

Rappahannock Area Health District Annual Report Fiscal Year 2022

July 1, 2021 - June 30, 2022



Table of Contents

Table of Contents	2
Acronyms List	3
Letter from the Health Director	4
Introduction to Rappahannock Area Health District	5
Workforce Development	6
Public Health 3.0	7
Equity Statement and Assessment	7
Health Equity Statement	7
Trainings	7
Services and Results	9
COVID-19 Response	10
Clinical Services	10
Routine Immunizations	10
Refugee (Newcomer) Services	11
Sexually Transmitted Infections	11
Family Planning	11
Maternity Care	12
Women's Health	12
Tuberculosis	12
Emergency Preparedness and Response	12
Environmental Health	12
Food Services and Other Inspections	12
Sewage and Water	13
Rabies Control	13
Epidemiology and Reportable Diseases	13
Population Health	15
CHA/CHIP	15
Community Health Workers	15
Vital Records	15
Special Supplemental Nutrition Program for Women, Infants, and Children	16
Financial Summary	16
Moving Forward	18

Acronyms List

CHA: Community Health Assessment

CHIP: Community Health Improvement Plan

CHW: Community Health Worker

COVID-19: Coronavirus Disease 2019

FY22: Fiscal Year 2022

FY23: Fiscal Year 2023

MRC: Medical Reserve Corps

MWHC: Mary Washington Healthcare

PD16: Planning District 16

PH 3.0: Public Health 3.0

RAHD: Rappahannock Area Health District

STI: Sexually Transmitted Infection

TB: Tuberculosis

WFDP: Workforce Development Plan

WIC: The Special Supplemental Nutrition Program for Women, Infants, and Children

Letter from the Health Director

I present to you the Fiscal Year 2022 (FY22) Annual Report for the Rappahannock Area Health District (RAHD), a 5 locality Health District located between Washington, DC and Richmond, VA. Interstate 95 cuts through 4 of our 5 localities as it snakes its way from Richmond to DC, making all of our communities' suburbs of either city. We are thus located between the capital of the Commonwealth of Virginia and the capital of the United States of America and serve an area rich in American history dating as far back as the arrival of the first European settlers. Our proximity to DC brings with it some unique challenges, we are one county away from the richest county in the United States, recruiting and retaining staff is especially challenging. The vibrant and engaged communities led by involved and well informed Boards of Supervisors are however an incredible asset that blunts that and other challenges we face.



As this is our first report in a while, we would like to spend some time introducing the reader to our District including our mission, vision, and values as well as our workforce development efforts. We introduce Public Health 3.0, assuming that not all readers will be familiar with the concept. We then introduce our equity statement and discuss the results of some analyses on the topic for our District, equity being an identified major determinant of health.

The report then gives details of our various Health Department activities including clinical services, environmental health services, emergency preparedness, and epidemiology and reportable diseases. I think of these activities as our Public Health 1.0 and 2.0 roles, those activities that necessitate the existence of Public Health in the first place.

Coronavirus Disease 2019 (COVID-19) has affected the lives of every inhabitant of our planet since early 2020. Response to the pandemic was the only activity of public health throughout much of 2020 and 2021, and even now in the summer of 2022 there is still significant activity around testing and vaccination among our staff. We included a section specific to COVID-19 in the clinical services section of this report in acknowledgement of the reality of the last 2 years. We look forward to dropping this section in future reports.

In furtherance of our commitment to Public Health 3.0, we introduce a section on Population Health. Here, we focus on our Community Health Assessment (CHA) and Community Health Improvement plan (CHIP), describing the processes we used in developing both and sharing the results. In this section we share links to the CHA and CHIP, which identifies determinants of health in our communities as well as health partners in the community and develops plans with these partners to strategically address the determinants. Public Health 3.0 tries to extend our impact beyond our physical resources and our essential activities, and we believe the results in this report elucidate that.

