To: BOS
Subject: FW: County Health Ranking
Attachments: HPHD Strategic Plan 2018 Final.docx

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Sent: Wednesday, March 20, 2019 9:47 PM
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Subject: County Health Ranking

The latest County Health Ranking report has just been released. For the past 10 years, the County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Ranking is an easy-to-use snapshot comparing the overall health of nearly every locality in the nation. The Rankings make it clear that good health includes many factors beyond medical care, such as tobacco use and weight, socioeconomic factors such as poverty, affordable housing, and behavioral factors such as violence.

The Rankings use factors that communities can do something about. A close look at Rankings factors can help us pinpoint where they need to work together. The Hampton Peninsula strategic plan, adopted in Dec 2018, addresses many of those factors, specifically obesity, tobacco use, violence, and communicable disease.

The number one ranked county in Virginia Loudoun. York County is ranked 6. Poquoson is ranked 8. James City County is ranked 20. Addressing tobacco use and adult obesity can improve that rank.

Williamsburg is ranked 58. By addressing tobacco use and working with other coalitions and task forces to increase affordable housing and reduce the number of children living in poverty, we can improve that ranking.

Newport News is ranked 87. Addressing tobacco use and adult obesity can improve that ranking. Task forces to reduce the incidents of violent crime are in place and our strategic plan acknowledges public health role in violence prevention. In Newport News, the number of sexually transmitted diseases continues to be higher than the state incidence. The District's news Disease Prevention Team is addressing that.

Hampton is ranked 89. Addressing tobacco use and adult obesity can improve that ranking. Task forces to reduce the incidents of violent crime are in place and our strategic plan acknowledges public health role in violence prevention. In Newport News, the number of sexually transmitted diseases continues to be higher than the state incidence. The District's news Disease Prevention Team is addressing that.

No matter where a community ranks–the bottom, middle, or top—all counties can take action and improve. It's not a race to the top. It is about progress from year to year within our community.

Find below the changes in each of our locality's rankings, from 2018 to 2019. "Areas to Explore" are most likely the key factors for the changes in rank. These are the issues we will be considering in our HPHD Strategic Plan. 4 of our 6 localities decreased; however, Hampton and York improved.

Locality	2018 Overall Ranking	2019 Overall Ranking
York	7	6
Poquoson	5	8
James	15	20
Williamsburg	38	58
NPN	86	87
Hampton	94	89

Hampton Peninsula Health District

Strategic Plan

2018

Introduction

This document describes the 2019 Strategic Plan for the Hampton/Peninsula Health District (HPHD). The purpose of this Plan is to define the strategic direction of HPHD. It describes the actions for the next four (4) years to achieve the goals set for 2023. That includes internal systems, policy, and operational changes as well as the continuation and initiation of programs and partnerships.

This Strategic Plan aligns with the HPHD Community Health Assessment (CHA) and Emergency Response Plan. The Plan addresses all standards for the practice of public health developed by the Public Health Accreditation Board. By adopting those standards, we advance our work and prepare our organization for the possibility of accreditation.

Vision, Mission, and Values

Our Vision

The Virginia Department of Health focuses on healthy people in healthy communities with of vision to "become the healthiest state in the nation." The HPHD adopted as their own to "become the healthiest cities and counties in the state."

Our Mission

Our mission is to protect the health and promote the well-being of all people on the Virginia Peninsula.

Our Values

Our work is guided by these core values: service; equity; and data informed decision-making.

Service We value our role as crucial service providers to the people on the Virginia Peninsula and take pride in the quality of the service delivered.

Equity We value the right of every citizen to receive equitable services from us free of discrimination.

Data informed decision-making We value the use to accurate and unbiased data to guide us in defining needs, setting and prioritizing goals, planning programs and services, and monitoring progress.

The Communities We Serve

The HPHD fulfills the certified local health department function and provides public health services for two independent counties and four independent cities: James City County, York County, the City of Hampton, the City of Newport News, the City of Poquoson, and the City of Williamsburg. Each local jurisdiction has a strong city manager/county administrator form of government with an elected city council or county board of supervisors.

Exhibit 1. Demographic Characteristics of the Jurisdictions of the Hampton/Peninsula Health Districts

Jurisdiction	Population	Race (%)			Hispanic or Latino (%)	Language other than English spoken at home (%)	Age 65 years and over (%)	Individuals below poverty line (%)
		White	Black or African American	Other				
Hampton	137, 436	43.0	50.0	2.2	4.5	7.1	12.0	13.0
Newport News	180,179	49.0	40.7	10.3	7.5	8.4	10.6	13.5
Poquoson	12, 150	95.1	0.6	4.3	1.8	8.6	15.6	4.7
Williamsburg	14, 068	74.0	14.0	12.0	6.7	6.4	13.4	18.9
James City County	67,009	80.3	13.1	6.6	4.5	8.1	20.7	6.3
York County	65,464	76.4	13.4	10.2	4.4	7.9	12.1	3.5

Source: U.S. Census Bureau, American Fact Finders, 2010 and American Community Survey 5-Year Estimates

The total resident population of the six jurisdictions is 476,846. There are no tribal lands located within the Districts. Residents reside in urban, suburban, and rural environments. Over 50, 000 students attend 77 public schools in five (5) independent school districts. One in seven (13.2%) of the residents is age 65 or older.

Within and among the jurisdictions there is significant racial and socioeconomic diversity. There are pockets of poverty, the largest located in the southeast community of Newport News and Hampton where 90% of the population is Black, not Hispanic; over 50% of adults are living below 200% of the poverty level, and an estimated 23% are medically uninsured. Another jurisdiction with large socioeconomic diversity is Williamsburg, where almost 20 % of the population live below 200% of the poverty level. There is a rising number of Hispanic/Latino workers in service jobs supporting tourism. A disproportionate portion of their income goes towards housing as that cost rises in that locality.

Like all large communities, our community has diverse and substantial health concerns. As documented in our 2016 Community Health Assessment, these concerns include access to services, chronic and communicable disease prevalence, substance abuse, particularly the use of opioids, and intentional violence. Mental health and access to mental health services are problematic. The most vulnerable populations include children, seniors, people with low income and the homeless. As a public health agency, we have a distinctive role in addressing these concerns in collaboration with our strategic partners, as outlined in this Strategic Plan.

If our community has significant health concerns, we also have substantial health assets that provide a foundation for community health improvement. These assets include:

- Support from local government leadership
- Organizations and institutions that care about community health, including our partners at local health care systems, community development organizations, academia, faith communities, and housing
- Resources in our natural and built environments that support community health and well-being (e.g., parks, trails, water resources).

