

2025-2028

Community Health Improvement Plan



**Mary Washington
Healthcare**



Completed in partnership between the Rappahannock Area Health District (RAHD) and Mary Washington Healthcare (MWHC)

Table of Contents

Message from the Core Team	2
List of Abbreviations/Acronyms	3
Background	4
What is a CHIP?	5
Plan Development Process	6
Plan Structure	8
Community Health Improvement Plan: Goals, Outcomes, Strategies, and Objectives	9
Priority Area: Behavioral Health	9
Goal 1.1: Increase access to behavioral health services, including treatment and recovery.....	9
Goal 1.2: Prevent adverse behavioral health outcomes by minimizing risk factors and promoting protective factors	13
Priority Area: Housing	15
Goal 2.1: Establish and promote policies that ensure attainable housing opportunities for all. .	15
Goal 2.2: Increase support and resources for those experiencing housing challenges.	15
Priority Area: Access to Healthcare	17
Goal 3.1: Improve health service access, coordination, and collaboration to meet the needs of all members of the community.....	17
Goal 3.2: Develop a comprehensive strategy and pipeline to increase the community's healthcare workforce.....	20
Next Steps	22
Appendix A- Strategy Worksheets	23
Appendix B- Participating Organizations	25
Appendix C- Record of Adoptions and Changes	26

Message from the Core Team

Dear Reader,

Since we began the Community Health Assessment process in August 2024, we were intentional in starting nearly every meeting with a reminder that “The goal of [CHA/CHIP] is to achieve health equity by identifying urgent health issues and aligning community resources” (from the Mobilizing for Action through Planning and Partnerships Handbook).

This is not only the quickest summary of the Community Health Assessment (CHA) and Community Health Improvement (CHIP) process but also serves as the guiding light of what we aim to achieve. It is fitting that we begin this document the same way.

The CHA, released in April 2025, examined a number of different data sources to identify urgent health issues, or the greatest community health needs in our area.

This CHIP seeks to align community resources to address those needs to achieve health equity, or the fair and just opportunity for all to attain their highest level of health. What each person might need to achieve their highest level of health will vary, but through this document and the collaborative process behind it, we believe that our community is coming together to support those most in need and improve health in our community.

This 2025-2028 CHIP focuses on Behavioral Health, Housing, and Access to Healthcare. These were the 3 issues selected by our community based on the CHA data. There are 6 goals outlined in the plan, and 88 strategies contributed by 35 organizations to make improvements toward these goals. Additionally, the plan identifies the desired outcomes we hope to see by conclusion of this CHIP in June 2028.

The collaboration and support we received during this process has been inspiring, and the Core Team from the Rappahannock Area Health District (RAHD) and Mary Washington Healthcare (MWHC) would like to take a moment to express our profound gratitude to all the community partners and community members who contributed to the CHA/CHIP process. We could not have done this without you, and this document is a strong indication of our community coming together to support those in need.

~ The Core Team

Allison Balmes-John (MWHC), Kambia Gordon (MWHC), Briel Milroy (MWHC),
Olugbenga Obasanjo (RAHD), Erin Perkins (RAHD), Xavier Richardson (MWHC)

List of Abbreviations/Acronyms

ACEs	– Adverse Childhood Experiences
ACMGE	– Accreditation Council for Continuing Medical Directorship Education
ASIST	– Applied Suicide Intervention Skills Training
BRFSS	– Behavioral Risk Factor Surveillance System
BPSM	– Blood Pressure Self-monitoring
CCMA	– Certified Clinical Medical Assistant
CDC	– Centers for Disease Control and Prevention
CHA	– Community Health Assessment
CMS	– Centers for Medicare and Medicaid Services
CNA	– Certified Nursing Assistant
DPP	– Diabetes Prevention Program
FFD	– Fredericksburg Fire Department
GCC	– Germanna Community College
GME	– Graduate Medical Education
GWRC	– George Washington Regional Commission
HVAC	– Heating, Ventilation, and Air Conditioning
IAED	– International Academies of Emergency Dispatch
LPC	– Licensed Professional Counselor
MAPP	– Mobilizing for Action through Planning and Partnership
MHA Fred	– Mental Health America Fredericksburg Region
MOA	– Memorandum of Agreement
MSN	– Master of Science in Nursing
MWHC	– Mary Washington Healthcare
NAMI	– National Alliance on Mental Illness
OTP	– Opioid Treatment Program
PD16	– Planning District 16 (the region consisting of Caroline County, the City of Fredericksburg, King George County, Spotsylvania County, and Stafford County)
RACSB	– Rappahannock Area Community Services Board
RAHD	– Rappahannock Area Health District
RHA	– Regional Housing Assembly
SAEBRS	– Social, Academic, and Emotional Behavior Risk Screener
SDOH	– Social Determinants of Health
SMART	– Specific, Measurable, Attainable, Relevant, Time-bound
SPARC	– Sponsoring Partnerships and Revitalizing Communities Program
TKE	– The Knowledge Exchange
VDH	– Virginia Department of Health
YMCA	– Young Men’s Christian Association

Background

This Community Health Improvement Plan (CHIP) serves as the follow up to the Community Health Assessment (CHA) published in April 2025. It focuses on the geographic area served by the Rappahannock Area Health District (RAHD) and Mary Washington Healthcare (MWHC), which includes the counties of Caroline, King George, Spotsylvania, and Stafford, as well as the City of Fredericksburg. Collectively, this region is commonly referred to as Planning District 16, or PD16.

