



VIRGINIA
AFRICAN
AMERICAN
ADVISORY
BOARD

ANNUAL REPORT
2024

Prepared by Members of the African American Advisory Board

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Letter from the Chair

Governor Youngkin,

The Virginia African American Advisory Board (VAAAB) is pleased to present its 2024 annual report and recommendations. These recommendations reflect a snapshot of some of the immediate needs, concerns opportunities and challenges facing the African American community in Virginia. It is our hope that we might work together to advance our recommendations and develop key action items to strengthen the African American community in the Commonwealth of Virginia.

This report is a compilation of our work over the past year as we seek to ensure that the needs and concerns of the African American community continue to be addressed. Our key focus areas of education, criminal justice and public safety, health, and the environment, as well as small Black owned businesses, reflect what we believe to be the most pressing issues of this time. We continue to seek ways to address racial division and disparities as we seek to ensure equitable access to services and opportunities to aid in bringing resolution to these needs while resolving some of the systemic issues facing African Americans.

Over the past year, we engaged in conversation with African American community members and leaders throughout the Commonwealth. We have diligently sought to mine relevant data from state government sources as well as other credible sources as a method of increasing our knowledge and refining our recommendations.

The report outlines those areas we believe are most pressing. We look forward to working together to continue the work that improves the lives of the African American Community and increasing trust in the government. Our four focus areas are:

1. Small Black-Owned Business
2. Education
3. Health & the Environment
4. Public Safety and Criminal Justice

It is our hope that this report will serve as a bridge to not just discussion, but also yield tangible results. We look forward to securing our legacy this season as the Virginia African American Advisory Board and working with your administration to advance these recommendations. We have kept in mind the Administration's priorities and see opportunities for us to advance key areas of the report.

We look forward to meeting with you and to doing the work ahead.

Sincerely,

Cozy Bailey, Chairman (2025)

Executive Summary

Small Black-Owned Business

Urgent attention is needed to address Black income and wealth. Black income is most often generated through the ingenuity of Black businesses. These recommendations are intended to aid small Black and African American-owned businesses so that each business can move from the pandemic crisis to thriving. We must ensure every Black and African American business has the opportunity for a future of economic prosperity and wealth transfer to the benefit of all Virginians, but especially for the Black and African American communities:

- I. Provide direct support and funding to localities connected to Black businesses. State and federal resources should flow through localities to current Black-owned businesses with associated accountability measures to evaluate effectiveness.
- II. Provide continuing education opportunities in entrepreneurship. Provide business courses as electives in middle school, high school, and community colleges; create partnerships with civic and nonprofit organizations to augment the public education initiative.
- III. Assessing the Commonwealth contracting procedures to ensure no barriers exist for small Black-owned businesses.
- IV. Conduct a Census of Black Businesses to create a database useful to state procurement executives and large businesses.

Education

The struggle for equal and quality education for Black children in Virginia can be conceptualized by understanding one piece of history: white school systems in Virginia opted to shut down rather than integrate entirely. The Farmville students' walkout led by Barbara Johns was part of the *Brown v. Board of Education* ruling that concluded: "separate education facilities were inherently unequal." Understanding Virginia's history of Black children's education will deepen your understanding of why stark divisions and inequalities remain in Black children's education in the Commonwealth of Virginia today. With this in mind, the Education Committee of the African American Advisory Board makes recommendations to the Governor in the following areas, the details of which are provided later in this report:

- I. Increase the Number of Diverse Educators
- II. Mental/Behavioral Health Services for Students
- III. Career Pathways for Educators

Health & the Environment

African American communities in Virginia continue to face deeply rooted health disparities that severely affect quality of life and longevity. These disparities stem from a complex web of socioeconomic barriers and social determinants of health. These conditions contribute to chronic stress and limited healthcare access, driving higher incidences of chronic diseases such as hypertension, diabetes, and heart disease compared to white populations in Virginia.

