

2023–2025

# Community Health Improvement Plan (CHIP)

ALBEMARLE • CHARLOTTESVILLE  
FLUVANNA • GREENE  
LOUISA • NELSON

June 15, 2023



2022

MAPP2Health

Transportation



Healthcare Workforce

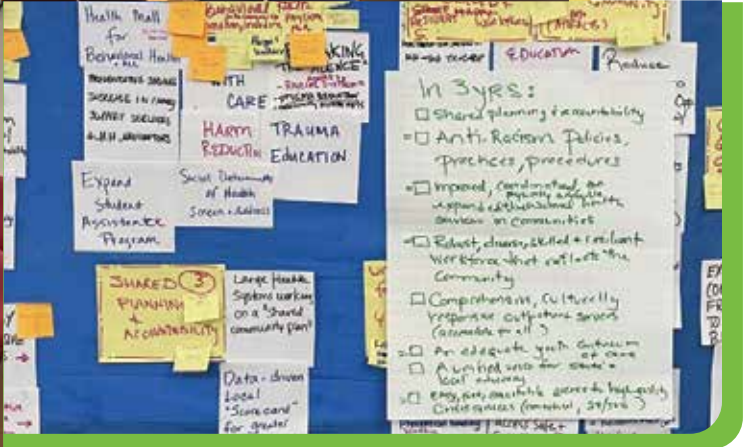
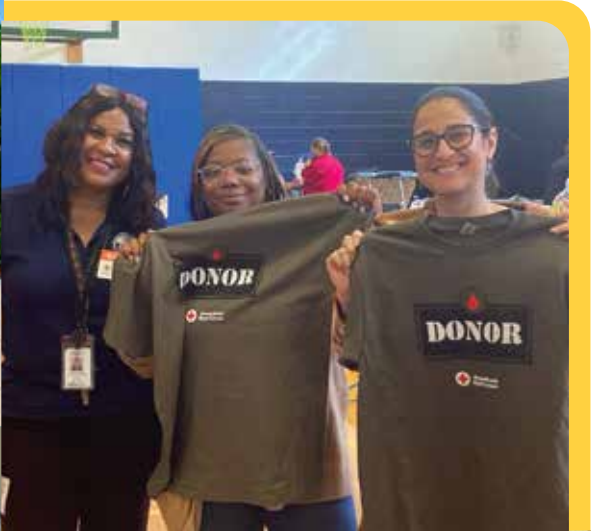


Digital Access + Literacy



Mental + Behavioral Health





**PHOTO CREDITS**

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2023–2025

# Community Health Improvement Plan

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# Introduction

## MAPP2HEALTH

Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic framework for organizations, coalitions, and community members to work together for improved health and well-being for all. Locally we call the process MAPP2Health.

Since 2009, Blue Ridge Health District (BRHD) has completed five MAPP2Health community health assessments (CHA) and improvement plans (CHIP) in partnership with the other two Core Group members – UVA Health and Sentara Martha Jefferson Hospital – and community organizations. The Core Group has published the resulting five MAPP2Health Reports, the most recent in 2022.

The 2022 MAPP2Health participants – area organizations, coalitions, and community members – worked together in either the Leadership Council or the Locality Council to examine race and socioeconomic status as social determinants of health. The Leadership Council included 80 representatives from agencies and organizations

that served two or more localities and that had authority or influence over policy creation or development. The Locality Council was made up of community members and organizations that primarily lived or worked in one locality and/or provided direct care or services.

The MAPP2Health councils met from January through June 2022 to identify priority issues and opportunities to reduce barriers to health equity. The result was a concentration of recommendations in two overarching focus areas: the Built Environment and the Healthcare System.

The 2022 MAPP2Health report was published in September 2022 and BRHD began soliciting participants in mid December 2022 to develop the corresponding Community Health Improvement Plan (CHIP). The CHIP is facilitated and managed by BRHD's CHA/CHIP Program Officer and Data Analyst with support from the MAPP2Health Core Group.

# CHIP Overview

## COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

The Community Health Improvement Plan (CHIP) takes the policy targets identified in the MAPP2Health Report and unites organizations to identify and implement actionable objectives, as well as garner public support and encourage accountability. Our district's CHIP is updated every three years. The 2022 CHIP launched publicly April 3, 2023 with the initial policy targets, goals and objectives, and contributing organizations. CHIP progress will be tracked by the BRHD CHA/CHIP program officer until its completion December 31, 2025

### WHY THE CHIP?

The CHIP serves primarily as a guiding document for all the implementing partners, in that it specifies very precisely what tasks are necessary to achieve the various objectives (which in turn should lead to completion of the goals), what organizations are responsible for the tasks, the planned completion dates for each task, and how progress will be measured. But the CHIP is also intended to be a public-facing document that allows interested community members to see not only what is being done to improve community health, but when they can expect to see concrete progress.

### CHIP PROCESS

#### 1. Identifying CHIP Workgroups

CHIP workgroup invitees were initially identified from the roster of those who participated in the MAPP2Health process. Organizational leads then recommended additional agencies and organizations. Finally, BRHD solicited the general

public via announcements on local news outlets, social media channels, and its website. Community members were encouraged to join the CHIP process or refer organizations known to be working in the policy areas.

#### 2. Clarifying Goals and Objectives

Initial CHIP policy areas, goals and strategies were carried over from MAPP2Health report recommendations, then refined by each workgroup based on the following considerations:

##### Alignment to Current Initiatives and Programs

Many MAPP2Health recommendations were similar or identical to initiatives and programs already underway by local organizations and agencies. Tasks that aligned with objectives were revised to better reflect those current efforts.

##### Feasibility

Some MAPP2Health recommendations were not feasible to complete within the three-year CHIP window and were tabled. For example, some transportation initiatives required five-year cycles to complete due to required coordination with legislative processes.

##### Availability of Conveners and Contributors

If no participating organization took responsibility for a MAPP2Health recommendation, or could not actively contribute to its advancement, then the recommendation could not advance to the CHIP as a goal or objective.

The refining process led to the removal of Referral + Communication Networks and

Medicaid, Health Insurance + Payment as independent targets, incorporating instead some of their objectives and tasks into the Healthcare Workforce objectives.

