

# COMMUNITY HEALTH IMPROVEMENT PLAN 2018-2020



## Henrico County, Virginia

*A community where opportunities to make healthy choices are embraced, prioritized, and promoted for everyone in Henrico.*

# Henrico’s Community Health Improvement Plan 2018 - 2020

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**I. Overview**

Henrico’s Community Health Improvement Plan (CHIP) was developed over an eighteen-month planning process led by the Henrico County Health Department (HCHD) and guided by a Community Health Advisory Team (CHAT) made up of engaged and involved organizations, stakeholders, and community leaders invested in the health of Henrico. The team used the Mobilizing for Action through Planning and Partnerships (MAPP) framework to guide the development of its Community Health Assessment and Community Health Improvement Plan (CHIP). The process resulted in the identification of two priority areas to address through a collaborative plan.

Priority Areas	
Topic 1	Healthy Lifestyles
Topic 2	Access to Care (including Mental Health and Substance Use)

**A. Community Vision and Values**

The MAPP planning process identified several shared values and guiding principles. Over the course of 3 months, the CHAT discussed and developed a vision and values to guide the work.

Vision: A community where opportunities to make healthy choices are embraced, prioritized, and promoted for everyone in Henrico.

Values: Collaboration, Inclusivity, Creativity, Diversity, Equity and Transparency

**II. The Process**

**A. Roles and Timeline**

Following the principles and guidelines of MAPP, HCHD has completed the CHA and is working through the stages for development of a CHIP.

Process: Roles and Timeline		
Activity	Project Lead	Timeline
Organize for Success: Partnership Development and Visioning	HCHD CHAT	August 2016-October 2016
Forces of Change Assessment	HCHD	March 2017
Community Themes and Strengths	HCHD	March 2017 – May 2017
Local Public Health System Assessment	HCHD	July 2017- August 2017
Community Health Status Assessment	HCHD	December 2016 – August 2017
Resident Feedback Sessions	HCHD	October 2017 - February 2018
Identify Strategic Issues	CHAT	March 28, 2018
Identify Root Causes for Priorities	CHIP Stakeholder Team	May 3, 2018
Formulate Goals and Strategies	CHIP Workgroups	June – November 2018
Implementation	CHIP Workgroups	December 2018

Mobilizing for Action through Planning and Partnerships (MAPP)

B. Framework

Using the MAPP process, the HCHD convened or participated in 20+ stakeholder meetings and events over the course of 26 months to present and get feedback on Community Health Assessment data, hear themes and concerns about health in Henrico, and lay the groundwork to set public health priorities for the CHIP. In addition, the HCHD shared findings from the CHA to stakeholder groups and residents to collect feedback on results.



Community Health Advisory Team Meetings	
October 2016	
December 2016	
February 2017	
March 2017	
May 2017	
July 2017	
August 2017	
September 2017	
March 2018	
CHA Result Sharing	
Date	Location
September 13, 2017	CHAT
September 26, 2017	Program Management Team - HCHD
September 27, 2017	Henrico Area Mental Health & Developmental Services
October 18, 2017	Community Services Meeting – Henrico County
October 28, 2017	Varina-Mehfoud PTA Fall Festival

December 12, 2017	Women on the Move Health Fair
January 10, 2018	Henrico Healthy Learning Coalition
January 18, 2018	A Night Out with St. Luke Apartments Residents
January 27, 2017	Youth Basketball League at East Henrico Recreation Center
February 7, 2017	Human Services Building
April 19, 2018	Too Smart 2 Start Coalition

C: Community Health Improvement Planning Meetings

Community Health Improvement Plan “Healthy Henrico” Meetings
May 2018
August 2018
September 2018
October 2018
November 2018

On February 15, 2018 a stakeholder meeting was held to rank issues for Henrico’s CHIP. An electronic survey, utilizing the CDC’s Problem Importance Worksheet, was constructed prior to the meeting to collect feedback on impact, seriousness, and likelihood of fixing identified issues that surfaced from the 4 MAPP Assessments. A summary of data points from the MAPP assessments (Appendix A) was shared prior to and at the meeting. The results of the resident feedback sessions were shared (Appendix B); in addition to the importance survey feedback (Appendix C) prior to a lengthy discussion that included modifications to themes for better understanding of the group prior to participants voting for their top issues. Each participant had 6 votes, in the form of play money to put toward the issue of their interest. In March of 2018 the CHAT choose priorities based on this input.

On March 28, 2018, the CHAT met at the Henrico Human Services Board Room to vote on top priorities based on the prioritized list from the February meeting. There was time allotted to debrief from the February meeting, discussing the prioritization process, themes identified to group together or remove completely, as well as additional context to be considered in the CHIP process (Appendix E). The group discussed capacity for addressing priorities, considering assets and gaps.

Before casting final votes, the group agreed to vote on 3 but no more than 4 priorities out of a total of 8. Each participant had three colored dots to place on the outside of a folder that corresponded to the 8 priority areas. The **top 3 priorities** chosen were Healthy Lifestyles (encompassing obesity, active living, nutrition, food access, tobacco use, heart disease and diabetes), Access to Care, and Mental Health (connectedness) and Substance Abuse (Appendix F). Priorities were further collapsed at a future meeting, resulting in the 2 priority areas.

