

Preventive Health and Health Services Block Grant

Work Plan for Virginia

Fiscal Year 2026

Last Modified Date: 2026-07-02

Work Plan Stage/Status: Development/Draft

Recipient Overview Details

Recipient:	Virginia
Assigned Project Officer:	Courtney Glover
Chief Executive Officer:	Abigail Spanberger
Recipient Lead Health Official:	Cameron Webb
Authorizing Official:	Kimberly Harris
Recipient BG Coordinator Contact Information:	Heather Board Street Address: 109 Governor St, Street Address2: , City: Richmond, State/Jurisdiction: Virginia, ZipCode: 23219 heather.board@vdh.virginia.gov

Program Director Contact Information:

Certifications and Assurances

Certifications Form Annual Signature	Submitted
Certifications & Assurance Statement - Governor's Signature	Submitted

Statutory Information

Programs

Program Name:	Data Collection: Virginia Behavioral Risk Factor Surveillance System
Program Summary	
Program Goal:	To ensure robust state and local level data about health behaviors is readily accessible by public health practitioners, policy makers, stakeholders and partners to inform program development and monitor various behaviors, risks and health conditions resulting in

	improved health outcomes among Virginia adults 18 years and older.
Healthy People 2030 Objective:	PHI-R06 Enhance the use and capabilities of informatics in public health
Health Topic Area:	Public Health Infrastructure
Recipient Health Objective:	From 10/1/2025 to 9/30/2030, VDH will support the ability of public health programs implemented in Virginia to improve health outcomes for adults by collecting, analyzing and publishing data regarding health behaviors and experiences resulting in the publishing of the most current data on a publicly available data dashboard.

Program Problem Information

Program Problem Description:	Assessing and monitoring population health status, factors that influence health and community needs and assets is an essential public health service. Robust data collection and data analytics provide important insights into population health trends, disparities, risk factors and the effectiveness of policies and prevention/intervention strategies. Using such data to inform program development and implementation will result in more effective communication and improved disease and injury prevention strategies. VDH has had to decrease sample sizes for some surveys and has not been able to engage in efforts to address non-response rates, such as oversampling due to a lack of sufficient funds to address the increasing costs of statewide surveys. These changes negatively impact the agency’s ability to evaluate health promotion and prevention programs, inform policy, support state and community health assessments, respond to data and research requests, and assess factors impacting health behavior and health outcomes of Virginia populations.
-------------------------------------	--

Problem was Prioritized by the Following Factor(s)	Other_Prioritization
---	----------------------

Problem Prioritized - Other:	Data collection and analysis is an essential public health service.
-------------------------------------	---

Program Key Indicator(s)

Program Key Indicator - KI-02407

Description of Program Key Indicator	Percentage of adults 18 and older in Virginia reporting poor physical health. This indicator is a reliable estimate of recent health.
---	---

Baseline Value for the Program Key Indicator	8.30%
---	-------

Program Strategy

Program Goal:	To ensure robust state and local level data about health behaviors is readily accessible by public health practitioners, policy makers, stakeholders and partners to
----------------------	--

	inform program development and monitor various behaviors, risks and health conditions resulting in improved health outcomes among Virginia adults 18 years and older.
Program Strategy:	Administer the Virginia Behavioral Risk Factor Surveillance System survey to collect and analyze Virginia specific data on health behaviors, experiences and social determinants of health during each calendar year. These data will then be made publicly available to support the monitoring of health trends and implementation prevention and health promotion activities leading to improved health outcomes.
Program Setting(s):	State health department
List of Primary Strategic Partners	N/A
Evaluation Methodology	The evaluation plan and the data management plan (DMP) will be developed during the project planning phase before collecting or generating public health data and regularly updated as plans evolve. The DMP will be evaluated by CDC for completeness and quality at the time of application submission, award, or submission of the evaluation plan, at least annually thereafter, and when the project approaches termination. VDH will measure the number of survey completions, the percentage of cell-phone-only completions, and the turnaround time for posting analyzed data to the VDH website.
Planned Non-Monetary Support to Local Agencies or Organizations:	Other_Support
Planned Non-Monetary Support - Other:	Virginia Specific Data; Web-based Data Products; Data Requests

Program Budget for Block Grant Funds

Program Budget	
FY2025 Basic Allocation	\$700,000
FY2025 Sex Offense Allocation	\$0
Total Allocation	\$700,000

Program Target Population(s)

Program Target Population	
Number of People Served:	5500
Race and/or Ethnicity:	American Indian or Alaskan Native;Asian;Black or African American;Hispanic or Latino;Middle Eastern or North African;Native Hawaiian or Pacific Islander;White
Age:	15 - 24 years;25 - 34 years;35 - 44 years;45 - 54 years;55 - 64 years;65 - 74 years;75 - 84 years;85 years and older
Sex:	Female;Male

Sexual Orientation:	Straight or heterosexual;LGBTQ
Geography:	Urban and Rural
Location:	Statewide
Occupation:	Various
Primarily Low Income?	false
Disproportionately Affected by the Problem?	false

Program SMART Objective

Title of Program SMART Objective: Administer the Behavioral Risk Factor Surveillance Survey

SMART Objective Summary

SMART Objective Description Between 10/1/2026 and 9/30/2027 VDH will complete data collection for the 2026 BRFSS survey through 5,500 telephone surveys, of which at least 70% will be cell-phone surveys; and begin data collection for the 2027 BRFSS survey.

Item to be Measured: Completed 2026 Surveys

Unit to be Measured: number

Baseline Value for Item to be Measured: 0

Interim Target Value to Reach by APR: 0

Final Target to Reach by Closeout Report: 5500

SMART Objective Problem Information

SMART Objective Problem Description: Assessing and monitoring population health status, factors that influence health and community needs and assets is an essential public health service. Robust data collection and data analytics provide important insights into population health trends, disparities, risk factors and the effectiveness of policies and prevention/intervention strategies. Using such data to inform program development and implementation will result in more effective communication and improved disease and injury prevention strategies. VDH has had to decrease sample sizes for some surveys and has not been able to engage in efforts to address non-response rates, such as oversampling due to a lack of sufficient funds to address the increasing costs of statewide surveys. These changes negatively impact the agency's ability to evaluate health promotion and prevention programs, inform policy, support state and community health assessments, respond to data and research requests, and assess factors impacting health behavior and health outcomes of Virginia populations.

SMART Objective Problem Summary: A lack of current state and local level behavioral health risk data hinders the ability to understand public health crises and develop effective solutions to improve the health of populations.

SMART Objective Intervention Information:

Intervention Summary:

Conduct the Virginia Behavioral Risk Factor Surveillance Survey to collect data on priority health-risk behaviors and experiences among Virginia adults.

Intervention Description:

The VA BRFSS is a cross-sectional telephone survey that conducts monthly interviews over landline telephones and cellular telephones with a standardized questionnaire and technical and methodologic assistance from CDC. BRFSS collects data on the individual-level behavioral health risk factors associated with the leading causes of premature mortality and morbidity among adults. A contractor conducts interviews 7 days a week, during both daytime and evening hours. VDH's target population of survey completes 5,500, of which 3,850 are cellphones, and 1,650 are landlines. The decision to implement BRFSS as opposed to a different survey is that the BRFSS questions are evidence based and as it is the standardized system for collecting health-related data in the US this allows for comparability to other states.

Type of Intervention:

Evidence-Based Intervention

Rationale for Choosing the Intervention:

BRFSS the Virginia Behavioral Risk Factor Surveillance System is Virginia's main source of comprehensive data on health-related risk behaviors among adults in Virginia and is a comprehensive and standardized system for collecting health related data in the US and participating US territories and CDC.

SMART Objective Key Indicator(s)**SMART Objective Key Indicator - KI-03262****Description of SMART Objective Key Indicator**

Percentage of adults 18 and older in Virginia reporting poor physical health. This indicator is a reliable estimate of recent health.

Baseline Value for the SMART Objective Key Indicator

33.7%

Activities**Activity - Conduct Survey****Activity Summary:**

VDH will complete the administration of the 2026 BRFSS survey and begin data collection for the 2027 BRFSS survey.

Activity Description:

Each year, VDH strives to collect 5,500 telephone surveys comprised of 3,850 cellphones and 1,650 landlines. Data for each BRFSS survey is collected during the respective calendar year. Given the timeframe of the PHHSBG work plan, the remaining surveys needed for the 2026 survey will be administered October-December and the initiation of the 2027 survey will occur January-September.

Activity - Develop Survey**Activity Summary:**

The BRFSS Workgroup will evaluate the proposed questions and submit them to the State Health Commissioner for final determination on the 2027 BRFSS questionnaire.

Activity Description:

Virginia begins contacting members of the BRFSS workgroup and solicited proposals for state-added

questions in October/November. VDH has kept and maintained a list of interested parties who have reached out since the 2019 questionnaire development. The BRFSS workgroup collaborates on the questions through a voting system and makes sure that the questions prioritize state and local health programs and policy plans.

Activity - Data Dissemination

Activity Summary:

Analyzed data will be made publicly available.

Activity Description:

Analyzed data will be used to update data dashboards posted on the VDH website in addition to responding to data requests from stakeholders and the public.

SMART Objective Target Population

Target Population Same as Program's or Subset?

Same as the Program's Target Population

Program Name:

Data Collection: Pregnancy Risk Assessment Monitoring System

Program Summary

Program Goal:

To ensure robust state and local level data about health behaviors among pregnant and postpartum women is readily accessible by public health practitioners, policy makers, stakeholders and partners to inform program development and monitor various behaviors, risks and health conditions resulting in improved maternal health outcomes.

Healthy People 2030 Objective:

MICH-04 Reduce maternal deaths

Health Topic Area:

Maternal, Infant, and Child Health

Recipient Health Objective:

From 10/1/2025 to 9/30/2030, VDH will support the ability of public health programs implemented in Virginia to improve the health outcomes for pregnant and postpartum women by collecting, analyzing and publishing data regarding health behaviors and experiences during and after birth to inform program development and support program evaluation resulting in the publishing of the most current data on a publicly available data dashboard.

Program Problem Information

Program Problem Description:

Poor maternal and infant health outcomes are of alarming concern in the United States. In 2020, the national maternal mortality rate was 23.8 per 100,000 live births, with rates rising annually. Among other similar high-income countries, the United States ranks as one of the worst countries for maternal health; however, not all women are affected the same—different racialized groups exhibit large disparities in maternal and infant health outcomes. Robust data collection and data analytics provide important insights into health trends, disparities,

risk factors and the effectiveness of policies and prevention/intervention strategies for both mothers and infants. Using such data to inform program development and implementation will result in more effective communication and improved disease and injury prevention strategies. VDH has had to decrease sample sizes for some surveys and has not been able to engage in efforts to address non-response rates, such as oversampling due to a lack of sufficient funds to address the increasing costs of statewide surveys. These changes negatively impact the agency's ability to evaluate health promotion and prevention programs, inform policy, support state and community health assessments, respond to data and research requests, and assess factors impacting health behavior and health outcomes of Virginia populations.

Problem was Prioritized by the Following Factor(s)

Prioritized within a strategic plan; Governor (or other political leader) established as a priority; Legislature established as a priority

Program Key Indicator(s)

Program Key Indicator - KI-02408

Description of Program Key Indicator

Rate of maternal deaths per 100,000 births in Virginia. Maternal mortality is a Healthy People 2030 leading health indicator.

Baseline Value for the Program Key Indicator

24.50%

Program Strategy

Program Goal:

To ensure robust state and local level data about health behaviors among pregnant and postpartum women is readily accessible by public health practitioners, policy makers, stakeholders and partners to inform program development and monitor various behaviors, risks and health conditions resulting in improved maternal health outcomes.

Program Strategy:

Administer the Pregnancy Risk Assessment Monitoring System survey to collect and analyze Virginia specific data on health behaviors, experiences and social determinants of health among mothers and infants during pregnancy and after birth. These data will then be made publicly available to support the monitoring of health trends and implementation prevention and health promotion activities leading to improved maternal health outcomes.