### 3. Finalizing of Policy Priorities, Conveners, and Indicators

The remaining four policy targets – from the Built Environment: **Transportation** and **Digital Access + Literacy**, and from Healthcare Access: **Healthcare Workforce** and **Mental + Behavioral Health** – became the priority areas for which participants could align efforts. Workgroups met monthly from January-June 2023 to collaborate and choose lead Conveners and Contributors for each objective, define indicators and targets, and set target completion dates.

### ACTION PLAN STRUCTURE

The action plan for each policy target is structured in a hierarchy with the overarching goal at the top. Underneath the goal are a number of objectives, all of which must be achieved to attain the goal. For some policy targets, objectives in turn are divided into lower-level sub-objectives, which contribute to the upper-level objective. Finally, at the bottom, each objective (or sub-objective) is broken down into tasks, where again each task must be completed to achieve the objective/sub-objective. See Appendix for the full hierarchy.

### PROGRESS AND REPORTING

Following the launch of this revised CHIP, the BRHD CHA/CHIP Officer will follow-up with each Convener for progress reports on their respective objectives or

tasks. Quarterly CHIP updates will be published to the BRHD website and social media channels, included in the BRHD newsletter, and shared with the other Core Group members.

### LIMITATIONS

While BRHD is coordinating this CHIP, it is not providing any direct funding to participants to achieve their goals and objectives. The BRHD Program Officer assists participating organizations in connections to grants to support their efforts, but ultimately only has a facilitating and convening role. Participating organizations are involved in implementing this CHIP on a voluntary basis, because they view the work as important to their mission, or the objectives are aligned with their current initiatives. In some cases workgroup members are incorporating CHIP tasks into their existing workload without additional resources.

### RISKS TO SUCCESS

1. This plan requires interlocking contributions from diverse partners; if any partner cannot achieve their part on time, the results of others are impacted.
2. In some cases, approval from outside the workgroup is required to advance a task, which is often not under Convener or participants control.
3. Some objectives depend on funding that is actively being sought, but may not be assured.

## GLOSSARY OF TERMS

**CHA** – Community Health Assessment. The MAPP2Health report is the District’s Community Health Assessment for 2022. CHA’s must be completed every 3 years for non-profit hospitals (Sentara Martha Jefferson Hospital) and every 5 years for accredited health departments (Virginia Department of Health). Our District’s CHA is on a 3-year cycle.

**CHIP** – Community Health Improvement Plan. A CHIP is an action plan to address the priorities in the CHA. CHIP goals and objectives should be feasible and achievable within the 3-year window.

**CHA/CHIP Program Officer** – The CHA/CHIP Program officer monitors, track, and report all workgroups’ progress internally (to all workgroups) and externally (to the public), attends meetings, records and circulate notes for all meetings, updates the CHIP website and social media channels, works with the BRHD Data Analyst to provide data needed to support workgroup tasks and objectives, convenes and manage the Core Group, and report progress to stakeholders.

**Contributor** – Contributors support the Convener and the CHIP by completing tasks and objectives on time, attending meetings, reporting on task progress, and publicizing their activities and results to their clients and partners.

**Convener** – Conveners recruit any community organizations or residents who can contribute to specific goals, objectives, sub-objectives, or tasks, organize meetings (remotely or in-person) with Contributors; sustain ongoing attention and progress to their respective CHIP objective and goals; regularly report progress, achievements, risks, and barriers to the BRHD CHA/CHIP Program Officer; and publicize their activities and results to their clients and partners.

**Core Group** – One representative from each of the district’s two hospital systems and the CHA/CHIP Program Officer at Blue Ridge Health District

**The District** – The locality service area, also referenced as BRHD, includes Albemarle County, the City of Charlottesville, and Fluvanna, Greene, Louisa, and Nelson counties.

**Leadership Council** – MAPP2Health participants were invited to join the Leadership Council if they held an elected position, worked for a local government agency, lead an organization that served two or more localities in the district, or held a high ranking position in public safety. Members had influence on both policy and practice within their organization or their locality at large.

**Locality Council** – MAPP2Health participants were invited to join the Locality Council if they were community members, worked with or for any organization or agency that served at least one community in one locality, or provided direct services to at least one community in one locality. Members were the voice of their communities and informed the Leadership Council on focus areas and policy targets.

**Policy Targets** – The policy targets for 2022 were transportation, digital access and literacy, healthcare and mental healthcare access. These were specific, actionable areas to which policy and practice changes could potentially remove obstacles to health. All policy targets were associated with their respective focus area of either the built environment or healthcare system.

**Workgroup** – The Conveners and Contributors for a CHIP policy target or individual objectives are considered the workgroup.

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# 2023-2025 **Policy Targets**

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# Policy Target: Transportation

A 2017 report by the American Hospital Association estimated that more than 3.6 million people do not obtain medical care each year due to transportation issues<sup>1</sup>. A 2019 Kaiser Permanente report found that, beyond providing healthcare access, reliable transportation fills a social need that, if unmet, threatens to deteriorate mental and physical health.<sup>2</sup>



Photo courtesy of Jaunt

And a 2022 Transit Equity and Modernization Study from the Virginia Department of Rail and Public Transportation found that 25% of those living below the poverty line do not have access to any public transit. For Virginians, transportation costs are often the “second-highest household expenditure after housing, the presence of public transit can be critical to affordability and quality of life, especially for those who are cost-burdened...”<sup>3</sup>

Thus, it is no surprise that transportation consistently arose as a barrier to health in both the Locality and Leadership Council workgroups,

and in the focus groups facilitated by UVA’s Master of Urban and Environmental Planning program students. Topics included improving the frequency of public transit fixed routes, the quality and quantity of bus stops, and the expansion of on-demand transit. Transportation recommendations from the MAPP2Health process also focused on procuring vouchers for rideshares and expanding accessibility and routes from more rural areas and localities to providers and services.

Transportation improvements for the 2023 CHIP focus mainly on public transit services and their ability to provide District residents, both urban and rural, with reliable, efficient, and accessible accommodations to healthcare providers and everyday activity centers. The Transportation workgroup also developed a new objective to initiate a riders’ transit group to encourage community engagement in transit decision-making.

## TRANSPORTATION WORKGROUP

Organizations listed below have a participating member in the Transportation Workgroup.