Evolution of priorities

Original Ranked Health Issues	Collapsed and clarified	Chosen Priorities	Final Priorities
Access to Health Services	Mental Health & Substance Use	Mental Health & Substance Use	Healthy Lifestyles
Health-related basic needs	Healthy Lifestyles	Healthy Lifestyles	Access to Care (includes mental health and substance use)
Babies & pregnant moms	Access to Health Services	Access to Health Services	
Mental Health & Substance Use	Transportation		
Agencies working together	Heart Disease		
Access to Healthy foods	Babies & Pregnant Moms		
Healthy lifestyles	Housing		
Obesity	Education Attainment		
Heart Disease			
Information Sharing			
Cancer			
Changing Demographics			

Prior to advancing with action planning, Healthy Henrico spent a session discussing the root causes relevant to our priority issues. While knowledge, awareness and perception were identified across the priority areas there were also some area specific causes identified. For Access to Care, including mental health and substance use services, the group identified poor employee protections, finances/insurance, trauma, loneliness and social isolation as well as the division between physical and mental health. This identified division played a role in collapsing the priority areas for mental health and substance use with access. For healthy lifestyles, additional root causes included local history and cultures, lack of physical activity and health eating due to built environments and modernization. The next 4 meetings of Healthy Henrico were spent developing the CHIP (see Appendix G) and identifying roles.

D. Participants in the Planning Process

As part of the MAPP process, broad representation was sought from a variety of sectors, including public health, health care, social service, community, education, business, housing, transportation, residents and academia; and organizations that contributed data to the CHA. At the convening of the CHIP meeting, the group agreed on the name of Healthy Henrico to carry out our work. A full list of organizations and individuals engaged in the CHA and CHIP process is in Appendix D.

### **III. Priorities, Results, Indicators and Strategies**

#### **A. Summary of Goals**

The table below lists the results and strategies for each priority area. The sections that follow detail each priority areas and the leading indicators. Identified actions needed to achieve the results and performance measures can be found in Appendix G.

Henrico Community Health Improvement Plan Summary
Priority: Access to Care
Result: Preventive Health is Prioritized
Strategies:
<ul style="list-style-type: none"><li>• Support Implementation Of Community-based Prevention In Accessible Spaces</li><li>• Increase Safety Net Capacity And Resources</li></ul>
Priority: Healthy Lifestyles
Result: Healthy Lifestyles are Supported
Strategies:
<ul style="list-style-type: none"><li>• Integrate Health Planning Into Local Government And School Planning</li><li>• Increase Access To Healthy Affordable Foods</li><li>• Maximize use of Community Health Workers</li></ul>

#### **B. Result 1: Preventive Health is Prioritized**

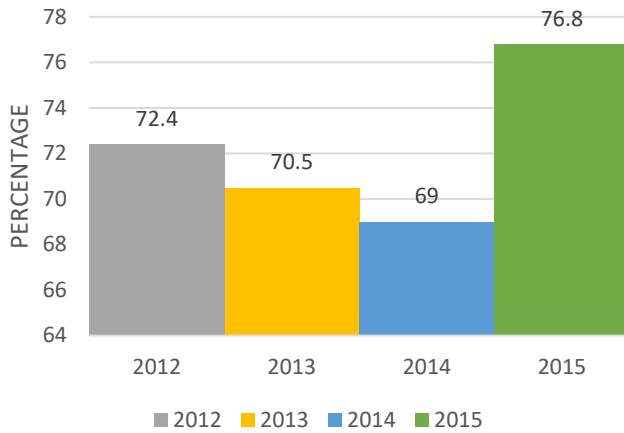
The CHIP planning process identified *Access to Care* and *Mental Health and Substance Use* as priorities for Henrico. Much of the conversation around mental health and substance use pointed to a disconnect with healthcare. For that reason the two areas were collapsed to be addressed together as we strive to achieve a result of Preventive Health is Prioritized.

##### **Why is this important**

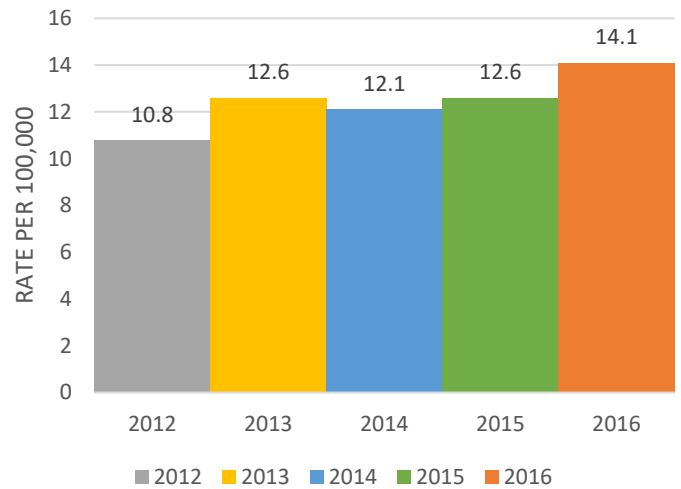
Access to preventive health services is important for promoting and maintaining health, reducing unnecessary disability and premature death, and achieving health equity. In the 2017, Community Health Needs Assessment partner agencies emphasized the importance of access to quality health services and the need for more mental health services. Residents identified concerns around mental health, drug and/or alcohol abuse. Supporting preventive health can help residents of Henrico stay healthier longer and improve quality of life. Our work in this area aligns with the Virginia Plan for Well-Being goal for Virginia to have a strong primary care system that links behavioral health care, oral health care and community support systems as well as will Healthy People 2020 for rates around suicide.