Program Setting(s):

State health department

List of Primary Strategic Partners

n/a

Evaluation Methodology

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

Planned Non-Monetary Support to Local Agencies or Organizations:

Program Budget for Block Grant Funds

Program Budget	
FY2025 Basic Allocation	\$137,484
FY2025 Sex Offense Allocation	\$0
Total Allocation	\$137,484

Program Target Population(s)

Program Target Population

Number of People Served:	2000
Race and/or Ethnicity:	American Indian or Alaskan Native;Asian;Black or African American;Hispanic or Latino;Middle Eastern or North African;Native Hawaiian or Pacific Islander;White
Age:	5 - 14 years;15 - 24 years;25 - 34 years;35 - 44 years;45 - 54 years;55 - 64 years
Sex:	Female
Sexual Orientation:	Straight or heterosexual;LGBTQ
Geography:	Rural and Urban
Location:	Statewide
Occupation:	various
Primarily Low Income?	false
Disproportionately Affected by the Problem?	false

Program SMART Objective

Title of Program SMART Objective:	Administer Pregnancy Risk Assessment Monitoring System Survey
--	---

SMART Objective Summary

SMART Objective Description	Between 10/1/2026 and 09/30/2027, VDH will collect data for the 2026 survey.
Item to be Measured:	2026 Surveys completed
Unit to be Measured:	number
Baseline Value for Item to be Measured:	0
Interim Target Value to Reach by APR:	600
Final Target to Reach by Closeout Report:	1300

SMART Objective Problem Information

SMART Objective Problem Description:	Poor maternal and infant health outcomes are of alarming concern in the United States. In 2020, the national maternal mortality rate was 23.8 per 100,000 live births, with rates rising annually. Among other similar high-
---	--

income countries, the United States ranks as one of the worst countries for maternal health; however, not all women are affected the same—different racialized groups exhibit large disparities in maternal and infant health outcomes. Robust data collection and data analytics provide important insights into health trends, disparities, risk factors and the effectiveness of policies and prevention/intervention strategies for both mothers and infants. Using such data to inform program development and implementation will result in more effective communication and improved disease and injury prevention strategies. VDH has had to decrease sample sizes for some surveys and has not been able to engage in efforts to address non-response rates, such as oversampling due to a lack of sufficient funds to address the increasing costs of statewide surveys. These changes negatively impact the agency’s ability to evaluate health promotion and prevention programs, inform policy, support state and community health assessments, respond to data and research requests, and assess factors impacting health behavior and health outcomes of Virginia populations.

SMART Objective Problem Summary: A lack of current state and local level behavioral health risk data among pregnant and postpartum mothers hinders the ability to understand public health crises and develop effective solutions to improve the health of populations.

SMART Objective Intervention Information:

Intervention Summary: Implement the Pregnancy Risk Assessment Monitoring Survey to collect information on behaviors and experiences of mothers and infants before, during and after pregnancy.

Intervention Description: PRAMS is specifically designed to collect data related to potential correlates of infant mortality and other poor birth outcomes including low birthweight and preterm birth via mail, phone, web, or a combination of all three. Women are randomly selected for participation in the PRAMS survey. Potential participants are identified through Virginia’s vital records database. The random selection process allows PRAMS data to be generalized to all new mothers within Virginia.

Type of Intervention: Innovative/Promising Practice

Rationale for Choosing the Intervention: The Centers for Disease Control and Prevention (CDC) started PRAMS in 1987 to improve the health of mothers and infants in the United States. PRAMS provides population-level data on Healthy People 2030 goals related to access to health services, injury and violence prevention, immunization, maternal and child health, family planning, early and middle childhood, mental health and mental disorders, tobacco use and oral health. PRAMS gives the Virginia Department of Health and other health policy-makers important information about mothers and infants in Virginia. This information can highlight the issues that new moms and babies are facing, and it can

show whether the types of programs offered by the state for mothers and infants are effective, or how they can be improved.

SMART Objective Key Indicator(s)

SMART Objective Key Indicator - KI-03265

Description of SMART Objective Key Indicator

Rate of maternal deaths per 100,000 births in Virginia. Maternal mortality is a Healthy People 2030 leading health indicator.

Baseline Value for the SMART Objective Key Indicator

24.5%

Activities

Activity - Survey Distribution

Activity Summary:

PRAMS surveys will be mailed to eligible women for completion

Activity Description:

VDH will work with the survey implementation contractors to ensure at least 1,300 women are sampled and surveyed. VDH staff will randomly select mothers from birth certificate data and send the information to the contractor to carry out the survey.

Activity - Response Rate

Activity Summary:

Complete follow-up phone calls and provide incentives to maintain the response rate above 50%.

Activity Description:

The survey coordinator will work closely with the contractor to ensure participants are being contacted and followed-up with in order to complete the PRAMS survey.

Activity - Data Dissemination

Activity Summary:

Analyzed data will be made publicly available.

Activity Description:

Analyzed data will be compiled into an annual report to be posted on the VDH website in addition to used to respond to data requests from stakeholders and the public.

SMART Objective Target Population

Target Population Same as Program's or Subset?

Same as the Program's Target Population

Program Name:

Data Collection: Virginia Youth Risk Behavioral Survey

Program Summary

Program Goal:

To ensure robust state and local level data about adolescent health behaviors and experiences are readily accessible by public health practitioners, policy makers, stakeholders and partners to inform program development and monitor various behaviors, risks and health conditions resulting in improved health outcomes among Virginia adolescents.

Healthy People 2030 Objective:

PHI-R06 Enhance the use and capabilities of informatics in public health

Health Topic Area: Public Health Infrastructure

Recipient Health Objective: From 10/1/2025 to 9/30/2030, VDH will support the ability of public health programs implemented in Virginia to improve the health outcomes for adolescents by collecting, analyzing and publishing data regarding health behaviors and experiences among middle and high school students to inform program development and support program evaluation resulting in the annual publishing of data tables for public use.

Program Problem Information

Program Problem Description: The rapid and complex changes to one's physical and emotional development during adolescence can impact health outcomes in both the present and the future. During this time, the adoption of behaviors can determine health benefits or risks that can persist throughout life. Being able to identify adolescent behaviors and experiences are crucial to implementing efforts to improve health outcomes. Robust data collection and data analytics provide important insights into adolescent health trends, disparities, risk factors and the effectiveness of policies and prevention/intervention strategies. Using such data to inform program development and implementation will result in more effective communication and improved disease and injury prevention strategies. VDH has had to decrease sample sizes for some surveys and has not been able to engage in efforts to address non-response rates, such as oversampling due to a lack of sufficient funds to address the increasing costs of statewide surveys. These changes negatively impact the agency's ability to evaluate health promotion and prevention programs, inform policy, support state and community health assessments, respond to data and research requests, and assess factors impacting health behavior and health outcomes of Virginia populations.

Problem was Prioritized by the Following Factor(s) Other_Prioritization

Problem Prioritized - Other: Data collection and analysis is an essential public health service.

Program Key Indicator(s)

Program Key Indicator - KI-02409

Description of Program Key Indicator Percentage of high school students who experienced feeling sad for 2 weeks or more in Virginia. This is a Healthy People 2030 leading health indicator for children and adolescents.

Baseline Value for the Program Key Indicator 32.40%

Program Key Indicator - KI-02410

Description of Program Key Indicator Percentage of middle school students who did not feel good about themselves.

Baseline Value for the Program Key Indicator 30.70%

Program Strategy

Program Goal: To ensure robust state and local level data about adolescent health behaviors and experiences are readily accessible by public health practitioners, policy makers, stakeholders and partners to inform program development and monitor various behaviors, risks and health conditions resulting in improved health outcomes among Virginia adolescents.

Program Strategy: Administer the Virginia Youth Risk Behavioral Survey every other year to collect and analyze Virginia specific data on health behaviors, experiences and social determinants of health during each calendar year. These data will then be made publicly available to support the monitoring of health trends and implementation prevention and health promotion activities leading to improved health outcomes.

Program Setting(s): Schools or school district; State health department

List of Primary Strategic Partners Local health districts; the Virginia Department of Education; local school divisions; Virginia Foundation for Healthy Youth; Virginia Department of Behavioral Health and Developmental Services, and other community-based organizations like the United Way and YMCA

Evaluation Methodology According to CDC protocols, the program will be evaluated based on response rates (number of students and school personnel surveyed/number of potential students and school personnel participants) for the Virginia Youth Risk Behavioral Survey

Planned Non-Monetary Support to Local Agencies or Organizations:

Program Budget for Block Grant Funds

Program Budget

FY2025 Basic Allocation \$117,807

FY2025 Sex Offense Allocation \$0

Total Allocation **\$117,807**

Program Target Population(s)

Program Target Population

Number of People Served: 3500

Race and/or Ethnicity: American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White

Age:	5 - 14 years;15 - 24 years
Sex:	Female;Male
Sexual Orientation:	Straight or heterosexual;LGBTQ
Geography:	Urban and Rural
Location:	Statewide
Occupation:	Middle and High School Students
Primarily Low Income?	false
Disproportionately Affected by the Problem?	false

Program SMART Objective

Title of Program SMART Objective: Administer Virginia Youth Risk Behavioral Survey

SMART Objective Summary

SMART Objective Description	Between 10/1/2026 and 09/30/2027, VDH will begin the administration of the 2027 Virginia Youth Risk Behavioral Survey among middle and high school students in Virginia.
Item to be Measured:	Number of middle and high schools selected to participate
Unit to be Measured:	number
Baseline Value for Item to be Measured:	0
Interim Target Value to Reach by APR:	0
Final Target to Reach by Closeout Report:	100

SMART Objective Problem Information

SMART Objective Problem Description:	The rapid and complex changes to one's physical and emotional development during adolescence can impact health outcomes in both the present and the future. During this time, the adoption of behaviors can determine health benefits or risks that can persist throughout life. Being able to identify adolescent behaviors and experiences are crucial to implementing efforts to improve health outcomes. Robust data collection and data analytics provide important insights into adolescent health trends, disparities, risk factors and the effectiveness of policies and prevention/intervention strategies. Using such data to inform program development and implementation will result in more effective communication and improved disease and injury prevention strategies. VDH has had to decrease sample sizes for some surveys and has not been able to engage in efforts to address non-response rates, such as oversampling due to a lack of sufficient funds to address the increasing costs of statewide surveys. These changes negatively impact the agency's ability to evaluate health promotion and prevention programs, inform policy, support state and community health assessments, respond to data and research requests, and assess factors impacting health behavior and health outcomes of Virginia populations.
---	--

SMART Objective Problem Summary:

A lack of current state and local level adolescent behavioral health risk data hinders the ability to understand public health crises impacting youth and develop effective solutions to improve the health of adolescents.

SMART Objective Intervention Information:**Intervention Summary:**

Conduct the Virginia Youth Risk Behavioral Survey to collect data on priority health-risk behaviors and experiences of middle school and high school students

Intervention Description:

The Virginia Youth Risk Behavioral Survey (VYRBS) is conducted every other odd year among middle and high school students. VDH collaborates closely with the Virginia Department of Education and the Virginia Foundation for Healthy Youth bi-annually in August/September to announce the administration of the VYRBS through a decision memo to all school superintendents. VDH program staff then reaches out to all randomly selected schools through the superintendent and principal to determine their participation. Next, the survey begins administration, and all information collected from each school is provided to the contractor (Market Decisions), who then creates electronic IDs for all students to access the survey. The survey is offered electronically and paper-pencil in English and Spanish. Program staff then emails and mails the electronic and or paper survey documents to the participating schools at least a week before their selected survey date. After each school completes the survey, program staff update the CDC tracking form, and all data are sent to the CDC by December. This intervention was selected because the survey design provides reliable data for evaluating public health initiatives and improving school health education policies and programs. This survey is used throughout the US and supports comparability to other states.

