

# Norfolk Community Health Improvement Plan: Action Plans for 2017-2022



Priority Area 1.  
Create Safe  
Communities Free of  
Community Violence

Priority Area 2.  
Prevent Chronic Diseases

Priority Area 3.  
Prevent Sexually  
Transmitted Infections  
and Teen Pregnancy

Cross-Cutting Priority.  
Community/Partnership  
Outreach and  
Engagement



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Submitted by:

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## Priority Area 1. Create Safe Communities Free of Community Violence

\*Indicates more information about the policy, initiative or program can be found in the Glossary for the Norfolk CHIP at end of document.

Goal 1: Reduce concentrated poverty and neighborhood isolation.		
Objective 1: By 2022, reduce Norfolk’s rate (per 100,000) of violent crime from 584 to 526.		
Strategy 1: Increase access to resources, information and services.	Action Steps: <ol style="list-style-type: none"> <li>a. Develop a plan to ensure equitable distribution and access to services, programs and information</li> <li>b. Improving and increasing platforms for communicating information (e.g., NRHA purchasing TAAG), including increased use of social media</li> <li>c. Increasing access to Norfolk Cares* system. Explore the possibility of creating a Norfolk Cares app or a form that could be completed through the Next Door app.</li> <li>d. Collaborate w/neighborhood churches and businesses to disseminate information on city services, programs, and information</li> </ol>	Timeframe: Key Partners: Churches, businesses, NRHA, City departments and agencies, parents and teachers groups, Norfolk Commonwealth Attorney’s Office Community Collaboration Center
Strategy 2: Support the Norfolk Plan to Reduce Poverty* core values to build a thriving future for all Norfolk residents.	Action Steps: <ol style="list-style-type: none"> <li>a. Support a collective impact approach to addressing strategies that strengthen neighborhoods, life-long learning opportunity and economic vitality</li> <li>b. Examine existing systems and determine gaps in infrastructure needed to carry out strategies adopted by the Poverty Commission.</li> <li>c. Support the effort to design sustainable systems to carry out the strategies adopted by the Poverty Commission</li> </ol>	Timeframe: Key Partners: City of Norfolk, medical community, SNGH, State legislators representing Norfolk
Strategy 3: Strengthen neighbor and community connections by developing opportunities for	Action Steps: <ol style="list-style-type: none"> <li>a. Work with Norfolk Police Department to identify and prioritize parks and community spaces in neighborhoods (based on health outcomes and crime rate) that need additional support</li> <li>b. Launch a “Take Back our Community Space” initiative that identifies places that people feel unsafe in their community to target for improvement.</li> </ol>	Timeframe: Key Partners: Civic Leagues, other neighborhood/ resident groups, churches, businesses, Recreation Centers, Nighthawks

<p>working together to improve the community.</p>	<ul style="list-style-type: none"> <li>c. Expand NRHA’s Safe Spaces* program and other programs for youth, particularly within neighborhoods that experience high levels of violence and high levels of child abuse.</li> <li>d. Meet with community and civic leaders to discuss ways to increase perception of safety in these spaces (e.g., increased street lighting, greening vacant lots, replacing broken windows, installing community garden in park)</li> <li>e. Launch a neighborhood clean-up initiative that engages the entire community</li> <li>f. Work with neighborhood residents to host a community yard sale</li> <li>g. Include an outreach component to all initiatives that focuses on elderly and homebound residents to improve their perceptions of safety</li> <li>h. Launch initiative to “renew” a community playground</li> </ul>	<p>Program, Norfolk Police Department, ODU, NSU, TCC, Norfolk Commonwealth Attorney’s Office Community Collaboration Center</p>
<p>Strategy 4: Collaborate with the Norfolk Redevelopment and Housing Authority (NRHA) to develop an <i>Affirmative Fair Housing Plan</i> that focuses on deconcentrating neighborhood poverty.</p>	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>a. Decide city vs. regional plan (Norfolk vs Hampton Roads)</li> <li>b. Develop a timeline of implementation of any objectives and strategies to create accountability</li> </ul>	<p>Timeframe:</p> <p>Key Partners: The following departments: City of Norfolk Mayor’s Office, Homelessness, Housing, Education, Transportation, Health, Human services and Police, Employment and workforce training agencies, NRHA</p>
<p>Strategy 5: Build interpersonal relationships between colleges and universities and surrounding neighborhoods through activities and events that purposefully include neighborhood</p>	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>a. Incorporate activities that better merge NSU, EVMS, ODU, and TCC with their surrounding neighborhoods (site visits, onsite programs, etc.)</li> <li>b. Build on the success of the NRHA/NSU mural project. NSU will paint murals at NRHA sites in collaboration with NRHA residents to provide service learning experience for NSU students and community engagement opportunities for NRHA residents (in particular, youth).</li> </ul>	<p>Timeframe:</p> <p>Key Partners: Virginia Wesleyan College, Old Dominion University (ODU), and Tidewater Community College (TCC), Norfolk State University (NSU), Norfolk Redevelopment Housing Authority (NRHA), Eastern</p>