The CHIP serves to guide health improvements in PD16 from July 2025 through June 2028, and focuses on three priority issues: behavioral health, housing, and access to healthcare. The plan development is led by MWHC and RAHD, but is open to contributions from any community-based organization working to address these key areas. Some strategies have emerged from the CHA/CHIP process, while others build upon initiatives already underway.

Regardless of origin, the CHIP acts as a unifying initiative—bringing together community assets and resources to tackle complex health issues that no single organization can solve alone. Through collaboration, RAHD, MWHC, and other participating organizations aim to create meaningful, lasting improvements in the health of our community.



What is a CHIP?

A Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address public health problems based on the results of a CHA. A CHA examines multiple data sources to understand key health problems in a community, and the subsequent CHIP is a plan to take action and make improvements on those health issues. In PD16, the CHA/CHIP process takes place every three years to fulfill RAHD requirements to the Public Health Accreditation Board and MWHC requirements to the Internal Revenue Service (IRS). Both processes should be collaborative and community driven.

In PD16, community feedback was gathered during the CHA via surveys and focus groups. Throughout the CHA and CHIP processes, materials were made publicly available, and meetings were open to community members. As described below, community partners and community members contributed to each step of the CHIP as well.

The 2025 CHA can be found at

www.vdh.virginia.gov/rappahannock/population-health/2025-cha-chip/ and at

www.marywashingtonhealthcare.com/about-us/community-benefit/community-health-assessment/



Virginia Department
of Health, CHA,
CHIP



Mary Washington
Healthcare, Community
Benefit, CHA



Plan Development Process

The CHA, released in April 2025, identified 5 key issues that arose across data sources:

- Aging-Related Concerns
- Behavioral Health
- Healthcare Utilization and Access
- Physical Activity and Healthy Eating
- Social Determinants of Health

These issues were presented at a community meeting on April 10, 2025. The 51 community members and representatives from community partners in attendance received 3 dot stickers each, which they could use to vote on the CHA key issues they felt were the most important and should be considered in the CHIP. The Social Determinants of Health issue from the CHA was broken out into categories of financial insecurity, housing, and transportation to focus more specifically on findings of the CHA and to consolidate into more manageable categories to address in the CHIP.

Behavioral Health, Housing, and Access to Healthcare were selected as the topics for the 2025-2028 CHIP via the group voting process. These topics mirror the priority issues selected for the 2022 CHIP with a couple of small changes. The 2022 category of Mental Health was expanded to Behavioral Health to be more inclusive of substance use. The 2022 category of Affordable Housing was broadened to Housing to remove the stereotype that “affordable housing” might only refer to government subsidized housing projects and to allow this category to be inclusive of homelessness. The category of Access to Healthcare remained the same in its wording.

Following the April 10th meeting, a series of virtual small group meetings were held to define two goals under each priority area. Organizations who contributed strategies to the CHIP in 2022, or who were very engaged in the current CHA/CHIP process, were asked to participate.

On May 8, 2025, a second large-group meeting was held. The meeting focused on generating strategies aligned with the specific priority areas. Attendees were divided into small groups by area to facilitate targeted brainstorming. The facilitators encouraged participants to consider and submit a variety of strategies, including strategies already underway related to the topic issue, strategies in the idea phase that needed additional support to carry out, and “out of the box” ideas- strategies that might be new to the community but may be worth pursuing to meet identified community needs.

Following the May meeting, representatives from RAHD and MWHC met with each organization that submitted strategies to discuss and finalize potential strategies. A worksheet that guided each conversation is available in Appendix A.

Strategies were compiled, aligned with desired outcomes, and presented to the community at a meeting on July 10, 2025. Participants shared feedback on their impressions, key strengths and weaknesses, effectiveness across themes, and ideas for a communications clearinghouse strategy. A full list of organizations contributing strategies to the CHIP can be found in Appendix B.

Feedback was again reviewed and incorporated by the Core Team, and the final CHIP was released on July 31, 2025.

The CHIP remains a living document. It will be reviewed and updated annually, and additional updates may be incorporated on an ad hoc basis. Changes will be tracked in Appendix C.