Organization and Capacity of the Hampton/Peninsula Health District

The Hampton/Peninsula Health District has 157 full time positions and 15 part-time positions.
Day-to-day operations are directed under the leadership of a full-time District Director and the Executive Management Team composed of a Deputy Director, a Business Manager, a Nurse Manger, an Environmental Health Manager and a Population Health Manager.

The Hampton/Peninsula Health District operates out of seven facilities (Appendix 1). The Peninsula Health Center houses District administrative offices, public health preparedness staff, and the Health Department Operations Center (HDOC). The Peninsula Health Center (and the HDOC) has a backup generator that can power the entire facility. Two independent information technology networks (Commonwealth of Virginia and City of Newport News) serve the health center and HDOC. The District's HDOC supports emergency operations for all six localities and offer space for Human Services and American Red Cross during events.

The Hampton/Peninsula Health District has a state fiscal year 2018 budget estimate of $5,787,868 from state general funds; $4,176,333 from local government match funds; and $1,273,440 from revenue collected. Federal grants, primarily through the Virginia Department of Health, provide $2,805,626. $3,196,066 of grant fundings supports emergency preparedness and response expenditures, and specific service delivery programs.

Strategic Focus: Essential Public Health Services

As the local public health agency for the region, Hampton/Peninsula Health District is responsible for three core functions and ten essential public health services (see Exhibit 2). These core functions and essential services reflect the standards of the Public Health Accreditation Board.
This strategic plan presents an important opportunity for Hampton/Peninsula Health District to define, strengthen and document the core functions and essential services for the communities we serve, as well as for future accreditation. The core functions and essential services align with and support the agency's requirements to produce a Community Health Assessment, Community Health Improvement Plan, Quality Improvement Plan, and Emergency Response Plan. The core functions and essential services also align with the standards of the Public Health Accreditation Board (PHAB). If the Hampton/Peninsula Health District can achieve excellence in these core areas, it will be in position to serve its communities with distinction while also achieving accreditation if it chooses to pursue that option.

Exhibit 2
Core Functions and Essential Services of Public Health

The Process

The strategic plan process began in February 2018. Co-coordinators, appointed by the Health Director, regularly met with the Executive Management Team regularly to convey updates on activities.

SWOT Analysis

A Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis was conducted in during April and Mayof 2018**.** Seventeen **(**17) sessions included staff from all departments. Eighty-nine percent (89%) of staff participated in a SWOT session.

The SWOT groups considered the five (5) goals included in the Virginia Department of Health Strategic Plan.

Goal 1: Maintain a competent and valued workforce.

Goal 2: Foster healthy, connected, and resilient communities.

Goal 3: Be a trusted source of public health information and services.

Goal 4: Assure the conditions that improve health opportunity.

Goal 5: Provide internal systems that deliver consistent and responsive support.

Appendix 2 contains a summary of the SWOT results.

At the Quarterly General Staff Meeting on May 30, 2018 the SWOT analysis results were presented. Staff then broke in to workgroup to take a first attempt at identifying strategic issues based on these results.

Determination of Strategic Issues

The Executive Management Team (EMT) reviewed a wide range of morbidity and mortality data and outcome data for the six localities served by HPHD. Data sources included the Virginia Department of Health Division of Health Statistics, United States Center of Disease Control and Prevention and County Health Rankings. A crosswalk of the localities' strategic plans identified issues common to the localities and the EMT's review. This stage of the process identified 11 strategic issues.

Table 1: Strategic Issues

Maternal and Child Health	Chronic Disease	Communicable Disease	Intentional Injury
Unintended Pregnancies	Diabetes	HIV/AIDS	Violence
Births to Teens	Lung Cancer	Gonorrhea	Opioid Addiction
Minority Infant Mortality	Prostate Cancer	Early Syphilis	
	Colon Cancer		

Work groups

Four (4) work groups developed the goals, objectives and strategies for each strategic issue. The Executive Management Team (EMT) reviewed and edited the work group submissions. The objectives are included among the assessment, policy development, research, and assurance goals outlined in Table 2, below. Some goals appear more than once due

to the complexity and scope of the objectives and strategies. Appendix 3 contains the complete set of goals, objectives, and strategies for the issues identified by the EMT.

Goals and Strategies

Outlined below are a set of eleven goals and associated strategies that fulfill HPHD's core functions and essential services. These goals come directly from the Public Health Accreditation Board (PHAB) standards. There are five (5) categories: *Assessment; Policy Development; Research; Assurance;* and a supporting category of *System Management*. Each PHAB goal includes two or more strategies for achieving the goal. To align the resulting HPHD Strategic Plan document with the goal/objective/strategy rubric adopted by the EMT, the PHAB "domains and strategies" combine, in Table 2, to become HPHD goals.

HPHD leadership commits to support each goal and strategy with appropriate policies, infrastructure, and resources as feasible within policy and budget parameters.[1] Assigned HPHD 'leads' will develop an operating plan for the implementation of each goal and objective. As a reference for operational planning, the PHAB standards provide additional detailed guidance on how PHAB strategies can be implemented and documented if when pursing accreditation. The operational plan will specify responsible people, key objectives, and timetables.

Goals	Objectives	Lead Responsibility	Timetable
Assessment			
Goal 1. Conduct and Disseminate Assessments Focused on Population Health Status and Public Health Issues Facing the Community			
• **Goal 1.1: Participate in or lead a biannual collaborative process resulting in a comprehensive community health assessment.**	**1.1 Continue participation in the Peninsula Health Collaborative with four (4) regional health systems in cooperative work on community needs assessment.**	**Population Health**	**Ongoing Next cycle begins 12/2018 Ends April 2019**
• **Goal 1.2: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population.**	**1.2 Create dashboard of key population health measurements and display of District Website.** **1.2a Recruit Program Support Technician with website and display skills.** **1.2b Recruit Population Health Coordinator** **1.2c Collect appropriate data during CHA process.**	**Population Health Manager** **Population Health Manager** **Population Health Manager** **Population Health Manager**	**December 2019** **February 2019** **February 2019** **March-June 2019**