- Board of Supervisors of Albemarle County
- Charlottesville Area Alliance (CAA)
- Charlottesville Area Transit (CAT)
- City of Charlottesville
- Jaunt
- Piedmont Mobility Alliance
- Thomas Jefferson Planning District Commission (TJPCD)
- University Transit Service

## ENDNOTES

- <sup>1</sup> American Hospital Association. Social Determinants of Health Series: Transportation and the Role of Hospitals. November 2017. Accessed June 13, 2023. <https://www.aha.org/system/files/hpoe/Reports-HPOE/2017/sdoh-transportation-role-of-hospitals.pdf>
- <sup>2</sup> Kaiser Permanente. Social Needs Survey Key Findings. June 4, 2019. Accessed June 13, 2023.. <https://about.kaiserpermanente.org/content/dam/internet/kp/comms/import/uploads/2019/06/KP-Social-Needs-Survey-Key-Findings.pdf>
- <sup>3</sup> Virginia Department of Rail and Public Transportation (DRPT). Virginia Transit Equity and Modernization Study. August 2022. Accessed June 13, 2023. <https://www.drpt.virginia.gov/media/z5gnfpuz/virginia-transit-equity-and-modernization-study-final-report.pdf>

# Policy Target: Transportation GOALS + OBJECTIVES

For a complete list of tasks associated with each objective, see Appendix.

GOAL	Objective	Convener	Contributors	Target Date	Indicator	Target
1. Improve all public transit infrastructure	1.0 Obtain approved contract to allow installation of mobility accessible, age-friendly bus shelters where needed	Charlottesville Area Transit (CAT)	<ul style="list-style-type: none"> <li>Board of Supervisors of Albemarle County</li> <li>Virginia Department of Transportation (VDOT)</li> </ul>	12/31/2025	# MOUs approved for new bus shelter design by 12/31/2025	1
	1.1 Produce a governance study for a mechanism to increase funding for regional transit and manage those funds	Thomas Jefferson Planning District Commission (TJPDC)	Regional Transit Partnership (RTP) Albemarle, Fluvanna, Greene, Louisa and Nelson Counties City of Charlottesville	12/31/2023	# final governance study documents published by 12/31/2023	1
	1.2 Improve infrastructure for getting patients to and from health system hospitals and providers	Blue Ridge Health District	Jaunt	12/31/2025	# people using improved on-demand transport	baseline + 10%
	1.3 Improve scheduling service for Jaunt	Jaunt	N/A	12/31/2023	# people using improved scheduling service to book transportation	baseline + 10%
	1.4 Jaunt locality service is sufficient for residents' needs	Jaunt	N/A	12/31/2025	% Jaunt locality service users who give a positive rating to the service [based on rider survey]	75%
	1.5 Expand GPS tracking app availability for riders	Charlottesville Area Transit (CAT)	<ul style="list-style-type: none"> <li>Jaunt</li> <li>University Transit Service (UTS)</li> </ul>	12/31/2025	<ul style="list-style-type: none"> <li># GPS apps developed by 12/31/2024</li> <li># GPS apps implemented (put in service) by 11/01/2025</li> </ul>	1 1
	1.6 Initiate a sustainable Riders' Transit Group (advisory/advocacy)	Charlottesville Area Alliance (CAA)	CAA Riders' Transit Group Workgroup	12/31/2025	# people who attended at least three meetings of the Riders' Transit Group in a single calendar year	20
	1.7 Implement microtransit pilot	Charlottesville Area Transit (CAT)	N/A	12/31/2025	<ul style="list-style-type: none"> <li># microtransit vehicles in service by 12/31/2025</li> <li># rides taken in micro-transit vehicles during 2025</li> </ul>	6 10,000
2. Develop a robust rideshare network for patients and clients	2.0 Develop a Mobility Management Program to include a one-click-one-call information and referral center	Thomas Jefferson Planning District Commission (TJPDC)	<ul style="list-style-type: none"> <li>Charlottesville Area Alliance (CAA)</li> <li>Jefferson Area Board for Aging (JABA)</li> <li>Rappahannock-Rapidan Regional Commission (RRRC)</li> <li>Virginia Department of Rail and Transportation (DRPT)</li> </ul>	12/31/2025	# annual users of Mobility Management System	500

# Policy Target: Healthcare Workforce

When MAPP2Health participants discussed improving healthcare access, the focus often turned to diversifying the healthcare workforce and community health workers (CHWs) (and similar roles) as trusted resources. CHWs serve as connectors between health services and their communities, improving both access to and continuity of care.<sup>1</sup>

Currently, CHWs practicing in the District are trained to support their clients across various domains ranging from maternal and child health, to social services and mental health. The CHWs live in the communities they serve, reflecting the diversity of their clients. The CHIP objectives focused on CHWs seek to grow CHWs' skills and outreach by creating a robust network for training, collaborating, and engagement – as well as advocating for more paid positions for CHWs districtwide.

In other MAPP2Health discussions, cultural humility and empathy, equity, and inclusion were identified as core competencies necessary but underrepresented in the healthcare workforce in general. This shortage is particularly acute in

the mental and behavioral health workforce.

Beyond diversifying the clinical workforce, one recommendation was to increase the amount of, and paid positions for, high quality medical interpreters. The CHIP workgroup for medical interpretation is meeting in June to explore the possibility of a medical interpretation training hub.

Additionally, participants discussed how the people hired to play the role of patients during clinical training sessions – known as Standardized Patients (SP) - tend to be disproportionately white and older, and how this was a disservice to medical students, and ultimately, patients. The CHIP workgroup for Standardized Patients is focused on both recruiting a more diverse pool of SPs and designing clinical

## HEALTHCARE WORKFORCE WORKGROUP

Organizations listed below have a participating member in the Healthcare Workforce Workgroup.

- [Albemarle County Public Schools](#)
- [Blue Ridge Health District](#)
- [Blue Ridge Medical Center](#)
- [Clinical Skills Center at the UVA School of Medicine](#)
- [Charlottesville Free Clinic](#)
- [Community Mental Health and Wellness Coalition](#)
- [International Rescue Committee Charlottesville](#)
- [Latino Health Initiative at UVA Health](#)
- [Move2Health Equity](#)
- [Nelson County Wellness Alliance](#)
- [Network2Work@PVCC](#)
- [Pipelines and Pathways at UVA](#)
- [Sentara Martha Jefferson Hospital](#)
- [Starr Hill Pathways](#)
- [Support Services at UVA Health](#)
- [UVA Health Office of Diversity and Community Engagement](#)
- [WellAWARE](#)

skills simulations that address cultural humility and empathy.