Plan Structure

This plan addresses the three priority areas of Behavioral Health, Housing, and Access to Healthcare. There are a number of components within the plan for each priority area:

- Within each strategy, there are two identified **goals**. Goals are the broad, long-term aims to be addressed within each priority area.
- Each goal identifies several **outcomes** that the community hopes to achieve. The outcomes acknowledge desired community changes, considering both the quantitative and qualitative data identified in the CHA.
- Multiple **strategies** are identified under each desired outcome. Strategies are the actions to be taken to make improvements on the outcome, goal, and ultimately, the priority area. Community-based organizations were invited to contribute and commit to strategies to the CHIP. All strategies were required to be Specific, Measurable, Attainable, Relevant, and Time-bound (SMART).
- **Indicators** are also identified. These are the specific, quantitative data points from the CHA that should reflect improvement made from 2025-2028, as a result of the fulfillment of the identified CHIP strategies. The specific page number is provided where the indicator can be found in the 2025 CHA. If the indicator relies on a data source not included in the CHA, that information is provided as well.



Community Health Improvement Plan: Goals, Outcomes, Strategies, and Objectives

Priority Area: Behavioral Health

Goal 1.1: Increase access to behavioral health services, including treatment and recovery.

Outcomes	Strategies (listed in order of anticipated date of completion)	Indicators
<ol style="list-style-type: none"> 1. Reduced rates of suicide and suicide attempts. 2. Increased access to care for individuals experiencing behavioral health crises. 	<ul style="list-style-type: none"> • By December 2025, the Fredericksburg Fire Department (FFD) will establish a trained Peer Support Team supporting members of the FFD and their families with behavioral health and other support and resources for the foreseeable future. • By December 2026, NAMI (National Association on Mental Illness) Rappahannock will establish at least 1 youth peer-led support group. • By June 2026, the PD16 Suicide Prevention Coalition will create a community toolkit with national and local resources. • By March 2027, the Rappahannock Area Community Services Board (RACSB) will open its Crisis Receiving Center. • By June 2028, Crisis Response Protocols for Caroline County Public Schools staff will be created and implemented. • By June 2028, 100% of students in Fredericksburg City Public Schools in grades 2–12 will be screened using the SAEBRS tool (Social, Academic, and Emotional Behavior Risk Screener) four times annually, and 100% of students identified as at-risk based on their scores will receive follow-up support and interventions from qualified mental health professionals within two weeks of screening. • By June 2028, Healthy Generations Area Agency on Aging will establish support groups for older adults and their caregivers, and LGBTQ+ caregivers, with a goal to reach 50 individuals. • By June 2028, NAMI Rappahannock will work to partner with Healthy Generations Area Agency on Aging to offer senior- related services in PD16. This could include support groups, resources and/or peer services. 	<ol style="list-style-type: none"> 1. Decrease in suicide death rates per 100,000 2025 CHA Data (p. 44): <ul style="list-style-type: none"> • Caroline: 21.9 • Fredericksburg: 17.4 • King George: 32.3 • Spotsylvania: 15.0 • Stafford: 11.0 (Source: Virginia Department of Health) 2. Decrease in self-harm hospitalization rate per 100,000 2025 CHA Data (p. 24): <ul style="list-style-type: none"> • PD16: 28.5 (Source: Virginia Department of Health)

Goal 1.1: Increase access to behavioral health services, including treatment and recovery.

Outcomes	Strategies (listed in order of anticipated date of completion)	Indicators
	<ul style="list-style-type: none"> By June 2028, RACSB Prevention Services will increase community awareness of lethal means safety through distribution of 1,000 safety devices (gun locks, medication lock boxes, and disposal kits), promotion of safe storage and disposal messaging and facilitation of 15 Lock and Talk Virginia presentations. By June 2028, RACSB will provide crisis supports to 50 individuals per month in less restrictive settings than a hospital. By June 2028, RACSB will serve 450 individuals quarterly on the same day they request behavioral health assessment. 	
<ol style="list-style-type: none"> Increased number of behavioral health providers. Increased access to behavioral health services. 	<ul style="list-style-type: none"> By June 2026, Germanna Community College (GCC) will develop an educational presentation for PD16 high school students that explains the behavioral health career ladder from high school through graduate school. By June 2026, GCC will develop and offer a 20-hour continuing education workshop, designed to meet the requirements of the Commonwealth of Virginia Board of Counseling and Board of Social Work for clinical supervision to residents in Counseling and Social Work. By June 2028, students in Caroline County Public Schools will have access in school to mental health telehealth services. By June 2028, Concerted Care Group will expand to provide mental health services. By June 2028, Fredericksburg Christian Health Center will hire a second Licensed Professional Counselor (LPC). 	<ol style="list-style-type: none"> Decrease in population per mental health provider 2025 CHA Data (p. 44): <ul style="list-style-type: none"> Caroline: 2,130 Fredericksburg: 120 King George: 1390 Spotsylvania: 870 Stafford: 960 ((Source: Centers for Medicare and Medicaid Services National Provider Identification)

Goal 1.1: Increase access to behavioral health services, including treatment and recovery.