A critical factor exacerbating these disparities is low health literacy. Within Virginia's Black communities, health literacy is hindered by historical mistrust of healthcare systems, socioeconomic challenges, inadequate access to care, and the burden of chronic illness. Low health literacy results in delayed diagnoses, poor disease management, increased emergency care usage, and lower engagement in preventive care.

Maternal and infant health is another area of significant concern. Black women in Virginia are more than twice as likely as white women to die from pregnancy-associated causes. Preexisting chronic health conditions, systemic healthcare biases, and social determinants all contribute to this crisis.

Environmental justice is also a major health concern. African American communities are disproportionately exposed to hazardous environments and lack access to clean air, green spaces, and safe housing. These environmental disparities have long-term health implications, especially for children and those with chronic illnesses.

Lastly, gun violence has emerged as a leading public health crisis, particularly for Black youth. In Virginia, Black residents are nearly three times more likely to die from firearm-related violence than white residents. Gun violence contributes to both physical harm and psychological trauma, with ripple effects across families and communities. This epidemic demands urgent attention and a coordinated, public health-centered response.

There are three main recommendations intended to address health and environmental concerns of Virginia's African American residents:

There are three main recommendations intended to address health and environmental concerns of Virginia's African American residents:

- I. **Health Literacy:** Increase funding for community-based health literacy initiatives tailored to African American communities, including digital resources and partnerships with local organizations.
- II. **Maternal Health & Community Health Workers (CHWs):** Establish Medicaid coverage for CHWs to improve maternal health outcomes and reduce health disparities, leveraging their role in outreach, education, and advocacy.
- III. **Enhancing Maternal Health Literacy:** Develop statewide initiatives to educate pregnant individuals on healthcare rights and complications, utilizing public-private partnerships for broader impact.

- IV. **Firearm Violence Prevention:** Improve data collection on firearm incidents and risk factors while implementing targeted prevention strategies, including legislative action, behavioral risk assessments, and community-based de-escalation training.
- V. **Whole Family Approach:** Implement community-based strategies to reduce gun violence and restore a sense of unity within African American communities.
- VI. **Environmental Justice:** Establish a centralized repository to track African American communities impacted by environmental injustices, ensuring accountability and resolution efforts.

Public Safety & Criminal Justice

The Public Safety & Criminal Justice Committee is committed to addressing safety concerns and systemic issues that impact African American communities, including firearm violence and disparities in the criminal justice system.

Firearm Violence as a Public Health Emergency

Gun violence disproportionately affects African American males, particularly those aged 15-34, who experience firearm homicide rates nearly sixteen times higher than their White counterparts. Addressing this crisis requires a multi-disciplinary approach, including:

- I. **Community Violence Intervention (CVI):** Utilizing violence interrupters to mediate conflicts and connect individuals to social services.
- II. **Cure Violence (CV) Model:** Treating violence as a contagious disease and targeting at-risk individuals to prevent escalation.
- III. **Hospital-Based Violence Intervention (HVIP):** Engaging high-risk individuals during hospital stays to prevent re-injury and retaliation.
- IV. **Gun Tracking Reports:** Requiring law enforcement agencies to conduct annual reports on all recovered firearms to understand their origins and disrupt illegal circulation.

Pretrial Justice Reform

Significant racial disparities exist in Virginia's pretrial system, with Black Virginians making up 43% of the state's jail population despite being only 20% of the total population. Unnecessary pretrial detention leads to job loss, housing instability, and worsened legal outcomes.

Recommendations include:

- I. **Reducing Pretrial Detention:** Ensuring individuals are not held unnecessarily and correcting racial disparities in bail and release conditions.
- II. **Counsel at First Appearance (CAFA):** Ensuring that individuals have access to legal representation at their initial court appearance to improve case outcomes and prevent extended detention.

By implementing these strategies, Virginia can reduce violence, promote fair justice practices, and improve public safety outcomes for all communities.