Research on the healthcare workforce aligns with all of the MAPP2Health recommendations: The effects of diversifying the healthcare workforce are that patients are more satisfied, more likely to make healthy behavior changes, and more likely to have improved health when their provider is “in racial and ethnic concordance.”<sup>2,3</sup>

Taking this into account, the remaining CHIP objectives aim to improve healthcare access not only by expanding services to where they’re needed most, but by ensuring those services are delivered by diverse, trusted, and empathetic providers.

#### ENDNOTES

- <sup>1</sup> American Public Health Association. Community Health Workers. n.d. Accessed June 13, 2023. <https://www.apha.org/APHA-Communities/Member-Sections/Community-Health-Workers>
- <sup>2</sup> Center for Primary Care at Harvard Medical School. Diversifying the Healthcare Workforce is Key to Addressing Health Inequities. December 1, 2020. Accessed June 13, 2023. <https://info.primarycare.hms.harvard.edu/review/diversifying-healthcare-workforce>
- <sup>3</sup> Department of Health and Human Services. A Recommendation Report from the HHS Advisory Committee on Minority Health. September 2011. Accessed June 13, 2023. <https://minorityhealth.hhs.gov/Assets/pdf/Checked/1/FinalACMHWorkforceReport.pdf>



Photo courtesy of WellAware

# Policy Target: Healthcare Workforce **GOALS + OBJECTIVES**

For a complete list of tasks associated with each objective, see Appendix.

GOAL	Objective	Sub-Objective	Convener	Contributors	Target Date	Indicator	Target	
1. Ensure providers and staff reflect the diverse patient population	1.1 Clinicians (including behavioral health clinicians) reflect the diverse patient population					12/31/2025	As of 31 December 2025 - % clinicians who are people of color - % behavioral health clinicians who are people of color - % clinicians who are multi-lingual - % behavioral health clinicians who are multi-lingual	>=15% >=15% >=20% >=20%
		1.1.1 Increase the number of people of color and multi-language speakers who participate in local trainings and classes to join the clinical workforce	Blue Ridge Health District	<ul style="list-style-type: none"> <li>Charlottesville Free Clinic</li> <li>Sentara Martha Jefferson Hospital</li> <li>UVA Health Office of Diversity and Community Engagement</li> </ul>	12/31/2025	# people of color and multi-language speakers who take local trainings or classes encouraging clinical workforce entry during 2024	baseline + 20%	
		1.1.2 Improve simulations and scenarios at UVA Med School to include “Standardized Patients” that are diverse in race, age, gender identity, and socio-economic status	UVA Clinical Skills Center	<ul style="list-style-type: none"> <li>Latino Health Initiative</li> <li>Move2Health Equity</li> <li>UVA Health Office of Diversity and Community Engagement</li> </ul>	12/31/2025	<ul style="list-style-type: none"> <li>As of December 2025, % of Standardized patients who are                             <ul style="list-style-type: none"> <li>– people of color</li> <li>– younger than 60</li> <li>– identify as LGBTQ+</li> <li>– are non-native English speakers</li> </ul> </li> </ul>	>=10% >=30% >=5% >=15%	
		1.1.3 Bolster and expand the clinical workforce pipeline	UVA Health Office of Diversity and Community Engagement	<ul style="list-style-type: none"> <li>Albemarle County Public Schools</li> <li>Pipelines &amp; Pathways at UVA</li> <li>Sentara Martha Jefferson Hospital</li> <li>Starr Hill Pathways</li> </ul>	12/31/2025	# clinical workforce pipeline paths that support people of color and multi-lingual speakers	baseline + 10%	
		1.2 CHWs (and similar outreach worker positions) reflect the diverse patient population				12/31/2025	<ul style="list-style-type: none"> <li>As of 12/31/2025, % CHWs and similar districtwide who are                             <ul style="list-style-type: none"> <li>– people of color</li> <li>– multi-lingual</li> </ul> </li> </ul>	>=10% >=10%
		1.2.1 Increase the number of people of color, LGBTQ+, and multi-language speakers who participate in local trainings and classes to become CHWs and similar outreach positions	Blue Ridge Health District	<ul style="list-style-type: none"> <li>Latino Health Initiative</li> <li>Nelson County Wellness Alliance</li> <li>Sentara Martha Jefferson Hospital</li> <li>WellAware</li> </ul>	12/31/2025	# people of color, LGBTQ+, and multi-language speakers who take local CHW or similar outreach trainings or classes between September 1, 2023–December 31, 2025	30 [baseline is 0]	
		1.2.2 Increase paid opportunities for multilingual and local CHWs as patient supporters and navigators	TBD	<ul style="list-style-type: none"> <li>Latino Health Initiative</li> <li>Nelson County Wellness Alliance</li> <li>WellAware</li> </ul>	12/31/2025	# paid multi-lingual or local CHWs providing patient support between 2024-2025	baseline + 10%	
		1.2.3 Create a network that will provide an opportunity for training, collaboration, and networking for the district’s CHWs and similar positions	Blue Ridge Health District	Nelson County Wellness Alliance	12/31/2024	# CHWs or people in similar positions referred via the network hub to trainings during 2024	30	