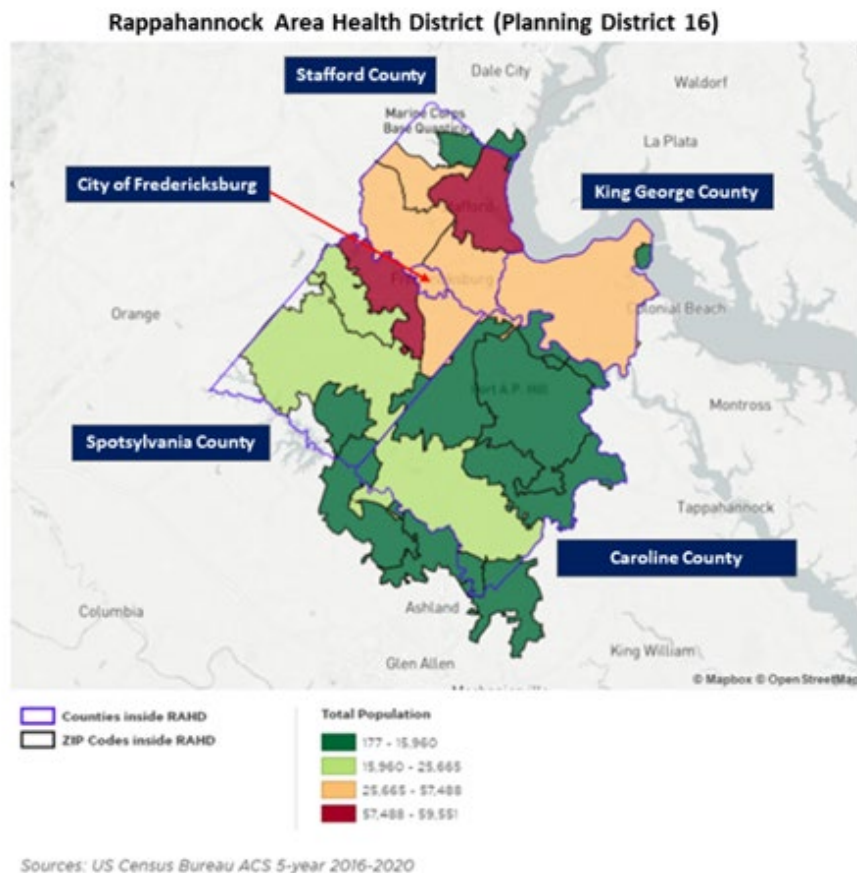
I would be remiss if I do not mention RAHD's partnership with Mary Washington Healthcare (MWHC) for the CHA and CHIP processes. We are aware of similar partnerships between hospital groups and local or state public health, but believe this a currently underutilized opportunity. The ongoing products and advantages of the partnership between MWHC and RAHD to our communities are much greater than the sum of each individual organization.

Olugbenga Obasanjo, MD
Health Director, Rappahannock Area Health District
Virginia Department of Health

Introduction to Rappahannock Area Health District

RAHD provides medical, environmental, and public health services to residents of the City of Fredericksburg and Caroline, King George, Spotsylvania, and Stafford counties in Virginia. The 1,388-square mile area, also known as Planning District 16 (PD16), is one of 35 health districts throughout the state and serves around 382,551 residents, according to 2020 Census estimates¹. RAHD employed 71 full time employees in FY22, 15 of which were new hires. Approximately 42 contractors were also utilized in FY22 to assist with an assortment of projects. RAHD provides a variety of services out of five health department locations which are reviewed in the following pages.

Figure 1: Map of Rappahannock Area Health District service area with 2020 population estimates.



Mission: *To protect the community and the environment through the prevention of disease, lasting community partnerships, access to quality services, and the promotion of healthy behaviors.*

Vision: *Working together with the community toward a future in which all members can achieve their highest level of health and wellbeing.*

¹ QuickFacts, *United States Census Bureau* [website], <https://www.census.gov/quickfacts/fact/table/fredericksburgcityvirginia.kinggeorgecountyvirginia.carolinecountyvirginia.staffordcountyvirginia.spotsylvaniacountyvirginia/PST045221>, (accessed 2 June 2022).

Values:

Credibility: To be a reliable source of health information to the community.

Health Equity: To meet our underserved neighbors where they are, by eliminating barriers, for a fair and just opportunity for everyone to be healthy.

Collaboration: To recognize the value of all community partnerships, while aiming to become the Chief Health Strategist for the community.

Cultural Sensitivity: To recognize, respect, and understand the different cultures that comprise our community.

Data-Based Decision Making: To use data analytics and scientific evidence to guide our approach to services and interventions.