Type of Intervention:

Innovative/Promising Practice

Rationale for Choosing the Intervention:

The Youth Risk Behavior Surveillance System (YRBS) was developed by the CDC in 1990 to monitor health behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. The survey is based on a systematic approach to monitoring health behaviors and outcomes.

SMART Objective Key Indicator(s)**SMART Objective Key Indicator - KI-03264****Description of SMART Objective Key Indicator**

Percentage of middle school students who did not feel good about themselves.

Baseline Value for the SMART Objective Key Indicator

18.4%

SMART Objective Key Indicator - KI-03263**Description of SMART Objective Key Indicator**

Percentage of high school students who experienced feeling sad for 2 weeks or more in Virginia. This is a Healthy People 2030 leading health indicator for children and adolescents.

Baseline Value for the SMART Objective Key Indicator 33.4%

Activities

Activity - 2027 Virginia Youth Risk Behavioral Survey

Activity Summary: VDH will begin administration of the 2027 Virginia Youth Risk Behavioral Survey in middle and high schools.

Activity Description: VDH request participation from middle and high schools for the administration of the survey. Schools agree to participate by opting-in. Participating schools then inform parents who are given the option to opt their student out of taking the survey. The survey is administered September-November. Data sent to the contractor to clean and then to CDC in December/January for weighting.

Activity - Data Dissemination

Activity Summary: 2025 Analyzed data will be made publicly available.

Activity Description: Analyzed data will be compiled into data briefs and fact sheets to be posted on the VDH website in addition to used to respond to data requests from stakeholders and the public.

SMART Objective Target Population

Target Population Same as Program's or Subset? Same as the Program's Target Population

Program Name: Virginia Cancer Registry

Program Summary

Program Goal: To collect and analyze Virginia cancer data to support cancer control and prevention efforts.

Healthy People 2030 Objective: C-01 Reduce the overall cancer death rate

Health Topic Area: Cancer

Recipient Health Objective: From 10/1/2025 to 9/30/2030, VDH will support the ability of public health programs implemented in Virginia to reduce of the cancer death rate in Virginia through cancer surveillance, data analyzing and publishing data to inform program development and support program evaluation resulting in the publishing of the most current data on a publicly available data dashboard to inform cancer prevention, early detection, and successful treatment and care.

Program Problem Information

Program Problem Description: Cancer is a leading cause of death in Virginia. Cancer is often physically and emotionally difficult for those living with it and for their care providers in addition to the financial burden. Many priority physicians report sporadically to the VCR by sending case information on paper, which as of 2022, VDH no longer accepts. Thus, providing alternate and universally accessible means of

Problem was Prioritized by the Following Factor(s)

electronic data reporting has become the urgent need and focus of the cancer registry data collection activity. Increasing the availability of electronic reporting methods that meet a variety of providers reporting capabilities will help reduce underreporting of cancer cases in Virginia. Legislature established as a priority

Program Key Indicator(s)

Program Key Indicator - KI-02411

Description of Program Key Indicator	Virginia cancer mortality rate per 100,000 population
Baseline Value for the Program Key Indicator	147

Program Strategy

Program Goal: To collect and analyze Virginia cancer data to support cancer control and prevention efforts.

Program Strategy: Maintain cancer registry to be a statewide registry of data on individuals diagnosed or treated in Virginia or Virginia residents who received cancer care out of state.

Program Setting(s): Medical or clinical site; State health department

List of Primary Strategic Partners physicians; hospital administrators; IT specialists

Evaluation Methodology Evaluation methods include data collection through surveys and feedback forms from reporting facilities, direct observations of compliance with reporting standards, secondary data analysis of submission rates and facility coding accuracy, and stakeholder engagement to evaluate data accessibility and utility. An internal central tool through REDCap will be built to track progress on activities.

Planned Non-Monetary Support to Local Agencies or Organizations:

Program Budget for Block Grant Funds

	Program Budget
FY2025 Basic Allocation	\$242,000
FY2025 Sex Offense Allocation	\$0
Total Allocation	\$242,000

Program Target Population(s)

Program Target Population

Number of People Served: 40000

Race and/or Ethnicity:	American Indian or Alaskan Native;Asian;Black or African American;Hispanic or Latino;Middle Eastern or North African;Native Hawaiian or Pacific Islander;White
Age:	Under 1 year;1 - 4 years;5 - 14 years;15 - 24 years;25 - 34 years;35 - 44 years;45 - 54 years;55 - 64 years
Sex:	Female;Male
Sexual Orientation:	Straight or heterosexual;LGBTQ
Geography:	Rural and Urban
Location:	Statewide
Occupation:	Various
Primarily Low Income?	false
Disproportionately Affected by the Problem?	false

Program SMART Objective

Title of Program SMART Objective: Maintain and Upgrade Multiple Reporting Systems

SMART Objective Summary

SMART Objective Description Between 10/1/2026 and 09/30/2027, VCR staff will maintain four electronic cancer case reporting systems.

Item to be Measured: Number of electronic reporting software programs upgraded, maintained, and consistently utilized

Unit to be Measured: number

Baseline Value for Item to be Measured: 4

Interim Target Value to Reach by APR: 4

Final Target to Reach by Closeout Report: 4

SMART Objective Problem Information

SMART Objective Problem Description: Cancer is a leading cause of death in Virginia. Cancer is often physically and emotionally difficult for those living with it and for their care providers in addition to the financial burden. Many priority physicians report sporadically to the VCR by sending case information on paper, which as of 2022, VDH no longer accepts. Thus, providing alternate and universally accessible means of electronic data reporting has become the urgent need and focus of the cancer registry data collection activity. Increasing the availability of electronic reporting methods that meet a variety of providers reporting capabilities will help reduce underreporting of cancer cases in Virginia.

SMART Objective Problem Summary: The inability to accurately identify and quantify the number of cancer cases diagnosed in Virginia negatively impacts the ability to identify underserved areas and direct services to populations most in need.

SMART Objective Intervention Information:

Intervention Summary: Increase data modernization activities to implement more avenues for facilities to report electronically and ensure cancer data collection systems are flexible to meet providers' reporting capabilities.

Intervention Description: The VCR consistently looks for opportunities to facilitate easier reporting methods for providers throughout the state. These providers include medical professionals in private practices, hospitals, clinics, labs and other clinical settings where the diagnosis and treatment of cancer occurs. Providing alternate and universally accessible means of electronic data reporting has become the urgent need and focus of the cancer registry data collection activity. In addition to launching Web Plus abstracting tool, hospitals that are not accredited by the Commission on Cancer (CoC) and other current paper reporters will actively being sought out for onboarding to Web Plus or other electronic reporting methods.

Type of Intervention: Innovative/Promising Practice

Rationale for Choosing the Intervention: Implementing and maintaining more efficient reporting methods will assist facilities increase reporting numbers more efficiently and assist the registry by allowing for faster abstracting and consolidation into our database. This in turn will strengthen the cancer registry’s ability to more accurately identify and quantify the number of cancer cases diagnosed in the Commonwealth and, therefore, allow VDH to identify underserved areas and to direct resources and intervention services to the populations most in need.

SMART Objective Key Indicator(s)

SMART Objective Key Indicator - KI-03425

Description of SMART Objective Key Indicator Virginia cancer mortality rate per 100,000 population

Baseline Value for the SMART Objective Key Indicator 147

Activities

Activity - Utilize and Promote WebPlus

Activity Summary: VCR will onboard new users and create WebPlus accounts for reporting facilities while continuing to provide training to new and continued users.

Activity Description: VCR staff will work with agency IT department to support continued utilization of the secure file transfer protocol (SFTP) properties of Web Plus to allow for secure transfer of protected health information to and from VCR. VCR staff will actively seek out non-reporting and paper reporting entities, send electronic user agreements to paper reporting partners, establish reporting agreements with non-reporters, onboard and train reporting partners how to use electronic reporting applications, and conduct general abstracting training. VCR staff will continue to provide timely training resources to staff in the field to use WebPlus as their primary cancer reporting outlet.

Activity - Incorporate FHIR

Activity Summary: Incorporate FHIR (Fast Healthcare Interoperability Resources) technology to enable easier sharing of cancer data

Activity Description: Incorporate FHIR (Fast Healthcare Interoperability Resources) technology to enable easier sharing of cancer data, including the potential to share data with Fairfax HD. This upgrade will also include enhanced case editing and casefinding features. Work is also being done to support large reporting centers in developing their own HL7 reporting products, which will facilitate enhanced case reporting.

Activity - Maintain and upgrade CRS

Activity Summary: VCR will perform required CRS software upgrades and maintenance to support optimal functioning of CRS which is the main central registry database software program.

Activity Description: VCR staff will work with agency IT department to upgrade CRS software and its environment as required to support critical operations of CRS which is used to link incoming cancer case abstracts, assist with record consolidation, and provide automated processing of duplicate and modification records.

SMART Objective Target Population

Target Population Same as Program's or Subset? Same as the Program's Target Population

Program Name: Community Water Fluoridation

Program Summary

Program Goal: To ensure all community water systems provide optimal fluoridation levels throughout Virginia as an evidence-based practice to prevent tooth decay in adults and children.

Healthy People 2030 Objective: OH-11 Increase the proportion of people whose water systems have the recommended amount of fluoride

Health Topic Area: Oral Health

Recipient Health Objective: From 10/1/2025 to 09/30/2030, the Community Water Fluoridation Program will support the 96% of community water systems providing fluoridated water as a means to decrease the rate of tooth decay in Virginia.

Program Problem Information

Program Problem Description: Fluoride is a naturally occurring mineral, and drinking fluoridated water can reduce tooth decay by as much as 25% in children and adults. The body of research on water fluoridation is vast and well-established. At the optimal level of 0.7 mg/L, fluoride reduces cavities in children and adults by approximately 25%.² It is endorsed by the American Academy of Pediatrics and the American Dental Association. Its safety is affirmed by decades of peer-reviewed studies across a range of populations. In Virginia, each public water system makes its own decision on whether or not they will adjust the natural level of fluoride in the water they provide to their customers.

Maintaining or initiating community water fluoridation in a locality does encounter challenges. It can be expensive to maintain and update water fluoridation equipment and there can be challenges at the local level. Because water fluoridation decisions are made individually by localities there is a need for continued education and training.

Problem was Prioritized by the Following Factor(s)

Prioritized within a strategic plan

Program Key Indicator(s)

Program Key Indicator - KI-02412

Description of Program Key Indicator	Percentage of fluoridated water systems in Virginia
Baseline Value for the Program Key Indicator	95.40%

Program Strategy

Program Goal:	To ensure all community water systems provide optimal fluoridation levels throughout Virginia as an evidence-based practice to prevent tooth decay in adults and children.
----------------------	--

SDOH Addressed by the Program:	Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)
---------------------------------------	---

Program Strategy:	The program aims to support the safe and effective adjustment of community water to provide fluoride by monitoring water systems for compliance to rigorous standards and funding equipment, supply replacement and system upgrades
--------------------------	---

Program Setting(s):	Other_Settings
----------------------------	----------------

Program Setting -- Other:	Local water works
----------------------------------	-------------------

List of Primary Strategic Partners	VDH Office of Drinking Water, Virginia Rural Water Association, Virginia Dental Association, Virginia Health Catalyst
---	---

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

Planned Non-Monetary Support to Local Agencies or Organizations:	Technical Assistance; Training; Resources/Job Aids
---	--

Program Budget for Block Grant Funds

Program Budget

FY2025 Basic Allocation	\$229,003
FY2025 Sex Offense Allocation	\$0
Total Allocation	\$229,003

Program Target Population(s)

Program Target Population

Number of People Served:	6807212
Race and/or Ethnicity:	American Indian or Alaskan Native;Asian;Black or African American;Hispanic or Latino;Middle Eastern or North African;Native Hawaiian or Pacific Islander;White
Age:	Under 1 year;1 - 4 years;5 - 14 years;15 - 24 years;25 - 34 years;35 - 44 years;45 - 54 years;55 - 64 years;65 - 74 years;75 - 84 years;85 years and older
Sex:	Female;Male
Sexual Orientation:	Straight or heterosexual;LGBTQ
Geography:	Rural and Urban
Location:	Statewide
Occupation:	Various
Primarily Low Income?	false
Disproportionately Affected by the Problem?	false

Program SMART Objective

Title of Program SMART Objective: Fluoridated Water Systems

SMART Objective Summary

SMART Objective Description Between 10/1/2026 and 09/30/2027, VDH will fund at least six localities to update or replace fluoridation equipment to ensure optimal fluoride levels are provided through the community water system.