## HOW ARE WE DOING?

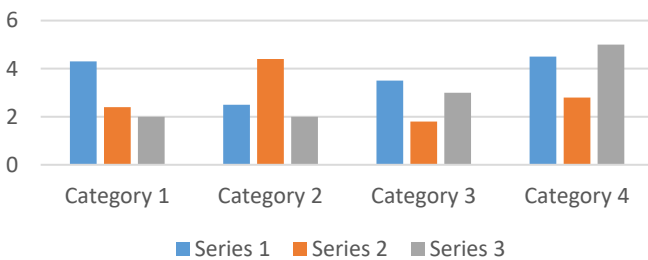
### Percent of Adults with a Healthcare Provider



### Suicide



### Place holder for ER data



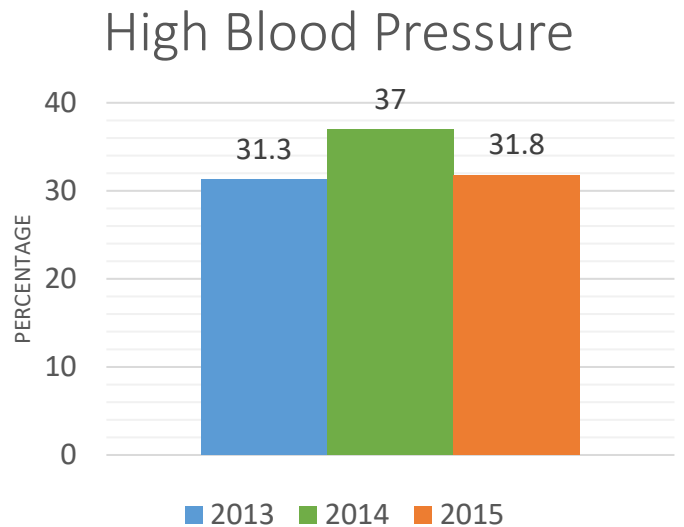
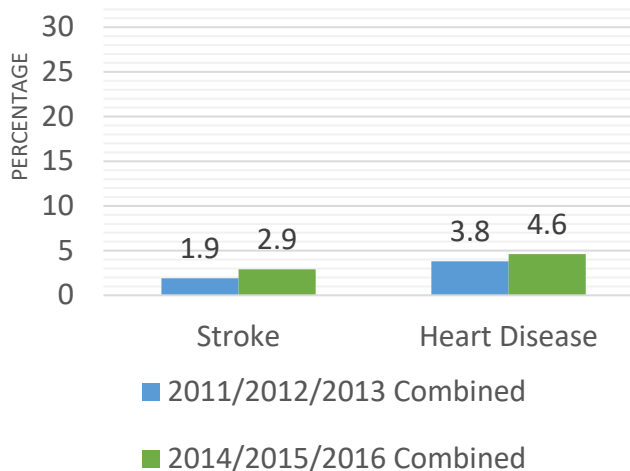
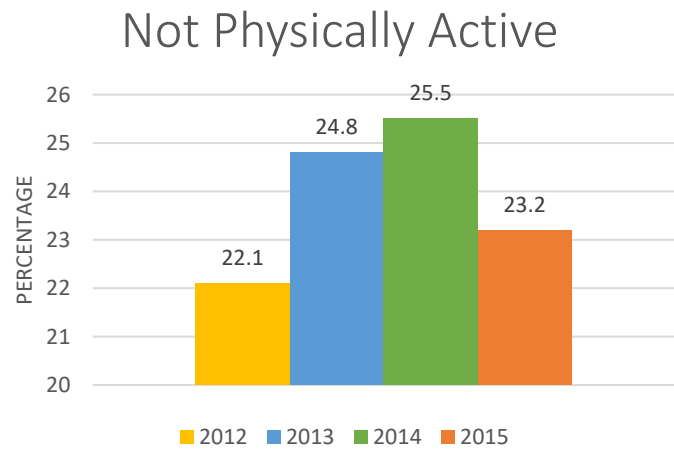
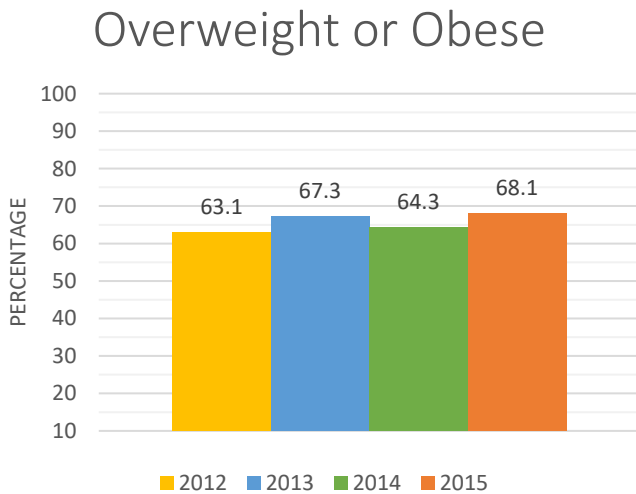
In Henrico, we have seen the number of adults with a healthcare provider increase due to the Affordable Care Act and Medicaid Expansion will continue to increase coverage and access to providers. The current estimate of nearly 77% with access to a provider falls below the Virginia Plan for Well-Being goal of 85%. Access to preventive health care impacts one's overall physical, social, and mental health status and quality of life. Social and demographic factors such as poverty, isolation, stigma, opioid use, as well as barriers to care can influence health. From 2012 to 2016, the rate of suicide increased 31%. Avoidable emergency room visit data is in development and will be added when available.