Small Black-Owned Business

Black and African American small business owners faced numerous challenges in 2021, and these issues persisted into 2022. Like many Virginians, small Black-owned businesses faced payroll challenges, lost revenue, and difficulties retaining employees and clients due to the international pandemic, which continued into 2022. At every turn, Black business owners found a way to survive. Not all the challenges faced by Black business owners are directly attributed to the pandemic. A Black Enterprise report in February 2022 stated that, from February 2020 to August 2021, the Commonwealth of Virginia emerged as having the greatest potential for supporting the growth of Black businesses. Notably, this report credits the efforts of local government private initiatives as the main drivers, coupled with a relatively high percentage of Black entrepreneurs.

While the report conducted by Merchant Maverick determined that Virginia has a high potential for the success of Black businesses, it also reiterates that Black-owned businesses face major inequities when it comes to payroll. The national average annual payroll for employer businesses is \$1.25 million, over four times the \$ 301,000 in payroll that Black-run employer businesses average per year. The previously mentioned funding gap almost certainly plays a role here. Earlier research by the Stanford Institute shows that White-owned businesses receive an average of \$18,500 in outside equity at founding, compared to just \$500 for Black-owned businesses. Already starting at a disadvantage, Black businesses face hurdles while attempting to catch up down the stretch.

There is a strong correlation between Black owned businesses and Black wealth. According to a 2019 survey by Consumer Finance, “the median net worth of Black households was \$24,000 as opposed to \$189,000 for white households. This shortfall in financial wealth creates a cascade of inequalities in education, homeownership, and emergency savings. And while it will take multiple solutions to solve these enormous problems, entrepreneurship can provide the best opportunities to build sustainable, long-term wealth. Most surveys show that the “wealth gap” has widened during the pandemic, creating even greater financial and economic pressures on people of color.

Black businesses are often birthed from necessity. These businesses often serve as pillars in Black and African American communities, providing resources while also incorporating cultural considerations. Yet Black small business owners continue to face dire consequences from historical systemic inequities compounded by COVID-19. Given this history, it has become even more imperative that, in 2022 and beyond, supporting Black business owners and their contributions to the Virginia economy should not be limited to sympathetic words but must extend to essential changes in policy and economic resource allocation so those words can be translated into measurable action.

It is within this context that the small Black-owned business committee of the Virginia African American Advisory Board (VAAAB) reiterates recommendations made during the early stages of the COVID-19 pandemic. Over the past year, VAAAB has again met with local Black Chambers of Commerce in each region of the Commonwealth. The committee took time to meet with individual Black businesses to assess resources, information, and present-day challenges. The committee also conducted a “Black Table Talk,” featuring a panel of renowned African American business owners in the Commonwealth, who discussed the various challenges and solutions to increasing the success of small Black-owned businesses in the Commonwealth. The recommendations presented here are the same as those made by this board in 2021 and stem from the enduring challenges faced by small Black-owned businesses, as revealed through conversations, meetings, and research.

Recommendations:

- I. Provide direct support to localities connected to Black businesses and establish accountability measures as a condition of the financial resources.
 - a. Black businesses reported that they primarily accessed information and resources through their local connections. This includes the local county and city government, as well as regional banks and civic organizations. During the COVID-19 pandemic, businesses relied on local county and city governments for financial resources and support. It’s essential that local governments, which receive funding from the State, demonstrate how those funds were used and by whom. Data collection can help mitigate inequities. There should be clear documentation on the number and type of businesses supported during COVID-19, including demographic information.
 - b. When funds are dispersed to county and city governments, the Governor’s office should inform each of the regional Black Chambers of Commerce, professional associations, and civic organizations. Oftentimes, by the time Black businesses learn about new funding opportunities, the funding has already been depleted.
- II. Provide continuing education opportunities in entrepreneurship.
 - a. Provide free business courses in middle and high schools, as well as in community colleges, or set aside financial resources for civic and nonprofit organizations to conduct business classes in the communities they serve.
- III. Assessing Commonwealth Contracting Procedures.
 - a. Review the process for awarding state contracts and identify the challenges that small Black-owned businesses encounter when securing contracts.
 - b. Provide clear directives, oversight, and enforcement to government agencies to ensure that small Black-owned businesses are not being prevented from contract awards.
- IV. Conduct a Census of Black Businesses
 - a. The State Government should know how many Black Businesses operate within Virginia.