[1] http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf

Goals	Objectives	Lead Responsibility	Timetable
• **Goal 1.3: Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health.** • **Goal 1.4: Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs, or interventions**	**1.3 By June 2022, decrease 2016 infant mortality rate in the African American population in Hampton and Newport News by 25%.** **1.3a Conduct census tract level survey to identify patterns of prenatal care, attitudes towards safe sleep practices, and beliefs about causes of infant deaths** **1.4 Establish Population Health Analyst position.** **1.4a Continuously analyze data as it is collected during CHA process and ongoing.**	**Maternal and Child Health Educator** **Population Health Manager** **Population Health Manager** **Executive Management Team** **Population Health Manager**	**December 2019** **July 2019** **Ongoing**
Goal 2: Investigate Health Problems and Environmental Public Health Hazards to Protect the Community			
• **Goal 2.1: Conduct timely investigations of health problems and environmental public health hazards.**	**2.1 In place.**	**Environmental Health Manager and Supervisors** **Epidemiologist**	**Ongoing**
• **Goal 2.2: Contain/mitigate health problems and environmental public health hazards.**	**2.2 In place** **Planning for Public Health Readiness and Training Plans** **Disease Investigation Protocols** **Environmental Health Protocols**	**Environmental Health Manager** **Emergency Preparedness and Readiness Planner** **Epidemiologists**	**Reviewed and Revised periodically**
• **Goal 2.3: Ensure access to laboratory and epidemiologic/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards.**	**2.3 Contracts with, and protocols for laboratory services in place** **Regional and VDH Central Office consultation available**	**Business Manager** **Epidemiologists** **Environmental Health Manager**	**Ongoing**
• **Goal 2.4: Maintain a plan with policies and procedures for urgent and non-urgent communications.**	**2.4 Plan for urgent communication In place.** **2.4 Develop a non-urgent communication plan for the District** **2.4a Expand use of District Website and Facebook** **2.4b Introduce use of Twitter into Communication Plan.** **2.4c Publish an Annual Report**	**Emergency Preparedness and Readiness Planner** **Population Health Manager**	**Ongoing** **July 2019**

Goals	Objectives	Lead Responsibility	Timetable
Policy Development			
Goal 3: Inform and Educate about Public Health Issues and Functions			
• **Goal 3.1: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.**	**3.1a Decrease HIV and STI morbidities on the Virginia Peninsula.** **3.1a*i* Implement educational campaigns to improve health literacy and participation in health care among LGBT groups.**	**Disease Prevention Unit Coordinator**	**December 2019**
	3.1b By 2023, reduce the 2015 Incidence of Type 2 Diabetes in Hampton, Newport News, and Poquoson by 20%. **3.1b*i* Increase knowledge understanding of diabetes management and prevention to include healthy lifestyle changes and evidence-based programs.**	**Population Health Coordinator**	**June 2023** **December 2020**
	3.1c By 2020, decrease 2016 teen birth rate in Hampton and Newport News by 25% **3.1c*i* By May 2020, provide an evidence-based program that includes decision making/ negotiation skills and goal setting skills for 500 middle school aged girls in an after school setting.**	**Maternal and Child Health Educator**	**May 2020**
	3.1d Host a "Health in All Policies Summit" for local government leaders. **3.1d*i* Contract with The Institute for Public Innovation** **3.1d*ii* Invite City and County elected officials and department Heads**	**Population Health Manager**	**September 2019**
• **Goal 3.2: Provide information on public health issues and public health functions though multiple methods to a variety of audiences.**	**3.2a By 2023, reduce the 2015 lung cancer incidence rates in Hampton and Newport News by 20%.** **3.2a*i* Increase awareness of the harmful effects of tobacco through marketing of Quitline.**	**Population Health Coordinator**	**December 2023**
	3.2b By 2023, reduce the 2015 Incidence rates of Type 2 Diabetes in Hampton, Newport News, and	**Population Health Coordinator**	**December 2023**

Goals	Objectives	Lead Responsibility	Timetable
	Poquoson by 20%. 3.2b*i* Decrease the prevalence of Type 2 diabetes in youth through policy, systems and environmental changes. 3.2c Provide an online Customer Service Survey for those receiving services by HPHD.	 Administrative Assistant	 July 2019
Goal 4: Engage with the Community to Identify and Address Health Problems • Goal 4.1: Engage with the public health system and the community in identifying and addressing health problems through collaborative processes.	4.1a Decrease HIV and STI morbidities on the Virginia Peninsula. 4.1b*i* By December 2019, reduce the case rates of gonorrhea and early syphilis by 10% compared to base year 2018. 4.1c Decrease HIV disparities in the Virginia Peninsula population. 4.1d Assist community partners in Hampton and Newport News to reduce the incidence of intentional injuries due to violence. 4.1e Address the opioid crisis in partnership with other community organizations and city and county governments.	Disease Prevention Coordinator Disease Prevention Coordinator Population Health Coordinator Epidemiologist Population Health Coordinator	2019 December 2023 2023 January 2019 and ongoing
• Goal 4.2: Promote the community's understanding of and support for policies and strategies that will improve the public's health.	4.2 Develop a non-urgent communication plan for the District 2.4a Expand use of District Website and Facebook 2.4b Introduce use of Twitter into Communication Plan. 2.4c Publish an Annual Report	Population Health Manger	June 2019 2020 June 2019
Goal 5: Develop Public Health Policies and Plans • Goal 5.1: Serve as a primary and expert resource for establishing and maintaining public health policies, practices, and capacity.	5.1a Establish regular meeting with local government leadership. 5.1b Prepare position papers regarding pending city/county actions their impact the health on the population.	By Assignment of Director Subject Expert Manager	July 2019

Goals	Objectives	Lead Responsibility	Timetable
	5.1c Serve on local and regional task forces that address violence and drug addiction.	**By Assignment of the Director**	
• **Goal 5.2: Conduct a comprehensive planning process resulting in a community health improvement plan.**	**5.2 Prepare a Community Health Improvement Plan (CHIP) to include current health promotion/education activity, and the objectives developed by the Strategic Plan Work Groups and new issues identified during the CHA process.**	**Population Health Manager**	**June 2019**
• **Goal 5.3: Develop and implement a health department organizational strategic plan.**	**5.3 In Progress**	**Executive Management Team**	**December 2018**
• **Goal 5.4: Maintain an all hazards emergency operations plan.**	**5.4 In place. "Project Public Health Ready" (PPHR) reviewed every five years. "Continuity of Operations Plan" (COOP) reviewed annually.**	**Emergency Preparedness and Readiness Planner**	**Ongoing**
Assurance			
Goal 6: Enforce Public Health Laws			
• Goal 6.1: Review existing laws and work with governing entities and elected/appointed officials to update as needed.	**6.1a Review local laws/ordinances to assure alignment with state laws and regulations.**	**Environmental Health Manager Health Director**	**Ongoing**
	6.1b Meet with local government leadership when non-alignment laws are identified or are under consideration by localities.	**Health Director Environmental Health Manager**	**As needed**
• Strategy 6.2: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply	**6.2a Prepare talking points and presentation on the topic of public health law and its impact.**	**Environmental Health Manager Epidemiologists**	**July-August 2019**
	6.2b Participate in six (6) Channel 47 "Round Robin" tapings regarding public health law impact.	**Population Health Manager Environmental Health Manager**	**September 2019**
	6.2c Include impact presentation in "Health In All Policies" Summit.	**Population Health Manager**	**September 2019**
	6.2d Create a "Public Health Law" space on website and refresh quarterly or as needed.	**Population Health Manager**	**July 2019 and ongoing**