Item to be Measured: Grants awarded to localities

Unit to be Measured: number

Baseline Value for Item to be Measured: 0

Interim Target Value to Reach by APR: 2

Final Target to Reach by Closeout Report: 6

SMART Objective Problem Information

SMART Objective Problem Description: Fluoridation equipment generally runs constantly and is susceptible to moderate to heavy wear and tear and corrosion. To ensure optimal water fluoridation, outdated and broken fluoridation equipment must be updated and repaired or replaced as items become inoperable. The cost of repairing or replacing equipment can often be a barrier to maintaining optimally fluoridated water.

SMART Objective Problem Summary:

Fluoridation equipment generally runs constantly and is susceptible to moderate to heavy wear and tear and corrosion.

SMART Objective Intervention Information:**Intervention Summary:**

Provide funding to localities to support the implementation, upgrade or maintenance of water fluoridation systems.

Intervention Description:

The VDH Office of Drinking Water (ODW) and Office of Family Health Services work together to assess fluoridation needs through review of water systems operational and discrepancy reports. The Offices use a detailed assessment to identify and document water systems with aging fluoridation infrastructure. The assessment is completed every 2 years through a region-specific survey of Environmental Engineers and/or Environmental Health Specialists in each ODW regional field office. Town managers or utilities department managers apply for funding for CWF equipment and supplies through an easy application process. Most awards range from \$2,000 - \$10,000 with larger projects impacting many residents also approved in larger amounts. ODW staff ensure that plans and proposed equipment meet or exceed current industry standards and inspect equipment installations.

Type of Intervention:

Evidence-Based Intervention

Rationale for Choosing the Intervention:

There are few sources of funding for local waterworks to upgrade equipment that is considered optional. Providing reimbursement for program upgrades and requiring use of grant funded equipment through its useful lifespan generally ensures that localities are fluoridating.

SMART Objective Key Indicator(s)**SMART Objective Key Indicator - KI-03428****Description of SMART Objective Key Indicator**

Percentage of fluoridated water systems in Virginia

Baseline Value for the SMART Objective Key Indicator

95.4%

Activities**Activity - Maintain fluoridation plans****Activity Summary:**

Survey waterworks for status of fluoridation equipment.

Activity Description:

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

Activity - Monitor Water Systems**Activity Summary:**

ODW and OFHS will review all monthly water systems reports and upload data to the CDC fluoridation database.

Activity Description:

ODW and DHP will work together to review monthly fluoridation operational reports and inspection surveys of water treatment plant. This will include collecting,

interpreting and compiling monthly fluoridation operational reports of all fluoridated water systems and exporting data to the CDC Water Fluoridation Monitoring System.

Activity - Fund Localities

Activity Summary: Establish and monitor fluoridation contracts with localities

Activity Description: OFHS and ODW staff review and select applications to be funded. OFHS staff will develop and monitor contract with localities.

SMART Objective Target Population

Target Population Same as Program's or Subset? Same as the Program's Target Population

Program SMART Objective

Title of Program SMART Objective: Training, education and technical assistance

SMART Objective Summary

SMART Objective Description Between 10/1/2026 and 09/30/2027, VDH will provide at least three trainings or presentations to educate the public, health professionals and other key stakeholders on the oral health benefits and continued need for water fluoridation throughout Virginia.

Item to be Measured: Number of trainings and presentations on community water fluoridation during the 2026 work plan

Unit to be Measured: Unit to be Measured: number

Baseline Value for Item to be Measured: 0

Interim Target Value to Reach by APR: 1

Final Target to Reach by Closeout Report: 3

SMART Objective Problem Information

SMART Objective Problem Description: A common misconception is that tooth decay is no longer a public health problem and therefore fluoridation is no longer a necessary practice. Additionally, opponents of water fluoridation often make unsubstantiated claims about adverse health effects of fluoridation in attempts to challenge efforts to implement or continue community water fluoridation.

SMART Objective Problem Summary: Despite the evidence supporting the oral health benefits and safety of water fluoridation expanding the practice of community water fluoridation faces barriers.

SMART Objective Intervention Information:

Intervention Summary: VDH and key partners will provide education and training on the oral health benefits of water fluoridation.

Intervention Description: VDH and key partners will provide trainings and presentations regarding the dental health benefits of fluorides and fluoridation to the public, policy makers and health professionals. Staff will also provide technical assistance to professionals and support the Commonwealth's Community Water Fluoridation Rapid

Response Team, made up of oral health advocates who provide information and educational resources in their local areas to address fluoridation challenges.

Type of Intervention:

Innovative/Promising Practice

Rationale for Choosing the Intervention:

Improving knowledge on the benefits, safety, and status of community water fluoridation and supporting actions favorable to its implementation by using community-wide health promotion interventions including educational, regulatory, and organizational efforts directed toward the public, practitioners, and policymakers allows for fact sharing that highlights CWF as a safe and effective public health practice.

SMART Objective Key Indicator(s)

SMART Objective Key Indicator - KI-03429

Description of SMART Objective Key Indicator

Percentage of fluoridated water systems in Virginia

Baseline Value for the SMART Objective Key Indicator

94.5%

Activities

Activity - Support Community Water Fluoridation

Activity Summary:

Work with partners to provide coordinated education and outreach to communities considering community water fluoridation cessation.

Activity Description:

Actively provide education for customers, health professionals, and communities regarding the health benefits of fluoride and fluoridation in Virginia; challenges to maintaining CWF; regulations and recommendations; and educational resources.

Activity - Technical Assistance

Activity Summary:

Provide CWF technical assistance to waterworks professionals.

Activity Description:

Provide CWF technical assistance, education and training to waterworks professionals.

SMART Objective Target Population

Target Population Same as Program's or Subset?

Same as the Program's Target Population

Program Name:

Oral Health Care Access for People with Disabilities and Complex Health Needs

Program Summary

Program Goal:

To increase the availability of dental care providers able to treat people with disabilities and complex health needs.

Healthy People 2030 Objective:

OH-08 Increase use of the oral health care system

Health Topic Area:

Oral Health

Recipient Health Objective:

From 10/1/2025 to 9/30/2030, the Dental Health Program will decrease the number of people with disabilities and

complex health care needs who report having trouble finding a dentist by 5%.

Program Problem Information

Program Problem Description:

In 2011, the Virginia Health Promotion for People with Disabilities Project of the Virginia Partnership for People with Disabilities developed a report comparing people with and without disabilities. The report showed those with disabilities demonstrated a statistically lower frequency of positive health practices (or reported more health disparities) related to visiting a dentist; getting teeth professionally cleaned routinely; and having teeth extracted due to gum disease or tooth decay.

Problem was Prioritized by the Following Factor(s)

Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)

Program Key Indicator(s)

Program Key Indicator - KI-02413

Description of Program Key Indicator

Percentage of people with disabilities and complex health care needs who reported trouble finding a dentist in Virginia.

Baseline Value for the Program Key Indicator

54.40%

Program Strategy

Program Goal:

To increase the availability of dental care providers able to treat people with disabilities and complex health needs.

SDOH Addressed by the Program:

Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)

Program Strategy:

The overall goal of the program is to increase education and training regarding oral health care for people with disabilities and complex health needs to a wide variety of stakeholders and oral health providers resulting in increased ability to serve this population. With more access to trained providers, people with disabilities and complex health needs will increase their use of the oral health system.

Program Setting(s):

Community based organization; Medical or clinical site

List of Primary Strategic Partners

Virginia Dental Association Foundation (VDAF), Virginia Dental Association (VDA), DBHDS, Virginia Health Catalyst (Catalyst), Virginia Board of Dentistry (VBD)

Evaluation Methodology

The program will use the process outcome measure of tracking the number of providers trained and dentists registered on the VDH online provider directory of dentists willing to treat people with disabilities and complex health needs.

Planned Non-Monetary Support to Local Agencies or Organizations:

Training; Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget

FY2025 Basic Allocation	\$50,000
FY2025 Sex Offense Allocation	\$0
Total Allocation	\$50,000

Program Target Population(s)

Program Target Population

Number of People Served:	6125
Race and/or Ethnicity:	American Indian or Alaskan Native;Asian;Black or African American;Hispanic or Latino;Middle Eastern or North African;Native Hawaiian or Pacific Islander;White
Age:	15 - 24 years;25 - 34 years;35 - 44 years;45 - 54 years;55 - 64 years
Sex:	Female;Male
Sexual Orientation:	Straight or heterosexual;LGBTQ
Geography:	Rural and Urban
Location:	Statewide
Occupation:	Licensed dentists and hygienists practicing in Virginia
Primarily Low Income?	false
Disproportionately Affected by the Problem?	false

Program SMART Objective

Title of Program SMART Objective:	Revise Oral Health Curriculum
-----------------------------------	-------------------------------

SMART Objective Summary

SMART Objective Description	Between 10/1/2026 and 09/30/2027, VDH will revise the existing dental health care provider training regarding oral health care for people with disabilities or complex health needs to be 100% virtual and to focus on treatment strategies to improve the dental practices of this population.
Item to be Measured:	Completion of revised training
Unit to be Measured:	number
Baseline Value for Item to be Measured:	0
Interim Target Value to Reach by APR:	0
Final Target to Reach by Closeout Report:	1

SMART Objective Problem Information

SMART Objective Problem Description:	In 2011, the Virginia Health Promotion for People with Disabilities Project of the Virginia Partnership for People with Disabilities developed a report comparing people with and without disabilities. The report showed those
--------------------------------------	---

with disabilities demonstrated a statistically lower frequency of positive health practices (or reported more health disparities) related to visiting a dentist; getting teeth professionally cleaned routinely; and having teeth extracted due to gum disease or tooth decay.

SMART Objective Problem Summary:

People with disabilities are less likely to practice positive dental health behaviors.

SMART Objective Intervention Information:

Intervention Summary:

Increase awareness and education regarding oral health care related to people with disabilities and complex health needs among stakeholders and providers with the potential to improve access to oral health care in this population.

Intervention Description:

The program will provide virtual oral health trainings to direct service providers and/or nurses working with the Department of Behavioral Health and Disability Services licensed group homes for people with disabilities and complex health needs and continuing education courses to dental providers regarding oral care for people with disabilities and complex health needs. The dentists trained will be encouraged to add their names to the VDH Dental Health Program online directory of dentists willing to provide dental care to very young children and people with disabilities or complex health needs

Type of Intervention:

Innovative/Promising Practice

Rationale for Choosing the Intervention:

Providing education to caregivers and health professionals improves oral hygiene, enables oral issues to be found in earlier stages, and provides knowledge that may lead to improving prioritization of oral care. Additionally, teaching dental providers techniques to treat people with disabilities without sedation increases the number of qualified providers available to provide care and decreases the cost of dental care, both of which increase access to care for people with disabilities.

SMART Objective Key Indicator(s)

SMART Objective Key Indicator - KI-03430

Description of SMART Objective Key Indicator

Percentage of people with disabilities and complex health care needs who reported trouble finding a dentist in Virginia.

Baseline Value for the SMART Objective Key Indicator

54.4%

Activities

Activity - Revise Training

Activity Summary:

VDH will revise the existing dental health care provider training regarding oral health care for people with disabilities or complex health needs.

Activity Description:

VDH will partner with an to revise the existing dental health care provider training regarding oral health care for people with disabilities or complex health needs. The revised training will be 100% virtual and focus on

treatment strategies to improve the dental practices of this population.

Activity - Maintain Online Directory

Activity Summary:

Maintain the VDH Dental Health Program online directory of dentists willing to provide dental care to very young children and people with disabilities or complex health needs.