Too often in Black history, we commemorate and remember what was lost, taken, and destroyed. Today, we have an opportunity to put in place policies, backed by financial support, that will ensure Black businesses in Virginia survive and thrive so that Virginians 100 years from now are not commemorating a tragic past but instead celebrating and building on our legacy of abundance and abundance.

Education

Virginia has a long, torrid history as it pertains to educating Black children. Slaves in Virginia were prohibited by law and practice from learning to read or write. Even when Virginia established a free public education system, educating Black children was a complete afterthought. In 1896, the Supreme Court upheld the "separate but equal doctrine" in the landmark case of Plessy v. Ferguson. However, Plessy v. Ferguson reinforced separation and ignored equality pertaining to education in practice. Black schools were widely underfunded by every measure, from the lack of quality buildings to the scarcity and, in many cases, complete lack of books and the lack of livable compensation for Black teachers. Unfortunately, for many African American children in Virginia, many of these measures remain unequal today.

The struggle for equal and quality education for Black children in Virginia can be conceptualized by understanding one piece of history: white school systems in Virginia opted to shut down rather than integrate entirely. The Farmville students' walkout, led by Barbara Johns, was part of the Brown v. Board of Education ruling, which concluded that "separate education facilities were inherently unequal." Understanding Virginia's history of Black children's education will deepen your understanding of why stark divisions and inequalities remain in Black children's education in the Commonwealth of Virginia today. With this in mind, the Education Committee of the African American Advisory Board makes the following recommendations to the Governor:

Increase the Number of Diverse Educators

According to Allegretto and Mishel (2020), The Economic Policy Institute ranked Virginia as last in the country in terms of the "teacher wage penalty," a measure referring to the gap in weekly salaries between teachers and other college-educated professionals. Unfortunately, Virginia's wage penalty is 32.7%, which doesn't allow them to have the same quality of life as other college-educated professionals in the state. Following the COVID-19 pandemic, our schools are more vulnerable than ever, and the need for highly qualified teachers to address the widening achievement gaps among students is more pressing than ever. There has been a concerted effort over the past two years to improve teacher salaries; however, Virginia still ranks below other states, which impacts the recruitment and retention of teachers.

As a state, we must increase the percentage of minorities and male educators. Unfortunately, our schools often lack teachers with diverse backgrounds to cater to their diverse student populations. For example, 40% of public-school students are African American, yet less than 15% of educators are Black or Latino. Children from diverse backgrounds benefit from educators who can affirm and share their identities. In addition, all educators must be culturally sensitive to students to ensure that their academic, social, and emotional needs are met.

According to the U.S. Department of Education, African American students are 2.9 times more likely to be labeled as students with mental disabilities and 1.9 times as likely to be labeled emotionally disturbed. Black males also make up 2% of K-12 public school teachers. With this information, the Education Committee recommends the following:

- Tuition Assistance/HBCU
- Increase assistance for teacher PREP for all Colleges
- Student Loan Assistance
- Praxis Preparation
- Quality of Life Resources, i.e., housing, continuing education

Mental/Behavioral Health

Mental and behavioral health are critical to children's success in school and life. Research demonstrates that students who receive social-emotional and mental health support achieve better academically. The pandemic itself has caused much worry, stress, and grief. As schools return to in-person learning, there is an increased need for additional mental health resources in our PK-12 schools, colleges, and universities.