**C. Result 2: Healthy Lifestyles are Supported**

The second CHIP priority is reducing healthy lifestyles, which encompasses chronic disease related to poor diet and physical inactivity, such as obesity, diabetes, and hypertension. Chronic diseases like heart disease, stroke, cancer, type 2 diabetes, obesity and arthritis are among the most common, costly, and preventable of all health problems. In Henrico, about eight out of every 10 deaths can be attributed to these chronic diseases. In the 2017, Community Health Needs Assessment residents identified concerns around accessing safe places to exercise as well as healthy foods. Supporting healthy lifestyles can improve behaviors and reduce the personal and financial costs of chronic disease. Our work in this area aligns with the Virginia Plan for Well-Being goal for Virginians to follow a healthy diet and live actively.

In Henrico, we have watched numbers climb to where in 2015 almost seven out of 10 adults were overweight or obese. One out of every 4 adults report not exercising in the past month. The structure and safety of the environment, food access and food cultures influence our choices and contribute to our rates of heart disease, stroke and hypertension.



## Evaluation

As part of this process, Healthy Henrico identified leading indicators to monitor, recognizing that no one partner has control of those numbers but that our collective work should shift the curves. In addition, the team created performance measures that will support our intended results and strategies and guide on-going evaluation of our work. The Community Health Improvement action plan is included in Appendix G. Healthy Henrico will hold quarterly meetings to discuss new data, progress on work performance measures.

## Appendix A:

# 2017 Henrico County Community Health Assessment Results

## Access to Health Services

- More calls are going to EMS for illness that should be cared for in a doctor's office.<sup>11</sup>
- Health workers tell us there is a need for more mental health services.<sup>7</sup>
- Black or African-American residents end up in the hospital more often than other groups for illness that could have been treated with regular visits to a doctor.<sup>12</sup>
- For every 100,000 people, 52 more males die of cancer than females.<sup>1</sup>
- For every 100,000 people, 22 more blacks die of cancer than whites.<sup>1</sup>

## Agencies Working Together - Partnerships & Collaboration

- Henrico can benefit from groups who work with each other to assess and plan for improvement.<sup>6,7</sup>
- More partners are needed to help address health related social needs.<sup>6,7</sup>
- Current data on health issues and needs can help foster improvement.<sup>6,7</sup>

## Babies & Pregnant Moms

- In 2015, 1 out of every 100 babies born did not live to see their 1st birthday.<sup>1</sup>
- 9 out of 100 babies were born before 37 weeks and with a low birth weight.<sup>1</sup>
- There has been over a 16% rise in women not getting enough prenatal care in the past 5 years.<sup>1</sup>
- Black babies are 3 times more likely than white babies to die before their 1st birthday.<sup>1</sup>
- Babies of races and ethnic origins other than non-Hispanic black or white are 2 times more likely than white babies to die before their 1st birthday.<sup>1</sup>

## Health-Related Basic Needs

- Families with a female head of household only are up to 9 times more likely to live below the poverty level than families having 2 householders or a male head of household.<sup>5</sup>
- One out of every 2 Hispanic or Latino origin families with only a female head of household are living below the poverty level.<sup>5</sup>

- Hispanic or Latino people are less likely than others to have a high school or college education.<sup>5</sup>

## Changing Demographics

- In the past 6 years there has been a 25% growth in the number of people over the age of 65.<sup>5</sup>
- 15% of our people speak a language other than English.<sup>5</sup>
- Our number of foreign born people grows each year.<sup>11</sup>

## Healthy Lifestyles & Chronic Disease

- 8 out of every 10 deaths are related to chronic disease.<sup>1</sup>
- 1 out of every 4 adults report they do not get enough exercise.<sup>2</sup>
- Cancer: More people die of cancer and heart disease than any other cause.<sup>1</sup>
- Obesity: Almost 7 out of every 10 adults are overweight or obese.<sup>2</sup>
- Access to Healthy Foods: Access to healthy foods is limited compared to the state of Virginia.<sup>3</sup>
- More than 42,000 people do not have reliable access to healthy food.<sup>4</sup>

## Mental Health & Substance Use

- Mental health issues are a top 5 concern for residents.<sup>8</sup>
- In 2015, there were 41 suicides and 141 known suicide attempts that went to the hospital.<sup>1</sup>
- In 2015, 1441 people called 911 for suicide or mental health related issues.<sup>9</sup>
- Drug deaths have gone up from 13 deaths in 2006 to 46 in 2016.<sup>1</sup>
- 1 person dies in Henrico County every week from an opioid overdose.<sup>1</sup>
- In 2016, more people died as a result of opioid overdoses than guns or motor vehicle accidents.<sup>1</sup>
- There has been a 35% growth in the number of people seeking care for opioid addiction.<sup>10</sup>
- Over 50% of Henrico Mental Health clients are present for treatment with opioid addiction.<sup>10</sup>

## References:

- |  |  |
|--|--|
| 1. Virginia Department of Health. Health Statistics. | 7. Henrico Local Public Health System Assessment     |
| 2. Behavioral Risk Factor Surveillance Survey        | 8. Henrico Community Themes & Strengths Assessment   |
| 3. Robert Wood Johnson County Health Rankings        | 9. Henrico County Division of Fire                   |
| 4. Feeding America, 2017 Map the Meal Gap Report     | 10. Henrico Mental Health and Developmental Services |
| 5. U.S. Census                                       | 11. Henrico County Health Department                 |
| 6. Henrico Forces of Change Assessment               | 12. Dartmouth Atlas of Health Care                   |

**Appendix B:**

Below are the summary results of resident CHA feedback sessions where Henrico residents voted for their top 3 priorities.