residents.		Virginia Medical School (EVMS), City of Norfolk, Civic Leagues, Norfolk Commonwealth Attorney's Office Community Collaboration Center, Sentara College of Health Services
<b>Goal 2: Everyone feels safe in their neighborhoods and their city.</b>		
<b>Objective 1:</b> By 2022, reduce Norfolk's rate (per 100,000) of violent crime from 584 to 526.		
<b>Objective 2:</b> By 2022, reduce Norfolk's rate (per 1,000 children) of child abuse and neglect from 4.9 to 4.4.		
Strategy 1: Increase community-centered police presence in neighborhoods by implementing best practices related to community policing.	<p>Action Steps:</p> <ol style="list-style-type: none"> <li>Increase communication and collaboration with law enforcement to encourage community engagement, pride, and partnership</li> <li>Strengthen police engagement and collaboration with and among residents and neighborhood organizations (e.g., small churches and non-profits)</li> <li>Increase partnerships to expand police "CAKE" program* to more schools and recreation centers</li> <li>Explore whether expanding NPD program working with local barbershops (5-0 and Fades) would be effective</li> </ol>	<p>Timeframe:</p> <p>Key Partners: Norfolk Police Department, Nighthawks Program (Mayor's Office), Norfolk Commonwealth Attorney's Office Community Collaboration Center</p>
Strategy 2: Collaborate with neighborhood churches, neighborhood organizations and businesses to develop neighborhood hubs that bring city and community resources to residents (e.g., vocation/trade opportunities, farmers markets) by creating "mini-one stops".	<p>Action Steps:</p> <ol style="list-style-type: none"> <li>Identify and prioritize neighborhoods (based on health outcomes and low SES) that need additional access to resources and support</li> <li>Research and identify needs and existing neighborhood-based organizations within priority neighborhood to target resources offered at "one stop"</li> <li>Match city resources and opportunities to needs identified</li> <li>Work with city officials and local leaders to support and attend "one stop" openings</li> <li>Talk to the Planning Council about expanding Farm to Child Care in Norfolk</li> </ol>	<p>Timeframe:</p> <p>Key Partners: Neighborhood Civic League Leaders, United Way, City Officials, Civic Leagues, Farmers Market and Grocery stores, The Planning Council, Youth Earn and Learn MOBILE Fresh Produce Stands</p>

Goal 3: Every child feels nurtured, cared for and safe in their homes and neighborhoods.		
Objective 2: By 2022, reduce Norfolk's rate (per 1,000 children) of child abuse and neglect from 4.9 to 4.4.		
Strategy 1: Support efforts to expand universal screening for pregnant and post-partum women to identify vulnerable children and families most in need of support, to include expanding the capacity of home visiting parenting education programs	Action Steps: <ol style="list-style-type: none"> <li>a. Review results of universal screening program and determine need and identify resources to expand capacity of home based parenting education and support.</li> <li>b. Match state funds to bring Healthy Families program back to Norfolk to expand home visiting programs</li> <li>c. Research success of current programs and fund expansion of Babycare</li> </ol>	Timeframe: Key Partners: Sentara Hospitals, Bon Secours, The Planning Council, Norfolk Department of Public Health (NDPH), Eastern Virginia Medical School (EVMS), Up Center, Norfolk Department of Social Services (NDSS), CHIP of SHR, NCSB, Loving Steps, Headstart, Preschool providers, BTW Student Health Center, CSB, Hampton Roads Community Health Center (HRCHC), CHKD Pediatricians, American Academy of Pediatrics local chapter
Strategy 2: Develop a system for interagency coordination to easily transfer client cases and information between organizations	Action Steps: <ol style="list-style-type: none"> <li>a. Create a continuum of developmental evaluation and support services from birth through school.</li> <li>b. Identify partners for participation in service provision continuum</li> <li>c. Explore benefit and implementation possibility of an Electronic Wellness Record to track students' progress</li> <li>d. Expand capacity of NDHS to provide additional parent education and support</li> </ol>	Timeframe: Key Partners: Norfolk Public Schools (NPS), United Way, DSS, Community Services Board (CSB), NRHA, private providers, pediatricians, NDSS
Strategy 3: Expand capacity of Norfolk schools and community partners to support	Action Steps: <ol style="list-style-type: none"> <li>a. Identify universal early behavioral health screening policy and practices in schools and other health providers and/or explore if behavioral health questions can be incorporated into existing health screenings</li> </ol>	Timeframe: Key Partners: Norfolk Public Schools, United Way, CSB, NRHA,

<p>mental wellness among school-aged children</p>	<ul style="list-style-type: none"> <li>b. Research and clarify best practices and processes in schools and with providers for early screening and evaluation of behavioral health needs of young children</li> <li>c. Share feedback with United Way working group regarding early screening and identification of behavioral health needs of children and explore possibility of collaborating.</li> <li>d. Prioritize mental health support services for children in low SES areas</li> </ul>	<p>youth-serving groups and organizations, churches, anti-bullying programs, HRCHC, Norfolk Prevention Coalition, Virginia Modeling Analysis and Simulation Center (VMASC – ODU)</p>
<p>Strategy 4: Advocate for programs and interventions to address the adverse impact of accumulated trauma on children</p>	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>a. Research evidence-based practices on trauma-informed training for staff, parents, and children</li> <li>b. Provide training for staff, parents, and children</li> <li>c. Explore existing youth development programs and potential to expand on current successes</li> <li>d. Educate community and teachers on effects of trauma on children</li> <li>e. Establish “No Hit Zones” in hospitals, public buildings and other community spaces</li> <li>f. Expand NRHA’s Safe Spaces program</li> </ul>	<p>Timeframe:</p> <p>Key Partners:  Norfolk Public Schools,  Norfolk Police Department,  NDSS, private providers,  churches, Hampton Roads  Trauma Informed Care,  HRCHC</p>

## Priority Area 2. Prevent Chronic Diseases

<b>Goal 1: Ensure Norfolk community members across all social and economic levels are able to have access to opportunities that ensure their health, including healthy foods to eat, opportunities for exercise, and healthy environments to live.</b>		
<b>Objective 1:</b> By 2022, the percent of Norfolk adults who are obese decreases from 30% to 27%. <sup>1</sup> <b>Objective 2:</b> By 2022, the percent of Norfolk households that are food insecure for some part of the year decreases from 19% to 17.1%. <sup>2</sup> <b>Objective 3:</b> By 2022, the percent of Norfolk adults who did not participate in any physical activity during the past 30 days decreases from 25% to 20%. <sup>3</sup>		
Strategy 1: Partner with the Department of Economic Development to develop incentives to attract grocery stores and other businesses to food desert areas in Norfolk	Action Steps: a. Identify food desert areas and neighborhoods affected by inequitable health outcomes b. Work with the Department of Development to ensure key health concerns and particularly vulnerable neighborhoods are incorporated into considerations to incentivize grocery stores to areas c. Provide support, assistance, and health perspective as needed	Timeframe: Key Partners: Department of Economic Development, Chronic disease partners, Senior Centers Civic Groups, ODU/VMASC
Strategy 2: Provide incentives to encourage “Mom and Pop” stores and corner stores to carry healthier foods and support owners in launching a healthy corner store initiative	Action Steps: d. Identify corner stores already located in neighborhoods with food desert conditions or that regularly provide food stables to residents. Collaborate with Retail Alliance* to identify organizations and community stores (e.g, mom and pop stores, Dollar Tree, 7-11) to include in initiative. e. Meet with owners to discuss barriers and opportunities to increasing healthy food options in their stores (e.g., no refrigerator, lack of space, lack of healthy food sourcing, perceptions that customers will not purchase healthy food) f. Develop plan to address key barriers, including economic benefits, and identify 2-5 corner stores to pilot new initiative g. Develop “healthy corner store” marketing strategy to draw positive attention to corner store pilots	Timeframe: Key Partners: Norfolk Department of Public Health (NDPH), corner store owners, Eastern Virginia Medical School (EVMS)/Old Dominion University (ODU)/Norfolk State University (NSU), civic leagues, Department of Economic Development, Retail Alliance, VDH Office