Outcomes	Strategies (listed in order of anticipated date of completion)	Indicators
	<ul style="list-style-type: none"> • By June 2028, The Healing Station will provide no-cost clinical supervision to pre-licensed mental health professionals, supporting at least two individuals in attaining Licensed Professional Counselor (LPC) status. • Through June 2028, Mental Health America Fredericksburg Region (MHA Fred) will continue to grow the number of providers listed in HELPLINE that are accepting new patients, including those serving youth, older adults, and specialties. • By June 2028, MHA Fred will facilitate 3 Peer Recovery Specialists in completing the required hours needed for certification. • By June 2028, MWHC will initiate its psychiatry program within the Graduate Medical Education (GME) program, receiving ACCMGE accreditation for 18 psychiatry resident positions. 	
<p>1. Expanded affordable options for low-income or uninsured individuals.</p>	<ul style="list-style-type: none"> • By June 2026, MHA Fred will provide access to 40 uninsured or waitlisted high-risk teens to receive after school therapy sessions. • Through June 2028, The Healing Station will provide free mental health counseling services to a minimum of 20 additional clients annually. 	<p>1. Decrease in the percentage of respondents selecting "Mental health services" on the CHA Survey question "What would most improve health in the community where you live?" 2025 CHA data point (p. 59): 34.3% of respondents</p>

Goal 1.1: Increase access to behavioral health services, including treatment and recovery.

Outcomes	Strategies (listed in order of anticipated date of completion)	Indicators
1. Reduced rates of overdose.	<ul style="list-style-type: none"> Through June 2028, Concerted Care Group will provide one educational opportunity each quarter to local service providers and/or healthcare providers about Opioid Treatment Program (OTP) options. By June 2028, NAMI Rappahannock will establish a certified peer recovery specialist (PRS) division with at least 5 specialists to offer peer services to individuals and families in need of one-on-one guidance in recovery related services or strategy/goal planning. Through June 2028, the PD16 Opioid Workgroup will distribute no-cost naloxone to high-risk individuals and those close to them, supporting the VDH Division of Pharmacy Services' goal of distributing 26,549 naloxone kits annually to the VDH Northwest Region (or approximately 7,500 kits per year within PD16). Through June 2028, RACSB will provide opioid treatment services via the mobile response unit to at least 50 individuals per year. This will include residents in each locality of PD16. 	<ol style="list-style-type: none"> Decrease in all-drug overdose death rates (per 100,000) 2025 CHA data point (p. 42): <ul style="list-style-type: none"> Caroline: 48.6 Fredericksburg: 20.3 King George: 21.9 Spotsylvania: 26 Stafford: 20.4 (Source: VDH) Decrease in all-drug overdose hospitalization rates (per 100,000 population) 2025 CHA data point (p.42): <ul style="list-style-type: none"> Caroline: 256 Fredericksburg: 271.3 King George: 189.9 Spotsylvania: 226.8 Stafford: 151.8 (Source: VDH)

Goal 1.2: Prevent adverse behavioral health outcomes by minimizing risk factors and promoting protective factors.

Outcomes	Strategies (listed in order of anticipated date of completion)	Indicators
<p>1. Improved self-reports of mental health status.</p>	<ul style="list-style-type: none"> • During the 2025-2026 school year, Caroline County Public Schools will pilot use of a new electronic platform to teach social interaction, cooperation and self-regulation skills to two focus groups. One focus group will be a sample of the student population in grades K-5, and the other will be a sample of students in grades 6-8. • By June 2026, The Knowledge Exchange (TKE) will add two additional groups of Dungeons and Dragons enrichment programming to support social, emotional education for youth and adults, reaching at least 15 additional individuals. • By June 2026, The Knowledge Exchange will launch its afterschool TKE Role Play Game program for 10 K-12 students within PD16, promoting academic achievement and executive functioning development through storytelling, tutoring, and social-emotional skill-building. • By Fall 2027, the Girls on the Run program will grow to reach 260 girls across PD16 per year by Fall 2027. • By Fall 2027, Girls on the Run Piedmont will establish a pilot of Let Me Run program to reach at least 10 boys. • By June 2028, Big Brothers Big Sisters Greater Fredericksburg will increase match numbers by 18% (from 101 per year to 123). • By June 2028, the Rappahannock Area YMCA will establish new partnerships or collaborations with 3 mental health entities to facilitate community wellbeing initiatives. 	<p>1. Decreases in percentage of respondents selecting "Mental health" on the CHA Survey question "What are the biggest health concerns in the community where you live?" 2025 CHA data point (p. 58): 55.8%</p>

Goal 1.2: Prevent adverse behavioral health outcomes by minimizing risk factors and promoting protective factors.

