

Promote Healthy Eating and Active Living

<div>SPHERES OF INFLUENCE</div> <div>APPROACHES</div>	INDIVIDUALS	ORGANIZATIONS & INSTITUTIONS	COMMUNITY (neighborhoods, municipalities, counties or state)
PROGRAMS Activities focused on increasing knowledge about health issues.	<ul style="list-style-type: none"> Expand availability of community-based nutrition and cooking education for individuals <ul style="list-style-type: none"> e.g. International Rescue Committee, PB&J Fund, Sentara Starr Hill Center Increase access to community-based fresh fruit and veggie prescription programs <ul style="list-style-type: none"> e.g. Fresh Farmacy Implement a physical activity prescription program (similar to Fresh Farmacy) Start or expand fruit and veggie tasting programs <ul style="list-style-type: none"> e.g. Harvest of the Month 	<ul style="list-style-type: none"> Expand cooking/nutrition and physical activity programming for people of all ages at existing community centers <ul style="list-style-type: none"> e.g. The Center, JABA community centers, etc. Increase physical activity opportunities for all children in schools and afterschool programs through no-cost train-the-trainer programs <ul style="list-style-type: none"> e.g. CATCH Expand program-driven community gardens that include an educational component such as nutrition education, cooking classes, and tastings <ul style="list-style-type: none"> e.g. International Rescue Committee New Roots gardens, City of Promise garden, the Urban Agricultural Collective garden at Friendship Court, City Schoolyard Gardens, etc. 	<ul style="list-style-type: none"> Start or expand community or neighborhood-based running, walking, dance, or other physical activity groups in the evenings or on weekends that incorporate social support <ul style="list-style-type: none"> e.g. C’ville Walks with Heart Create community resilience action plans for emergency closings that include strategies for providing food and childcare to families that need it (based on recent Charlottesville City Schools closing) Onsite food pantries at organizations / worksites
POLICY CHANGES Policies, rules, ordinances & laws that support healthy practices.	<ul style="list-style-type: none"> Advocate for district School Health Advisory Boards and Wellness Committees to follow model wellness policies <ul style="list-style-type: none"> e.g. positive policies that support physical activity, longer lunches, etc. Work with food banks to implement healthy food standards that implement client choice and incentives to select “healthy” 	<ul style="list-style-type: none"> Work with schools to ensure mandatory recess for all children Change / improve school lunches with attention to incentives + constraints facing nutrition departments Make healthy food the norm at all meetings Standardized school health policies with enforcement Safe Routes to Schools 	<ul style="list-style-type: none"> Advocate for state legislation to allow localities to implement a soda / sugar tax Implement “joint use agreements” so that school playgrounds and recreational facilities are available for community members to use during non-school hours Make urban spaces available for community agriculture
SYSTEMS CHANGES Change that impacts social norms of an organization, institution, or system.	<ul style="list-style-type: none"> Include calorie counts on restaurant menus <ul style="list-style-type: none"> If can’t legislate at the local level (Dillon rule), create an opt-in local advocacy campaign with technical assistance and support for participating restaurants) 	<ul style="list-style-type: none"> Create business culture where walking/standing meetings are actively encouraged and valued Switch to procure more fresh and local foods, as well as “from scratch” meals at schools and institutions Support organizations to include gym / fitness discounts as part of employee benefits 	<ul style="list-style-type: none"> Media campaign(s) re: physical activity Make parks accessible to all people (i.e. people with disabilities, older adults, strollers, etc.) Increase access to SNAP benefits and add matching incentives for low-income shoppers <ul style="list-style-type: none"> e.g. SNAP/EBT benefits can be used at farmers’ markets and benefits are doubled / matched
ENVIRONMENTAL CHANGE Physical aspects of the environment that support healthy or discourage unhealthy behaviors.	<ul style="list-style-type: none"> Shift away from culture of sitting Expand classes that educate individuals on home safety (trip hazards such as throw rugs and electrical cords; smoke detectors; etc.) for all ages <ul style="list-style-type: none"> e.g. Matter of Balance through The Center 	<ul style="list-style-type: none"> Increase healthy commercial stores New design of classrooms and workspace to encourage movement Shift away from culture of sitting Increase community kitchens in low resourced areas Remove vending machines or only have products that are “no sugar added” Incentivize drinking water Point-of-decision prompts to encourage stair use and activity 	<ul style="list-style-type: none"> Cluster services where people work Preserve space for community gardening + urban agriculture Expand public transport—bikes + scooters Require walking paths or sidewalks (new + existing communities) and crosswalks Expand rural transportation opportunities to community residents to help connect them to social determinants of health like jobs, education, food access Implement Complete Streets Create complete parks