# Policy Target: Healthcare Workforce GOALS + OBJECTIVES

Continued from page 15

GOAL	Objective	Sub-Objective	Convener	Contributors	Target Date	Indicator	Target
1. Ensure providers and staff reflect the diverse patient population (cont'd)	1.3 Medical interpreters are working in sufficient variety to serve a diverse patient population				12/31/2025	# high quality trained medical interpreters working in the District by 12/31/2025	baseline + 10%
		1.3.1 IRC and UVA Health collaborate for training and staffing of medical interpreters	Blue Ridge Health District	<ul style="list-style-type: none"> <li>International Rescue Committee Charlottesville</li> <li>UVA Health Special Services</li> </ul>	12/31/2025	TBD	TBD
		1.3.2 Expand medical interpreter paid positions beyond UVA Hospital	Blue Ridge Health District	TBD	12/31/2025	# new medical interpreter paid positions outside UVA Hospital from 1/1/2023 to 12/31/2025	10
2. Expand the provision of health services in rural and underserved communities	2.1 Work with county and city governments to include incentives for healthcare practices in rural or underserved communities in comprehensive plans or zoning		Blue Ridge Health District	<ul style="list-style-type: none"> <li>Albemarle County AC44</li> <li>Nelson County Department of Planning &amp; Zoning</li> </ul>	12/31/2025	# comprehensive plans including CHIP recommendations or incentivize healthcare practices in rural or underserved communities	3
	2.2 Expand the provision of Medicaid health services				12/31/2025	TBD	TBD
		2.2.1 Advocate at the legislative level for increased Medicaid reimbursement rates, particularly for dentistry and mental and behavioral health services	TBD	TBD	12/31/2025	# meetings with legislators to discuss increasing Medicaid reimbursement rates by 12/31/2025	3
		2.2.2 Assess the proportion of Medicaid-eligible patients in each locality to determine the ideal benchmark for enrollment numbers	Blue Ridge Health District	Move2Health Equity	12/31/2023	# assessments completed by 12/31/2023	1
		2.2.3 Characterize the providers (including dentists) who do and do not accept Medicaid	Blue Ridge Health District	Free Clinic Charlottesville	12/31/2023	# reports on characteristics of providers who do not accept Medicaid completed by 12/31/2023	1
	2.3 Assess the need for more integrated or broader Community Paramedicine (CP) services through UVA Health and Charlottesville, Albemarle, Nelson Fire Departments and volunteer EMS providers		Blue Ridge Health District	<ul style="list-style-type: none"> <li>Albemarle County Fire &amp; Rescue</li> <li>Charlottesville Albemarle Rescue Squad</li> <li>Charlottesville Fire Department</li> <li>UVA Population Health's CP Program</li> <li>Wintergreen Fire &amp; Rescue</li> </ul>	12/31/2023	# meetings held by 12/31/2023 that include at least three Community Paramedicine partners to determine levels of collaboration and cooperation	2

# Policy Target: Digital Access + Literacy

Broadband access is often referred to as a “super-determinant” of health because it plays such a critical role in connectivity to social networks, healthcare, educational institutions, and emergency services.<sup>1</sup>

Yet rural localities – like Fluvanna, Greene, Louisa, and Nelson counties, plus southern Albemarle – suffer insufficient access to broadband internet.

Broadband infrastructure has been slow to reach the more remote areas of the district, and MAPP2Health participants from Nelson County in particular recognized how lack of broadband has exacerbated existing health and socioeconomic inequities – known as the digital divide.

Beyond broadband, the ability to “find, evaluate, create, and communicate information” online, known as digital literacy, is critical to navigate the domains of daily life, including getting access to health care both in person and online.

Lack of digital skills and competencies is not confined to rural residents alone; it can be particularly challenging for older adults and non-native English speakers.

Thus, the CHIP’s goals and objectives address broadband access, literacy, hardware and software components of connectivity to navigate daily life, and specifically, healthcare encounters.

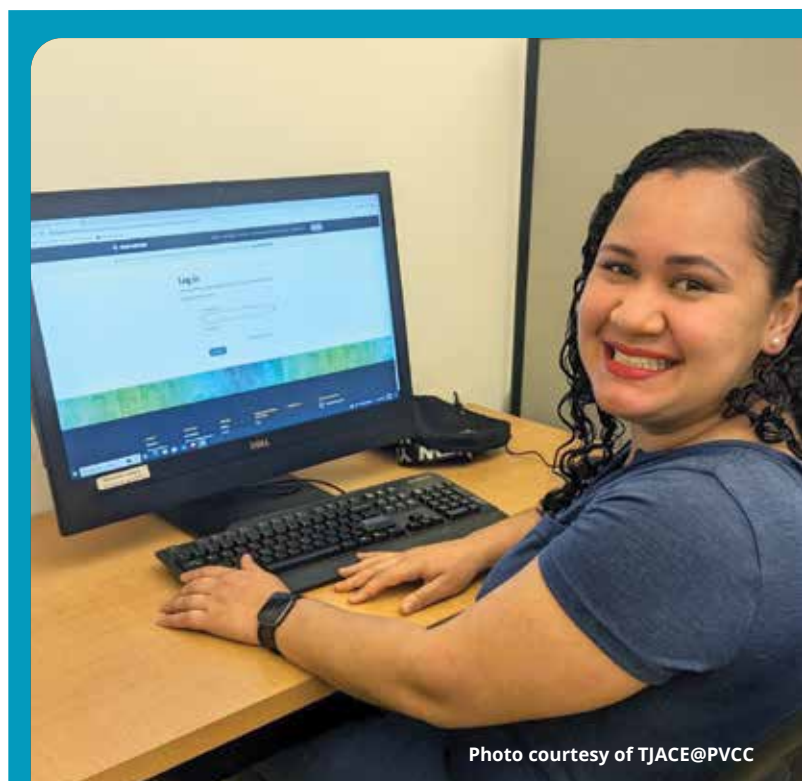


Photo courtesy of TJACE@PVCC

## ENDNOTES

<sup>1</sup> Bauerly BC, McCord RF, Hulkower R, Pepin D. [Broadband Access as a Public Health Issue: The Role of Law in Expanding Broadband Access and Connecting Underserved Communities for Better Health Outcomes](#). J Law Med Ethics. 2019 Jun;47(2\_suppl):39-42.

## DIGITAL ACCESS + LITERACY WORKGROUP

Organizations listed below have a participating member in the Digital Access + Literacy Workgroup

- Albemarle County Broadband Accessibility and Affordability Office
- Firefly Fiber Broadband
- Jefferson Area Board for Aging (JABA)
- Jefferson-Madison Regional Libraries (JMRL)
- Louisa County Commission on Aging
- Thomas Jefferson Adult Career Education (TJACE@PVCC)

# Policy Target: Digital Access + Literacy GOALS + OBJECTIVES

For a complete list of tasks associated with each objective, see Appendix.