<sup>1</sup> This objective is included in Virginia’s Plan for Well-Being and Healthy People 2020. The target is a 10% reduction from Norfolk’s current percent.

<sup>2</sup> This objective is included in Virginia’s Plan for Well-Being. The target is a 10% reduction from Norfolk’s current percent.

<sup>3</sup> This objective is included in Virginia’s Plan for Well-Being. The target is a 200% reduction matching Virginia’s target.



	<ul style="list-style-type: none"> <li>h. Incentivize stores to provide/sell healthier foods by providing extra SNAP reimbursement for a higher percent of healthy food sales</li> <li>i. Explore grant opportunities from CDC Healthy Corner Store Initiative</li> </ul>	of Family Services Chronic Disease Prevention Program, Norfolk Department of Social Services - SNAP
Strategy 3: Develop stronger partnerships with existing local grocery stores to increase the types of healthy food they offer and the way healthy foods are marketed within the store	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>a. Identify grocery stores in neighborhoods in food desert areas with highest obesity rate</li> <li>b. Conduct survey of types and quantities of foods offered in these neighborhoods in comparison to other locations</li> <li>c. Meet with managers from grocery stores to share results and discuss opportunities to promote high quality and healthy foods</li> <li>d. Work with Farm Fresh (and other interested grocery stores) to pilot changing locations where healthy food is displayed more visibly and cooking demonstrations are hosted to promote healthy foods</li> <li>e. Depending on results, recruit other grocery stores to participate in healthy grocery initiative</li> </ul>	<p>Timeframe:</p> <p>Key Partners: NDPH, EVMS/ODU/NSU, civic leagues, Farm Fresh, other area grocery stores</p>
Strategy 4: Increase access to community gardens (e.g., schools, neighborhoods)	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>a. Support Healthy Norfolk's initiative to expand school yard gardens, including an effort to link SOL skills and teacher's lessons to gardens</li> <li>b. Explore possibility of building connection between school gardens and neighborhood civic leagues to engage nearby neighborhood residents in school gardening effort to provide fresh vegetables over the summer while school is out of session</li> <li>c. Contact extension agent for technical assistance to support school and neighborhood gardens</li> </ul>	<p>Timeframe:</p> <p>Key Partners: Healthy Norfolk*, Norfolk Public Schools (NPS), Virginia Cooperative Extension, Chesterfield Heights Civic League Community Garden, Cooking clubs, culinary training schools</p>
Strategy 5: Increase access to farmers markets by supporting them to accept SNAP*	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>a. Contact Five Points Community Farmers Market to learn more about their experience implementing EBT/SNAP acceptance program</li> <li>b. Set-up meeting with farmers market directors and Virginia Department Of Agriculture and Consumer Services (VDACS) to discuss the feasibility of expanding EBT/SNAP program to other farmers markets and the support farmers markets would need to implement the program</li> </ul>	<p>Timeframe:</p> <p>Key Partners: Five Points Community Farmers Market, VDACS, Whole Life Farmers Market, Farmers' Fare Farmers Market at East Beach, Food Rx Program</p>

	c. Develop and implement plan to respond to address support needs	
Strategy 6: Support the establishment of a regional and/or local Food Council* to focus on food access issues (outlined in previous strategies)	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>a. Establish a work group to review and consider the issues that need to be addressed by a food council and decide whether these issues could be best addressed through the Regional Food Council established by the American Heart Association or a local food council</li> <li>b. Support regional Food Council agenda</li> <li>c. Based on decision and priorities, begin recruiting Food Council members if review demonstrates unmet/specific local policy need</li> </ul>	<p>Timeframe:</p> <p>Key Partners: Norfolk Department of Public Health, Healthy Norfolk, Norfolk Department of Economic Development, Greater Hampton Roads Food Policy Council, ODU/VMASC</p>
Strategy 7: Better utilize and expand access to existing park and open spaces as well as playgrounds	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>a. Explore opportunities to encourage residents to use existing open spaces through partnerships with community organizations (e.g., Guerilla Yoga/Bov Brigade, exercise classes sponsored by local gyms)</li> <li>b. Partner with the Department of Transportation, Department of City Planning and community residents to research barriers to accessing open spaces (e.g., lack of sidewalk or gaps in sidewalk/trail network from routes to open spaces)</li> <li>c. Map neighborhood playgrounds to identify ‘play desert’ areas and develop strategy to ensure playground availability in all neighborhoods</li> <li>d. Explore shared-use policy with Norfolk Public Schools to provide additional access to playgrounds and fields for the surrounding community after school hours</li> </ul>	<p>Timeframe:</p> <p>Key Partners: Norfolk Department of Recreation, Parks and Open Spaces (RPO), Department of Transportation, Department of City Planning, ODU, NDPH, Healthy Norfolk</p>
	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>a. Work with the Department of Transportation and Healthy Norfolk to ensure key health concerns and neighborhoods with high proportions of low-income residents are incorporated into considerations when implementing Complete Streets</li> <li>b. Engage bike shops to assist in fixing or offering tune-ups of bicycles for low-income communities (e.g., bike found, donated, etc)</li> </ul>	<p>Timeframe:</p> <p>Key Partners: NDPH, Healthy Norfolk, Department of Transportation, local bike stores</p>

**Goal 2: Integrate health into all city and school policies in order to ensure health opportunities for all that address the root causes impacting their health and quality of life.**

**Objective 4:** By 2022, the City of Norfolk and Norfolk Public Schools will have established a formal system to intentionally incorporate health considerations into all city and school plans and policy processes.