Address Mental Health and Substance Use				
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PROGRAMS Activities focused on increasing knowledge about health issues.		<ul style="list-style-type: none"> Culturally / racially responsive, trauma-informed, evidence-based outpatient treatment services: <ul style="list-style-type: none"> ◊ CBT, DBT, EMDR ◊ Psychiatric medication ◊ Medication Assisted Treatment (MAT) Motivational interviewing Evidence-based skills building services (e.g. coping skills and mindfulness) Peer support services <ul style="list-style-type: none"> ◊ Seeking Safety groups ◊ SMART Recovery groups ◊ Individual support services 	<ul style="list-style-type: none"> Screening, Brief Intervention, Referral to Treatment (SBIRT) Psychiatric consultation with primary care Integrated / collaborative care (co-located primary care and behavioral health services) Wellness Recovery Action Plan (WRAP): self-management and recovery system / plan for crisis Partial hospitalization program Bystander intervention training for substance use emergencies Worksite wellness programs to support mental and physical wellbeing of employees 	<ul style="list-style-type: none"> Community education: <ul style="list-style-type: none"> ◊ Suicide prevention training ◊ eCPR and/or Mental Health First Aid (MHFA) ◊ Trauma trainings (ACE Interface / Community Resilience Initiative) ◊ REVIVE overdose reversal training and NARCAN distribution Positive youth development opportunities Social support groups
POLICY CHANGES Policies, rules, ordinances & laws that support healthy practices.		<ul style="list-style-type: none"> Enrollment in health benefits <ul style="list-style-type: none"> ◊ Medicaid expansion ◊ SOAR (SSI/SSDI Outreach, Access, and Recovery) 	<ul style="list-style-type: none"> Build community capacity to assure implementation of mental health / substance use disorder parity and address cases of discrimination Monitoring implementation of mental health education in schools and school counselors state policy changes End Medicaid expansion work requirement 	<ul style="list-style-type: none"> Housing first policies Advocate for allowable local alcohol policies including taxation, outlet density, limiting days / hours of alcohol sales and/or state-level changes to allow under Dillon rule Enforcement of laws prohibiting sales to minors Addiction Recovery Treatment Services (ARTS) Support state and federal legislation to expand mental health and substance use benefits Policies that affect social determinants of health (transportation, affordable housing etc.) Policies that affect racial equity (in criminal justice settings, etc.)
SYSTEMS CHANGES Change that impacts social norms of an organization, institution, or system.		<ul style="list-style-type: none"> Advance directives Clinic or home-based care for older adults Peer navigators Racial / cultural awareness and sensitivity trainings 	<ul style="list-style-type: none"> Organizational assessment and changes to address racial inequities and diversity, equity, and inclusion: <ul style="list-style-type: none"> ◊ Institutional commitment ◊ Hiring practices ◊ True community partnerships ◊ Staff training on racial / cultural awareness & sensitivity Trauma informed care that is culturally responsive across systems (criminal justice, medical, education) 	<ul style="list-style-type: none"> Support “right-size” finance of state behavioral health hospital system and fully fund Step Virginia Supported employment Community pharmacy foundation—electronic platform Workforce development Jail diversion programs: <ul style="list-style-type: none"> ◊ Crisis Intervention Team (CIT) Training ◊ Drug court, family treatment court, mental health docket
ENVIRONMENTAL CHANGE Physical aspects of the environment that support healthy or discourage unhealthy behaviors.		<ul style="list-style-type: none"> Easy access to green space Sober housing 	<ul style="list-style-type: none"> Crisis stabilization units Psychiatric Emergency Centers Peer support / community engagement centers Culturally responsive treatment centers (e.g. the Sankofa Center) 	<ul style="list-style-type: none"> Affordable housing Safe and stable housing Alcohol-free spaces Support public and micro-transit transportation options to help people access behavioral health treatment Social norms/stigma reduction campaign Lock and Talk education for safe storage of firearms Safe storage and disposal of prescription opioids