RAHD Locations

**City of Fredericksburg Health
Department and Environmental Services**
608 Jackson Street
Fredericksburg, VA 22401
Phone: 540-899-4142

**Caroline County Health Department and
Environmental Services**
17202 Richmond Turnpike
Milford, VA 22514
Phone: 804-633-5465

**King George County Health Department
and Environmental Services**
8097 Kings Highway
P.O. Box 92
King George, VA 22485
Phone: 540-775-3111

**Spotsylvania County Health Department
and Environmental Services**
9104 Courthouse Road
Holbart Building
P.O. Box 126
Spotsylvania, VA 22553
Phone: 540-507-7400

**Stafford County Health Department
1300 Courthouse Road**
P.O. Box 27
Stafford, VA 22554
Phone: 540-659-3101

**Stafford County Environmental Services
1739 Jefferson Davis Highway**
P.O. Box 365
Stafford, VA 22555
Phone: 540-288-9018

Workforce Development

In 2021, RAHD adopted a comprehensive Workforce Development Plan (WFDP). This plan is designed to cultivate a knowledgeable workforce which is equipped and empowered to provide quality and equitable service to meet the needs of our diverse communities. Progressive training and development of the workforce is one part of a comprehensive strategy toward the goal of agency quality improvement. Essential to this work is identifying gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addressing those gaps through targeted training and development opportunities.

The WFDP is based on the Modified Version of the Core Competencies for Public Health Professionals², as these are the national standard guiding the development of the current and future public health workforce. This is to ensure that staff have the formal training needed to

² The Council on Linkages Between Academic and Public Health Practice, "Modified Version of the Core Competencies for Public Health Professionals," *Public Health Foundation*, (June 2017)

improve their knowledge and skill; it is imperative that the district ensures that all employees are provided with training in all core competencies to achieve a marked improvement. This will better prepare employees to meet the demands of a public health organization and the citizens that it serves.

The WFDP was created by the Workforce Development Director, and implementation by virtual and face-to-face trainings immediately began addressing the gaps identified. Workforce development is necessary in order to continue increasing RAHD's knowledge level and ensure that employees are adequately prepared for the wide range of skills needed in public health agencies.

Public Health 3.0

Public Health 3.0 (PH 3.0) is an initiative that was launched by the United States Department of Health and Human Services in 2016. The United States has made significant progress over the past century by modernizing and systematizing public health agencies, categorized as Public Health 1.0, and professionalizing the industry by implementing target capacities and performance standards, classified as Public Health 2.0. However, there is still much to gain through cross-sector engagement with community stakeholders to positively impact the health of the entire target population by combating inequity and building healthy communities, known as Public Health 3.0³. PH 3.0 is an initiative that is embraced by the Virginia Department of Health, and RAHD is actively working towards implementing PH 3.0 to build a more equitable and healthy community.

Equity Statement and Assessment

In March 2022, RAHD hired a Health Equity Specialist and dialogue around health equity immediately began with RAHD staff via an informal questionnaire. A summary of that information was presented to the district leadership team and RAHD staff, and was also used to develop a health equity statement and choose necessary health equity trainings.

Health Equity means ensuring that every person has the opportunity to achieve their best health, no matter their age, race, gender, sexual orientation, income, disability, or geographic location.

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."
-Martin Luther King Jr.
Chicago, 1966

Health Equity Statement

RAHD believes that Health Equity is at the core of who we are, who we serve, and how we provide services to our community. We are committed to creating an environment to focus on eliminating the unjust and avoidable health disparities that are rooted in our social structures.

Trainings

The health district has committed to conducting several health equity trainings and capacity building for staff starting in October 2022. These offerings will include:

- Courses providing historical context in relation to equity, diversity, and inclusion

³ Karen B. DeSalvo, et al., "Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century", *Preventing Chronic Disease* 14, (September 2017)

- Anti-racism training
- Addressing power, privilege, oppression, and self-awareness
- Identity and intersectionality
- Becoming change agents – and then developing an internal advisory committee of staff from various departments to become agents of change. Those principles will then be taken outside of RAHD to create an advisory council of community partners who will commit to becoming health equity influencers.

Another focus for Fiscal Year 2023 (FY23) will be to share the language and understanding of cultural humility. According to the Boston Medical Center Health System:

The term “cultural humility” was introduced in 1998 as a dynamic and lifelong process focusing on self-reflection and personal critique, acknowledging one’s own biases. It recognizes the shifting nature of intersecting identities and encourages ongoing curiosity rather than an endpoint. Cultural humility involves understanding the complexity of identities — that even in sameness there is difference — and that a clinician will never be fully competent about the evolving and dynamic nature of a patient’s experiences⁴.