Goals	Objectives	Lead Responsibility	Timetable
Goal 7: Promote Strategies to Improve Access to Health Care			
• **Goal 7.1: Assess health care service capacity and access to health care services.**	**7.1 Propose a health care capacity assessment and access to health care assessment to the Peninsula Health Collaborative as a group project. Identify other partners if needed.**	**Population Health Manager**	**January 2020-January 2021**
• **Goal 7.2: Identify and implement strategies to improve access to health care services**	**7.2a By 2020, decrease 2016 teen birth rate in Hampton and Newport News by 25%.**	**Maternal and Child Health Educator**	**2020**
	7.2a*i* During Fiscal Year 2020, provide information about contraceptives and other family planning services to 1000 teens in Hampton and Newport News.		**2020**
	7.2b By June 2022, decrease 2016 infant mortality rate in the African American population in Hampton and Newport News by 25%.	**Maternal and Child Health Educator**	
	7.2b*i* In FY2020, provide education about safe sleep practices for infants, to 500 family members of African American infants in Newport News and Hampton.		**July 2019 and Ongoing**
	7.2c By 2023, reduce the 2015 incidence of Type 2 Diabetes in Hampton, Newport News, and Poquoson by 20%.	**Population Health Coordinator**	**2019-2023**
	7.2c*i* Increase awareness and access to prediabetes screenings and healthy lifestyle behavior education to adults 18 years of age and older.	**Population Health Coordinator**	**July 2019 and ongoing**
	7.2c*ii* Decrease the percent of adults who are aware that they are prediabetic through clinical testing.	**Population Health Coordinator**	**July 2019 and ongoing**
	7.2d By 2023, reduce the 2015 prostate cancer incidence rates in James City and York Counties, Hampton, and Newport News by 20%.	**Population Health Coordinator**	**Ongoing**
	7.2d*i*. Improve prostate cancer screening rates, education and awareness through community-clinic partnerships.		**July 2019 and ongoing**
	7.2e By 2023, reduce the 2015 colon cancer incidence rates in Hampton, Newport News		

Goals	Objectives	Lead Responsibility	Timetable
	and York County by 25% 7.2*e*i Improve colon cancer screening rates, education and awareness though community-clinic partnerships.	Population Health Coordinator	July 2019 and ongoing
	7.2f Decrease HIV and STI morbidities on the Virginia Peninsula. 7.2f*i* Increase peer led interventions around HIV care navigations, testing, and other support services.	Disease Prevention Coordinator	
	7.2g Establish a Disease Prevention Team that includes PrEP and ADAP Programs at Hampton and Newport News District facilities.	Disease Prevention Coordinator Nurse Manager	December 2018
	7.2h Establish a schedule of health screenings, testing, and chronic disease management programs at Marshall Ridley Community Center in Newport News as part of the CHOICE initiative.	Population Health Manager Nurse Manager	February 2019
	7.2i Continue to seek funding for breast health services in district-wide in cooperation with health systems on the Virginia Peninsula.	Population Health Manager	Ongoing
	7.1j Continue membership in the Greater Williamsburg Chronic Disease Collaborative.	Population Health Manager	Ongoing
	71.f Provide support to Olde Town Medical Center to expand Family Planning services.	Health Director	In progress
Goal 8: Maintain a Competent Public Health Workforce • Goal 8.1: Encourage the development of a sufficient number of qualified public health workers.	8.1 Establish a reasonable pool of qualified candidates for HPHD positions.	Business Manager Human Resources	December 2020
	8.2 Complete recruitment process quickly.	Business Manager Human Resources	
	8.3 Develop a Preceptor's Guide and provide training. lead by a consultant or higher education representative, to all supervisors.	Business Manager Training Coordinator	January 2020
	8.1c Develop an outreach campaign to colleges and universities to recruit qualified candidates for	Population Health Manager	

Goals	Objectives	Lead Responsibility	Timetable
	vacant positions and to promote internship opportunities at HPHD.		
• Goal 8.2: Ensure a competent workforce through assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment	8.2a Participate at a 80% level in VDH Workforce Engagement Survey.	Managers Supervisors	As offered
	8.2b Conduct an annual HPHD online Employee Satisfaction Survey.	Health Director Executive Management Team	July 2019
	8.2c Use VDH training survey and relevant input from the online survey to update District Training Plan.	Executive Management Team	August-October 2019
Goal 9: Evaluate and Continuously Improve Processes, Programs, and Interventions			
• Goal 9.1: Use a performance management system to monitor achievement of organizational objectives.	9.1a Monitor progress on strategic goals and prepare report for EMT.	Population Health Manager	Quarterly beginning April 2019.
	9.1b Create a "progress to goal" graph/graphic and display for staff and public view at each site.	Population Health Manager	April 2019 and ongoing
	9.1c Report "progress to goal" in staff newsletter	Population Health Manager	April 2019 and ongoing
	9.1d Share progress to goals on local dashboard.	Population Health Manager	September 2019
• Goal 9.2: Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions.	9.2a Contract with a consultant to guide the quality improvement (QI) plan development.	Health Director Business Manager	January 2022
	9.2b Provide QI training to managers and supervisors.	Consultant	February 2022
	9.3c Provide QI training to ad hoc members representing HIPPA compliance, human resources and finance.	Consultant	February 2022
	9.3d Prioritize the areas on which to focus QI projects and the data used to do the prioritization.	Executive Management Team/Consultant	By April 2022
	9.3f Establish QI measures	Managers/Supervisors Consultant	May 2022
	9.3g Continue the planning and PDCA (Plan, Do, Check, Act) testing for 10 months.	QI Team/ Consultant	June 2022-April 2003

Goals	Objectives	Lead Responsibility	Timetable
	9.3h Complete Final Report	**Consultant/ Executive Management Team**	**June 2023**
Research			
Goal 10: Contribute to and Apply the Evidence Base of Public Health			
• **Goal 10.1: Identify and use the best available evidence for making informed public health practice decisions.**	**10.1a Base selection of strategic goals and objectives on available data and best practices.**	**Executive Manager Team**	**September to December 2018**
	10.1b Assure that all grant and program proposals are evidence-based.	**Population Health Manager Nurse Manager Environmental Health Manager**	**December 2018**
	10.1c Establish space on each internal website for staff to place best practices material and monitor it monthly for content.	**Population Health Manager**	**January 2019**
	10.1d Initiate a "public health book of the quarter" club for any staff interested.	**Population Health Manager**	**January 2020**
• **Goal 10.2: Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences.**	**10.2a Include this information during "Health In All Policies" Summit.**	**Population Health Manager/ Consultant**	**Sept 2019**
	10.2b Include subject matter source in all presentations and briefings to community and civic leaders.	**Health Director Population Health Manager Nurse Manager Environmental Health Manager**	**On going**
System Management			
Goal 11: Maintain Administrative and Management Capacity			
• Goal 11.1: Develop and maintain an operational infrastructure to support the performance of public health functions.		**Executive Management Team**	**Ogoing**
• Goal 11.2: Establish effective financial management systems.		**Business Manager**	**Ongoing**