Improve Access to Care

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PROGRAMS Activities focused on increasing knowledge about health issues.	<ul style="list-style-type: none"> • Build relationships and trust with community members/communities (people don't access care due to lack of trust, lack of respect, lack of a relationship with providers) • Nurses visiting patients in their home • Provide access to information and resources—proactively educate people about available care 	<ul style="list-style-type: none"> • Institute a home visiting programs for high utilizers where individuals are cared for in their homes <ul style="list-style-type: none"> ◊ e.g. Camden Coalition (go to people where they are and provide the services they need). • Expand provider capacity / availability (i.e. long wait lists are a barrier to access) 	<ul style="list-style-type: none"> • Create a collaborative network of coordinated care
POLICY CHANGES Policies, rules, ordinances & laws that support healthy practices.	<ul style="list-style-type: none"> • Transportation and communication resources <ul style="list-style-type: none"> ◊ Advocate to change how and what funding streams pay for (e.g. pay for managing chronic diseases instead of # of procedures) • Provide professionally trained medical interpreters (or train bilingual staff) at no cost to clients/patients so that all patients that are limited English proficient have equal access to care • Provide clients and patients with culturally appropriate health education materials and forms in their preferred language at an appropriate literacy level 	<ul style="list-style-type: none"> • Prioritize funding for community navigators/ community health workers (CHWs) • Utilize CHWs as part of a care team that includes a nurse/case manager. CHWs help people navigate where to go in the system, get to the root of the problem, and then connect them to resources. • Federally qualified health centers (FQHCs) 	<ul style="list-style-type: none"> • Implement organizational policies and procedures that identify the potential positive and negative unintended consequences and impacts for populations that will be served before programs and initiatives are implemented <ul style="list-style-type: none"> ◊ E.g. King County Health Equity Assessment Tool is completed before a new program is planned / implemented
SYSTEMS CHANGES Change that impacts social norms of an organization, institution, or system.	<ul style="list-style-type: none"> • Remove stigma and normalize getting care • Create and provide training for Emergency Department and Primary Care Providers and staff to know about the wide variety of local community resources in order to improve referrals and connections to needed services and resources • Create a change in mindset to move toward more community-based services. Not everything has to happen at the clinic/office/hospital location—take care <i>to</i> patients • Create and provide training to front-office staff, CHWs, and providers around system navigation, resources, and referrals 	<ul style="list-style-type: none"> • Providing care where people are (e.g. mobile mammography van) • Provide more community-based care in order to engage people where they're comfortable. Build relationships that will lead to more preventive care after acute needs are cared for in a community setting • e.g. UVA's Latino Health Initiative (church-based health screenings with referral and follow-up to the Charlottesville Free Clinic) • Continue to provide and expand integrated care practices (primary care, behavioral health, dental, etc.) • Utilize telemedicine to provide greater access to services 	<ul style="list-style-type: none"> • Create a collaborative network of coordinated care • Implement the Mason and Partners (MAP) Academic Nurse Managed Clinic program/model • Create an "Information and Referral Network/Hub" that functions as the command center for community services—a first line of contact for people (so providers or patients can call for help). <ul style="list-style-type: none"> ◊ Include a staffed phone line and on-site location (so people can meet if need help) ◊ Provide training for providers and organizations ◊ Create tools and materials such as an algorithm handout to give people (or providers?) with a "if this —> then this —> then this" with basic info for who qualifies for what programs ◊ Start an Interagency Council to identify what the system would look like, what agency would house it, and put together a recommendation / proposal
ENVIRONMENTAL CHANGE Physical aspects of the environment that support healthy or discourage unhealthy behaviors.	<ul style="list-style-type: none"> • Provide better parking at UVA 	<ul style="list-style-type: none"> • More school-based and neighborhood clinics • Have social workers present in the Emergency Department for when people present with an opioid overdose to help them with a plan of care for when they leave (connect to rehab, etc.) • Have more accessible and walkable locations where services are provided 	<ul style="list-style-type: none"> • Improve public transportation (e.g. bus stops should be located closer to services) • Create a faith-based and agency collaboration for a ministry to provide transportation (e.g. have a number that people could call for a ride, similar to Meals on Wheels) • Leverage technology to create a comprehensive resource and service guide that providers and organizations can utilize to look up available resources and refer people to needed services.