⁴ Shamaila Khan, “Cultural Humility vs. Cultural Competence — and Why Providers Need Both”, *HealthCity*, (March 9, 2021)

Services and Results

RAPPAHANNOCK AREA HEALTH DISTRICT Services and Results



COVID-19 Response

- 4,009 COVID-19 tests administered
- 2,739 COVID-19 vaccines administered
- 6,500+ COVID-19 hotline calls received



Clinical Services

- 8,032 routine vaccines administered
- 178 clients received Refugee (Newcomer) Services
- 1,531 STI tests administered
- 117 clients received free breast and cervical cancer screenings
- 670 clients accessed family planning services



Emergency Preparedness and Response

- 148 deployed MRC volunteers
- 766.1 volunteer hours
- \$25,980.69 monetary value of volunteer hours



Environmental Health

- 1,947 food inspections performed
- 1,360 onsite sewage applications processed
- 1,019 rabies exposure investigations performed



Epidemiology and Reportable Diseases

- 207 outbreaks investigated



Population Health

- 114 community members and organizations contributed to the Community Health Improvement Plan
- 89 community events attended by Community Health Workers



Vital Records

- 13,147 records issued



Women, Infant and Children (WIC)

- 3,011 WIC participants served by RAHD
- 200 nutrition education appointments

COVID-19 Response

Since the start of the COVID-19 pandemic in March 2020, RAHD has responded to community needs and served as a source for reliable information. With the hiring of 30 contract staff to help drive the COVID-19 response, RAHD was able to host 63 community testing events and 95 community vaccination events in FY22. Through these events and visits to the local health departments, 4,009 tests and 2,739 vaccines were administered. During a single event hosted at the Fredericksburg Virginia Credit Union Stadium on October 28th, 2021, 753 vaccines were administered. RAHD's testing model worked so well that other health districts reached out for assistance on how to conduct testing events in their own communities. In FY20 RAHD also opened a COVID-19 hotline for residents to call with any questions about COVID-19. Throughout FY22 the hotline received over 6,500 calls.

Clinical Services

All local health departments provide clinical services to PD16 citizens including but not limited to immunizations, sexually transmitted infection testing and treatment, refugee (newcomer) services, family planning services, women's health services, maternity referrals for prompt access to care, and tuberculosis screening.

Routine Immunizations

RAHD has continued to provide routine immunizations throughout the pandemic, including childhood and adult vaccines. Services have switched to appointment only and on a regular schedule, but are available to those with or without health insurance or whose primary care provider does not offer vaccinations. Vaccine types and number of doses administered throughout the past fiscal year can be found in Table 1.

Table 1: Vaccines administered in PD16 during FY22.

Type of Vaccine	Number of Doses Administered
MCV4	1,184
HPV	1,076
Tdap	875
HepA (Pediatric)	856
Varicella	619
IPV (Polio)	580
HepB (Pediatric)	559
Influenza	480
MMR	366
MMRV	307
PCV13	219
TD	192
Dtap/IPV	131
Dtap/HepB/IPV/Hib (Pediatric)	115
Dtap/HepB/IPV (Pediatric)	89
Dtap	84

Rotavirus	77
Dtap/Hib/IPV	55
HepB (Adult)	48
Hib	42
HepA (Adult)	26
Rabies	18
MenB	14
HepAB (Adult)	8
Zoster	8
PPV23	3
PCV20	1

Refugee (Newcomer) Services

RAHD offers individuals and families coming through the Newcomer Health Program an initial health screening which includes an overall general health assessment and education, health history, depression screening, tuberculosis screening, immunization, and hearing and vision screening. These services offer a base for referrals to other health providers in addition to working closely with the sponsoring agencies to provide specific follow up for Newcomers identified through the screening. In FY22, RAHD provided this service to 178 Special Immigrant Visa holders, refugees, and parolees.

Sexually Transmitted Infections

Sexually Transmitted Infection (STI) testing and treatment can be accessed at all local health departments and are free or low-cost. Commonly tested and treated STIs include Syphilis, HIV, Chlamydia, Gonorrhea, Hepatitis B, and Hepatitis C. Table 2 shows how many of each test were administered in FY22.