Appendix 1 Hampton Peninsula Health District Facilities

Facility	Services
Peninsula Health Center 416 J. Clyde Morris Boulevard Newport News, VA 23601 *Adjacent to the campus of the Riverside Regional Medical Center*	District Administration Clinics & Immunizations Services Communicable Disease Control Community Health Nursing Environmental Health WIC Nutrition Program Vital Records HDOC
Williamsburg/James City County Office 4095 Ironbound Road Williamsburg, VA 23188	Environmental Health Community Health Nursing WIC Nutrition Program Vital Records
York/Denbigh WIC Clinic 606 Denbigh Boulevard, Suite 304 Newport News, VA 23608	WIC Nutrition Program Only
East End Health Facility 1033 28th Street Newport News, VA 23607 *Co-located with Southeast Virginia Health System*	WIC Nutrition Program Only
Victoria Center 3130 Victoria Boulevard Hampton, VA 23661	Administration Clinics and Immunizations Services Communicable Disease Control Community Health Nursing Vital Records
LaSalle Center 1320 LaSalle Avenue Hampton, VA 23669 *Co-located with City of Hampton Human Services* *And H.E.L.P. Free Clinic*	Environmental Health WIC Nutrition Program
Wilsondale Center 1206 North King Street Hampton, VA 23669	WIC Nutrition Program Only

Appendix 2
Strength, Weaknesses, Opportunities, Threats (SWOT) Analysis Results Summary

Goal 1: Maintain a competent and valued workforce.

Strengths									
Retain Staff 16	Trained Staff 8	Recruit Staff 6	Knowledge Transfer 3	Direct Service 3	Resources 3	Customer Service Excellence 1	Other 1		
Weaknesses									
Retain Staff 28	Staffing 8	Training 8	Internal Communi-cation 6	Recruit Staff 5	Resources 5	Future Succession 4	Quality & Process Improve-ment 3	Internal Policies 2	Knowledge Transfer 2

Goal 2: Foster healthy, connected, and resilient communities.

Strengths								
Customer Service Excellence 6	Community Collabora-tion 5	Direct Service 3	Resources 3	Marketing 3	Health Policy 1	Knowledge Transfer 1	Retain Staff 1	Social Media 1
Weaknesses								
Resources 8	Staffing 7	Marketing 7	Collabo-ration/ Partnership 4	Customer Service Excellence 2	Direct Service 2	Internal Communi-cation 1	Internal Policies 1	Social Media 1

Goal 3: Be a trusted source of public health information and services.

Strengths									
Internal Policies 7	Resources 6	Outreach 5	Customer Service Excellence 4	Shared Data 4	Systems/ Policies 3	Training 3	Marketing 3	Staffing 2	Direct Services 2
Weaknesses									
Internal Communi-cation 7	Marketing 6	Knowledge Transfer 4	Staffing 3	Tech-nology 2	Customer Service Excellence 2	Future Succession 2	Resources 2	Retain Staff 2	Shared Data 2

Goal 4: Assure the conditions that improve health opportunity.

Strengths								
Collaborations/ Partnerships 7	Systems/ Policies 6	Customer Service Excellence 4	Staffing 4	Quality & Process Improvement 2	Technology 2	Knowledge Transfer 2	Health Policy 1	
Weaknesses								
Staffing 5	Internal Communi-cation 4	Internal Policies 4	Health Equity 4	Systems/ Policies 2	Training 1	Customer Service Excellence 1	Collabora-tion/ Partner-ship 1	Internal Communi-cation 1

Goal 5: Provide internal systems that deliver consistent and responsive support.

Strengths									
Staffing 4	Resources 4	Tech-nology 3	Customer Service Excellence 2	Retain Staff 2	Quality & Process Improve-ment 1	Knowledge Transfer 1	Internal Commui -cation 1	Internal Policies 1	Training 1
Weaknesses									
Technology 12	Resources 10	Internal Policies 5	Internal Communi-cation 4	Staffing 4	Training 4	Quality & Process Improvement 2	Retain Staff 2	Recruit Staff 1	Health Policy 1

OVERALL

Categories with Totals Greater Than Ten (10) Responses

OVERALL						
Strengths						
Retaining Staff 19	Outreach 17	Resources 16	Customer Service Excellence 15	Collaboration/ Partnerships 15	Knowledge Transfer 10	Staffing 10
Weaknesses						
Retaining Staff 30	Resources 25	Staffing 22	Technology 15	Marketing 13	Training 12	

Appendix 3
Maternal Child Health, Chronic Disease, HIV/STI, Violence, and Opioids Goals, Objectives, Strategies

Maternal and Child Health Strategic Goals, Objectives, and Strategies

Goal: By 2020, decrease the teen birth rate in Hampton and Newport News, VA by 25% from the 2016 rate (35.3/1000 females in Hampton and 34.8/1000 females in Newport News) to 26.5/1000 females in Hampton and 26.1/1000 females in Newport News.

Objective 1: By May 2020, provide an evidence-based program that includes decision making and negotiation skills and goal setting skill development for 500 middle school aged girls in an after school setting.

Strategies

1. Review evidence-based programs designed to prevent teenage pregnancy and select one based on feasibility, fit to the population, and cost per participant.
2. Contract with local agency serving youth to offer the program in Hampton and Newport News.
3. Coordinate recruitment, promotion, and scheduling with representatives from Alternatives, Inc. and the After School Programs in advance of the 2019-2020 school year.
4. Evaluate behavioral, knowledge, and attitude change by pre/post testing of participants.
5. Re-new contract for a second school year if outcomes are positive.

Objective 2: By June 2021, increase knowledge of sexual and reproductive health to include safe sex practices for 1000 teens in Newport News and Hampton, VA.

Strategies:

1. Using data from the Title X needs assessment performed in 2018, identify those census tracts with the highest need index (high teen pregnancy rate, low level of participation in health department services)
2. Identify sites within those tracts (community centers, apartment complexes) where programming could occur.
3. Establish an MOU with 10 sites through the two cities.
4. Conduct neighborhood level canvassing to promote the program.
5. Provide sexual health education and reproductive health education sessions to teens, with parental consent.
6. Create and implement a training program to train at least10 teen leaders participating in summer work programs to act as resource for their peers.
7. Evaluate behavioral, knowledge, and attitude change by pre/post testing
8. Repeat the program at same site or in other tracts of high need if outcomes are positive.