## What does the community want to see addressed?

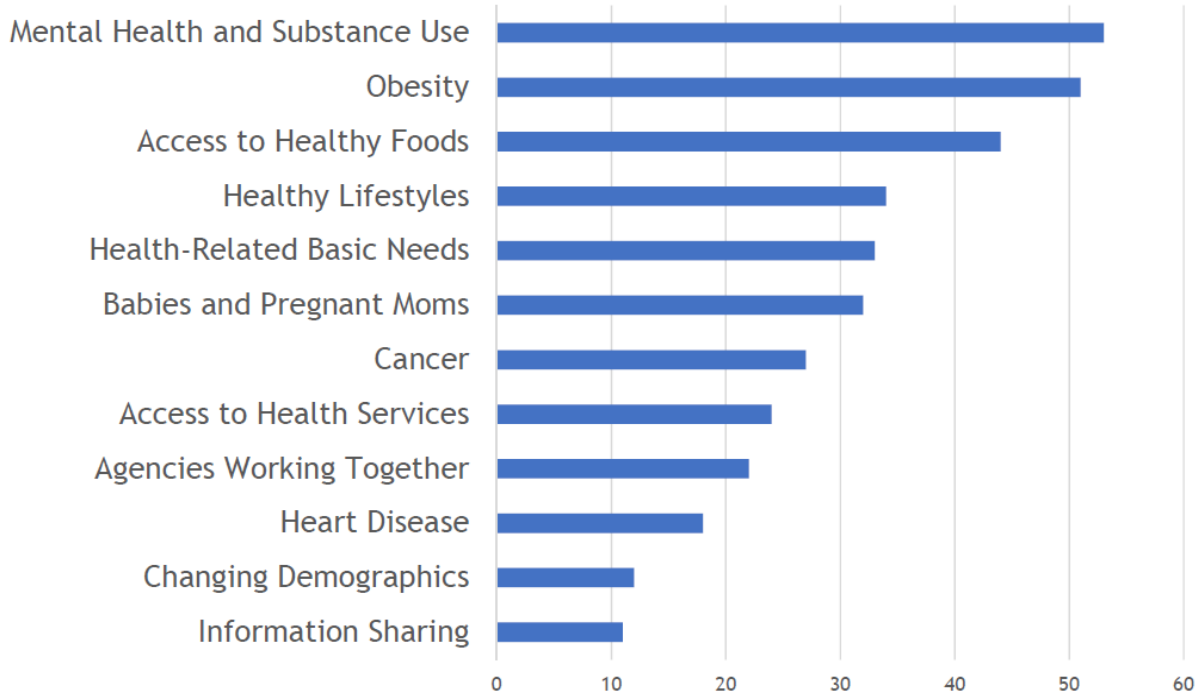
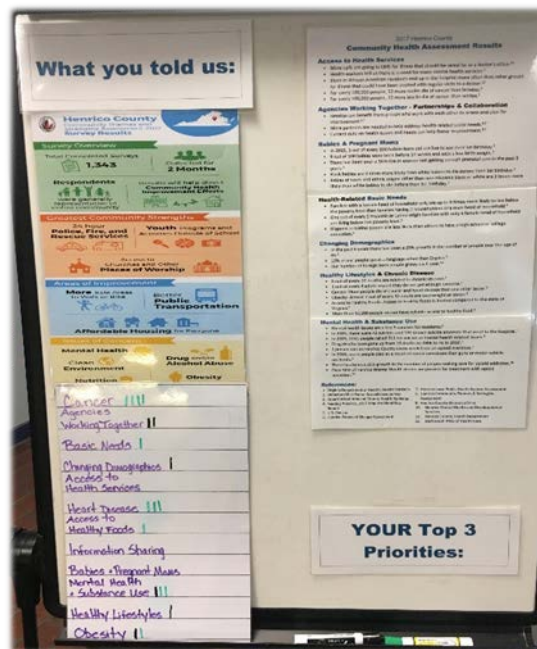


Photo below from Human Services Resident Feedback Session February 7<sup>th</sup>



**Appendix C:**

Below is the Problem Importance Survey completed prior to the February 2018 stakeholder meeting and the summary results that were used to inform discussion in order to rank health issues.

## Problem Importance Survey

Problem Importance Index = Weighted score for each factor, determines the priority ranking of the theme/area. Maximum score is 210.

	Impact	Seriousness	Likelihood of Fixing	Problem Importance Index (Impact + (2 x Seriousness) x Likelihood) =
Access to Health Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Access to Healthy Foods	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Agencies Working Together (Partnerships & Collaboration)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Babies & Pregnant Moms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health-Related Basic Needs (Housing, Income, Education, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cancer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Changing Demographics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Healthy Lifestyles	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heart Disease	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mental Health & Substance Abuse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Obesity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Surveyed Community Partners Told Us...