Activity Description:

VDH will maintain an online publicly available directory of dentists willing to provide dental care to very young children and people with disabilities or complex health needs. The directory will be updated after each training by relying on the most current information self-reported by each dentist. Dentists attending trainings and licensed by the Virginia Board of Dentistry will also receive reminders to update their directory listing periodically.

SMART Objective Target Population

Target Population Same as Program's or Subset?

Same as the Program's Target Population

Program Name:

Walkable Communities

Program Summary

Program Goal:

To increase the number of walkable/moveable, accessible communities supporting increased opportunities for physical activity.

Healthy People 2030 Objective:

PA-10 Increase the proportion of adults who walk or bike to get places

Health Topic Area:

Physical Activity

Recipient Health Objective:

From 10/1/2025 to 9/30/2030, VDH will increase the percentage of Virginia adults who participate in physical activities or exercise.

Program Problem Information

Program Problem Description:

Chronic diseases – such as heart disease, stroke, cancer, and diabetes – are among the most prevalent, costly, and preventable of all health problems. Leading a healthy lifestyle (e.g., avoiding tobacco use, being physically active, and eating nutritious foods) greatly reduces a person's risk for developing obesity and other chronic diseases. However, many Virginians continue to be at risk because of individual health behaviors which are influenced by social determinants of health impacting proximity and accessibility to nutritious foods and opportunities for physical activity. While many know that active living can reduce their risk for disease, safety issues such as crime, poorly maintained sidewalks, and absence of crosswalks reduce access to healthy food and physical activity options.

Problem was Prioritized by the Following Factor(s)

Conducted, monitored, or updated a jurisdiction health assessment (e.g., state health assessment); Prioritized within a strategic plan

Program Key Indicator(s)

Program Key Indicator - KI-02414

Description of Program Key Indicator

Percentage of Virginia adults 18 years of age and older reporting no physical activity or exercise in the previous month.

Baseline Value for the Program Key Indicator

20.90%

Program Strategy

Program Goal:

To increase the number of walkable/moveable, accessible communities supporting increased opportunities for physical activity.

SDOH Addressed by the Program:

Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)

Program Strategy:

The program will allow VDH to build on the foundation of existing strategies and partnerships to expand implementation of statewide and local level physical activity interventions that support safe and accessible physical activity through policy and systems change strategies in partnership with city and county governments, health care systems, schools, businesses, institutions, faith-based organizations, and other entities to coordinate statewide efforts and resources.

Program Setting(s):

Other_Settings

Program Setting -- Other:

Local communities

List of Primary Strategic Partners

Equitable Cities, VHB, and Virginia Departments of Transportation, Conservation and Recreation, and Rail and Public Transit

Evaluation Methodology

Process data based on the number of teams successfully completing their identified community-based transportation improvement projects will be used to evaluate the program.

Planned Non-Monetary Support to Local Agencies or Organizations:

Technical Assistance; Training; Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget

FY2025 Basic Allocation

\$289,313

FY2025 Sex Offense Allocation

\$0

Total Allocation

\$289,313

Program Target Population(s)

Program Target Population

Number of People Served:	1861600
Race and/or Ethnicity:	American Indian or Alaskan Native;Asian;Black or African American;Hispanic or Latino;Middle Eastern or North African;Native Hawaiian or Pacific Islander;White
Age:	Under 1 year;1 - 4 years;5 - 14 years;15 - 24 years;25 - 34 years;35 - 44 years;45 - 54 years;55 - 64 years;65 - 74 years;75 - 84 years;85 years and older
Sex:	Female;Male
Sexual Orientation:	Straight or heterosexual;LGBTQ
Geography:	Rural and Urban
Location:	Statewide
Occupation:	All
Primarily Low Income?	false
Disproportionately Affected by the Problem?	false

Program SMART Objective

Title of Program SMART Objective: Virginia Walkability Action Institute

SMART Objective Summary

SMART Objective Description	Between 10/1/2026 and 09/30/2027, at least 20 interdisciplinary professionals will complete the Virginia Walkability Action Institute (VWAI) course sessions.
Item to be Measured:	VWAI participants
Unit to be Measured:	number
Baseline Value for Item to be Measured:	145
Interim Target Value to Reach by APR:	145
Final Target to Reach by Closeout Report:	165

SMART Objective Problem Information

SMART Objective Problem Description:	Chronic diseases – such as heart disease, stroke, cancer, and diabetes – are among the most prevalent, costly, and preventable of all health problems. Leading a healthy lifestyle (e.g., avoiding tobacco use, being physically active, and eating nutritious foods) greatly reduces a person’s risk for developing obesity and other chronic diseases. However, many Virginians continue to be at risk because of individual health behaviors which are influenced by social determinants of health impacting proximity and accessibility to nutritious foods and opportunities for physical activity. While many know that active living can reduce their risk for disease, safety issues such as crime, poorly maintained sidewalks, and absence of crosswalks reduce access to healthy food and physical activity options.
---	---

SMART Objective Problem Summary:

While many know that active living can reduce their risk for disease, safety issues and inadequate built environments can reduce access to healthy food and physical activity options.

SMART Objective Intervention Information:**Intervention Summary:**

Implement the VWAI to provide education, awareness, tools, and resources to public health, planning, and transportation professionals on the best practices of creating healthy, safe, and active communities.

Intervention Description:

Participation in the VWAI will strengthen the capacity of communities while leveraging existing community stakeholders, committees, advisory groups, and coalitions to implement policy and systems change strategies that affect disparate populations such as low-income, racial/ethnic minority groups, people with disabilities as well as regions of the state with high prevalence of low levels of physical activity. Participants will create local action plans and implement PSE outcomes to make their cities and counties more walkable/moveable, track progress, and improve access to opportunities for physical activity over the long term.

Type of Intervention:

Innovative/Promising Practice

Rationale for Choosing the Intervention:

According to the CDC, activity-friendly routes to everyday destinations is a strategy that improves the design of communities by connecting routes such as sidewalks, trails, bicycle lanes, and public transit to destinations such as grocery stores, schools, worksites, libraries, parks, or health care facilities. This strategy makes it safe and easy to walk, bicycle, or wheelchair roll for people of all ages and abilities. The VWAI will not expose participants to best practices under this strategy, but charge each participant with creating and implementing an action plan related to improving policy or micro infrastructure changes to improve access and micro mobility and active transportation.

SMART Objective Key Indicator(s)**SMART Objective Key Indicator - KI-03431****Description of SMART Objective Key Indicator**

Percentage of Virginia adults 18 years of age and older reporting no physical activity or exercise in the previous month.

Baseline Value for the SMART Objective Key Indicator

20.9%

Activities**Activity - Revise/develop 8th Annual VWAI Course Curriculum****Activity Summary:**

VDH will revise the full-year curriculum for the next iteration of the VWAI for the 7th cohort of participants.

Activity Description:

VDH will work with Equitable Cities, LLC, VDOT, and other partners to develop an in-person and virtual learning sessions, webinars, technical assistance, and site visits aimed at guiding at least 20 professionals to develop,

implement, and evaluate walkability improvement action plans.

Activity - Identify VAWAI Participants

Activity Summary: VDH will release and review applications and select participants for the 7th cohort.

Activity Description: Using a competitive application processes, assessments, and eligibility requirements from existing VWAI, NACDD Walkability Action Institute, and other state examples, VDH will select at least 20 interdisciplinary members of teams or individuals to participate in VWAI. The terms of participation will include detailed provision of services by VDH to each participant, deliverables, and funds to support course participation and walkability action plan development, implementation and evaluation. Special consideration will be made for recruiting professionals from areas of the state with high rates of overweight and obesity and low rates of physical activity

Activity - 8th Annual VWAI

Activity Summary: VDH will host in-person and virtual learning sessions for all cohort participants.

Activity Description: VDH will convene SMEs, partners, and participants to engage in a one-day action planning course; a monthly learning session; tailored technical assistance through VWAI Office hours; and a one-day closing session. During these sessions, participants will be exposed to a variety of topics aimed at increasing their capacity to create healthy, connected and resilient communities via live and recorded sessions.

Activity - Professional Development

Activity Summary: VDH will host in-person and virtual opportunities to multisector partners to increase walkability and moveability within their respective jurisdictions.

Activity Description: VDH will convene partners, past VWAI participants, multisector professionals in quarterly workshops and an annual conference. During these sessions, participants will be exposed to a variety of topics aimed at increasing their capacity to create healthy, connected and resilient communities.

SMART Objective Target Population

Target Population Same as Program's or Subset? Same as the Program's Target Population

Program Name: Community Health Improvement

Program Summary

Program Goal: To support public health accreditation among Virginia's local health departments.

Healthy People 2030 Objective: PHI-02 Increase the proportion of local public health agencies that are accredited

Health Topic Area: Public Health Infrastructure

Recipient Health Objective:

Between 10/1/2025 to 9/30/2030, improve Virginia's comprehensive health ranking.

Program Problem Information

Program Problem Description:

Factors that influence health are embedded in daily life circumstances in addition to interactions with the health care system. Optimal health cannot be accomplished without investing in ways that enhance disease prevention and wellness strategies throughout the lifespan and builds the strength and resilience of communities. Because no two communities are exactly alike, strong community engagement not only by local public health agencies and health care providers but also by housing, environmental, financial, transportation, and other sectors is needed to address social and environmental determinants of health. How we build and maintain our homes, buildings, and cities and the infrastructure for transportation, physical activity, drinking water, and sanitation has a critical effect on our health. Moreover, communities will not be healthy unless all are served equitably. Current fragmented approaches exacerbate health inequities, but multisectoral approaches improve equity.

Problem was Prioritized by the Following Factor(s)

Prioritized within a strategic plan

Program Key Indicator(s)

Program Key Indicator - KI-02417

Description of Program Key Indicator

Virginia's health ranking based on a comprehensive analysis of the nation's health on a state-by-state basis.

Baseline Value for the Program Key Indicator

19

Program Strategy

Program Goal:

To support public health accreditation among Virginia's local health departments.

Program Strategy:

To enhance public health accreditation across Virginia, we aim to strengthen the Center for Community Health Improvement (CCHI) through four primary objectives: (1) Facilitate consistent communication between the Central Office and Local Health Districts, (2) Ensure uniformity in community health work across all districts, (3) Offer technical assistance for community health initiatives, and (4) Increase awareness of CCHI both internally and externally to VDH. By achieving these goals, we can provide essential guidance and support to VDH Central Office and local health districts in meeting national public health accreditation requirements.

Program Setting(s):

Local health department

List of Primary Strategic Partners

Partnering for a Healthy Virginia, Virginia Hospital and Healthcare Association, Local Health Districts, Community Based Organizations, Nonprofits and Higher Education

Evaluation Methodology

Process Evaluation: VDH will track the number of accredited local health departments

Planned Non-Monetary Support to Local Agencies or Organizations:

Technical Assistance; Training; Resources/Job Aids; Other_Support

Planned Non-Monetary Support - Other:

Annual Community Health Forum

Program Budget for Block Grant Funds**Program Budget**

FY2025 Basic Allocation

\$275,000

FY2025 Sex Offense Allocation

\$0

Total Allocation

\$275,000

Program Target Population(s)**Program Target Population**

Number of People Served:

35

Race and/or Ethnicity:

Age:

Sex:

Sexual Orientation:

Geography:

Rural and Urban

Location:

Statewide

Occupation:

Local Health Departments

Primarily Low Income?

false

Disproportionately Affected by the Problem?

false

Program SMART Objective

Title of Program SMART Objective:

Community Health Assessment/Community Health Improvement Plan

SMART Objective Summary

SMART Objective Description

Between 10/01/26-09/30/27 VDH will continue to support the CHA/CHIP process among all local health districts and community partners.