<p>Strategy 1: Host a “Health in All Policy”* Forum for the School Board and City Council to introduce the idea of health in all policies and solicit input in how to integrate health into planning processes</p>	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>e. Meet with key leadership and decision makers within the City of Norfolk and Norfolk Public Schools to gain buy-in and approval</li> <li>f. Review best practices and other forum agendas</li> <li>g. Get support from Institute for Public Health Innovation (IPHI) or other facilities to help plan and implement meeting</li> <li>h. Research funding opportunities for implementation</li> </ul> <p><i>Note:</i> Live Well San Diego model could be a good model</p>	<p>Timeframe: Forum hosted within 6-12 months of CHIP adoption</p> <p>Key Partners: NDPH, NPS School Board, School Superintendent, Executive Directors of NPS, City Council, City Legislative Liaison, Mike Royster of IPHI, Chronic Disease Partners, day care centers</p>
<p>Strategy 2: Align Norfolk Public Schools policies and practices with good health, including policies on wellness, recess, and suicide prevention as well as support of staff wellness</p>	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>a. Review and develop an inventory list of policies to be developed/updated with target timelines, including Employee Wellness Policies</li> <li>b. Identify a School Wellness Champion to meet with City to plan integration of NPS into City Wellness Program</li> <li>c. Expand Mental Health First Aid and ASIST Trainings across Norfolk schools</li> </ul>	<p>Timeframe:</p> <p>Key Partners: School Health Advisory Board, NDPH, Parent Liaison, Superintendent of Schools, NPS School Board, School Wellness Champion, Community Services Board</p>
<p>Strategy 3: Design and implement a system to evaluate health impacts of Norfolk planning and policy proposals (e.g., health impacts of affordable housing policy, community design)</p>	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>a. Research modelling processes, existing tools and best practices (e.g., health impact assessments)</li> <li>b. Research studies in progress and related funding sources</li> <li>c. Develop a set of standards for evaluating proposed planning and policy changes to ensure changes have a healthier impact</li> <li>d. Integrate health concepts into community design and policy processes to encourage physical activity and health habits</li> </ul>	<p>Timeframe:</p> <p>Key Partners: ODU Modeling Simulation Center, NDPH, The Brock Institute at EVMS, Sentara’s Chronic Disease Work Group, Department of City Planning, Department of Transportation, NRHA, RPO, Hampton Roads</p>

		Community Health Center
Strategy 4: Identify and develop health advocacy agenda at the City and State level (e.g., Medicaid expansion)	Action Steps: a. Develop and prioritize health advocacy agenda items based on community input and data from MAPP process b. Introduce priorities to City Leadership via “Health in All Policies” Forum or other venues c. Meet with City Manager and/or Legislative Liaison to share findings d. Provide informational support as needed e. Meet with and educate legislative representatives on City’s health priorities	Timeframe:
		Key Partners: Health Director, City Manager or Deputy, City Legislative Liaison, Community Advisory Board, hospitals, Brock Institute, Federation of Civic Leagues*, City Council, Hampton Roads Community Health Center
Strategy 5: Adopt a resolution to increase Norfolk’s tobacco tax and allocate some of the additional revenue towards smoking cessation	Action Steps: a. Develop a white paper to inform City Leadership on tobacco products and issues, including their connections with youth health and other health effects b. Incorporate VA sales data from State Taskforce and experiences from other jurisdictions that have raised tobacco tax (e.g., Alexandria)	Timeframe:
		Key Partners: Department of Behavioral Health and Developmental Services, NPS, NDPH, City Manager or Deputy, Legislative Liaison, Youth Group or representative, Norfolk State Tidewater Community College, Rotary, Downtown Business Association, City Economic Development, CINCH

<b>Goal 3: Prevent and manage chronic disease through increased access and utilization of primary and preventive care</b>		
<b>Objective 1 (repeated):</b> By 2022, the percent of Norfolk adults who are obese decreases from 30% to 27%. <sup>4</sup>		
Strategy 1: Develop a screening and outreach effort to increase access to health care screenings and primary care, including educate and engage community around key chronic diseases (i.e., obesity, diabetes, hypertension) and promote preventive health	<p>Action Steps:</p> <ol style="list-style-type: none"> <li>Identify special populations at risk, including veterans, prisoners, substance abusers, and people who struggle with mental illness</li> <li>Partner with community providers/School of Nursing volunteers to offer screenings</li> <li>Develop a train-the-trainer community education effort</li> <li>Partner with churches to launch screening and education initiatives</li> <li>Launch a Community Lay Worker* program to provide additional community support and education</li> <li>Promote 211 Community Resource Guide* as a way to gain access to care</li> <li>Partner with key stakeholders and community businesses (e.g., banks, car dealers, pharmacies) to offer incentives for weight loss program (e.g., NEST Program*)</li> <li>Recruit agencies to voluntarily accept referrals</li> </ol>	<p>Timeframe: One year</p> <p>Key Partners: Sentara, Bon Secours, EVMS, NDPH, American Heart Association (AHA), churches, pharmacies and supermarkets, community businesses, NEST Program*, The Planning Council, Hampton Roads Community Health Center, NDPH: Health Wellness Van (mobile screening at certain targeted localities), Healthy Norfolk, CSB</p>
Strategy 2: Support school-based and community health clinics for students, families and staff (e.g., Young's Terrace, Family Practice Care)	<p>Action Steps:</p> <ol style="list-style-type: none"> <li>Assess gaps in access to health care by students and their families and explore opportunities (e.g., mobile health van, clinics based in schools) for collaboration with school systems</li> <li>Develop health promotion incentives for patients</li> </ol>	<p>Timeframe:</p> <p>Key Partners: Norfolk Public Schools, NDPH, EVMS, Hampton Roads Community Health Center</p>
Strategy 3: Conduct additional research/ community survey to gain a stronger understanding of health seeking behaviors and barriers to accessing	<p>Action Steps:</p> <ol style="list-style-type: none"> <li>Define high-risk population areas to conduct surveys</li> <li>Partner with local organizations to identify volunteers who can support surveys</li> <li>Develop social media and modern technology platform for surveys</li> <li>Identify a clearing house for data</li> </ol>	<p>Timeframe:</p> <p>Key Partners: ODU, Norfolk Redevelopment Housing Authority (NRHA), local organizations, NDPH Medical Reserve Corps*, Civic Leagues, Hampton</p>