Priority Health Area	Problem Importance Index	
	TOTAL	AVERAGE
Access to Health Services	1357	169
Health-Related Basic Needs	1325	165
Babies & Pregnant Moms	1251	156
Mental Health & Substance	1204	150
Agencies Working Together	1120	140
Access to Healthy Foods	1051	131
Healthy Lifestyles	1001	125
Obesity	876	109
Heart Disease	868	108
Information Sharing	859	171
Cancer	750	93
Changing Demographics	550	68

**Appendix D:**

The following includes the list of stakeholder who participated in the CHA and/or CHIP Process.

<b>Community Health Advisory Team (CHAT) Members</b>	
<b>Participant</b>	<b>Agency</b>
Tyler Agee	Bon Secours Richmond Health System
Julie Bilodeau	Crossover Healthcare Ministry
Bethan Brady Spalding	Fit4Kids
Heather Minton	HCA Healthcare - Infection Prevention
Dr. Susan Fischer Davis Paige Wesley Margaret Benson Deanna Krautner David Calkins Aubrey Gambill Laura Young Jasmin Johnson Brenett Dickerson	Henrico County Health Department
Paul Johnson	Henrico County Department of Community Revitalization
Brandon Hinton	Henrico County- Deputy County Manager of Community Services
Cari Tretina	Henrico County Fire & EMS
Mike Palkovics	Henrico County Police
Robin Gilbert Kathy Johnson	Henrico County Public Schools
Mike Smithers	Henrico County Sheriff's Department
Laura Totty	Henrico Mental Health and Developmental Services (MHDS)
Rury McNicol	Henrico Recreation and Parks
Brian Koziol	Housing Opportunities Made Equal of Virginia (HOME)
Kate Ayers	ReEstablish Richmond
Dr. Lynne Deane	University of Richmond
Nicole Keeney	VA Department of Aging and Rehabilitative Services
Khalida Willoughby	Virginia Department of Health (VDH)
William Thornton	YMCA of Greater Richmond

<b>Community Partners Involved in the CHA Process</b>	
Capital Region Collaborative	International Rescue Committee
Church World Services	Safe Harbor
Commonwealth Catholic Charities	Smart Beginnings
Connecting Hearts	Sports Backers

Henrico County Office of Emergency Management	The McShin Foundation
Henrico County Planning Department	United Way of Greater Richmond and Petersburg
Henrico Healthy Learning Coalition	Henrico County Social Services
Henrico Too Smart 2 Start	Virginia Department of Education
American Heart Association	Institute of Public Health Innovation
Henrico County Human Resources	J. Sergeant Reynolds Community College
<b>Healthy Henrico Community Health Improvement Plan Members</b>	
Analise Adams - Shalom Farms	Heather Minton – HCA Healthcare
Tyler Agee - Bon Secours	Erica Morrison - HQI
Justine Blincoe – Greater Richmond Fit 4 Kids	Mike Palkovics – Henrico County Police
Kathy Brown – Area Agency on Aging	Elizabeth Rowe – WIC HCHD
Brenett Dickerson – Henrico Health District	Mike Royster – Institute Public Health Innovation
Anastacia Fannoh - volunteer	Robin Shepherd – Reynolds Community College
Ernest Fornaris - volunteer	Bethany Spaulding – Greater Richmond Fit 4 Kids
Robin Gahan – American Heart Association	William Thornton - YMCA
Aubrey Gambill – Environmental Health HCHD	Laura Totty – Mental & Behavioral Health
Lauren Gray – American Heart Association	Cari Tretina – Henrico County EMS
Patricia Hill – Mental & Behavioral Health	Jelisa Turner -
Katherine Johnson – Henrico Schools	Janet West-Brown - Physician
Elham Khairi Hassan – International Rescue Committee	Stephanie Wilkinson – Henrico County Schools
Deanna Krautner – Population Health - HCHD	Kate Ayers – Re-establish Richmond
Louise Lockett – Sports Backers	Sarah Dovel - FeedMore
Lauren Mauter – American Health Association	Kara Holmes - HCHD
Rory McNicol - Rec & Parks	Chris Nye - Institute Public Health Innovation
Kathy Miller - DARS	Michaela Miller - Humana