Item to be Measured:

Health districts having completed a CHA and have a CHIP in progress in the past 5 years

Unit to be Measured:

Percentage

Baseline Value for Item to be Measured:

81

Interim Target Value to Reach by APR:

81

Final Target to Reach by Closeout Report: 92

SMART Objective Problem Information

SMART Objective Problem Description:

Factors that influence health are embedded in daily life circumstances in addition to interactions with the health care system. Optimal health can not be accomplished without investing in ways that enhance disease prevention and wellness strategies throughout the lifespan and builds the strength and resilience of communities. Because no two communities are exactly alike, strong community engagement not only by local public health agencies and health care providers but also by housing, environmental, financial, transportation, and other sectors is needed to address social and environmental determinants of health. How we build and maintain our homes, buildings, and cities and the infrastructure for transportation, physical activity, drinking water, and sanitation has a critical effect on our health. Moreover, communities will not be healthy unless all are served equitably. Current fragmented approaches exacerbate health inequities, but multisectoral approaches improve equity.

SMART Objective Problem Summary:

Optimal health cannot be accomplished without investing in ways that enhance disease prevention and wellness strategies throughout the lifespan and builds the strength and resilience of communities.

SMART Objective Intervention Information:

Intervention Summary:

VDH will provide a comprehensive support to LHDs for the CHA/CHIP process.

Intervention Description:

VDH will provide a comprehensive Community Health Assessment Toolkit that will serve as a one-stop resource for community health improvement, expand the Virginia Community Health Improvement Data Portal to facilitate collaborative community health improvement systems and processes that lead to measurable health improvement in Virginia.

Type of Intervention:

Innovative/Promising Practice

Rationale for Choosing the Intervention:

Having a CHA/CHIP results in a number of benefits such as improved organizational and community coordination and collaboration which leads to increased knowledge about public health and the interconnectedness of activities.

SMART Objective Key Indicator(s)

SMART Objective Key Indicator - KI-03432

Description of SMART Objective Key Indicator

Virginia's health ranking based on a comprehensive analysis of the nation's health on a state-by-state basis.

Baseline Value for the SMART Objective Key Indicator

19

Activities

Activity - CHI Portal

Activity Summary:

Maintain and expand the Virginia Community Health Improvement Data Portal (CHI Portal)

Activity Description: VDH will work with the University of Missouri (CARES) alongside internal and external stakeholders, to maintain the CHI Portal. VDH and CARES will also work alongside stakeholders to add new data indicators and functionality for the CHI Portal. This expanded functionality will include rurality, ways to provide feedback, combined health districts, and additional stratification by race/ethnicity for data indicators.

Activity - Virginia's Community Health Forum

Activity Summary: VDH will host a training opportunity for community health improvement: the Community Health Forum.

Activity Description: Virginia's Community Health Forum will leverage Virginia's Plan for Well-being as a guide to discuss how to best foster community collaboration, enhance data equity, and develop policies and systems to make Virginia the healthiest state in the nation. The CHF is open to all VDH staff as well as community partners, students, and other public health and healthcare professionals with an interest in improving community health in the Commonwealth, and registration is free to attendees. During this 2-day conference, attendees will attend breakout sessions, hear experienced key note speakers, and engage with their peers in scientific poster networking sessions and vendor sessions.

SMART Objective Target Population

Target Population Same as Program's or Subset? Same as the Program's Target Population

Program Name: Community Health Workers

Program Summary

Program Goal: To support the growth of the certified community health worker workforce in providing prevention and health promotion services and education at the community level.

Healthy People 2030 Objective: ECBP-D07 Increase the number of community organizations that provide prevention services

Health Topic Area: Educational and Community-Based Programs

Recipient Health Objective: Between 10/1/2025-9/30/2030, VDH will support the certification of community health workers to provide prevention services at community organizations.

Program Problem Information

Program Problem Description: Marginalized populations often do not receive necessary care or it is provided too late or without consideration of cultural preferences and values. Social determinants of health and root causes of poor health outcomes can be challenging to address amongst marginalized populations. Unfortunately, disparities in health and health care for these populations are long standing. The COVID-19

Problem was Prioritized by the Following Factor(s)

pandemic exacerbated these disparities and heightened the importance of addressing them. Legislature established as a priority

Program Key Indicator(s)

Program Key Indicator - KI-02418

Description of Program Key Indicator

Number of certified community health workers

Baseline Value for the Program Key Indicator

210

Program Strategy

Program Goal:

To support the growth of the certified community health worker workforce in providing prevention and health promotion services and education at the community level.

Program Strategy:

Community health workers help address inequities that affect vulnerable populations acting as a bridge between healthcare systems and communities that often face barriers to care. Their role is crucial not only in improving individual health outcomes but also in creating healthier communities and reducing systemic healthcare gaps. Supporting the certification of community health workers ensures that there is standard level of competency amongst these frontline workers.

Program Setting(s):

State health department

List of Primary Strategic Partners

Virginia Community Health Workers Association, Virginia Certification Board

Evaluation Methodology

Process Evaluation: the number of approved certified Community Health Workers will be tracked by the Virginia Certification Board.

Planned Non-Monetary Support to Local Agencies or Organizations:

Technical Assistance; Training; Other_Support

Planned Non-Monetary Support - Other:

Statewide networking

Program Budget for Block Grant Funds

Program Budget

FY2025 Basic Allocation

\$50,000

FY2025 Sex Offense Allocation

\$0

Total Allocation

\$50,000

Program Target Population(s)

Program Target Population

Number of People Served:

1380

Race and/or Ethnicity:	American Indian or Alaskan Native;Asian;Black or African American;Hispanic or Latino;Middle Eastern or North African;Native Hawaiian or Pacific Islander;White
Age:	15 - 24 years;25 - 34 years;35 - 44 years;45 - 54 years;55 - 64 years;65 - 74 years;75 - 84 years
Sex:	Female;Male
Sexual Orientation:	Straight or heterosexual;LGBTQ
Geography:	Rural and Urban
Location:	Statewide
Occupation:	Community Health Worker
Primarily Low Income?	false
Disproportionately Affected by the Problem?	false

Program SMART Objective

Title of Program SMART Objective: Virginia Community Health Worker Council

SMART Objective Summary

SMART Objective Description Between 10/1/2026 and 9/30/2027 VDH will support a state level group focused on supporting certified CHWs in Virginia.

Item to be Measured: CHW Leadership Council meetings

Unit to be Measured: number

Baseline Value for Item to be Measured: 0

Interim Target Value to Reach by APR: 1

Final Target to Reach by Closeout Report: 4

SMART Objective Problem Information

SMART Objective Problem Description: Marginalized populations often do not receive necessary care or it is provided too late or without consideration of cultural preferences and values. Social determinants of health and root causes of poor health outcomes can be challenging to address amongst marginalized populations. Unfortunately, disparities in health and health care for these populations are long standing. The COVID-19 pandemic exacerbated these disparities and heightened the importance of addressing them.

SMART Objective Problem Summary: Opportunities for positive health outcomes are not equally dispersed amongst Virginians.

SMART Objective Intervention Information:

Intervention Summary: VDH will support the certification and professional development of community health workers throughout Virginia.

Intervention Description: Coordinate regular meetings of the Virginia CHW Leadership Council to facilitate collaboration among stakeholders to promote the growth of the CHW workforce and certification.

Type of Intervention: Innovative/Promising Practice

Rationale for Choosing the Intervention:

Community health workers are critical to improving individual and community health through their ability to build trust and relationships and deepen communication between patients and providers. CHWs have a deep understanding of their communities through lived experience, which makes them uniquely qualified to address social determinants of health.

SMART Objective Key Indicator(s)**SMART Objective Key Indicator - KI-03441****Description of SMART Objective Key Indicator**

Number of certified community health workers

Baseline Value for the SMART Objective Key Indicator

210

Activities**Activity - Council Meetings****Activity Summary:**

Convene CHWs, CHW program representatives and stakeholders who support CHW practice and the expansion of CHW programs across Virginia.

Activity Description:

VDH will convene the CHW Leadership Council to ensure coordination of state level activities by key stakeholders in support of the growth of the CHW profession in Virginia.

SMART Objective Target Population**Target Population Same as Program's or Subset?**

Same as the Program's Target Population

Program Name:**Sexual Assault Prevention and Services****Program Summary****Program Goal:**

To increase sexual violence prevention efforts and improve services to victims of sexual assault.

Healthy People 2030 Objective:

IVP-D05 Reduce contact sexual violence

Health Topic Area:

Injury and Violence Prevention

Recipient Health Objective:

From 10/1/2025 to 9/30/2030, the Injury and Violence Prevention Program will support the implementation of sexual violence prevention efforts resulting in the reduction of contact sexual violence.

Program Problem Information**Program Problem Description:**

In Virginia, it is estimated that 34.8% of women and 18.9% of men were victimized in their lifetime through contact sexual violence (rape, being made to penetrate someone else, sexual coercion and/or unwanted sexual contact).

Problem was Prioritized by the Following Factor(s)

Identified via surveillance systems or other data sources

Program Key Indicator(s)

Program Key Indicator - KI-02419

Description of Program Key Indicator	Percentage of Virginia adults reporting unwanted or non-consensual sex
Baseline Value for the Program Key Indicator	10.60%

Program Strategy

Program Goal:	To increase sexual violence prevention efforts and improve services to victims of sexual assault.
SDOH Addressed by the Program:	Social and Community Context (e.g. discrimination, low civic participation, poor workplace conditions, incarceration);Adverse Childhood Experiences (ACEs)
Program Strategy:	To implement innovative sexual assault prevention initiatives to prevent perpetration and support survivors in understand the resulting trauma to prevent continued victimization.
Program Setting(s):	Community based organization;Other_Settings
Program Setting -- Other:	Jail
List of Primary Strategic Partners	Henrico Jail, Real Life, Central Virginia Community Justice
Evaluation Methodology	VDH will following the RE-AIM framework to include, where applicable, the systematic measurement of: the number of participants in training events and the level of exposure for awareness activities (Reach); the impact of trainings and educational sessions on behavioral change and changes in the rates of available Virginia injury data (Efficacy); the number of new partnerships and/or policies developed to support implementation (Adoption); fidelity to best practices at the project level (Implementation); and the extent to which the program becomes institutionalized or part of the routine organizational practice (Maintenance).
Planned Non-Monetary Support to Local Agencies or Organizations:	Training;Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2025 Basic Allocation	\$0
FY2025 Sex Offense Allocation	\$180,191
Total Allocation	\$180,191

Program Target Population(s)

Program Target Population

Number of People Served:	8631393
---------------------------------	---------

Race and/or Ethnicity:	American Indian or Alaskan Native;Asian;Black or African American;Hispanic or Latino;Middle Eastern or North African;Native Hawaiian or Pacific Islander;White
Age:	Under 1 year;1 - 4 years;5 - 14 years;15 - 24 years;25 - 34 years;35 - 44 years;45 - 54 years;55 - 64 years;65 - 74 years;75 - 84 years;85 years and older
Sex:	Female;Male
Sexual Orientation:	Straight or heterosexual;LGBTQ
Geography:	Rural and Urban
Location:	Statewide
Occupation:	Various
Primarily Low Income?	false
Disproportionately Affected by the Problem?	false

Program SMART Objective

Title of Program SMART Objective: Community-Centered Response to Sexual and Relational Harm

SMART Objective Summary

SMART Objective Description Between 10/1/2026-9/30/2027 VDH will implement four innovative interventions focused on community-centered responses to sexual and relational harm and teach skills to understand the impact of traumatic experiences and move forward to healthier relationships.

Item to be Measured: Innovative projects implemented

Unit to be Measured: Number

Baseline Value for Item to be Measured: 0

Interim Target Value to Reach by APR: 0

Final Target to Reach by Closeout Report: 4

SMART Objective Problem Information

SMART Objective Problem Description: The underlying trauma resulting from sexual and domestic violence can lead victims into unhealthy and abusive relationships often resulting in the use of violence and unhealthy behaviors as survival strategies trapping individuals in a vicious cycle of victimization and criminal activity.