<sup>4</sup> This objective is included in Virginia's Plan for Well-Being and Healthy People 2020. The target is a 10% reduction from Norfolk's current percent.

care in order to develop prevention and interventions strategies		Roads Community Health Center
Strategy 4: Increase patients knowledge of what they're entitled to/eligible for, services that are available (e.g., Medicaid eligibility), and their rights (e.g., immigrant rights/fears at ER)	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>e. Work with insurance providers to develop a multimedia public service announcement highlighting key plan features</li> <li>f. Utilize Community Lay Workers to share information with community</li> <li>g. Partner with schools to share handouts at PTA meetings and Fall Semester Orientation</li> </ul>	<p>Timeframe:</p> <p>Key Partners: Insurance providers, Norfolk Public Schools, hospitals, Hampton Roads Community Health Center - OUTREACH</p>
Strategy 5: Develop a plan to increase health literacy*	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>g. Review nationwide health literacy efforts to identify best practices</li> <li>h. Partner with Community Lay Workers to integrate health literacy efforts into their work</li> <li>i. Work with Bon Secours to understand lessons learned and key aspects for consideration based on their experience supporting health literacy education</li> <li>j. Partner with ESL classes to integrate health literacy component into English classes</li> </ul>	<p>Timeframe:</p> <p>Key Partners: Bon Secours, Community Lay Workers, English as a Second Language (ESL) programs, NPS, Sentara, Community Services Board, Y's, Faith-based groups</p>
<b>Goal 4: Ensure youth have the support, education and information they need to make healthy choices for the rest of their lives.**</b>		
<b>Objective 1:</b> By 2022, the percent of Norfolk adults who are obese decreases from 30% to 27%. <sup>5</sup>		
<b>Objective 2:</b> By 2022, the percent of Norfolk households that are food insecure for some part of the year decreases from 19% to 17.1%. <sup>6</sup>		
Strategy 1: Work with Norfolk Public Schools and private school systems to expand opportunities for good nutrition, physical	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>a. Increase the amount of health nutrition provided in PE Classes</li> <li>b. Provide more information about healthy nutritional intake at a younger age</li> <li>c. Offer more options for PE beyond the 10<sup>th</sup> grade</li> <li>d. Increase minimum hours required of middle and high school students for sports, PE, and athletic activities</li> </ul>	<p>Timeframe:</p> <p>Key Partners: Norfolk Public Schools (NPS), Y's of Hampton Roads, Norfolk School Garden Collective</p>

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<sup>6</sup> This objective is included in Virginia's Plan for Well-Being. The target is a 10% reduction from Norfolk's current percent.

activity and health education	<ul style="list-style-type: none"> <li>e. Support and expand efforts to offer healthy foods in all school vending machines and after school programs</li> <li>f. Support existing school wellness policies, including incorporating USDA guide, edible gardens, reducing candy for rewards/punishment, refrain from taking away recess as punishment</li> <li>g. Host parent/child cooking events and provide health education that is culturally sensitive</li> </ul>	
Strategy 2: Ensure job training and vocational programs are accessible and available to all students who are interested in participating	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>a. Encourage all students to have a minimum amount of community service</li> <li>b. Market Youth Career Center*, job fairs and other resources to youth</li> <li>c. Partner with Urban Leagues to market their “Project Ready” Program</li> <li>d. Work with NPS Guidance Counselors to create updated resources for students (e.g., jobs, career)</li> </ul>	<p>Timeframe:</p> <p>Key Partners: Youth Earn and Learn, Youth Career Center (Hampton Roads), Urban League of Hampton Roads, NCWAO Community Collaboration Center</p>
Strategy 3: Increase support for afterschool programs promoting activity and nutrition	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>a. Educate NPS Board Leaders about community curriculum and programming opportunities to increase schools’ participation in programs that promote and support nutrition and physical activity</li> <li>b. Promote the use of school grounds and fields for after school activities (e.g., field days)</li> <li>c. Host an after school vendor fair for NPS administration and teachers (similar to the fair hosted by Hampton City Schools)</li> <li>d. Identify existing after school programs and explore opportunities to incorporate healthy snacks and physical activity into their existing programming</li> </ul>	<p>Timeframe:</p> <p>Key Partners: Girls on the Run, 4H, NPS Schools, YMCA, Department of Parks, Recreation and Open Spaces, Youth Earn and Learn, Teens with a Purpose, City of Norfolk Nighthawks program</p>
Strategy 4: Expand healthy vending machine initiative to offer only healthy choices in vending machines	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>a. Support existing healthy vending efforts led by Healthy Norfolk, the Healthcare Collaborative, and NDPH to expand community venues that offer healthy vending machines</li> </ul>	<p>Timeframe:</p> <p>Key Partners: Healthy Norfolk, Healthcare Collaborative, NDPH</p>