Objective 2: During Fiscal Year 2020, provide information about contraceptives and other family planning services to 1000 teens in Hampton and Newport News.

Strategies:

1. Recruit a group of 10-15 teenage girls and 10-15 teenage boys to advise in the creation of outreach messaging and materials and identify outreach locations.
2. Develop materials based on their recommendations and in line with evidence-based best practices.
3. Identify 20 locations and/or events for outreach.
4. Provide and distribute information about health department family planning services, to include information about parental consent or disclosure, at community events and expos, private gyms, and other teen extracurricular groups. Have condoms available.
5. Test effectiveness of outreach by asking, "how did you hear about us" question to health department clinic intake.
6. In June 2021, create a WebVision report of participants by age and zip code and compare previous years to FY 2020.

Goal: By June 2022, decrease minority infant mortality rate in the African American population in Hampton and Newport News by at 25% of the 2016 rate (7.8/1000 live births in 2016) to 6.05/1000 live births.

Objective 1. By December 2019, conduct a survey in census tracts with large numbers of African-American women of childbearing age to identify patterns of prenatal care, attitudes towards safe sleep practices, and beliefs about causes of infant deaths

Strategies

1. Identify census tracts within in Newport News and Hampton, with the largest populations of African American infants up to age 12 months and females of childbearing age (14-40 years).
2. Compose a problem statement to include it in the invitation to potential task force participants.
3. By June 2019, convene the group and assess the will of the attendees to conduct a census tract level survey.
4. In July 2019, establish an MOU a local university or marketing agency to construct the survey and analyze results.
5. Conduct the survey using volunteers and task force members using the CDC's Community Assessment for Public Health Emergency Response (CASPER) technique during September/October 2019.
6. Use the results of the survey to begin planning for additional outreach, awareness, and education activity.

Objective 2. In FY2020, provide education about safe sleep practices for infants to 500 family members of African American (self-identified) infants in Newport News and Hampton VA.

Strategies

1. Provide 50 safe sleep education classes to participants in WIC, low income child safety seat programs, Baby Basics program, area pregnancy groups, breastfeeding groups, infant playgroups, churches, OB/Gyn offices, hospitals, and target locations identified during the census tract survey.
2. Distribute safe sleep written materials at 10 locations within the target locations.at area community locations
3. Through task force health system representatives, schedule learning sessions for local hospital staff on the 2016 safe sleep guidelines.

Objective 3. In FY2020-23, provide a safe sleeping place for 100 infants 0-12 months of age each year, for families without the resources to provide one.

Strategies

1. Include pack-n-play cost as part of annual maternal/child health budget and order pack-n-plays during the budget year based on estimated demand and need.
2. Collaborate with community organizations to identify families who meet income and residency requirements for pack-n-play distribution.
3. Contact all localities' Police Department Community Liaison or Outreach Officer to develop a procedure to provide a pack-n-play to families they have identified as in need of one
4. Distribute 100 pack-n-plays free pack-n-plays to pregnant women in their 3rd trimester and parents/guardians of infants up to 6 months of age in Newport News and Hampton Roads, VA

Chronic Disease Prevention Strategic Goals, Objectives, and Strategies

Diabetes

Goal: Reduce the incidence of Type 2 Diabetes 2015 incidence in Hampton, Newport News, and Poquoson (Hampton 38.7; Newport News 43.5; and Poquoson 35.9) by 20% to Hampton 29.9; Newport News 34.8; and Poquoson 28.7 by 2023.

Objective 1: Increase knowledge and understanding of diabetes management and prevention to include healthy lifestyle changes and evidence-based programs.

Strategies:

1. Increase the number of evidence-based Diabetes Self-Management Programs (DSMP) offered annually in all localities.
2. Collaborate with local coalition to provide DSMP Leader Training to Hampton/Peninsula Health District (HPHD) staff who can lead, educate, and promote workshops and healthy lifestyle behaviors in the community.
    a. *By December 2019, HPHD staff will conduct 10 DSMP workshops reaching at least 100 individuals with type 2 Diabetes in HPHD planning district.*
3. Create and implement a quarterly DSMP workshop schedule held at the local health department (LHD).
4. Provide and distribute information about the DSMP and Chronic Disease Self-Management Programs workshops to adults 18 years of age and older in LHD clinics, at community events, on our website, at local colleges and universities, and in other public areas.

Objective 2: Increase awareness and access to prediabetes screenings and healthy lifestyle behavior education to adults 18 years of age and older.

Strategies:

1. Provide diabetes information and distribute screening forms to adults in LHD clinics, at community events, libraries, local colleges and universities, and other public sites.
    a. *By December 2019, HPHD staff will implement community education and screenings at a minimum of 10 community events and in all LHD clinic settings (WIC, Family Planning, etc.) to increase the number of adults in all localities who are aware they have prediabetes.*
2. Utilize technology to provide information and screening form to community through a link on FB, website, or on lobby television.
3. Identify community champion to provide testimony of prediabetes/diabetes journey (in person and/or via YouTube video) to increase awareness of the benefits of self-management and healthy lifestyle behaviors.

Objective 3: Increase the percent of adults who are aware they are pre-diabetic clinical testing.

Strategies:

1. Establish a direct relationship and referral process, for people who have no primary care provider, with at least three health providers to include free clinics and federally qualified health systems for follow-up prediabetes diagnostic services.
2. Create and implement a bi-directional referral process through an MOA to ensure easy access of diagnostic services and follow-up information for data collection.

Objective 4: Decrease the prevalence of type 2 diabetes in our youth through policy, systems, and environmental changes to include screening, universal messaging, and promotion of healthy behaviors.

Strategies:

1. Collaborate with community partners to develop written program guidelines for screening, assessing, and referring for prediabetes and for diabetes in at risk youth.
2. Partner with key stakeholders (e.g. childcare centers, Summer Food Program, churches, etc.) to promote and improve healthy eating and physical activity guidelines.
    a. *Promote healthy eating and physical activity behaviors in youth ages 6-12 through clear messages based on CDC guidelines.*
3. Provide education and access to youth diabetes information to families, schools, churches, daycare centers, after school programs, WIC, etc. and at community events.
4. Utilize a multidimensional framework for the development of interventions and policies that support family engagement.

Cancer: Colon, Prostate, and Lung

Colon Cancer Goal: Reduce the 2015 colon cancer incidence rate in Hampton and Newport News (Hampton 35.7/1000; Newport News 45.1/1000; York County 33.1/1000), by 25% (Hampton 26.8/1000; Newport News 33.8/1000; York County 24.8/1000) by 2023.