Outcomes	Strategies (listed in order of anticipated date of completion)	Indicators
<p>1. Increased education and awareness about behavioral health.</p>	<ul style="list-style-type: none"> • By June 2026, MHA Fred will deliver Signs of Suicide training in at least 3 PD16 schools and one additional organization. • By July 2026, Nurse in Your Back Pocket will pilot the Three Principles Global Community (3PGC) among at least 10 participants, and measure improvement using the Corey Keyes form for 80% of the participants. • By June 2026, GCC will develop and conduct three community workshops at the GCC Stafford Wellness Clinic, focusing on sleep health, stress management, and mood improvement. • By June 2026, RACSB will expand Teen Mental Health First Aid into a third high school in PD16. • By June 2028, all high school students in Fredericksburg City Public Schools will have received Teen Mental Health First Aid Training. • By June 2028, NAMI Rappahannock will work with the RACSB to participate in the training of at least 110 law enforcement officers to increase the number of crisis intervention team (CIT) trained officers and deputies per year in our region. • By June 2028, RACSB Prevention Services will expand participation in evidence-based curriculums (Mental Health First Aid, ASIST, ACEs, Lock and Talk) by 5%. • By June 2028, RACSB Prevention Services will engage with 5 faith organizations for training/learning opportunities. • Through June 2028, all health services staff in Spotsylvania County Public Schools will earn and maintain Youth Mental Health First Aid Training certification. • By June 2028, an additional 5% of Stafford County Public Schools staff will be trained in Mental Health First Aid annually, increasing the total number of staff trained to 115. 	<p>1. Decreases in percentage of respondents selecting "Mental health" on the CHA Survey question "What are the biggest health concerns in the community where you live?" 2025 CHA data point (p. 58): 55.8%</p>

Priority Area: Housing

Goal 2.1: Establish and promote policies that ensure attainable housing opportunities for all.

Outcomes	Strategies (listed in order of anticipated date of completion)	Indicators
1. Decreased percentage of households in PD16 experiencing housing cost burden.	<ul style="list-style-type: none"> By March 2026, the George Washington Regional Commission (GWRC) will support the Regional Housing Assembly (RHA) in completing a regional strategic plan on housing initiatives. By June 2028, Central Rappahannock River Region Habitat for Humanity will develop a podcast to show what is feasible using current laws and funding to build affordable housing. Through June 2028, GWRC will continue to host regular meetings of the Regional Housing Assembly RHA to support work on strategic priorities. Through June 2028, GWRC will continue to support the RHA in hosting an annual housing summit to support and promote RHA strategic priorities. By June 2028, GWRC will explore creating a nonprofit arm to oversee and coordinate direct affordable housing initiatives. 	1. Decrease in the percent of cost-burdened households <i>2025 CHA Data (p. 33):</i> <ul style="list-style-type: none"> Caroline: 24.55% Fredericksburg: 33.19% King George: 23.85% Spotsylvania: 25.96% Stafford: 23.65% <i>(US Census Bureau)</i>

Goal 2.2: Increase support and resources for those experiencing housing challenges.

Outcomes	Strategies (listed in order of anticipated date of completion)	Indicators
Decreased percentage of households in PD16 experiencing housing cost burden.	<ul style="list-style-type: none"> By December 2025, Loisann's Hope House and Legal Aid Works will pilot an eviction prevention program providing legal and financial assistance to 32 households. By June 2026, Exodus Family Institute will launch SPARC program (Sponsoring Partnerships and Revitalizing Communities) to provide a 1% interest rate reduction for 4 first time homebuyers with average purchase price of \$350,000. By June 2026, Central Virginia Housing will provide education to first time homebuyers, including 30 first time homebuyers who successfully purchase a home. 	1. Decrease in the percent of cost-burdened households <i>2025 CHA Data (p. 33):</i> <ul style="list-style-type: none"> Caroline: 24.55% Fredericksburg: 33.19% King George: 23.85% Spotsylvania: 25.96% Stafford: 23.65% <i>(US Census Bureau)</i>

Goal 2.2: Increase support and resources for those experiencing housing challenges.

Outcomes	Strategies (listed in order of anticipated date of completion)	Indicators
	<ul style="list-style-type: none"> By June 2028, Central Rappahannock River Region Habitat for Humanity will increase the number of families that use down payment assistance (DPA) by 10-20%. By June 2028, Central Virginia Housing will increase affordable rental properties from 66 doors to 177 doors, including renovations and National Standards for the Physical Inspection of Real Estate (NSPIRE) inspections. Through June 2028, Exodus Family Institute will provide quarterly financial literacy classes to assist potential homebuyers. By June 2028, Greater Fredericksburg Habitat for Humanity will build 6 new affordable homes in partnership with homebuyers in the City of Fredericksburg. 	<p>2. Decrease in the percentage of respondents who select "Affordable Housing" on the CHA Survey question "What would most improve health in the community where you live?" 2025 CHS Data (p. 59): 38.8% of respondents</p>
1. Decreased percentage of households facing severe housing problems.	<ul style="list-style-type: none"> By June 2026, Central Rappahannock River Region Habitat for Humanity will initiate an HVAC repair program that provides free or low-cost HVAC repairs to individuals aged 62 and up at or below 80% AMI. Through at least September 2027, GWRC will repair, replace, or correct failing septic systems, pit privies, and straight pipes through the GWRC Septic Relief Program, with an aim to serve 24 households. By June 2028, RAHD and MWHC will conduct a gap analysis of local housing rehabilitation and critical repair programs for low-income households. 	<p>1. Decrease in severe housing problems (Percent of households with at least 1 of 4 problems: overcrowding, severe housing cost burden, lack of kitchen facilities, lack of plumbing) 2025 CHA Data (p. 35):</p> <ul style="list-style-type: none"> • Caroline: 9% • Fredericksburg: 20% • King George: 10% • Spotsylvania: 12% • Stafford: 10% <p>(Comprehensive Housing Affordability Strategy (CHAS) data, US Department of Housing and Urban Development)</p>
1. Reduced rate of homelessness in PD16.	<ul style="list-style-type: none"> By December 2027, Micah Ecumenical Ministries, in partnership with Support Works Housing, MWHC, and the City of Fredericksburg, will complete at least 50 homes and the Community Center in the Jeremiah Community. 	<p>1. Number of people experiencing homelessness will decrease on the 2027 Point in Time Count</p> <ul style="list-style-type: none"> • 2024 data point (p.6): 213 (Fredericksburg Regional Continuum of Care, Winter 2024 PIT Count Report)