## Priority Area 3. Prevent Sexually Transmitted Infections and Teen Pregnancy

Goal 1: Increase education and awareness about prevalence and prevention of STI/Teen Pregnancy		
<p><b>Objective 1:</b> By 2022, reduce the number of newly diagnoses cases of HIV in Norfolk from 72 to 54.</p> <p><b>Objective 2:</b> By 2022, reduce the rate of gonorrhea diagnoses in Norfolk from 323 new cases per 100,000 population to 290.7 new cases per 100,000 population.</p> <p><b>Objective 3:</b> By 2022, reduce Norfolk’s teen pregnancy rate from 27.9 to 25.1 pregnancies per 1,000 females ages 15-19.</p> <p><b>Objective 4:</b> By 2022, reduce Norfolk’s Black teen pregnancy rate (32.1 per 1,000 females ages 15-19).</p>		
Strategy 1: Improve and increase health communication related to sexual health (including STIs and teen pregnancy), access to community resources and services available	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>f. Launch a collaboration between public and private providers to develop outreach and communication strategies and messages that target the needs of special populations (e.g., parents and teens, victims of human trafficking, inmates, etc)</li> <li>g. Utilize zip code statistics to target messages to certain neighborhoods and groups</li> <li>h. Partner with relevant social networks to target key audiences</li> <li>i. Partner with NDSS and NDPH WIC* to incorporate STI information into their classes.</li> <li>j. Target parents at NDSS and NRHA appointments by conducting classes during recertification and eligibility process</li> <li>k. Meet with churches to develop ways to effectively provide information to their congregation</li> </ul>	<p>Timeframe:</p> <p>Key Partners: Norfolk State University (NSU), Norfolk Department of Social Services (NDSS), Norfolk Department of Public Health (NDPH), Norfolk Redevelopment Housing Authority (NRHA), Communicare Community Health Center (HRCHC), Norfolk Public Schools, home visiting programs</p>
Strategy 2: Increase acceptability and availability of preventive measures (e.g. condoms, LARCs*)	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>j. Utilize social media campaign in health communication campaign that particularly targets youth, including the LGBTQ community. Focus on bloggers and websites with a large youth presence.</li> <li>k. Launch a Peer-to-Peer campaign using local high school and sports team players to promote the message</li> <li>l. Conduct scan of locations and opportunities for youth to access contraception</li> <li>m. Develop plan to increase accessibility and utilization of preventive measures</li> <li>n. Build off expertise of ACCESS AIDS/LGBTQ Center on Sexual health</li> </ul>	<p>Timeframe:</p> <p>Key Partners: HRCHC: EO, Park Place, Communicare; ACCESS AIDS, LGBT focused organizations including LGBT Center, Hampton Roads Pride, High School/College Graduate Student Associations, minority sorority and fraternity</p>



		groups to assist with community ventures and community service events, TCC Norfolk
Strategy 3: Strategically utilize data to develop additional prevention initiatives and tailor services	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>c. Determine and utilize existing data available to inform strategy development (e.g., hot spots, VDH data stratified by data, age, and gender, data from WIC, NDSS and NHRA)</li> <li>d. Survey families and communities on barriers and attitudes related to sexual health and prevention</li> <li>e. Develop a stronger understanding of the intersection between social determinants of health (mental health and substance abuse) and sexual health issues</li> </ul>	<p>Timeframe:</p> <p>Key Partners: Virginia Department of Health (VDH), NDPH, NDSS, NRHA, libraries, HRCHC, NAMI</p>
<b>Goal 2: Increase access to and utilization of sexual health services</b>		
<p><b>Objective 1:</b> By 2022, reduce the number of newly diagnoses cases of HIV in Norfolk from 72 to 54.</p> <p><b>Objective 2:</b> By 2022, reduce the rate of gonorrhea diagnoses in Norfolk from 323 new cases per 100,000 population to 290.7 new cases per 100,000 population.</p> <p><b>Objective 3:</b> By 2022, reduce Norfolk’s teen pregnancy rate from 27.9 to 25.1 pregnancies per 1,000 females ages 15-19.</p> <p><b>Objective 4:</b> By 2022, reduce Norfolk’s Black teen pregnancy rate (32.1 per 1,000 females ages 15-19).</p>		
Strategy 1: Increase facilities and services in areas with no health facilities or sexual health services	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>i. Map locations of health services in Norfolk to identify underserved neighborhoods and communities</li> <li>j. Launch mobile health bus to provide health services in areas without access</li> <li>k. Expand hours of clinics in underserved areas or high priority areas by offering services on Saturday or after work</li> <li>l. Engage key partners (e.g., Housing authority,) to host preventive clinics in high-need communities</li> <li>m. Provide hotline or Livechat for 24/7 access to resources</li> </ul>	<p>Timeframe:</p> <p>Key Partners: Hampton Roads Community Health Center (HRCHC) – expanded</p>
Strategy 2: Expand knowledge of services available	<p>Action Steps:</p> <ul style="list-style-type: none"> <li>f. Develop tip sheet for school nurses, counselors, libraries, MAPP* partners</li> <li>g. Develop and launch PSAs for social media</li> <li>h. Set-up website that highlights local services available</li> </ul>	<p>Timeframe:</p> <p>Key Partners: HRCHC, student leaders at all levels in middle/high schools and colleges</p>
Strategy 3: Increase		

retention in care	<p>Action Steps:</p> <ol style="list-style-type: none"> <li>Engage community health workers (individuals who are part of the community) to increase access and utilization of services in areas of community with high STI rates</li> <li>Address affordability by providing services at either low cost or free and promoting existing low cost options</li> <li>Increase free and affordable transportation opportunities to clinics</li> <li>Strengthen partnerships and coordination between ERs, urgent care centers and community organizations to increase service referrals for People Living with HIV/AIDS (PLWHA)</li> </ol>	<p>Timeframe:</p> <p>Key Partners: Community based organizations that provide HIV services and early intervention services, HRCH</p>
Strategy 4: Support service providers in ensuring that the services offered are non-judgmental, culturally competent/sensitive, address language barriers, and create a safe space.	<p>Action Steps:</p> <ol style="list-style-type: none"> <li>Advertise available language services and technology available at healthcare facilities</li> <li>Improve capacity of service providers to address language barriers</li> <li>Provide cultural competence training (including CLAS principles and federal rules on language, access, etc) to providers to increase cultural sensitivities and understanding of different needs of vulnerable populations, including LGBTQ and MSM populations</li> </ol>	<p>Timeframe:</p> <p>Key Partners: LGBT Center for Cultural Competency Training,</p>
Strategy 5: Reduce the stigma of accessing STD/HIV Services at the Norfolk Department of Public Health	<p>Action Steps:</p> <ol style="list-style-type: none"> <li>Conduct and assessment of people’s perception of utilizing the health department STD clinic as it relates to stigma of STIs and seeking services (e.g., optical impression when entering NDPH STD clinic, personal perceptions of public care in the STD clinic, health insurance, clinical environment)</li> <li>Utilize data to structure messages to reduce stigma of access to STD clinic</li> </ol>	<p>Timeframe:</p> <p>Key Partners: ODU</p>
<b>Goal 3: Increase advocate for school, local and state policies that improve sexual health</b>		
<b>Objective 5:</b> By 2022, reduce the percent of young people who believe it is important not to be sexually active by 5%. [Baseline to be established by Developmental Assets or YRBSS]		
Strategy 1: Increase advocacy with local leaders to provide effective sexual education in middle and	<p>Action Steps:</p> <ol style="list-style-type: none"> <li>Work with teen groups, including minority and LGBTQ, as advocates for change to curriculum</li> <li>Advocate at the state level to take action on Abstinence only interpretation and legislation</li> </ol>	<p>Timeframe:</p> <p>Key Partners: Norfolk Public Schools, NDPH/VDH, State legislators, Church youth</p>