Reduce Health Disparities & Create Health Equity

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PROGRAMS Activities focused on increasing knowledge about health issues.	<ul style="list-style-type: none"> • Culturally sensitive nutritional education • Walking groups • Cultural humility training • Safe spaces for exercise / relaxation (e.g. yoga for women of color) • Chronic disease self-management programs 	<ul style="list-style-type: none"> • Blood pressure cuffs in community locations (e.g. churches) • Recruitment and retention programs for staff who reflect the community's cultural diversity • Culturally and linguistically appropriate health education materials • Out-of-school academic programs 	<ul style="list-style-type: none"> • School-based and neighborhood clinics • Community Health Worker models • Center-based early childhood education • Tenant-based rental assistance programs
POLICY CHANGES Policies, rules, ordinances & laws that support healthy practices.	<ul style="list-style-type: none"> • Making public spaces open for health / wellness activities (open school policies / joint use agreements) 	<ul style="list-style-type: none"> • Living wages—equity in pay with affordable housing • Mandatory implicit bias / cultural humility training for healthcare providers • Incorporate health equity in program evaluation and design, including community member input in program development 	<ul style="list-style-type: none"> • Free fitness • Use of meals tax for health equity activities • School wellness policy evaluation and enforcement • Sodium-level reporting at restaurants • Policies to increase access to healthy food and physical activity
SYSTEMS CHANGES Change that impacts social norms of an organization, institution, or system.	<ul style="list-style-type: none"> • Assessment of how actions contribute to health inequity • Engage citizens (e.g. registered to vote, participation in meetings) • Used professionally trained medical interpreters 	<ul style="list-style-type: none"> • Pay Feel Fine: receive credit for employee wellness • Organizational assessment and formal commitment to health equity • Assess community engagement and develop a community engagement policy • Development of a board recruitment program to increase diversity (training) • Data collection to identify and analyze health inequities • Data collection to measure outcomes of health equity efforts • Establish and follow open and equitable hiring practices • Provide paid sick leave, family leave and schedules that work 	<ul style="list-style-type: none"> • Zoning and tax incentives for healthy food • Affordable access to recreation options and healthy foods • Provide a living wage for contract and non-contract staff • Develop and implement a Section 3 policy • Equitable contracting and procurement • Increase voter registration
ENVIRONMENTAL CHANGE Physical aspects of the environment that support healthy or discourage unhealthy behaviors.	<ul style="list-style-type: none"> • Affordable housing • Bike/walking paths • Safe routes to school 	<ul style="list-style-type: none"> • Incentives for commercial businesses such as grocery stores and healthy restaurants to build in under-resourced areas • Recruit minority students to careers in healthcare 	<ul style="list-style-type: none"> • More affordable grocery options • Built environment for exercise and physical activity • Organizational assessments of the built environment to be used in planning equity initiatives • Transportation—expand neighborhood development that connects community residents to transit • Transportation—expand rural transportation to better connect residents to social determinants of health

Foster a Healthy & Connected Community for All Ages

(also includes recommendations from Social Determinants of Health)

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PROGRAMS Activities focused on increasing knowledge about health issues.	<ul style="list-style-type: none"> • Fall prevention programs and education • Breastfeeding education and support • Parenting classes • Financial counseling • Rent and application fee assistance programs • Credit counseling • Family conferencing (DSS) 	<ul style="list-style-type: none"> • After school programs • Home-based visiting programs for children and families • Home-based visiting program for older adults • Home-based mental health counseling • Youth development and advocacy programs • Parent engagement and advocacy programs • Cross-train staff on multiple programs (in-reach) 	<ul style="list-style-type: none"> • Day programs and in-home help for older adults <ul style="list-style-type: none"> ◊ E.g. Blue Ridge PACE • Car ownership program (i.e. Responsible Rides) • Community-sponsored idea contests for improving housing, transportation, etc. • School-based violence prevention programs • Attendance interventions for chronically absent students <ul style="list-style-type: none"> ◊ E.g. <i>Check and connect</i>
POLICY CHANGES Policies, rules, ordinances & laws that support healthy practices.	<ul style="list-style-type: none"> • Geriatric rotation included in medical schools 	<ul style="list-style-type: none"> • Paid family leave • Flexible benefit accounts for child care and adult dependents • Employer-assisted housing 	<ul style="list-style-type: none"> • Advocate for legislature to approve licensing for community paramedics
SYSTEMS CHANGES Change that impacts social norms of an organization, institution, or system.	<ul style="list-style-type: none"> • Improve virginiannavigator.org • Connect families with resources related to children with disabilities • Expand “Reach Out and Read” program at local pediatricians offices (Educate individuals on Medicaid payments for transportation) 	<ul style="list-style-type: none"> • Chronic disease management programs <ul style="list-style-type: none"> ◊ e.g. Sentara, JABA • Telemedicine • Develop a community from for Advanced Directives • Restorative justice in schools • Trauma-informed care policies and ongoing professional development • Develop an agency job pathway for high schools, trade schools and/or Associates degrees • Develop and incorporate referral processes for housing, education, etc. 	<ul style="list-style-type: none"> • Develop a peer network for all peer educators, including continuing education • Car share service • Universal, affordable preschool • Restorative justice in schools • Call line for all referrals/homeless diversion services • Use of peer navigators / Community Health Workers for greater connection to employment and healthcare needs
ENVIRONMENTAL CHANGE Physical aspects of the environment that support healthy or discourage unhealthy behaviors.		<ul style="list-style-type: none"> • No wrong door signage • Trauma-informed waiting rooms and spaces • Murals and art that represent diverse community perspectives 	<ul style="list-style-type: none"> • AARP livable communities projects • Paramedicine to provide routine healthcare • Co-locate services in the same complex (employer-based daycare, school-based health centers)