Priority Area: Access to Healthcare

Goal 3.1: Improve health service access, coordination, and collaboration to meet the needs of all members of the community.

Outcomes	Strategies (listed in order of anticipated date of completion)	Indicators
1. Reduced transportation barriers to access medical appointments.	<ul style="list-style-type: none"> Through June 2028, Healthy Generations will use their Transit Travel Training program to train 25 residents each year, especially older adults and individuals with disabilities, to learn how to utilize FVBGO! Regional Transit. Through June 2028, Healthy Generations will schedule 24,000 door to door rides for health-related needs (including medical appointments, grocery stores, and social opportunities) to 650 individuals. By June 2028, MWHC will expand partnerships for transportation options to medical appointments. 	<p>1. Decrease in the percent of positive screening for transportation needs among MWHC inpatients 2025 CHA Data (p. 49):</p> <ul style="list-style-type: none"> • Caroline: 5.5% • Fredericksburg: 9.6% • King George: 5.6% • Spotsylvania: 5.4% • Stafford: 4.5% <p>(Source: MWHC Social Determinant of Health screening data)</p>
1. Increased access to primary care, screenings, and preventive medicine, particularly in rural and underserved areas.	<ul style="list-style-type: none"> By December 2025, Fredericksburg Christian Health Center will hire an additional primary care provider to help serve uninsured patients displaced by the closure of the free clinic. By June 2026, the RAHD Mobile Clinic will provide at least 400 patient visits and increase reach by 25% each year thereafter through June 2028. Through June 2027, RAHD and MWHC will convene key stakeholders to ensure a healthcare safety net remains in place and well-coordinated given the closing of the free clinic. By 2027, GCC will utilize their Stafford Wellness Clinic to provide health education workshops and basic health screenings (such as hearing, vision, blood pressure and glucose checks) to community members. By June 2028, Caroline County Public Schools will increase access to medical exams and other services for students on Medicaid. 	<p>1. Decrease in rate (per 100,000 population age 18+) of avoidable hospitalizations 2025 Data:</p> <ul style="list-style-type: none"> • Caroline: 1,5107 • Fredericksburg: 1,424 • King George: 1,353 • Spotsylvania: 1,168 • Stafford: 861 • PD16: 1,107 <p>(Source: Virginia Department of Health, accessed via Community Health Improvement Data Portal)</p>

Goal 3.1: Improve health service access, coordination, and collaboration to meet the needs of all members of the community.

Outcomes	Strategies (listed in order of anticipated date of completion)	Indicators
1. Increased access to dental care.	<ul style="list-style-type: none"> By December 2026, RAHD will conduct a mini-Community Health Assessment (mini-CHA) related to dental health needs. 	<ol style="list-style-type: none"> Decrease in population per dentist 2025 Data (p. 28): <ul style="list-style-type: none"> Caroline: 3990 Fredericksburg: 490 King George: 2140 Spotsylvania: 2220 Stafford: 2830 (Source: Area Health Resource File) Decrease in percentage of respondents selecting "Dental problems" on the CHA survey question "What are the biggest health concerns in the community where you live?" 2025 CHA data point (p.58): 14.1%
1. Improved maternal and infant health outcomes.	<ul style="list-style-type: none"> By 2027, the Black Maternal and Infant Health Steering Committee led by RAHD will promote the usage of doula services as an evidence-based strategy to improve infant and maternal health outcomes, resulting in a doubling of the number of births attended by a doula. Through June 2028, Healthy Families Rappahannock Area will provide culturally responsive, evidence-based home visiting services to 365 expectant and new parents per year, ensuring early identification of health and safety risks, connection to prenatal and postpartum care, and ongoing support to promote safe sleep practices, maternal mental health, and infant well-being. By June 2028, MWHC will reduce local racial disparities in birth outcomes. By June 2028, RAHD, with community partners, will provide support, resources, and education to ensure that 95% of postpartum women attend their postpartum appointment. 	<ol style="list-style-type: none"> Decrease in infant mortality rates (per 1,000 live births) 2025 CHA Data (p. 26): <ul style="list-style-type: none"> Caroline: 8.7 Fredericksburg: 8.0 King George: 7.2 Spotsylvania: 9.3 Stafford: 5.4 (Source: VDH) Decrease in pre-term birth rates 2025 CHA Data (p. 26): <ul style="list-style-type: none"> Caroline: 12.5% Fredericksburg: 12.0% King George: 10.5% Spotsylvania: 10.6% Stafford: 9.8% (Source: VDH)

Goal 3.1: Improve health service access, coordination, and collaboration to meet the needs of all members of the community.