SMART Objective Problem Summary: The underlying trauma resulting from sexual and domestic violence can lead victims into unhealthy and abusive relationships often resulting in the use of violence and unhealthy behaviors as survival strategies trapping individuals in a vicious cycle of victimization and criminal activity.

SMART Objective Intervention Information:

Intervention Summary: To expand a community's capacity to respond to and transform interpersonal conflict, harm, and violence.

Intervention Description: To expand a community's capacity to respond to and transform interpersonal conflict, harm, and violence.

Type of Intervention: Innovative/Promising Practice

Rationale for Choosing the Intervention: People who have experienced sexual and relational harm and those who perpetrate often find that the traditional options offered in response do not fully meet their needs and communities do not have practiced methods to respond to harm among members.

SMART Objective Key Indicator(s) Activities

Activity - Turning Points

Activity Summary: The Turning Points curriculum focuses on helping women understand the connections between the violence they experience and the violence they use.

Activity Description: Turning Points: A Nonviolence Curriculum for Women is a group curriculum for women who have used violence in their intimate partner relationships. The Turning Points curriculum focuses on helping women understand the connections between the violence they experience and the violence they use. This intervention will be a pilot to be administered in the Henrico County jail. The intention of the groups will be to address the underlying trauma experienced by women that lead them into unhealthy and abusive relationships which teach them to use violence and unhealthy behaviors as survival strategies, which in these cases have led to incarceration. By addressing the trauma and learning new skills the women in the program can have a better understanding of their experiences and move forward after release to healthier lives with the assistance of supportive community services offered through Real Life, a local non-profit assisting those exiting incarceration.

Activity - Healing Circles

Activity Summary: Creating a community culture of healthy boundaries and safety for individuals, by addressing harm in its earliest, most preventable stages.

Activity Description: Creating a community culture of healthy boundaries and safety for individuals, by addressing harm in its earliest, most preventable stages.

SMART Objective Target Population

Target Population Same as Program's or Subset? Same as the Program's Target Population

Program Name: Traumatic Brain Injury

Program Summary

Program Goal: To minimize the negative long-term health implications of mild traumatic brain injury by implementing best practice prevention, diagnosis and management strategies.

Healthy People 2030 Objective: ECBP-D07 Increase the number of community organizations that provide prevention services

Health Topic Area:	Educational and Community-Based Programs
Recipient Health Objective:	From 10/1/2025 to 9/30/2030, VDH will support efforts to better identify and manage mild traumatic brain injury and concussions to minimize long-term negative health impacts.

Program Problem Information

Program Problem Description:	Of more than 15,000 TBI's reported to the Virginia Statewide Trauma Registry in 2021, 13% were classified as severe, 4% as moderate and 82% as mild. Mild TBIs or concussions are often overlooked or dismissed. This is often due to the fact that they can cause problems with various brain functions some of which may not appear until days or months after the injury. Some problems may be temporary, while others may persist throughout a person's life after the injury. Although mild brain injuries or concussions are usually not life-threatening the effects can have serious long-term health effects, especially on the developing brains of children and teens. Untreated concussions can lead to serious injury or death.
Problem was Prioritized by the Following Factor(s)	Identified via surveillance systems or other data sources

Program Key Indicator(s)

Program Key Indicator - KI-02420

Description of Program Key Indicator	The rate of traumatic brain injury hospitalizations in Virginia per 100,000 population
Baseline Value for the Program Key Indicator	63.5 per 100,000 population

Program Strategy

Program Goal:	To minimize the negative long-term health implications of mild traumatic brain injury by implementing best practice prevention, diagnosis and management strategies.
Program Strategy:	Support the identification of individuals with TBI to facilitate reducing risk for reinjury in high-risk groups and provide access to appropriate management interventions that can reduce the personal and societal costs of TBI.
Program Setting(s):	Rape crisis center;University or college;Other_Settings
Program Setting -- Other:	Domestic Violence Agencies
List of Primary Strategic Partners	George Mason University; Brain Injury Association of Virginia
Evaluation Methodology	Implement the CDC's RE-AIM framework to include, where applicable, the systematic measurement of: the number of participants in training events and the level of exposure for awareness activities (Reach); the impact of trainings and educational sessions on behavioral change and changes in the rates of available Virginia injury data

(Efficacy); the number of new partnerships and/or policies developed to support implementation (Adoption); fidelity to best practices at the project level (Implementation); and the extent to which the program becomes institutionalized or part of the routine organizational practice (Maintenance). Outcomes of awareness and training activities will be assessed through tracking of activities; monitoring of audience exposures to information provided; and behavior change that results from activities. I

Planned Non-Monetary Support to Local Agencies or Organizations: Technical Assistance; Training; Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget

FY2025 Basic Allocation	\$299,314
FY2025 Sex Offense Allocation	\$0
Total Allocation	\$299,314

Program Target Population(s)

Program Target Population

Number of People Served:	12300
Race and/or Ethnicity:	American Indian or Alaskan Native; Asian; Black or African American; Hispanic or Latino; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White
Age:	Under 1 year; 1 - 4 years; 5 - 14 years; 15 - 24 years; 25 - 34 years; 35 - 44 years; 45 - 54 years; 55 - 64 years; 65 - 74 years; 75 - 84 years; 85 years and older
Sex:	Female; Male
Sexual Orientation:	Straight or heterosexual; LGBTQ
Geography:	Rural and Urban
Location:	Statewide
Occupation:	Mild brain injury
Primarily Low Income?	false
Disproportionately Affected by the Problem?	false

Program SMART Objective

Title of Program SMART Objective: Virginia Concussion Initiative

SMART Objective Summary

SMART Objective Description Between 10/1/2026 and 09/30/2027, the Virginia Concussion Initiative will conduct 1 Project ECHO® lab focused on reducing the impact of Traumatic Brain Injury among school aged youth to increase the number of

school-based concussion teams and local health care providers with the knowledge and skills to effectively detect and manage concussed youth athletes from 18 to 20.

Item to be Measured: School teams that have participated in the ECHO

Unit to be Measured: number

Baseline Value for Item to be Measured: 18

Interim Target Value to Reach by APR: 18

Final Target to Reach by Closeout Report: 20

SMART Objective Problem Information

SMART Objective Problem Description: TBIs can cause problems with various brain functions some of which may not appear until days or months after the injury. Some problems may be temporary, while others may persist throughout a person's life after the injury. Although mild brain injuries or concussions are usually not life-threatening the effects can be serious. Concussions can have serious long-term health effects, especially on the developing brains of children and teens. Proper recognition and response can prevent further injury and can help with recovery. If treated properly, the majority of people will fully recover from a concussion. However, untreated concussions can lead to serious injury or death.

SMART Objective Problem Summary: Traumatic Brain Injury (TBI) can result in a range of health impacts.

SMART Objective Intervention Information:

Intervention Summary: Provide school staff and local health care providers with training and technical assistance through the ECHO platform to implement the Board of Education Concussion Guidelines.

Intervention Description: The VDH and George Mason University ECHO, is a virtual series of school based, Return to Learn, Return to Play concussion management education led by specialists within and as part of the Virginia Concussion Initiative. This series connects school personnel, inclusive of administration, school nurses, trainers, faculty, coaches, and local clinical health care providers with concussion management specialists in regular, real-time, collaborative sessions revolutionizing professional development education and exponentially increasing workforce capacity to provide best-practice specialty care and reduce health disparities. Healthcare providers are equipped to address primary prevention, prevent the impact of concussions, identify risk, screen, manage, refer and recognize children needing additional evaluation, and describe healthcare roles in identifying and prevention of concussion management. An emphasis is placed on adopting the Board of Education Concussion Guidelines.

Type of Intervention: Evidence-Based Intervention

Rationale for Choosing the Intervention: The compendium of research and clinical practice guidelines demonstrate healthier outcomes and lessening

of harms when school personnel are trained to prevent and intervene incidences of concussions.

SMART Objective Key Indicator(s)

SMART Objective Key Indicator - KI-03436

Description of SMART Objective Key Indicator The number of school-based teams completing the Virginia Concussion Initiative

Baseline Value for the SMART Objective Key Indicator 18

Activities

Activity - Project ECHO

Activity Summary: VDH will contract with George Mason University to facilitate an ECHO lab focused on assisting school-based concussion teams with the implementation of the Board of Education’s Student Concussion Guidelines.

Activity Description: This ECHO brings together a team of concussion experts to optimize the well-being of every child with a concussion through collaborative networks, tailored guidance, and practical resources. VCI aims to support the implementation of concussion best practices across home, school, and community settings to protect and support the young minds of Virginia. Labs are held in three month rotation cohorts, and consists of six 90-minute programs that include a lecture, question and answer period, and case presentation. Thirty participants enroll in each cohort. Post cohort evaluation is conducted.

SMART Objective Target Population

Target Population Same as Program's or Subset? Same as the Program’s Target Population

Program SMART Objective

Title of Program SMART Objective: Brain Injury Screening

SMART Objective Summary

SMART Objective Description Between 10/1/2026 and 09/30/2027, increase the number of programs serving sexual/domestic violence victims that screen clients for brain injury and refer for support services from 14 to 16 programs.

Item to be Measured: S/DV service programs screening clients for brain injury

Unit to be Measured: number

Baseline Value for Item to be Measured: 14

Interim Target Value to Reach by APR: 14

Final Target to Reach by Closeout Report: 16

SMART Objective Problem Information

SMART Objective Problem Description: SMART Objective Problem Description: Intimate partner violence service providers receive little brain injury brain injury education or training for their jobs. Consequently, these providers report an inability to

recognize common signs/symptoms of brain injury, leading to gaps in being able to provide clients with relevant resources and referrals. Domestic violence shelters operate within an empowerment philosophy that survivors are self-determining, can identify their needs, and know what it takes to meet those needs. For those with brain injury; their behavior can jeopardize their safety and recovery, as shelter staff could easily misinterpret symptoms of brain injury and decide their client is too problematic for community living, depriving them of needed services.

SMART Objective Problem Summary:

Victims of domestic violence suffering from brain injuries need treatment or interventions which have been planned in the context of the brain injury.

SMART Objective Intervention Information:

Intervention Summary:

Implement the Screen & Intervene project among sexual/domestic violence (S/DV) providers serving communities in Virginia.

Intervention Description:

Provide education to S/DV service providers about brain injury and the intersection between brain injury and S/DV and train them on screening for brain injury and making program accommodations and referrals for brain injury resources.

Type of Intervention:

Innovative/Promising Practice

Rationale for Choosing the Intervention:

Intimate partner violence service providers receive little brain injury education or training for their jobs. Consequently, these providers report an inability to recognize common signs/symptoms of brain injury, leading to gaps in being able to provide clients with relevant brain injury resources and referrals. This intervention will provide training on screening and awareness of community resources for referral.

SMART Objective Key Indicator(s)

SMART Objective Key Indicator - KI-03440

Description of SMART Objective Key Indicator

Percentage of DV/SV clients screening positive for a potential brain injury

Baseline Value for the SMART Objective Key Indicator

38%

Activities

Activity - Screen & Intervene

Activity Summary:

Support S/DV programs in providing brain injury screening and resource referral to clients.

Activity Description:

Contract with the Brain Injury Association of Virginia continue implementing the Screen & Intervene project to include supporting S/DV programs in screening for brain injury; supporting Brain Injury programs in screening for S/DV; and host 2 regional workshops to promote BI & partner agency collaboration and support community connections.

SMART Objective Target Population

Target Population Same as Program's or Subset?	Sub-set of the Program's Target Population
Number of People Served:	652
Race and/or Ethnicity:	Black or African American;Hispanic or Latino;White
Age:	15 - 24 years;25 - 34 years;35 - 44 years;45 - 54 years;55 - 64 years;65 - 74 years;75 - 84 years;85 years and older
Sexual Orientation:	Straight or heterosexual;LGBTQ
Geography:	Rural and Urban
Location:	Statewide
Occupation:	SV/DV Clients

Program Name: Injury and Violence Risk and Protective Factors

Program Summary

Program Goal: To prevent injuries and violence in a manner that goes beyond just avoiding the physical injury to contributing to substantial health, social and economic gains addressing root causes and determinants of health.