GOAL	Objective	Convener	Contributors	Target Date	Indicator	Target
1. Expand broadband access	1.1 Promote the Regional Internet Service Expansion (RISE)	Firefly Fiber Broadband	Blue Ridge Health District	12/31/2024	# people who receive RISE marketing materials by 12/31/2024	50
	1.2 Ensure households in need of internet get a physical connection	Firefly Fiber Broadband	Blue Ridge Health District	12/31/2025	% households in the District that have broadband Internet by 12/31/2025	90%
2. Expand digital literacy improvement services, especially for older adults, or non-native English speakers	2.1 Increase enrollment for digital literacy and learning classes	Blue Ridge Health District	<ul style="list-style-type: none"> <li>Jefferson Area Board for Aging</li> <li>Jefferson Madison Regional Libraries (JMRL)</li> <li>TJACE@PVCC</li> </ul>	12/31/2025	# non-native English speakers or people 65+ who participated in a digital literacy program by 12/31/2025	baseline + 10%
3. Integrate digital navigators into the healthcare domain	3.1 Train digital navigators	Broadband Affordability and Accessibility Office (BAAO)	Blue Ridge Health District	12/31/2024	# digital navigators trained by 12/31/2024	2
	3.2 Increase paid opportunities for healthcare workers who have digital navigator training	TBD	TBD	12/31/2024	# paid positions for healthcare workers with digital navigator training by 12/31/2024	6
4. Increase access to affordable hardware and software	4.1 Develop and sustain digital access equity services at centralized locations with reliable hardware, broadband, software, and technology support	TBD	<ul style="list-style-type: none"> <li>Broadband Affordability and Accessibility Office (BAAO)</li> <li>Jefferson Madison Regional Libraries (JMRL)</li> <li>Louisa County Commission on Aging</li> </ul>	12/31/2024	# digital access equity days at JMRL locations by 12/31/2024	6



# Policy Target: Mental + Behavioral Health

Mental health problems are among the most common health conditions in the U.S., with one in five adults experiencing mental illness each year.<sup>1</sup> With the onset of COVID-19, the already strained mental health system was hit by a perfect storm of personal fear and anxiety, societal and political upheaval, forced isolation, loss of life, and an economic downturn, coupled with unprecedented challenges for the behavioral health workforce.

Black, Latino, and multi-racial adults in Virginia reported higher rates of depression throughout the pandemic than White and Asian Virginians.<sup>2</sup>

At the same time, Virginia has a long-standing shortage of behavioral health workers, with access to behavioral health providers varying widely within BRHD, exacerbated by a critical shortage of in-patient psychiatric beds. The shortage is even more acute among practitioners of color, with Black and Latinx psychiatrists and psychologists each representing under 8% of the mental health workforce.<sup>3</sup>

The Mental + Behavioral Health workgroup, convened by the Community Mental Health and Wellness Coalition (CMHWC), is acutely aware of these issues. A network of over 20 organizations that serve the entire District, CMHWC will concentrate its CHIP work on policy change at the health system, legislative, and workforce levels – engaging leadership from both UVA Health and Sentara Martha Jefferson Hospital.



Photo courtesy of CMHWC

CHIP objectives address the need to expand capacity for racially and culturally responsive behavioral health care; increase access to care (such as by increasing in-patient psychiatric beds); and promote policies, systems, and environments that improve behavioral health and wellness – particularly for people of color. The workgroup is currently identifying conveners and clarifying both indicators and targets.

## MENTAL + BEHAVIORAL HEALTH WORKGROUP

Organizations listed below have a participating member in the Mental + Behavioral Health Workgroup

**Community Mental Health and Wellness Coalition Steering Committee (CMHWC) which includes:**

- Albemarle County Fire and Rescue
- Blue Ridge Health District
- Sentara Martha Jefferson Hospital
- UVA Health

## ENDNOTES

- 1 Centers for Disease Control and Prevention (CDC). About Mental Health. CDC.gov. n.d. Accessed June 13, 2023. <https://www.cdc.gov/mentalhealth/learn/index.htm>
- 2 Centers for Disease Control and Prevention (CDC). Indicators of anxiety or depression based on reported frequency of symptoms during last 7 days. data.CDC.gov. May 20, 2020. Updated June 22, 2022. Accessed June 13, 2023. <https://data.cdc.gov/NCHS/Indicators-of-Anxiety-or-Depression-Based-on-Report/8pt5-q6wp>.
- 3 American Psychology Association (APA). Data Tool: Demographics of the U.S. Psychology Workforce.. 2021. Accessed June 13, 2023. <https://www.apa.org/workforce/data-tools/demographics>

# Policy Target: Mental + Behavioral Health GOALS + OBJECTIVES

For a complete list of tasks associated with each objective, see Appendix.

GOAL	Objective	Convener	Lead Contributors	Target Date	Indicator	Target
1. Improved mental and behavioral health policy and planning	1.1 Create a plan for shared advocacy, planning, and accountability	Community Mental Health and Wellness Coalition Steering Committee (CMHWC)	<ul style="list-style-type: none"> <li>Sentara Martha Jefferson Hospital</li> <li>UVA Health</li> </ul>	12/31/2024	#plans published for advocacy, planning, and accountability by 05/01/2024	1
	1.2 Adopt anti-racist policies, practices and procedures	TBD	TBD	12/31/2024	TBD	TBD
	1.3 Develop resilient and growing workforce that reflects the community	TBD	<ul style="list-style-type: none"> <li>Albemarle County Fire &amp; Rescue</li> <li>Sentara Martha Jefferson Hospital</li> <li>UVA Health</li> </ul>	12/31/2025	TBD	TBD
2. Expanded behavioral health promotion and community health hubs	2.1 Expand behavioral health promotion efforts	TBD	TBD	09/01/2025	TBD	TBD
3. Improved treatment and recovery services	3.1 Provide comprehensive, accessible, culturally responsive adult outpatient services	TBD	<ul style="list-style-type: none"> <li>Sentara Martha Jefferson Hospital</li> <li>UVA Health</li> </ul>	12/31/2025	# adults receiving comprehensive, accessible, culturally responsive outpatient services during 2023-2025	500
	3.2 Provide expanded continuum of youth services	TBD	TBD	12/31/2025	# youth receiving expanded continuum of services during 2023-2025	500
4. Quality, equitable, crisis response services	4.1 Promote neighboring models and existing local efforts	TBD	TBD	12/31/2025	TBD	TBD
	4.2 Develop regional mobile service response (24/7,365)	TBD	TBD	12/31/2025	TBD	TBD
	4.3 Inventory treatment capacity (locations depending on needs)	TBD	TBD	12/31/2025	TBD	TBD
	4.4 Create regional policy for data sharing/care coordination	TBD	TBD	12/31/2025	TBD	TBD

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# Appendix

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This appendix supplements the goals-and-objectives tables by listing the entire hierarchy of goals, objectives, sub-objectives, and tasks needed to implement the CHIP. Listing the specific tasks for each objective and sub-objective helps to understand more concretely what the partners intend to achieve.