high schools	c. Collect data using the development asset profile alternating with the YRBSS to assess and track student support and needs	groups, LGBTQ Center, Gay Straight Alliance (GSA), PFLAG
Strategy 2: Expand school curriculum to include self-esteem, good decision making, healthy sexual relationships and life skills education	Action Steps: a. Define healthy relationships, sexual consent and dating violence (Refer to Biden Foundation) b. Examine family life education data related to content, participation and effectiveness at the local and state level c. Collect data using the development asset profile alternating with the YRBSS to assess and track student support and needs d. Identify evidence-based curriculum and opportunities for integrating life skills education into school curriculum e. Train teachers in evidence-based curriculum d. Track implementation	Timeframe: Key Partners: Norfolk Public Schools, NCWAO Community Collaboration Center, Hampton Roads Community Health Center, clergy, recreation centers, YMCA
Strategy 3: Develop school-wide policies on sexual health	Action Steps: h. Establish a Safe Zone for LGBTQ in secondary and higher education institutions including trade schools i. Collect data using the development asset profile alternating with the YRBSS to assess and track student support, strength and needs j. Partner with local colleges (ODU, NSU) who have created similar initiatives	Timeframe: Key Partners: Norfolk Public Schools, ODU, NSU
Strategy 4: Implement Digital Safety Education for students in order to improve their understanding of advanced technology interactions with social media and their impact	Action Steps: k. Research best practices on digital safety in schools for student practices and parental information/education l. Develop curriculum on digital safety to include any policy related technology in the classroom and parent outreach m. Incorporate best practices into policy regarding school technology	Timeframe: Key Partners: Norfolk Public Schools, NCWAO Community Collaboration Center
Strategy 5: Increase parental and community buy-in about policies and messaging to educate families and youth	Action Steps: a. Gather input and incorporate parent input b. Examine and develop acceptable messaging from parental perspective c. Ensure messages are culturally appropriate and tailored to age/social groups	Timeframe: Key Partners: NCWAO Community Collaboration Center

## Cross-Cutting Priority Issue: Community/Partnership Outreach and Engagement

<b>Goal 1: Increase capacity of community to prevent, address and advocate for community health issues through resident engagement, communication and collaboration.**</b>		
<b>Objective 1:</b> By 2022, the number of partners engaged in CHIP initiatives will increase from 50 partners to 75 partners.		
<b>Objective 2:</b> By 2022, Norfolk community members will be meaningfully engaged in collaboratively implementing CHIP initiatives.		
<b>Strategy 1:</b> Collaborate with community leaders and lay health community workers to develop a strategy that will increase information and communication to vulnerable communities who are traditionally harder to reach	<b>Action Steps:</b> <ol style="list-style-type: none"> <li>a. Identify and partner with trusted community leaders through churches, civic leagues, recreation centers, student groups, probation officers, courts, NRHA to develop a plan that includes key themes, messages and communication strategy</li> <li>b. Develop a stronger partnership with politicians and other opinion leaders to create public service announcements for key health initiatives, advertise town hall meetings, and advocate through their social network</li> <li>c. Develop and expand Community Health Worker program</li> </ol> <i>Short-term action steps:</i> <ol style="list-style-type: none"> <li>a. Develop sustainability plan (including resources, partner commitment, timeline, monitoring and evaluation) for next five years to ensure outreach efforts initiated will continue</li> <li>b. Take advantage of existing communication tools (i.e., Next Door, Emergency Management) to foster community network and help identify volunteers who can serve as neighborhood resources (i.e., emergencies and neighbor needs)</li> <li>c. NDPH will develop a template for information collection and resource dissemination</li> </ol>	<b>Timeframe:</b> Key Partners: Churches, Civic Leagues, Recreation Centers, Student Groups, Norfolk Police Department, NRHA, Probation Officers, Court system, City Leaders, State and Federal representatives, Norfolk Commonwealth Attorney Community Collaboration Center (NCWACCC)

<p>Strategy 2: Launch an initiative to match skilled volunteers to areas that will leverage their expertise to address key community needs (e.g., mentorships for youth)</p>	<p>Action Steps:</p> <ol style="list-style-type: none"> <li>a. Identify organizations addressing community needs in areas of interest</li> <li>b. Survey organizations to determine volunteer needs</li> <li>c. Promote volunteer opportunities in the City of Norfolk to appropriate groups (local professional associations, businesses, etc)</li> <li>d. Explore initiative by Hampton Roads Community Foundation to grow skilled volunteers within organizations</li> </ol>	<p>Timeframe:</p> <p>Key Partners: Volunteer Hampton Roads, Community and Faith-based organizations, Local chapters of professional associations, businesses, volunteer-focused organizations (i.e. Rotary), Hampton Roads Community Health Center, NCWACC</p>
<p>Strategy 3: Develop a community network to connect parents to resources and parent education by leveraging connections with community and government organizations to share information about community programs, meetings, and resources in order to improve participation and access.</p>	<p>Action Steps:</p> <ol style="list-style-type: none"> <li>a. Develop a mobile program to “meet people where they are”</li> <li>b. Engage community and government organizations to participate in program. Possible organizations include: schools, library, recreation centers, MacArthur Mall, ODU/NSU, Scope, and churches.</li> <li>c. Improve and expand communication to residents and among partners by using multiple communication tools (e.g., emergency alert system, social media, town hall, police, civic leagues)</li> <li>d. Raise awareness of 211 Community Resource Guide* and how it could be utilized by community</li> </ol> <p>(Note: A similar cross-cutting strategy was identified in the Norfolk Plan to Reduce Poverty*, Early Child Development Recommendation, Strategy 1.3).</p>	<p>Timeframe:</p> <p>Key Partners: NPS, library, recreation centers, MacArthur Mall, ODU/NSU, Scope, and churches, CBN, Outreach Specialist at The Planning Council</p>
<p>Strategy 4: To increase community empowerment, develop guidelines in collaboration with city departments to evaluate and ensure meaningful community input into policies and plans</p>	<p>Action Steps:</p> <ol style="list-style-type: none"> <li>a. Host roundtable with Department Heads and City Manager to share feedback from MAPP process* and community forums regarding resident concerns and brainstorm ideas to address issues raised.</li> <li>b. Discuss best practices of engaging community input in city policies and plans</li> <li>c. Implement best practices through community engagement</li> </ol>	<p>Timeframe:</p> <p>Key Partners: City agencies and departments, NCWACC</p>