## Appendix E:

Henrico CHA/CHIP Team						
<b>Vision:</b>	A community where opportunities to make healthy choices are embraced, promoted, and prioritized for everyone in Henrico.					
<b>Values:</b>	Collaboration, Inclusivity, Creativity, Diversity, Equity, Transparency					
<b>Foundation:</b>	Advocate, Information Sharing, Agencies Working Together (suggested at 2.15.18 meeting)					
<b>Lens:</b>	Equity, Inclusion, Diversity, Aging Population, Poverty (suggested at 2.15.18 meeting)					
Theme	Additional Context to be considered	Votes	Working in the space	Interested Partners	Activity and potential resources	Gaps
Mental Health and Substance Use	Connectedness	26	Too Smart 2 Start, Henrico Heroin Task Force, Opioid Solutions RVA, Henrico Area Mental Health & Developmental Services, The McShin Foundation NAMI Side by Side VA Foundation for Healthy Youth	Marguerite Armanyous Anastacia Fannoh Mike P David Calkins Michelle White Marilyn Breslow	Harm reduction efforts (Chief Cardounel looking into) Health Brigade HPS Campaign Radio ads YMCA/Senior Connections exercise & socialization Outreaches TS2S CIT Mental Health Tiers for support in schools (looking for grant) SHAB (look at Chesterfield's model of emotional SOLs) Revive Mental Health First Aid Grant funding available Friendship Cafes Emotional Standards of Learning model Trauma Informed Care	issues
Healthy Lifestyles	Obesity, Access to Healthy Foods, Nutrition (Education?), Active Living, "Well-being", Tobacco Use	24	Fit 4 Kids, ActiveRVA (Fitness Warriors), Senior Connections, VA CoOp Extension - Family Nutrition Program, YMCA, Recreation & Parks, AHA, VA Foundation for Healthy Youth	Brenett Dickerson Beth Rowe Marguerite Armanyous Margaret Benson Anastacia Fannoh Bethany Spalding Kathy Brown William Thornton Ann Vargo	Fit4Kids- Advocacy around recess, school breakfast, complete streets YMCA Senior connections YMCA program for children with cancer Evidence based programs Refugee Wellness Alliance Walmart/YMCA Healthy lifestyles Crossover Ministry (also partners with Walmart) Employee Health Screenings Rec & Parks youth obesity program Online PE programs with Rec & Park PAL Fitness Warriors Workplace Solutions AHA VCU Healthy Lifestyles Clinic AHA - Workplace healthcare solutions Senior Connections OASIS grant	More could be done with complete streets Healthy Food Access Education Cancer specific programming Tobacco cessation policies/efforts
Access to Health Services		19	Safety Net Collaborative effort, HCHD, Bon Secours Care-A-Van, Refugee Alliance	Cari Tretina Jelisa Turner Brenett Dickerson Margaret Benson Kathy Miller	Safety Net Capacity Health Equity VCU Initiative Community Health Workers Dialysis Patient programming Bon Secours CARE-A-VAN	Funding
Transportation	Meaningful Access/Planning	13	GRTC- Transit Authority Group, Ride Finders, Bike Walk RVA	Kathy Miller Jelisa Turner	AHA and SportsBackers Complete Streets work Transportation Master Plan	
Heart Disease and Diabetes	Suggested to include Diabetes in "Heart Disease and Diabetes." Theme name to ensure the scope is met if chosen moving forward (2.15 meeting)	10	CHWs, Senior Connections, YMCA, ADA, National Kidney Foundation	Brenett Dickerson Margaret Benson Michelle White Erica Morrison Marguerite Armanyous	See Healthy Lifestyles YMCA Diabetes Advisory VA Diabetes Council	Collaboration Sub-population programming People accessing services
Babies and Pregnant Moms		9	HCHD WIC	Beth Rowe Jacque Hale	Infant mortality research	Collaborative effort
Housing	Affordable Development, Universal Design	8	Henrico County Dept. of Community Revitalization, HOME, Better Housing Coalition	Jelisa Turner Kathy Miller Erica Morrison	Housing Families First, VA Supportive Housing, Rapid Rehousing	
Education Attainment	Development/Early Intervention	1	HCPS- Factor Equity	Jacque Hale	Women on the move Community Outreach (HOPE)	

**Appendix F:**



<b>Priority: ACCESS TO CARE</b>				
<b>Result: Prevention is Prioritized</b>				
<b>Indicator:</b>	<b>Time Period</b>	<b>Current</b>	<b>Target</b>	<b>Source</b>
Percent of Adults Who Have a Regular Health-care Provider	2014	69%	85%	BRFSS
Suicide Rate (age adjusted per 100,000)	2016	14.1	10.2	VDH
Avoidable Emergency Room Visits (In development)				VDH
<b>Strategy: SUPPORT IMPLEMENTATION OF COMMUNITY-BASED PREVENTION IN ACCESSIBLE</b>				
Activities				
Increase visibility and support for a broad-based School Health Advisory Board				
Performance Measures	Lead	Current	Target	Due Date
Number of SHAB members		8	15	12/31/2019
Number of parent/students members of SHAB		1	4	12/31/2019
Number of recommendations presented to school board		0	3	12/31/2020
Establish satellite health service centers in Henrico				
Performance Measures	Lead	Current	Target	Due Date
Number of satellite locations	HCHD	0	2	12/31/2020
Number of Telehealth Clinical Resource Centers	Education Foundation	0	1	12/31/2020
<b>Strategy: INCREASE SAFETY NET CAPACITY AND RESOURCES</b>				
Activities				
Assess safety net capacity				
Performance Measures	Lead	Current	Target	Due Date
Safety Net Provider Capacity Assessment	HCHD	0	1	06/31/2019
Percent of safety net providers completing survey	HCHD	0	100	3/30/2019
Regional bi-annual gap analysis of community service providers for Medicaid and Medicare populations	IPHI	0	4	12/31/2020
Expand adoption of Navigation Services (CHW, Social Worker) in clinical practice to address health related social				
Performance Measures	Lead	Current	Target	Due Date
Number of Safety Net Providers assessing health related social needs		TBD	TBD	12/31/2020
Percent of Safety Net Providers assessing health related social needs		TBD	TBD	12/31/2020
Number of CHWs in safety net offices		TBD	TBD	12/31/2019
Percent of safety net providers who employ a CHW		TBD	TBD	12/31/2019
Number of Navigators employed by Cara A Van	BonSecours	0	5	12/31/2020
Number of organizational users in the YMCA Community Health Navigation Program	YMCA	3	10	12/31/2019
Number of individuals screened in YMCA Community Health Navigation Program	YMCA	0 (2019)	100	12/31/2019