Objective 1: Improve colon cancer screenings, education and awareness though community-clinic partnerships.

Strategies:

1. Engage and collaborate with key stakeholders within the cancer community, to include Riverside Health System, Sentara Careplex, and the local cancer coalition, who will work together to champion the development and implementation of a collaborative cancer control plan to include education, marketing, bi-directional referral and screening.
2. Provide and distribute colon cancer screening information (e.g. brochures, handouts, etc.) at community events, within LHD (family planning and STI clinics) and at public sites such as libraries, barbershops, hair and nail salons, community centers, etc.
3. Increase colon cancer awareness / educate and empower individuals and community groups (focus on Black men as the incidence and mortality is higher among this population) through personal testimony to reduce stigma and increase screening rates.
4. Utilize technology to increase LHD communications about colon cancer (e.g. FB, Website, lobby TV)
5. Improve colon cancer screening rates through bi-directional partnerships with free clinics and federally qualified health centers (SEVHS) for low-income and uninsured.

Prostate Cancer Goal: Reduce the 2015 prostate cancer incidence rate (James City County 80.8/1000; Hampton 85.2/1000; Newport News 60.6/1000; York County 79.3/1000) by 20% (James City County 64.8/1000; Hampton 68.2/1000; Newport News 48.6/1000; York County 63.4/1000) by 2023.

Objective: Improve prostate cancer screening rates, education and awareness through community-clinic partnerships.

Strategies:

1. Engage and collaborate with key stakeholders within the cancer community, to include Riverside Health System, Sentara Careplex, and the local cancer coalition, who will work together to champion the development and implementation of a collaborative cancer control plan to include education, marketing, bi-directional referral and screening.
2. Provide and distribute prostate cancer screening information (e.g. brochures, handouts, etc.) at community events, within LHD (family planning and STI clinics) and at public sites such as libraries, barbershops, hair and nail salons, community centers, etc.
3. Increase prostate cancer awareness / educate and empower individuals and community groups (focus on Black men as the incidence and mortality is higher among this population) through personal testimony to reduce stigma and increase screening rates.

4. Utilize technology to increase LHD communications about prostate cancer (e.g. FB, Website, lobby TV).
5. Improve prostate cancer screening rates for low-income and uninsured through bi-directional partnerships with free clinics and federally qualified health centers (SEVHS).

Lung Cancer Goal: Reduce the 2015 lung cancer incidence rate (Hampton 73.7/1000 and Newport News 68.2/1000), by 20% (Hampton 58.9/1000 and Newport News 54.6/1000) by 2023.

Objective: Increase awareness of the harmful effects of tobacco and marketing of Quitline.

Strategies

1. Increase community awareness through community events, media, community education
2. Provide readily accessible written information (e.g., brochure) on lung cancer and tobacco use at community events and within LHD (family planning, STI clinics, WIC, etc.) and public sites e.g: libraries, barbershops, nail salons, churches, community centers, etc.
3. Educate HPHD staff on best practices and importance of follow up to the tobacco questions listed on the STD Pathway Form to ensure clients get the help and assistance needed to quit the use of tobacco.
4. Provide Quitline education and resources to HPHD staff to increase awareness of staff and clients on 90% of staff by December 2019.
5. Collaborate on regional campaigns to implement policy changes that increase tobacco tax and encourage comprehensive tobacco free policies to reduce tobacco use rates and lung cancer incidence in Hampton and Newport News.
6. Continue work with the Consortium for Infant and Child Health's Respiratory and Healthy Hampton Roads workgroups to educate key stakeholders on the benefits of implementing a regional tobacco tax increase by 2020.
7. Utilize technology to increase LHD communications about lung cancer (e.g., Facebook, Website, lobby television.)

   Public health staff will pilot and evaluate campaign targeted to external clients resulting in a 25% increase in traffic to the Facebook and webpage by December 2019.

Human Immunodeficiency Virus – Sexually Transmitted Disease Team
Strategic Goals, Objectives, and Strategies

Goal: Decrease HIV and STI morbidities on the Virginia Peninsula.

Objective 1: By December 31, 2019, reduce the newly diagnosed HIV case rate by 10% to no more than 86 new diagnoses per 100,000.

Strategies

1. Increase peer led interventions around HIV care navigations, testing, and other support services
2. Implement educational campaigns to improve health literacy and patient participation in health care, among LGBT groups
   - 2a. Design intervention that address co-factors for the HIV virus: homelessness, substance abuse, incarceration, and mental health
   - 2b. Provide cultural competency training for individuals delivering services to or messaging within with the target population

Objective 2: By December 31, 2019, reduce the case rates of gonorrhea and early syphilis by 10% compared to base year 2018.

Strategies

1. Ensure students attending local colleges and universities receive comprehensive, evidence based reproductive health education including Thomas Nelson Community College, ECPI, Bryant & Stratton College, Christopher Newport University, Hampton University(HU), and William & Mary
   - 1a. Support the HU's First Friday free testing for the students
   - 1b. Promote group or behavioral change strategies in coordination with HIV/STI effort
2. Develop STI diagnoses and treatments in settings beyond public health clinics--CBOs (LGBT Life Center, IBWC, and MASS) and Bon Secours (Care-A-Van)
3. Update data-sharing between HIV and STI registries with providers of records between state and local health departments, i.e. LabCorp
4. Establish formal partnerships between schools and/or CBOs to deliver health education and support training programs
5. In partnership with LGBTQ Citizens Unity Commission and LGBT Life Center, implement community wide anti-stigma campaigns on the Virginia Peninsula
6. Use social media and social network strategies to engage risk populations
   - 6a. Make risk reduction tools for safer sex more accessible
7. Initiate outreach and education to Assisted Living Facilities – (Target population is no longer limited to people between the ages of 18-44. There are increases in STI's among 50+ populations)

Goal: Decrease HIV disparities in the Virginia Peninsula Population

Objective 1: By December 31, 2020, decrease the gap in rates of new HIV diagnoses by 10% between the White and Black populations to a rate of 31.2 per 100,000 and between White and Hispanic populations to a rate of 11.2 per 100,000.

Strategies

1. Increase early access to and retention in HIV care
   1a. Implement educational campaigns to teach patients how to navigate health care system post-diagnosis.
   2a. Collaborate with other agencies and organizations to address co-factors of homelessness, incarceration, substance abuse and, mental health (Ex: Foodbank, Salvation Army, CBO's, Walgreens)
2. Empower clients that are living with HIV/AID to help themselves and others access care by supporting Ryan White Support Groups
3. Test & Treat Program
   3a. Increases linkage to care efforts to decreases time between diagnosis and treatment.

Violence Reduction Primary Objective: Reduce homicide mortality rates in Hampton and Newport News to the state mean of ~4/100,000 by 2021.