Table 2: STI tests administered in PD16 during FY22.

STI Test	Number of Tests Administered
Chlamydia/Gonorrhea	758
Syphilis	522
Hepatitis C	141
HIV	84
Hepatitis B	26

Family Planning

Each local health department provides family planning services including birth control, pregnancy tests, gynecological services, lab work, pelvic examinations, pap smears, and breast examinations. Services are offered to women of any age and on a sliding scale fee for all income levels, with or without insurance. During FY22, 670 clients accessed these services.

Maternity Care

RAHD no longer offers in-house maternity care, but instead refers patients to MWHC Obstetrics and Gynecology and tracks follow-up appointments and maternal/fetal outcomes. In FY22, 144 patients were referred to MWHC for prenatal care and a total of 402 appointments were kept by these patients.

Women's Health

RAHD provides the Every Woman's Life Program at the Fredericksburg Health Department by appointment only. The program provides free breast and cervical cancer screenings for underserved women who are low-income with no insurance or under-insured. If women are diagnosed with breast or cervical cancer, RAHD staff help them access treatment. In FY22 RAHD staff performed 104 breast screenings and 50 cervical screenings for 117 clients, 86.3% of which were minority women.

Tuberculosis

Tuberculosis (TB) is a bacterial disease spread through the air from person to person. RAHD provides testing and treatment for both latent TB infection and active TB disease. During FY22, RAHD staff investigated 27 presumptive cases, investigated and treated 14 active cases, and managed 40 latent TB infection cases.

Emergency Preparedness and Response

RAHD works regularly with local agencies and organizations such as hospitals, police, fire and rescue, schools, non-profit organizations, and emergency management officials to ensure adequate community-wide emergency planning and preparedness. The Rappahannock Medical Reserve Corps (MRC) are trained to respond to emergencies and assist with public health events within the area. Table 3 contains metrics showing how active RAHD was in preparing and responding to emergencies throughout PD16 in FY22.

Table 3: Emergency Preparedness and Response FY22 metrics.

Number of partnerships/engagements with other organizations	26
Number of events hosted	21
Number of MRC volunteers	732
Number of deployed MRC volunteers	148
Number of volunteer hours	766.1
Monetary value of volunteer hours	\$25,980.69

Environmental Health

Food Services and Other Inspections

Local health departments inspect and monitor food establishments, including temporary food events, to ensure they comply with food safety measures. Other venues that are inspected for compliance with regulations include hotels and swimming pools. RAHD also provides nonregulatory courtesy inspections for Department of Social Services and Department of Education facilities. In FY22, RAHD health departments performed 1,947 food inspections,

including 200 temporary food inspections; 28 hotel inspections; 54 swimming pool inspections; 6 summer food service program inspections; and 62 Department of Social Services facility inspections.

Sewage and Water

Private wells, onsite sewage treatment systems, campgrounds, and marinas are also inspected and permitted by RAHD health departments. Throughout the fiscal year, RAHD staff processed 67 private well applications, 1,360 onsite sewage applications, and 859 Alternative Onsite Sewage System Operation and Maintenance reports. RAHD staff also inspected 51 campgrounds and 51 marinas.

Rabies Control

To ensure rabies doesn't spread unnoticed in the community, all potential rabies exposures are referred to RAHD for investigation and follow-up. RAHD performed 1,019 rabies exposure investigations in FY22.

Epidemiology and Reportable Diseases

RAHD staff track and investigate any outbreaks of reportable diseases of public health concern, including communicable diseases, STIs, and toxic substance exposures. Case counts for each reportable disease in 2021⁵ can be found in Table 4 and information about outbreaks in 2021 can be found in Tables 5 and 6. Additional information, including preliminary data for 2022, can be found in the [Virginia Monthly Morbidity Surveillance Report](#) on the Virginia Department of Health website.

Table 4: PD16 reportable disease case counts in 2021.

Reportable disease	Case counts
COVID-19	38,372
Chlamydia trachomatis	1,441
Gonorrhea	372
Hepatitis C, chronic	265
Hepatitis B, chronic	78
Lead, elevated levels	57
Campylobacteriosis	56
Salmonellosis	49
Syphilis, early	44
HIV	31
Lyme disease	19
Neonatal Abstinence Syndrome	19
Giardiasis	18
E. coli infection, shiga toxin-producing	15
Spotted Fever Rickettsiosis (including RMSF)	12

⁵ Reportable disease metrics are reported and reviewed by calendar year instead of fiscal year.