# Policy Target: Transportation

## GOAL 1. Improve all transit infrastructure

**Objective 1.0** Obtain approved contract to allow installation of mobility accessible, age-friendly bus shelters where needed

Task 1.0.1 Finalize bus shelter design to include mobility accommodations

Task 1.0.2 Conduct inventory of which shelters are on VDOT roads and non-VDOT property

**Objective 1.1** Produce a governance study for a mechanism to increase funding for regional transit and manage those funds

Task 1.1.1 TJPDC reports out publicly on governance study progress

**Objective 1.2** Improve infrastructure for getting patients to and from health system hospitals and providers

Task 1.2.1 Review needs from UVA on discharge and after-hours discharge

Task 1.2.2 Assess the need for on-demand rides - particularly from Sentara Martha Jefferson Hospital ER after hours

Task 1.2.3 Implement, if necessary, on-demand ride service for eligible patients getting discharged from SMJH ER

**Objective 1.3** Improve scheduling service for Jaunt

Task 1.3.1 Jaunt Transit Development Plan posted to Jaunt website

Task 1.3.2 Launch passenger portal (app-based response) for scheduling

**Objective 1.4** Jaunt locality service is sufficient for residents' needs

Task 1.4.1 Conduct needs assessment for expanding service in localities

Task 1.4.2 If necessary, expand locality service

**Objective 1.5** Expand GPS tracking app availability for riders

Task 1.5.1 Assess necessity for alternatives to TransLoc

Task 1.5.2 Ensure all transportation providers use the same GPS app

Task 1.5.3 Publicize new GPS app

**Objective 1.6** Initiate a sustainable Riders' Advisory Group for Transit

Task 1.6.1 Investigate best model for a Riders' Advisory Group

Task 1.6.2 Identify best organization, or create new organization, to house the Group

Task 1.6.3 Develop a charter for the Group

Task 1.6.4 Publicize the Group and recruit members

Task 1.6.5 Determine how to measure success of the Group

**Objective 1.7** Begin to Implement microtransit

Task 1.7.1 Implement microtransit pilot in N. Rte 29 Corridor and Pantops

Task 1.7.2a Engage community and publicize microtransit services

# Policy Target: Transportation - cont'd.

## GOAL 2. Develop a robust rideshare network for patients and clients

**Objective 2.0** Develop a Mobility Management Program to include a one-click-one-call information and referral center

- Task 2.0.1 Introduce the concept of Mobility Management to community partners
- Task 2.0.2 Start a one-call-one-click referral center (obtain phone number & equipment, hire & train mobility coordinator, develop website & ride referral information)
- Task 2.0.3 Implement a data system to track project success and transportation needs
- Task 2.0.4 Provide information and referrals on transportation options
- Task 2.0.5 Connect riders with transportation services
- Task 2.0.6 Provide travel training
- Task 2.0.7 Promote services

# Policy Target: Healthcare Workforce

## GOAL 1. Ensure providers and staff reflect the diverse patient population

**Objective 1.1** Clinicians (including behavioral health clinicians) reflect the diverse patient population

**Sub-Objective 1.1.1** Increase the number of people of color and multi-language speakers who participate in local trainings and classes to join the clinical workforce

Task 1.1.1a Assess the number of people of color and multi-language speakers who are currently participating in local trainings and classes (in-person)

Task 1.1.1b Advocate for educational scholarships to clinical trainings, and classes for people of color and multi-language speakers

Task 1.1.1c Expand clinical training opportunities that include evening hours and childcare

Task 1.1.1d Outreach to people of color and multi-language speakers for trainings and classes to join the clinical workforce.

**Sub-Objective 1.1.2** Improve simulations and scenarios at UVA Med School so "Standardized Patients" are diverse in race, age, gender identity, and socio-economic status

Task 1.1.2a Assess current cases and evaluate if there is room to include dialogue/ scenarios that improve cultural competency skills

Task 1.1.2b Assess and analyze communication skills curriculum and determine where scenarios that improve cultural humility and empathy can be embedded in the training

Task 1.1.2c Create a video to recruit in nearby neighborhoods with help of trusted organizations, introducing diverse candidates to the SP concept.

Task 1.1.2d Work with programs to make payments to Standard Patients more flexible (e.g., tax ID in lieu of SSN, gift cards instead of direct deposit)

**Sub-Objective 1.1.3** Bolster and expand the clinical workforce pipeline

Task 1.1.3a Identify high schools and pathway programs districtwide that support the clinical workforce pipeline

Task 1.1.3b Increase the number of people of color and multilingual students enrolled in Earn While You Learn programs for clinicians

Task 1.1.3c Explore models and funding for creating mental health and substance use professional pathways

**Objective 1.2** CHWs (and similar outreach worker positions) reflect the diverse patient population

**Sub-Objective 1.2.1** Increase the number of people of color, LGBTQ+, and multi-language speakers who participate in trainings and classes to become CHWs and similar outreach positions

Task 1.2.1a Advocate for educational scholarships to CHW certifications and trainings

Task 1.2.1b Facilitate CHW training course at PVCC

# Policy Target: Healthcare Workforce cont'd.

Task 1.2.1c Create a list of various training options for CHWs

Task 1.2.1d Facilitate Peer Support Recovery training and certification and other behavioral health awareness trainings

Task 1.2.1e Publicizing to people of color, LGBTQ+, and multi-language speakers for CHW trainings and classes - *contingent on how many job available to CHWs locally*

**Sub-Objective 1.2.2** Increase paid opportunities for multilingual and local CHWs and peer support recovery navigators

Task 1.2.2a Assess which paid CHWs or alike positions self-identify as multi-lingual or a person of color

Task 1.2.2b Incorporate incentives into pay scales to compensate multi-lingual health workers and staff

Task 1.2.2c Advocate for equitable pay for CHW and peer support recovery navigators

Task 1.2.2d Identify the obstacles to hiring CHWs and peer support recovery navigators

**Sub-Objective 1.2.3** Create a network that will provide an opportunity for training, collaboration, and networking for the district's CHWs and similar positions

Task 1.2.3a Hire an Outreach Network Coordinator

Task 1.2.3b Establish a system for making referrals "in network"/ across agencies and organizations

Task 1.2.3c Assess which service providers have local CHWs or similar positions on staff

**Objective 1.3** Medical interpreters are working in sufficient variety to serve a diverse patient population

**Sub-Objective 1.3.1** IRC and UVA collaborate for training and staffing of medical interpreters

**Sub-Objective 1.3.2** Expand medical interpreter service beyond UVA Hospital

Task 1.3.2a Expand medical interpreter service to Sentara Martha Jefferson Hospital