Outcomes	Strategies (listed in order of anticipated date of completion)	Indicators
1. Reduced rates of high blood pressure and other chronic diseases.	<ul style="list-style-type: none"> • By June 2026, Love Thy Neighbor will develop a system to provide foods that support managing and preventing chronic disease, including high blood pressure and diabetes. • By June 2028, the Fredericksburg Regional Food Bank will ensure a Food is Medicine program is available at all local hospitals and health department sites, including low sugar, low sodium, and fresh/frozen options. • Through June 2028, the Fredericksburg Regional Food Bank will ensure that at least 50% of all purchased food is categorized as "green" (to be eaten frequently, such as fruits, vegetables, low sodium items, non-fat or low-fat dairy, and whole grains) as defined by the Healthy Eating Research guidelines and at least 80% of all purchased food is categorized as "green" and "yellow" (to be eaten occasionally) • By June 2028, the Rappahannock Area YMCA will expand its blood pressure self-monitoring (BPSM) program and diabetes prevention program (DPP) by training 4 additional facilitators and enrolling 100 additional participants in the BPSM program and 20 additional participants in the DPP program. 	1. Decrease in high blood pressure rates 2025 CHA Data (p. 39): <ul style="list-style-type: none"> • Caroline: 33.2% • Fredericksburg: 32.4% • King George: 32.2% • Spotsylvania: 32.3% • Stafford: 31.8% (Source: Behavioral Risk Factor Surveillance System)
1. Improved access to community-based health resources.	<ul style="list-style-type: none"> • Through June 2028, MWHC and other partners will work to increase the number of service episodes on the Unite Us platform by 20% each year. • By June 2028, RAHD and MWHC will convene stakeholders to establish and promote an accessible, comprehensive resource directory of services offered by community partners to assist residents with self-service resource navigation. • By June 2028, all Spotsylvania County Public Schools will achieve Project ADAM designation, including availability of AEDs and Stop the Bleed kits and development of cardiac emergency response plans. • By June 2026, King George County Schools will achieve Project ADAM Heart Safe School designation. 	1. Quantitative baseline data not available in 2025 CHA, but this will be assessed in 2028 CHA

Goal 3.2: Develop a comprehensive strategy and pipeline to increase the community's healthcare workforce.

Outcomes	Strategies (listed in order of anticipated date of completion)	Indicators
1. Increased primary care physicians and advanced practice practitioners.	<ul style="list-style-type: none"> By July 2026, the Bay Consortium Workforce Development Board, Inc will establish a formalized region-wide collaboration of education providers, healthcare providers, and community partners to address healthcare talent needs and resources (also known as the Rappahannock Region Healthcare Collaborative). By August 2027, the University of Mary Washington will launch a Master of Science in Nursing (MSN) degree program to provide more Nurse Practitioners as well as Nursing Instructors in the community. By June 2028, MWHC will grow the Graduate Medical Education (GME) program to over 100 physician positions, and at least 25% of those physicians will continue to work in PD16 after completion of the GME program. 	1. Decrease in population per primary care physician 2025 CHA Data (p. 28): <ul style="list-style-type: none"> Caroline: 10,440 Fredericksburg: 570 King George: 4,580 Spotsylvania: 2,080 Stafford: 3,820 (Source: Area Health Resource File/American Medical Association)
1. Increased number of nurses.	<ul style="list-style-type: none"> Through June 2028, GCC will graduate at least 200 registered nursing candidates per year. 	1. Increase in number of employed registered nurses May 2024 Data Data (available only at metropolitan and nonmetropolitan area level) <ul style="list-style-type: none"> Northeast Virginia Nonmetropolitan area (includes Caroline and King George): 630 Washington-Arlington-Alexandria Metropolitan area (includes Fredericksburg, Spotsylvania and Stafford): 43,640 (Source: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics Maps, accessed at https://data.bls.gov/oesmap/)

Goal 3.2: Develop a comprehensive strategy and pipeline to increase the community's healthcare workforce.