Legionellosis	11
Latent TB infection	10
Varicelle (Chickenpox)	10
CP-CRE (E. coli, Enterobacter and Klebsiella spp)	9
Shigellosis	9
Ehrlichia chaffeensis infection	7
Hepatitis B, acute	7
Streptococcus, Group A, invasive	7
Pertussis	5
Tuberculosis	5
Cryptosporidiosis	4
Amebiasis	3
Carbon Monoxide Poisoning	3
Cyclosporiasis	3
Anaplasma phagocytophilum infection	2
Arsenic	2
Hepatitis A	2
Listeriosis	2
Vibriosis, non-cholera	2
Candida auris, clinical	1
Haemophilus influenzae, invasive	1
Hepatitis C, acute	1
Mumps	1
Paratyphoid fever	1
Trichinosis (Trichinellosis)	1
Tularemia	1

Table 5: PD16 outbreaks by type in 2021.

Type of outbreak	Outbreak count
Respiratory	201
Dermatological	6
Other	1

Table 6: PD16 outbreaks by facility categories in 2021.

Type of facility	Outbreak count
Business/Workplace	50
School (K-12)	33
Daycare / Pre-K	32
Assisted Living	16
Medical Office	10
Public Safety	10
Restaurant	9

College / University	8
Local Agency	8
Nursing Home	7
Medical Facility (Non LTC Related)	4
Correctional Facility	3
Group Home	3
Gym	3
Camp / Campground	2
Other	2
Place of Worship	2
Sports/Sports Club	2
Behavioral Health_Inpatient or Outpatient Medical	1
Community Center	1
Shelter	1
(blank)	1

Population Health

CHA/CHIP

RAHD partnered with MWHC to assess the communities' needs through the CHA, which consisted of four different assessments and is published on the [RAHD website](#). Over 2,073 community members and organizations responded to the various CHA assessments. Results from the CHA were used to develop the CHIP, a plan designed to address issues around mental health, affordable housing, and access to healthcare in the community. Over 114 community members and organizations contributed to the CHIP, and strategies to improve the community will be implemented and tracked over the next three years. Once finalized, the CHIP will be published on the RAHD website.

Community Health Workers

Starting in 2020, RAHD began deploying Community Health Workers (CHWs) to engage with community organizations and individuals, and spread information about COVID-19 and other RAHD health initiatives. RAHD employed five CHWs who covered specific populations including youth, faith-based organizations, elderly, Hispanic/Latinx, homeless, and refugees/Afghan residents. In FY22⁶, CHWs engaged with over 108 organizations, attended 89 community events, and received 36 requests for outreach.

Vital Records

Copies of birth, death, marriage, and divorce records can be obtained from RAHD. In FY22, 13,147 records were issued.

⁶ Reporting timeline is from September 1, 2021 through June 30, 2022.

Special Supplemental Nutrition Program for Women, Infants, and Children

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) helps mothers and infants stay healthy and eat right by providing nutrition education and breastfeeding support through individual counseling appointments and group education classes. WIC also collaborates with local community programs, such as farmers markets, to provide vouchers that allow access to fresh, local fruits and vegetables. In FY22, RAHD served 3,011 WIC participants, averaging out to about 750 people per month, and had 200 nutrition education appointments.

Financial Summary

RAHD obtains funding from a variety of sources, including the state government, local governments, and grants. Funds received from the state and local governments are allocated by RAHD to specific spending categories, such as personnel and supplies. Grant funding is specifically spent on what is outlined within the grant. The figures below show the amount of funding from each source, how that money is spent, and RAHD service areas that generate revenue.

Figure 2: RAHD funding sources and amounts for FY22.

