<ul style="list-style-type: none"> <li>- Residents required to refrain from use of the affected body of water</li> <li>- Media Advisory- boil water notice</li> <li>- Partner with the Department of Environmental Quality (DEQ)</li> <li>- Suspect fecal Coliform</li> </ul>	<ul style="list-style-type: none"> <li>- Environmental Health Manager</li> <li>- CHD EC</li> <li>- Public Information Officer (<i>CHD – Dinwiddie</i>)</li> <li>- Dinwiddie County</li> <li>- DEQ</li> </ul>
Virginia American Water (VAW)  <i>(Oil gas spill)</i>  March 2015	City of Hopewell	<ul style="list-style-type: none"> <li>- 600 to 800 gallons of fuel spilled on the ground which reached the Appomattox River near VAW intake</li> <li>- Clean up activities shut down production at the water plant</li> <li>- Conserve and boil water notices were issued to Hopewell citizens</li> <li>- Hopewell City EOC activated</li> </ul>	<ul style="list-style-type: none"> <li>- CHD EC at Hopewell EOC</li> <li>- Crater Incident Management Team (IMT) on alert</li> <li>- Office of Drinking Water</li> <li>- Local Agencies Liaison</li> </ul>

Table 8: Crater FY16 Emergency Response Events



Multiple exercises were conducted during FY16. Two notable exercises were the Surry Virginia Operations Plan Exercise (VOPEX) 2015 Dominion Power Drill held on February 10<sup>th</sup> and the Prince George 'Boo to the Flu' Point of Dispensing (POD) exercise conducted on October 31<sup>st</sup>.

Every two years the Surry Nuclear Power plant must test implementation of its emergency plan and procedures. CHD, via the Surry County Health Department, is a key partner in the community health response role to protect public health and safety. On February 10<sup>th</sup> CHD Health Director, Emergency Coordinator and Surry Public Health Nurse Senior participated in the Surry EOC. The public health response was in compliance with the district plans and met both the Virginia Department of Health Radiological Office standards and the Federal Emergency Management Agency (FEMA) standards with a passing grade for the 3<sup>rd</sup> exercise series.



Annually, the Centers for Disease Control and Prevention requires each health district in the Commonwealth of Virginia to exercise our ability to dispense medical countermeasure (MCM) to all persons in the state. The district goal has been to test all seven of CHD's POD locations. The 2015 exercise, held at J.E.J. Moore Middle School in Prince George County, was a tremendous success. The key to this exercise was adapting to the changing needs both prior to and

during a POD event. The community players (Boy Scout Troop 900) joined the exercise and were able to help identify a number of areas for improvement. Time necessary for interpretation and clarification of roles between local first responders and health practitioners was one such area.

Crater uses the Health Alert Network (HAN) system to notify employees to report for work or to 'stand by' during an emergency. Five alerts were sent to staff in FY16. The objective was to reach a goal of 70% one-hour response rate. CHD average was 81.55% of staff responding within one hour. FY17's goal will be a 90% one-hour response rate.

Emergency Planning and Response (EP&R) partnered with local universities and colleges in FY2015. Since the middle of 2014, EP&R has become host to over 11 interns from the health sciences field. To date, interns have contributed over 2,192 volunteer hours; an estimated \$43,840 of time and effort dedicated to writing and educating CHD citizens on emergency preparedness. Contributing to the future public health workforce, one of the 10 Essential Public Health Services, is a priority for the EP&R team.



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