Outcomes	Strategies (listed in order of anticipated date of completion)	Indicators
<p>1. Increased number of allied health professionals.</p>	<ul style="list-style-type: none"> • From 2026 through 2028, Caroline County Public Schools will increase the 3-year total of students graduating as a Certified Nursing Assistant from 96 students from 2022-2025 to at least 108 students. • By the end of the 2027-2028 school year, Caroline County Schools will expand opportunities for students to access internship-type experience by establishing pathways with at least one additional community partner. • Spotsylvania County Public Schools Technical Center will support students in health science programs and certifications, with the following annual goal of maintaining 100% enrollment in each program through June 2028: CNAs, Medical Assistants, Sports Health Science, & Dental Assistant. • By the end of each academic year through June 2028, Stafford County Public Schools will support students in earning industry-recognized health science certifications, with a goal of achieving at least 5 Certified Clinical Medical Assistant (CCMA), 18 Emergency Telecommunicator (IAED), and 8 Certified Nurse Assistant (CNA) credentials annually. 	<ol style="list-style-type: none"> 1. Increase in number of employed nursing assistants May 2024 Data (available only at metropolitan and nonmetropolitan area level) <ul style="list-style-type: none"> • Northeast Virginia Nonmetropolitan area (includes Caroline and King George): 650 • Washington-Arlington-Alexandria Metropolitan area (includes Fredericksburg, Spotsylvania and Stafford): 24,080 (Source: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics Maps, accessed at https://data.bls.gov/oesmap/) 2. Increase in number of employed medical assistants May 2024 Data (available only at metropolitan and nonmetropolitan area level) <ul style="list-style-type: none"> • Northeast Virginia Nonmetropolitan area (includes Caroline and King George): 130 • Washington-Arlington-Alexandria Metropolitan area (includes Fredericksburg, Spotsylvania and Stafford): 13,260 (Source: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics Maps, accessed at https://data.bls.gov/oesmap/)

Ongoing Monitoring and Next Steps

All organizations contributing strategies to the CHIP will enter into a Memorandum of Agreement with the Rappahannock Area Health District, outlining their commitment to carrying out the identified strategies and complete quarterly reporting throughout the CHIP cycle. Quarterly reporting will be completed via a Microsoft Form by each lead organization. Quarterly updates will be tracked and made available via the CHIP dashboard, available at www.vdh.virginia.gov/rappahannock/population-health/2025-cha-chip/. Additionally, reported CHIP progress will be shared in a monthly e-newsletter with individuals who participated in the CHA and/or CHIP process.

The Core Team will hold annual meetings to review progress on the CHIP strategies and objectives and make necessary edits to the CHIP. The next CHA and CHIP will be initiated in the summer of 2027, with publication in 2028.



Appendix A- Strategy Worksheets

2025 CHIP Strategy Meeting Organization:

Topic area:

Submitted Strategies:

-

Goals and suggested objectives:

-

Selection Criteria (highlight responses, add notes as needed)

Selection Criteria (highlight responses, add notes as needed)				
Is the strategy consistent with the essential services and public health principles?	Yes	No		
What is the potential impact on the goal and objectives?	Low	Medium		
What is the cost of the strategy in terms of dollars, people and time?	Low	Medium		
<ul style="list-style-type: none"> • Is the strategy financially feasible? • Is funding likely to be available to apply this strategy? • Does it make economic sense to apply this strategy? 	Yes	No		
Will the stakeholders and the community accept the strategy?	Yes	No		
Are organizations able to offer personnel time and expertise or space needed to implement this strategy?	Yes	No		
Do current laws allow the strategy to be implemented?	Yes	No		
Does the strategy address inequities?	Yes	No		
Is it likely that the strategy can be successfully implemented?	Yes	No		

Draft strategy (or strategies):

Check: Is strategy SMART? (Specific, Measurable, Achievable, Relevant, Timebound)

☐ Yes ☐ No

Wrap up: Discuss reporting requirements and MOA

Questions and Additional notes:

Appendix B- Participating Organizations

The following organizations contributed strategies to the 2025-2028 CHIP:

- Bay Consortium Workforce Development Board, Inc.
- Big Brothers Big Sister Greater Fredericksburg (BBBS)
- Concerted Care Group (CCG)
- Caroline County Public Schools (CCPS)
- Central Rappahannock River Habitat for Humanity (CRRHH)
- Central Virginia Housing
- Exodus Family Institute
- Fredericksburg City Public Schools (FCPS)
- Fredericksburg Regional Food Bank
- Fredericksburg Christian Health Center
- Fredericksburg Fire Department (FFD)
- Greater Fredericksburg Habitat for Humanity
- Germanna Community College (GCC)
- Girls on the Run Piedmont
- George Washington Regional Commission (GWRC)
- The Healing Station
- Healthy Families Rappahannock Area
- Healthy Generations Area Agency on Aging (HGAAA)
- King George County Schools
- Loisann's Hope House
- Love Thy Neighbor
- Mental Health America Fredericksburg Region (MHA Fred)
- Micah Ecumenical Ministries
- Mary Washington Healthcare (MWHC)
- National Alliance on Mental Illness (NAMI) Rappahannock
- Nurse in Your Back Pocket
- Planning District 16 Opioid Workgroup
- Planning District 16 Suicide Prevention Coalition
- Rappahannock Area Community Services Board (RACSB)
- Rappahannock Area Health District (RAHD)
- Rappahannock Area YMCA
- Spotsylvania County Public Schools
- Stafford County Public Schools
- The Knowledge Exchange
- University of Mary Washington (UMW)

Appendix C- Record of Adoptions and Changes

This plan was initially adopted on July 31, 2025.

Summary of Changes Made	Person Responsible	Date of Change



**Mary Washington
Healthcare**



Completed in partnership between the Rappahannock Area Health District (RAHD) and Mary Washington Healthcare (MWHC)