## Glossary of CHIP Terms

**Affirmative Fair Housing Plan:** HUD developed a new fair housing planning process that promotes housing choice and fosters inclusive communities free from housing discrimination. This new process is based on the language from “**affirmatively furthering fair housing,**” or **AFFH**, which is part of the ***Fair Housing Act of 1968***. Through the AFFH rule, HUD is advancing efforts to break down barriers to opportunity in communities supported by HUD funds.

**“CAKE” program:** **“CAKE”- COPS AND KIDS EATING**, in partnership with the Southeastern Virginia Boys and Girls Club, allows youth and officers a monthly engagement opportunity to enjoy an afternoon meal together at the Norview Unit of the Boys and Girls Club. In addition, youth are treated to demonstrations from various specialty units, and see static displays from the Homeland Security Division’s Bomb Robot, to how K-9’s are used to serve citizens. This initiative is effective in brokering mutual trust, and youth recognizing police as their friends, and mentors. A Memorandum of Understanding was established and signed to solidify the partnership commitment.

**Health in All Policies:** [Health in All Policies](#) is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

**211 Community Resource Guide\*:** There are several 211 Resource Guides.

- [2-1-1 Virginia](#) is an easy to remember phone number connecting people with free information on available community services. When you dial 2-1-1, a trained professional listens to your situation and suggests sources of help using one of the largest databases of health and human services in Virginia.
- [211 Community Connections](#) is an online guide created by The Planning Council which outlines resources for children 0-5 years old.
- [Norfolk Parent Guide](#) is an online guide created by Norfolk Department of Social Services to support parents and care givers identify resources for when their child is in trouble

**Federation of Civic Leagues:** An organization in Norfolk that brings all the civic leagues together

**Food Council:** Food Councils are comprised of a diverse group of partners who collaborate to solve issues of access to local *food*, and linking *food* producers to consumers.

**Health literacy:** **Health literacy** is the degree to which individuals have the capacity to obtain, process, and understand basic in **health** information and services needed to make appropriate **health** decisions.

**Healthy Norfolk:** **Healthy Norfolk is an ongoing** initiative of the City of Norfolk that encourages healthy eating, active living, workplace wellness and smoking cessation.

**LARCs:** Long-acting reversible contraceptives (**LARC**) are methods of birth control that provide effective contraception for an extended period without requiring user action. They include injections, intrauterine devices (IUDs) and subdermal contraceptive implants.

**MAPP process:** Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. The MAPP process in Norfolk has been led by the Norfolk Department of Public Health (NDPH) and identified the key health issues that we are focusing to address in the Community Health Improvement Plan (CHIP)

**Medical Reserve Corps (MRC):** Supported by the NDPH, the MRC is a group of volunteers who are trained to in helping their communities prevent, prepare for and respond to public health emergencies and critical public health needs.

**Norfolk Emergency Shelter Team (NEST) Program:** NEST is a coalition of churches that provides overnight shelter on a rotating basis.

**Nighthawks Program:** A recreation and jobs program for young adults hosted at the community centers in Huntersville and Berkley, neighborhoods that have seen increased crime. “Nighthawks” is aimed at people ages 18 to 25. It is on Friday and Saturday nights from 10 p.m. to 2 a.m., when crime peaks.

**Norfolk Cares:** Norfolk Cares is a single point of contact for visitors, residents and businesses to request a city service, report a concern, seek information about Norfolk, or follow-up on a previous request. It can be accessed via website and phone line.

**Norfolk Plan to Reduce Poverty:** A plan created by a one year Commission on Poverty Reduction that outlines four goals to reduce poverty. The plan focuses on four critical areas to reduce poverty: (1) supporting early childhood development and parents, (2) improving the education and the career pathways of young people, (3) strengthening opportunities for adults to thrive in the workforce, and (4) revitalizing the city’s neighborhoods to create more engagement, economic opportunities, and inclusive communities.

**Safe Spaces:** A program launched by the Norfolk Redevelopment Housing Authority that identifies places for youth who need somewhere safe to go.

**SNAP:** Formerly called food stamps, Supplemental Nutrition Assistance Program (SNAP) offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. SNAP is the largest program in the domestic hunger safety net.

**WIC:** Women, Infants and Children (WIC) is a Special Supplemental Nutrition Program provided by health departments. It is available to low to moderate income pregnant women, recently delivered women, breastfeeding women, infants, and children up to age 5 who are at nutrition risk. Fathers can also bring their children to apply for WIC. The program includes funding for nutrition assistance as well as nutrition counseling.

**Youth Career Center:** The Youth Career Center of Hampton Roads (YCCHR) under the general guidance of the Opportunity Inc. [Youth Services Committee](#) provides career exploration, job preparation, and financial literacy education to youth ages 14-24 living in City of Chesapeake, City of Franklin, Isle of Wight County, City of Portsmouth, City of Norfolk, Southampton County, City of Suffolk, and City of Virginia Beach. Our services are provided through onsite group tours, scheduled workshops or programs, and to individuals on a walk-in basis. Additionally, the YCCHR hosts recruitment events on behalf of local employers.