Source of Funding	Amount
General Fund (State)	\$3,074,223.00
Locality Fund	\$2,254,225.00
Grants	\$10,864,013.00
Service Revenue	\$1,189,676.90
Total	\$17,382,137.90

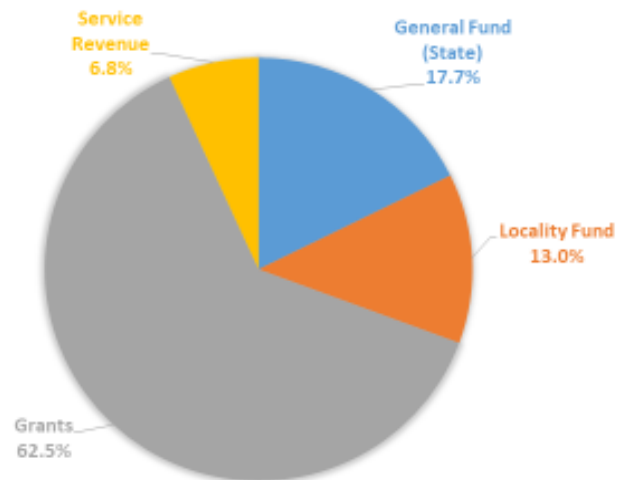


Figure 3: RAHD spending categories and amounts for FY22.

Spending Category	Amount
Personnel	\$5,847,071.22
Contractual Services	\$6,392,245.86
Continuous Charges	\$621,314.50
Supplies & Equipment	\$235,640.50
Total	\$13,096,272.08

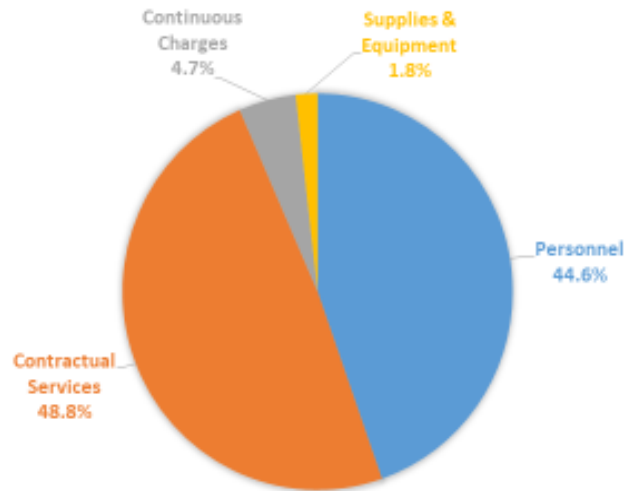
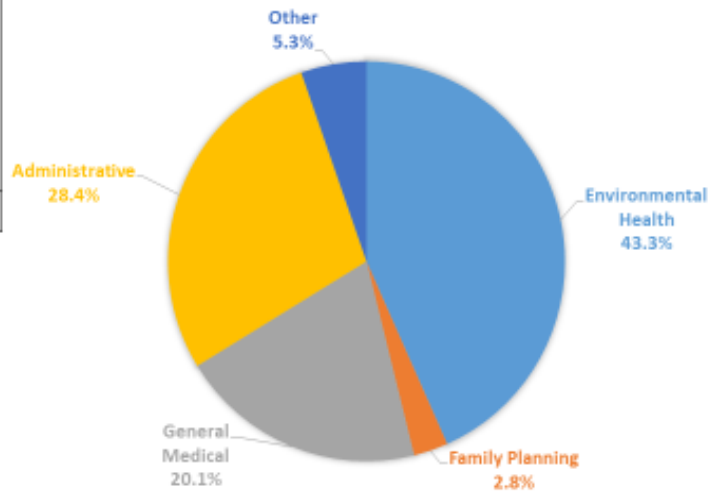


Figure 4: RAHD revenue sources and amounts for FY22.

Service Area	Revenue Generated
Environmental Health	\$515,535.93
Family Planning	\$33,363.88
General Medical	\$239,132.27
Administrative	\$338,178.08
Other	\$63,466.74
Total	\$1,189,677.90



Moving Forward

While RAHD continued to focus significant resources on the COVID-19 pandemic response in FY22, moving into FY23 the hope is to see COVID-19 transition to an endemic response and utilize lessons learned to address other pressing public health concerns. In FY23, RAHD will continue the PH 3.0 journey, focusing on achieving accreditation from the Public Health Accreditation Board and building on community partnerships to generate positive change. Implementation for the 2022-2025 CHIP will begin in July 2022 and efforts to improve mental health, affordable housing, and access to healthcare in the region will be tracked. Quarterly reporting will show the progress of these efforts as well as the collective impact within PD16. Clinical and environmental services will continue to be provided by RAHD's local health departments, with the hope to expand services back to pre-pandemic capacity. RAHD would like to thank the community for their support throughout FY22 and looks forward to what's to come in FY23.



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