<b>Priority: HEALTHY LIFESTYLES</b>				
<b>Result: Healthy Lifestyles are Supported</b>				
<b>Indicator:</b>	<b>Time Period</b>	<b>Current</b>	<b>Target</b>	<b>Source</b>
Percent of Adults Who Did Not Participate In Any Physical Activity During the Past 30 Days	2015	23.2% □	20.0% □	BRFSS
Percent of Adults Who Are Overweight or Obese	2015	68.10%	63% □	BRFSS
Percent of Adults Who Report Being Told They Have High Blood Pressure	2015	31.80%	26.90%	BRFSS
Percent of Adults Who Have Had a Stroke	2015	2.90%	2.61%	BRFSS
Percent of Adults Who Have Had a Heart Attack	14/15/16	4.60%	4.14%	BRFSS
<b>Strategy: INTEGRATE HEALTH PLANNING INTO LOCAL GOVERNMENT AND SCHOOL</b>				
Activities				
Partner with Henrico County Public Schools to establish policies and practices that promote healthy eating and physical activity.				
Performance Measures	Lead	Current	Target	Due Date
Number of schools committing to recess	Fit 4 Kids	TBD	34	12/31/2019
Percent of schools committing to recess	Fit 4 Kids	TBD	75%	12/31/2019
Number of high sugar items removed from the breakfast menu	Fit 4 Kids		2	12/31/2019
Partner with Henrico County to integrate health and equity considerations in planning, policies and implementation strategies				
Performance Measures	Lead	Current	Target	Due Date
Number of trainings government departments and staff to maximize health and social equity benefits in their policies, programs, processes, and services.	IPHI	0	3	12/31/2019
Number of local government staff trained to maximize health and social equity benefits in their policies, programs, processes, and services.	IPHI	0	30	12/31/2019
Number of policy, plan, program or service delivery decision made using health equity impact tool	IPHI	0	3	12/31/2019
Number of regularly occurring meetings with Health Director or designee present	HCHD	2	5	12/31/2019
Promote tobacco-free policy				
Performance Measures	Lead	Current	Target	Due Date
Tobacco-free language added to behavior guidelines at Rec & Parks facilities	Rec & Parks	No	Yes	7/31/2019
Number of signs posted that include tobacco free language at playgrounds and athletic fields	Rec & Parks		TBD	7/31/2019
Percent of Rec & Parks playground and athletic fields with signs including tobacco free language	Rec & Parks		TBD	7/31/2019
Policy designating tobacco areas at events	Rec & Parks	No	Yes	7/31/2019
Number of annual events with tobacco designated area	Rec & Parks	0	TBD	6/30/2020
Number of Tobacco-Free sites in county	VDH-TCP	9	13	12/31/2020

Increase Healthy Henrico visibility among local government				
Performance Measures	Lead	Current	Target	Due Date
Number of presentations to local government including information about Healthy Henrico	HCHD	1	2	6/30/2019
Healthy Henrico Annual Report	HCHD	0	1	9/30/2019
Strategy: INCREASE ACCESS TO HEALTHY AFFORDABLE FOODS				
Activities				
Expand produce availability in Henrico				
Performance Measures	Partners	Current	Target	Due Date
Pounds of produce distributed by partner pantries	FeedMore WIC Shalom Farms AHA	TBD	TBD	TBD
Percent of foods distributed by partners pantries that are produce		25	40	12/31/2020
Number of "healthy access retail sites" (Grown to Go, healthy cornerstores, SNAP extension) in Henrico		1	4	12/31/2020
Number of locations piloting a voucher program		0	1	12/31/2019
Provide technical assistance for implementation of employee wellness programs.				
Performance Measures	Lead	Current	Target	Due Date
Number of sites that receive AHA assessment toolkit	AHA	0	5	12/31/2019
Number of sites that complete assessment	AHA	0	5	12/31/2019
Number of policy changes or number of action plans developed?	AHA	0	2	12/31/2019
Strategy: MAXIMIZE USE OF COMMUNITY HEALTH WORKERS				
Activities				
Establish a system of regular communication to promote CHW work in Henrico				
Performance Measures	Lead	Current	Target	Due Date
Number of Henrico CHWs who are certified		1	10	12/31/2020
Number of Henrico CHWs that are members of the CHW Association		0	10	12/31/2020
Percent of Henrico CHW training programs listed below documented on CHW association		0	100%	12/31/2020
Percent of CHW designated Medical Reserve Corp who acknowledge volunteer event requests	HCHD	0	80%	12/31/2020
Increase CHWs trained to support healthy lifestyles (including social determinants of health)				
Performance Measures	Partners	Current	Target	Due Date
Number of CHWs trained to support healthy lifestyles	Hope Senior Connections AHA IPHI HCHD	0	25	12/31/2019
Number of Henrico Medical Reserve Corp Volunteers designated as CHW		7	10	12/31/2020
Number of above trainings approved by CHW Advisory Committee			0	75%