Task 1.3.2b Expand medical interpreter service to UVA ER and satellite offices

Task 1.3.2c Expand medical interpreter service to outlying locality providers

## GOAL 2. Expand the provision of health services in rural and underserved communities

**Objective 2.1** Work with county and city government to include incentives for healthcare practices in rural or underserved communities in comprehensive plans or zoning

Task 2.1.1 MAPP Recommendations included in Comprehensive Plans districtwide

Task 2.1.2 Reform zoning policies to provide affordable and sustainable rent for rural healthcare clinics

Task 2.2.1 Track Greene County revitalization project

**Objective 2.2** Expand the provision of Medicaid health services

**Sub-Objective 2.2.1** Advocate at the legislative level for increased Medicaid reimbursement rates, particularly for dentistry and mental and behavioral health services

**Sub-Objective 2.2.2** Assess the proportion of Medicaid-eligible patients in each locality to determine the ideal benchmark for enrollment numbers

**Sub-Objective 2.2.3** Characterize the providers (including dentists) who do and do not accept Medicaid

Task 2.2.3a Assess the proportion of non-dental providers who accept Medicaid

Task 2.2.3b Assess the proportion of dentists who accept Medicaid

Task 2.2.3c Of those non-dental providers who do not accept Medicaid, determine the reasons

Task 2.2.3d Of those dentists who do not accept Medicaid, determine the reasons

**Objective 2.3** Assess need for more integrated or broader Community Paramedicine (CP) services through Charlottesville, Albemarle, and Nelson Fire Departments, and Volunteer providers

Task 2.3.1 Identify current Community Paramedicine (CP) or similar programs

Task 2.3.2 Assess current CP program activities and determine gaps and potential synergies



# Policy Target: Digital Access + Literacy

## **GOAL 1. Expand broadband service access**

**Objective 1.1** Promote the Regional Internet Service Expansion (RISE)

Task 1.1 Communicate updates from Firefly and other providers to counties and residents

**Objective 1.2** Ensure households in need of internet get a physical connection

Task 1.2.1 Identify households that need broadband

Task 1.2.2 Promote broadband expansion services to households

## **GOAL 2. Expand digital literacy improvement services, especially for older adults, and non-native English speakers**

**Objective 2.1** Increase enrollment for digital literacy and learning classes

Task 2.1.1 Promote JRML Digital Media Center

Task 2.1.2 Promote digital literacy and learning classes Districtwide

## **GOAL 3. Integrate Digital Navigators into the healthcare domain**

**Objective 3.1** Train digital navigators

Task 3.1.1 Identify best practices for digital navigators actions and staffing

**Objective 3.2** Increase paid opportunities for healthcare workers who have digital navigator training

## **GOAL 4. Increase access to affordable hardware and software**

**Objective 4.1** Develop and sustain digital access equity services at centralized locations with reliable hardware, broadband, software, and technology support

Task 4.1.1 Publicize and promote digital access equity days

# Policy Target: Mental + Behavioral Health

## GOAL 1. Improved mental and behavioral health policy and planning

**Objective 1.1** Create a plan for shared advocacy, planning, and accountability

- Task 1.1.1 Revitalize Coalition Steering Committee to guide a shared community plan across health systems
- Task 1.1.2 Explore models for shared accountability from other communities
- Task 1.1.3 Develop and track shared behavioral health activities and measurable outcomes
- Task 1.1.4 Develop and promote a shared advocacy platform for expanding the behavioral health workforce and increasing Medicaid reimbursement for behavioral health services
- Task 1.1.5 Publicize and promote the shared advocacy platform and in-person opportunities

**Objective 1.2** Adopt anti-racist policies, practices and procedures

- Task 1.2.1 Coordinate training for behavioral health and human services on anti-racist practices
- Task 1.2.2 Organizational pledge to do an organizational assessment and share commitment in work, practice, training
- Task 1.2.3 Advocate for and support major organizations completing an anti-racist organizational assessment

**Objective 1.3** Develop resilient and growing workforce that reflects the community

- Task 1.3.1 Explore models and local resources for a behavioral health career ladder for our region (Same as HCS Workforce 1.1.3c)
- Task 1.3.2 Expand behavioral health competencies for community health workers and other healthcare providers (Same as HCS Workforce 1.2.1e)
- Task 1.3.3 Get Planning Grant approved for behavioral health workforce pipeline initiatives
- Task 1.3.4 Advocate for barrier crimes legislative change
- Task 1.3.5 Promote workforce resilience training across healthcare workforce

## GOAL 2. Expanded behavioral health promotion and community health hubs

**Objective 2.1** Expand behavioral health promotion efforts

- Task 2.1.1 Inventory existing health promotion activities & who they serve
- Task 2.1.2 Scale Narcan distribution at all hubs throughout the community
- Task 2.1.3 Expand Mental Health Awareness Training throughout the community
- Task 2.1.4 Increase marketing and promotion for behavioral health promotion activities

## GOAL 3. Improved treatment and recovery services

**Objective 3.1** Provide comprehensive, accessible, culturally responsive adult outpatient services

- Task 3.1.1 Expand access to low-barrier adult behavioral health services in Charlottesville

# Policy Target: Mental + Behavioral Health, cont'd.

**Objective 3.2** Provide expanded continuum of youth services

Task 3.2.1 Advocate for pediatric psychiatric beds

Task 3.2.1 Increase number of pediatric psychiatric beds

Task 3.2.2 Increase outpatient services for children and youth

Task 3.2.3 Learn about Governor's plan and advocate for / seek additional funding

Task 3.2.4 Increase local data collection

## **GOAL 4. Quality, equitable, crisis response services**

**Objective 4.1** Promote neighboring models and existing local efforts

Tasks TBD

**Objective 4.2** Develop regional mobile service response (24/7, 365)

Tasks TBD

**Objective 4.3** Inventory treatment capacity (locations depending on needs)

Tasks TBD

**Objective 4.4** Create regional policy for data sharing/care coordination

Tasks TBD

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For questions on the Community Health Improvement Plan  
or to join on of its workgroups,  
please contact CHA/CHIP Program Officer  
[Jen Fleisher](#) at Blue Ridge Health District.

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2023–2025

# Community Health Improvement Plan



**BRHD** Blue Ridge  
Health District

 **SENTARA**<sup>®</sup>

 **UVA Health**