Healthy People 2030 Objective: ECBP-D07 Increase the number of community organizations that provide prevention services

Health Topic Area: Educational and Community-Based Programs

Recipient Health Objective: From 10/1/2025 to 9/30/2030, VDH will support community led injury and violence prevention initiatives targeting risk and protective factors at multiple levels of the social ecology.

Program Problem Information

Program Problem Description: Injuries and violence represent the leading causes of death in Virginia for those 1-44 years of age. Depending on the severity of the injury, victims may be faced with life-long mental, physical and financial problems as a result of lost productivity and stress to the victim, family and other caregivers. Injuries impact everyone regardless of age, race or economic status. Beyond death and injury, exposure to any form of trauma, particularly in childhood, can negatively impact a multitude of health outcomes and social problems. Complicating the prevention of injuries and violence is the complex interplay among societal and structural determinants of health impacting injury and violence.

Problem was Prioritized by the Following Factor(s) Prioritized within a strategic plan

Program Key Indicator(s)

Program Key Indicator - KI-02421

Description of Program Key Indicator	2023 Rate of injury death in Virginia per 100,000 population
Baseline Value for the Program Key Indicator	80.3 per 100,000

Program Strategy

Program Goal: To prevent injuries and violence in a manner that goes beyond just avoiding the physical injury to contributing to substantial health, social and economic gains addressing root causes and determinants of health.

SDOH Addressed by the Program: Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability); Social and Community Context (e.g. discrimination, low civic participation, poor workplace conditions, incarceration); Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence); Adverse Childhood Experiences (ACEs)

Program Strategy: VDH will support the prevention of injuries and violence by funding community-based efforts focused on addressing the complex interplay of shared risk and protective factors that influence human behavior and health outcomes which include social determinants of health across all levels of the socioecological model.

Program Setting(s): Community based organization; Other_Settings

Program Setting -- Other: Prisons and jails

List of Primary Strategic Partners Department of Corrections, RISE for Youth

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

Planned Non-Monetary Support to Local Agencies or Organizations: Technical Assistance; Training; Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget

FY2025 Basic Allocation	\$229,806
FY2025 Sex Offense Allocation	\$0
Total Allocation	\$229,806

Program Target Population(s)

Program Target Population

Number of People Served:	8631393
Race and/or Ethnicity:	American Indian or Alaskan Native;Asian;Black or African American;Hispanic or Latino;Middle Eastern or North African;Native Hawaiian or Pacific Islander;White
Age:	Under 1 year;1 - 4 years;5 - 14 years;15 - 24 years;25 - 34 years;35 - 44 years;45 - 54 years;55 - 64 years;65 - 74 years;75 - 84 years;85 years and older
Sex:	Female;Male
Sexual Orientation:	Straight or heterosexual;LGBTQ
Geography:	Rural and Urban
Location:	Statewide
Occupation:	All
Primarily Low Income?	false
Disproportionately Affected by the Problem?	false

Program SMART Objective

Title of Program SMART Objective: Shared Risk and Protective Factors

SMART Objective Summary

SMART Objective Description From 10/1/2026-9/30/2027, VDH will fund at least three community-based projects focused on addressing risk and protective factors that are shared between multiple mechanisms of injury and violence.

Item to be Measured: Projects impacting risk and protective factors

Unit to be Measured: Number

Baseline Value for Item to be Measured: 0

Interim Target Value to Reach by APR: 0

Final Target to Reach by Closeout Report: 3

SMART Objective Problem Information

SMART Objective Problem Description: Injuries and violence represent the leading causes of death in Virginia for those 1-44 years of age.

SMART Objective Problem Summary: Injuries and violence represent the leading causes of death in Virginia for those 1-44 years of age. Depending on the severity of the injury, victims may be faced with life-long mental, physical and financial problems as a result of lost productivity and stress to the victim, family and other caregivers. Injuries impact everyone regardless of age, race or economic status. Beyond death and injury,

exposure to any form of trauma, particularly in childhood, can negatively impact a multitude of health outcomes and social problems. Complicating the prevention of injuries and violence is the complex interplay among societal and structural determinants of health impacting injury and violence.

SMART Objective Intervention Information:

Intervention Summary:

Community-based organizations will be funded to collaborate and implement efforts impacting shared risk and protective factors.

Intervention Description:

VDH would solicit and fund community-based organizations to collaborate and implement efforts impacting shared risk and protective factors. These projects would include identifying local and organizational barriers and advancing policy changes to address those barriers. These opportunities will increase cross-sector engagement, and advance programmatic and policy changes that would ultimately improve multiple health outcomes.

Type of Intervention:

Innovative/Promising Practice

Rationale for Choosing the Intervention:

One of the most effective public health approaches to preventing injury and violence is to address Shared Risk and Protective Factors (SRPF) at the individual, community, and societal levels. Shared risk factors are conditions that increase the likelihood of injury or violence. Protective factors are conditions that decrease the likelihood of injury or violence. Risk and protective factors contribute to injuries or violent outcomes, but are not direct causes. Structuring efforts around addressing shared risk and protective factors that impact multiple injury and violence outcomes and have the most potential for collective change through prevention efforts.

SMART Objective Key Indicator(s) Activities

Activity - Connecting Prevention and Health Promotion

Activity Summary:

Mapping the impact of injury and violence prevention work as upstream efforts in the prevention of chronic diseases.

Activity Description:

Mapping the impact of injury and violence prevention work as upstream efforts in the prevention of chronic diseases.

Activity - Community-Based Projects

Activity Summary:

Fund multiple community-based projects focused on addressing risk and protective factors that are shared between multiple mechanisms of injury and violence.

Activity Description:

VDH will fund community-based organizations to implement injury and violence prevention efforts focused on addressing risk and protective factors that are shared between multiple mechanisms of injury and violence. Projects will be monitored and evaluated.

Activity - CDC PHHSBG Grantee Meeting

Activity Summary: Attend the required grantee meeting.

Activity Description: Attend the required grantee meeting.

SMART Objective Target Population

Target Population Same as Program's or Subset? Same as the Program's Target Population

Program Name: **Arthritis Management**

Program Summary

Program Goal: To expand availability, accessibility, and referral pathways to Arthritis Approved Evidence-Based Interventions

Healthy People 2030 Objective: A-04 Increase the proportion of adults with arthritis who get counseling for physical activity

Health Topic Area: Arthritis

Recipient Health Objective: From 10/1/2026-9/30/2027, VDH will expand availability, accessibility, and referral pathways to Arthritis Approved Evidence-Based Interventions.

Program Problem Information

Program Problem Description: Because it can reduce a person's mobility and ability to function, arthritis can cause a significant degree of activity limitation, which can lead to work disability. In Virginia, the prevalence of arthritis attributable work limitation among adults was 29.6%, and the prevalence of arthritis attributable activity limitation among adults was 40.6%. Significantly, more than 28% of individuals with arthritis reported severe joint pain. It is well documented that these limitations increase with age, social disadvantages, and poor physical and mental health. In Virginia, 27.3% of individuals who report having arthritis also report having fair or poor health.

Problem was Prioritized by the Following Factor(s) Identified via surveillance systems or other data sources

Program Key Indicator(s)

Program Key Indicator - KI-03443

Description of Program Key Indicator Individuals aged 65 years or older with self-reported arthritis

Baseline Value for the Program Key Indicator 53.1%

Program Strategy

Program Goal: To expand availability, accessibility, and referral pathways to Arthritis Approved Evidence-Based Interventions

Program Strategy: VDH will work to expand availability, accessibility, and referral pathways to Arthritis Approved Evidence-Based

Interventions (AAEBI) by increase provider physical activity screening, counseling, and referrals to AAEBIs, and to reduce disparities in populations disproportionately affected by arthritis.

Program Setting(s): Community based organization;Medical or clinical site;Parks or playgrounds

List of Primary Strategic Partners Arthritis Foundation, Virginia Department for Aging and Rehabilitative Services, Local Area Agencies on Aging

Evaluation Methodology Evaluation and performance measurement activities will assess implementation processes and outcomes related to the state-based strategies to improve arthritis management and quality of life for adults with arthritis. In addition to outcome and performance measures , successes, challenges, lessons learned, and best practices will be collected and reported throughout the period of performance. Partners will be involved throughout the evaluation process through monthly or quarterly web meetings. Participant feedback will be obtained after trainings to measure training effectiveness. Interventions will be evaluated to determine if targets are met, and program integration and coordination efforts are effective and efficient.

Planned Non-Monetary Support to Local Agencies or Organizations: Training;Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2025 Basic Allocation	\$245,000
FY2025 Sex Offense Allocation	\$0
Total Allocation	\$245,000

Program Target Population(s)

Program Target Population

Number of People Served:	1400000
Race and/or Ethnicity:	American Indian or Alaskan Native;Asian;Black or African American;Hispanic or Latino;Middle Eastern or North African;Native Hawaiian or Pacific Islander;White
Age:	65 - 74 years;75 - 84 years;85 years and older
Sex:	Female;Male
Sexual Orientation:	Straight or heterosexual;LGBTQ
Geography:	Rural and Urban
Location:	Statewide
Occupation:	various
Primarily Low Income?	false
Disproportionately Affected by the Problem?	true

All or Part Disproportionately Affected? All

Program SMART Objective

Title of Program SMART Objective: Arthritis Approved Evidence-Based Interventions

SMART Objective Summary

SMART Objective Description From 10/1/2026-9/30/2027 VDH will disseminate AAEBIs including programs available for remote delivery.

Item to be Measured: AAEBIs promoted

Unit to be Measured: number

Baseline Value for Item to be Measured: 4

Interim Target Value to Reach by APR: 4

Final Target to Reach by Closeout Report: 4

SMART Objective Problem Information

SMART Objective Problem Description: Early diagnosis, weight management, physical activity, and self-management can reduce the pain and disability that accompanies arthritis. However, physical inactivity is very common among those with arthritis and lack of movement exacerbates arthritis symptoms, as well as symptoms from other chronic diseases. Although access to Arthritis Approved Evidence-Based Interventions (AAEBIs) provides opportunities for free and low-cost management of arthritis and comorbidities, only 4.3% of those with arthritis report ever taking an educational course or class.

SMART Objective Problem Summary: Early diagnosis, weight management, physical activity, and self-management can reduce the pain and disability that accompanies arthritis.

SMART Objective Intervention Information:

Intervention Summary: The VDH Arthritis Program will continue to expand availability, accessibility, and referral pathways to AAEBIs, increase provider physical activity screening, counseling, and referrals, and reduce disparities in those populations disproportionately affected by arthritis.

Intervention Description: The VDH Arthritis Program will continue to expand availability, accessibility, and referral pathways to AAEBIs, increase provider physical activity screening, counseling, and referrals, and reduce disparities in those populations disproportionately affected by arthritis. This will be accomplished will be accomplished by integrating and coordinating strategies and activities in multiple settings, by issuing consistent and tailored communications and messages, and by collaborating with a broad spectrum of partners who are committed to improving the health of individuals with arthritis in the Commonwealth.

Type of Intervention: Evidence-Based Intervention

Rationale for Choosing the Intervention: AAEBIs identified by CDC.

SMART Objective Key Indicator(s)

Activities

Activity - Arthritis Appropriate Evidence-Based Interventions

Activity Summary:

Disseminate sustainable, arthritis appropriate evidence-based interventions (AAEBIs) to reduce arthritis burden in the Commonwealth.

Activity Description:

The Virginia Arthritis Program will build on previous successes and continue to establish a sustainable network for referrals to AAEBIs that covers the state geographically and provides access to populations and communities that are disproportionately affected by arthritis. VAP will support the following AAEBIs during the five-year grant period: Walk With Ease, Chronic Disease Self-Management Program, Tormando Control de su Salud, and Tai Chi for Arthritis.

SMART Objective Target Population

Target Population Same as Program's or Subset?

Same as the Program's Target Population