Goal 1: Increase knowledge about the scope of violence, precipitating factors and impacts in our communities.

Strategies:

1. Determine the inventory of violence prevention programs on the Peninsula. This inventory will include age group specific interventions regardless of implementing agency, such as the school system or juvenile justice programs.
    a. By June 2019, HPHD will have a comprehensive list of contacts, meeting schedules and determine level of participation based on current human resources.
2. Canvass the health district staff for personnel that are participating in any of these violence prevention activities. Management Team will determine the scope of participation in more or additional coalitions.
    a. By March 2019, complete a survey of staff, level of participation in related activities and/or determine level of official support for the activities.
3. Provide current year information (and trend) to all violence prevention programs and locality policy makers annually and on demand in a succinct report. Data will be provided via the Virginia Online Injury Reporting System and annual reports from the Office of the Chief Medical Examiner (All injuries, Intimate Partner Violence, Overdose Deaths, etc.). Reporting will include the Mechanism of Injury which will inform policy and related recommendations.
    a. By March 2019, and annually in March, provide a branded and consistently formatted report to localities and coalition contacts. Management Team will provide policy recommendations in addition to the data elements.
4. Partner more closely with the Virginia Victims Fund program for education and value-based data.
    a. By March 2019, contact VVF and schedule an educational meeting for HPHD staff and outside agency partners.
5. Coordinate, at least annually, a Peninsula-wide Violence Prevention Coalition meeting.

    a. By June 2019, begin planning for a 2020 Coalition meeting.

Goal 2: Increase knowledge and support of policy initiatives known to mitigate violence.

Strategies

1. Research and Provide Issue Papers/Position Papers to locality Law Enforcement, Human Services and EMS agencies on the Public Health position regarding violence and current recommended interventions.

    a. By March 2020 reporting, prepare Issue Papers on the Public Health perspective of policies that impact violence.
2. Leverage current Champions in advocacy of violence prevention programs; Congressman Scott's interests in schools, prisons and recidivism.
    a. By June 2019, develop an outreach plan, through the director, for short presentations to Boards of Supervisors and City Councils.
    b. By June 2019, develop a PIO plan to share and cooperate in coalition activities.
3. Identify community champion to provide testimony of prediabetes/diabetes journey (in person and/or via YouTube video) to increase awareness of the benefits of self-management and healthy lifestyle behaviors.

Goal 3: Increase the awareness of and support programs related to Intimate Partner violence.

Strategies

1. Fully support current programming to maintain awareness and outreach related to intimate partner violence.
    a. By June 2019, HPHD will develop and implement a plan to support programs that decrease intimate partner violence. Initial resources are http://www.vdh.virginia.gov/sitesearch/?q=intimate+partner+violence This plan will include annual reporting and a social media communications effort.
    b. Baseline data is located at http://www.vdh.virginia.gov/content/uploads/sites/18/2018/02/2015-FIPS-Annual-Report.pdf And will be updated with reporting recommended in Goal 1.
2. Fully support and remain interactive with early childhood development programs.
    a. By June 2019, Complete the inventory of Childhood Development programs in concert with the inventory noted in Goal 1

Opioid Reduction Primary Objective: Reduce the Fentanyl/Heroin overdose mortality rate to below the state mean of 11/100,000 for Hampton (11.1), Newport News (13.7) and, York County (11.8). The other localities are below the state rates currently.

Goal 1: Amplify current programs; REVIVE! Education on naloxone use and monitor EMS & ED data for indicators for targeted training and dispensing of naloxone via the Office of Epidemiology.

Strategies:

1. Develop an inventory of REVIVE! Training programs and opportunities.
    a. By June 2019, complete an inventory of naloxone training programs and schedules, including, but not limited to: Departments of Behavioral Health, Emergency Medical Services agencies, Non-Governmental agencies.
2. Identify geographic locations where addition training and dispensing may be of value.
    a. By June 2019, gain Institutional Review Board (IRB) approval to analyze EMS run sheet data for locations of overdose patients, ED data for living location for victims of overdose, and, develop an outreach plan.
3. Participate with Community Partners to share current practices; Neonatal Abstinence Syndrome (NAS), Medication Assisted Addiction Treatment and cross-referrals for private practice Behavioral Health providers.
    a. By June 2019, identify the lead Health Educator or Public Health Nurse to become the subject matter expert on opioid related issues and to represent the agency in work groups and coalitions.

To: BOS
Subject: Litter Clean Up on Roads

From: Krieger, Robert
Sent: Tuesday, March 19, 2019 2:54 PM
To: Bellamy, Mark
Cc: Woodward, Brian; Ashworth, Scott
Subject: FW: Litter Clean Up on Roads

Mark,

Just an update…..

Grounds Crews, Storm water Crews and the Hybrid crew combined efforts the last couple of weeks to remove litter thru-out the county primary and secondary roads to include:

Rt. 17 (Newport News Line to Coleman Bridge, 10.7 miles) including Hampton Hwy. Interchange
Victory Boulevard (Poquoson Line to Newport News Line, 3.7 miles)
Lakeside Drive (Rt. 17 to Dare Rd., 2.4 miles)
Cook Rd. (Rt. 17 to Ballard St., 2.3 miles)
Fort Eustis Blvd. (Old York-Hampton Hwy. to Newport News Line, 3.0 miles)
Wolftrap Rd. (Rt. 17 to Hornsbyville Rd., 2.4 miles)
Denbigh Blvd. (Rt. 17 to Newport News Line, 2.0 miles)
Oriana Rd. (Rt. 17 to Newport News Line, 2.5 miles)
Railway Rd. (Dare Rd. to Link Rd., 1.0 mile)
Dare Rd. (Rt. 17 to Link Rd., 2.6 miles)
Link Rd. (Railway Rd. to Dare Rd., 1.0 mile)
Old Williamsburg Rd. (Water St. to Newport News Line, 3.3 miles)
Calthrop Neck Rd. (Victory Blvd. to Shirley Dr., 1 mile)
Hornsbyville Rd. (Goodwin Neck Rd. to Old York-Hampton Hwy., 1.6 miles)
Old York-Hampton Hwy. (Cook Rd. to Freedom Blvd., 2.5 miles)
Goosley Rd. (Cook Rd. to Old Williamsburg Rd., 1.7 miles)
East Rochambeau Dr. (Mooretown Rd. to Barlow Rd., 3.0 miles)
Goodwin Neck Rd. (Wolftrap Rd. to Dandy Loop Rd., 3.3 miles)
Yorktown Rd. (Hampton Hwy. to Calthrop Neck Rd., 2.4 miles)

We removed 678 bags of litter and over 40 tires.
Covered 52 linear miles of roadways.

Rob