

Virginia's Rural Response and Relief Program

The Virginia Department of Health (VDH) used the dedicated rural carve-out portion of the CDC OT21-[2103 COVID-19 Disparities grant](#) to design a mini grant program that supports local health districts' initiatives to address the social determinants of health and health equity. This document spotlights local initiatives and strategies to build relationships, ensure program sustainability, and foster collaboration.

Rural Health Mobilization Mini Grant Program Overview

CDC granted the Virginia Department of Health over \$27 million in 2103 funding, with over \$4.5 million designated for rural initiatives. Initially, the state health department distributed 2103 funds directly to the 18 local health districts (LHDs) designated as rural in Virginia. However, many LHDs, particularly smaller LHDs with a limited number of administrative and fiscal staff, were overwhelmed by the increased scope of their responsibilities. Recognizing the need for a more effective distribution strategy, approximately 4.5% of VDH's 2103 funds (equivalent to \$1.6 million) were redirected back to the Virginia State Office of Rural Health (SORH), which sits within the VDH Office of Health Equity.

Upon reclaiming the funds, the SORH initiated the Rural Health Mobilization Mini-Grant Program. In this model, the state distributes funds to LHDs while leading the procurement, contracting, reimbursement, and administrative processes. The participating LHDs can then identify and fund local community partners or develop other health equity programs. The mini grant program has now supported 20 initiatives that address food security, housing security, mental health wellness, transportation assistance, and health literacy and have reached over 13,000 individuals (including seniors). This streamlined operation lifts administrative burden from LHDs while acknowledging the need for LHDs to retain flexibility and avoid a one-size-fits-all approach to addressing diverse community needs.

Local Health Initiatives Supported through Mini Grants

Community Foundation of Central Blue

[The Central Shenandoah Health District](#) supported the [Community Foundation of Central Blue](#), who utilized mini grant funding to launch several initiatives: 1) re-establishment of an emergency shelter—organized by [Waynesboro Area Refuge Ministry](#)—which provides crucial support to the most vulnerable community members during winter months; 2) a photograph campaign to capture the faces and stories of those impacted by housing insecurity and encouraging compassionate solutions; and 3) a community leadership summit to identify solutions to the community's housing needs.

Hero's Bridge: Bridging Veterans to Quality Living

The [Rappahannock-Rapidan Health District](#) funded Hero's Bridge, an organization serving veterans over the age of 65. Hero's Bridge used mini grant funding to bolster the [Battle Buddy Initiative](#), which addresses health-related challenges of older veterans, such as poor nutrition, low income, or

limited internet access. The program trains younger veterans to support older veterans in a model similar to that of community health workers, offering personalized quality of life assessments and facilitating referrals to community programs, health services, and VA benefits.

Petersburg Tobacco Project

The [Crater Health District](#) partners with Central Virginia Health Services Crimson Clinic, Petersburg High School, and the Boys and Girls Club to direct funding for tobacco-related initiatives. This community has a high rate of tobacco prevalence, which is associated with elevated COVID-19 risk. The Petersburg Tobacco Project educates youth and their families about the hazards associated with tobacco, nicotine, and vaping products through focus groups and tobacco cessation initiatives.

Wellness for English Language Learners Program

The [New River Valley Health District](#) serves a large community of immigrants who may experience unique challenges that were exacerbated by COVID-19, especially language barriers to accessing healthcare. The Literacy Volunteers of the New River Valley provides support on reading, writing, math, GED preparation, and other topics. Through the mini grant program, they invested in the [Be WELL \(Wellness for English Language Learners\) initiative](#) to improve health literacy for English language learners, ensuring individuals—especially those in rural regions of the state—can navigate the healthcare system effectively and make informed decisions.

West Piedmont Health District Partnership with Virginia Tech

The [West Piedmont Health District](#) forged a partnership with Virginia Tech University to enhance community outreach regarding COVID-19, focusing on rural communities. Partners focused on improving data collection and reporting mechanisms to build a deeper understanding of rural health needs and disparities. The project's emphasis on community engagement and data enhancement helps public health build a tailored, evidence-based response to diverse community needs.

Lessons Learned and Achievements

During the first year of CDC 2103 funding, VDH experienced staff turnover and logistical challenges of directing funding effectively to LHDs. However, the SORH's leadership in managing the rural carve-out funds and clearly communicating across the federal, state, and local levels ultimately expanded upon the SORH's traditional role as a cross-agency resource and to one directly managing a statewide program.

Proactive Relationship Building and Early Engagement with LHDs

Relationships are not built overnight, so it is paramount to establish trusting relationships with LHDs before, during, and after grant implementation. Prior to the 2103 grant, the VDH and SORH did not have robust relationships with the 18 rural local health districts. To address that gap, the SORH has:

- Convened in-person meetings with organizations and LHDs that conduct community health needs assessments to share information on the distinctive needs of rural communities.
- Hosted monthly roundtable discussions for LHDs receiving mini grants to share project updates, address challenges, and ensure district leaders are aligned with the grant's overarching goals.
- Developed a “self-service” technical assistance system, using Microsoft Office Bookings features, to set up a user-friendly platform for local health districts and mini grant participants to connect with the state for support.

Centralized Administration and Decentralized Decision-Making

The introduction of the mini-grant program proved to be a transformative solution for the LHDs that maintained their autonomy and ability to respond to diverse community needs while protecting against administrative burden. The SORH efficiently managed central oversight and bureaucratic elements such as application reviews, fund disbursement, and reporting requirements. Centralizing these administrative tasks empowered LHDs to refocus on their fundamental mission of addressing local health needs and implementing impactful programs.

Continued Need for Sustainable Program Funding

The SORH recognized the challenge of how to sustain innovations funded by short-term grants. The SORH and Virginia Office of Health Equity have urged LHDs to explore options for diverse funding avenues to ensure the continuity of the community programs instead of relying on a singular funding stream. As the 2103 grant period approaches its sunset, the SORH commits to supporting LHDs by providing a comprehensive toolkit for preparing and submitting successful grant applications.

Through the implementation of the CDC 2103 COVID-19 Health Disparities grant, Virginia’s experiences highlight the importance of proactive relationship building between public health and community partners. Such partnerships can improve community engagement, state-level awareness of local community needs, and support for LHDs to develop strategies and programs tailored to their own, distinct communities. The Virginia SORH has received positive feedback from the LHDs on the state's effective management of grant dollars while allowing LHDs the freedom to support the work of their unique community partners, which can offer a model for distributing funding in the future.

Appendix

About the National Organization of State Offices of Rural Health (NOSORH)

The National Organization of State Offices of Rural Health (NOSORH) was established in 1995 to assist State Offices of Rural Health (SORH) in their efforts to improve access to, and the quality of, healthcare for nearly 61 million rural Americans. NOSORH enhances the capacity of SORH to do this by supporting the development of state and community rural health leaders; creating and facilitating state, regional and national partnerships that foster information sharing and spur rural health-related programs and activities; and enhancing access to quality healthcare services in rural communities.

This brief was supported by funds made available from the Centers for Disease Control and Prevention, OT21-2103, National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities. Its contents are solely the responsibility of ASTHO and the National Organization of State Offices of Rural Health (NOSORH) and do not necessarily represent the official views of the U.S. Department of Health and Human Services/Centers for Disease Control and Prevention.