- Lack of community resources for low-income students (that are available outside instruction, ex, during a crisis)
- Supporting higher education by administering a code of conduct, holding students accountable for their actions

In 2021, the Virginia Community College System (VCCS) Board identified student mental health challenges as barriers to students successfully earning a workforce credential or completing a degree. To address this issue, the system entered into a contract with a tele-mental health provider. In the first six months of implementation at 18 of Virginia's community colleges:

- VCCS students made 10,530 Timely Care.com website page views.
- 3,424 VCCS students registered for services by creating accounts on the Timely Care site
- VCCS students made 2,381 total care visits
- 716 interactions with professional healthcare coordinators
- 80 Virginia Community College students participated in group counseling sessions

We have heard from students thanking college administrators for providing these life-changing services. Unfortunately, under the current funding model, providing these services to students may not be sustainable. Colleges have procured these services using pandemic relief funding, which expires in the coming months. Without state support, community colleges may be unable to continue supporting their students' mental health needs.

To better prepare faculty, staff, and administrators to meet student needs, almost 2,000 VCCS faculty, staff, and administrators have completed Trauma Informed Training. This training helps ensure that students' physical and emotional safety are addressed as the colleges build an environment that promotes a holistic approach to student support services and provides a culture of care for students. Providing funding to expand this professional development opportunity to

K-12 and all postsecondary educational institutional partners would significantly impact student outcomes. With this information, the Education Committee recommends the following:

Cultural Competency:

- At least 50% of providers and case management staff represent cultural, ethnic, and sexual orientation backgrounds reflective of the student population they serve.
- At least 30% of providers and case management staff speak a language other than English and have appropriate language/interpretation services.
- Providers and Case Managers are evaluated on cultural competency at the time of hiring and periodically throughout their tenure.
- Providers and Case Managers are trained regularly to improve family engagement and service delivery strategies to increase access and equity.
- Provide opportunities for district partners and families to provide feedback

Providers' and organizations' cultural competence.

Network of Supports that are replicable and qualified to deliver services:

- Ensure existing and new providers don't duplicate services to fill gaps within existing networks.
- Ensure community organizations and/or districts innovate short-term models and/or screening
- protocols to connect families to existing long-term service providers as waitlists are exhausted.
- Accessing care should be student-focused and minimize the number of times families and students must re-share their experiences and trauma.
- Outside service providers and/or district staff should provide trauma-informed care.
- Outside service providers should be evaluated for their trauma-informed care experience.
- Outside service providers and/or district staff should be regularly trained and mentored to improve the delivery of trauma-informed care.

Suspension Rates for Marginalized Groups - Restorative Practices:

- Schools should provide mental health services to students who are suspended, with the goal of facilitating their quick return to in-person learning. This approach could help reduce suspension rates and improve long-term outcomes. Given the alarming dropout rates among students with emotional, behavioral, and mental health disorders, schools should implement wrap-around services to identify and address root causes, offering tailored interventions and preventive measures. Aligning these services with restorative practices will foster a supportive environment that promotes both academic success and emotional well-being.

Family Engagement

- Schools and service providers should enhance family engagement by creating a comprehensive repository of in-person and virtual services, ensuring accessibility during school hours to accommodate working parents. Clear communication of available resources through family engagement events and materials will encourage greater involvement. Additionally, offering flexible scheduling and virtual options will make

accessing care more seamless for families, promoting better mental health support for students.

Health and Safety for Employees

- Schools should ensure students have timely access to mental health support to minimize disruptions to learning, particularly for issues related to anger and trauma. Providing scalable resources for both students and staff will ease the burden on educators and improve their overall well-being. Additionally, offering resources to address students' mental health needs will help reduce absenteeism among parents who are school staff. Finally, securing additional financial support for districts to implement comprehensive mental health plans is essential for long-term success and improved outcomes.

Career Pathways

African Americans disproportionately fill vulnerable jobs and make less. There is a need to invest in job training and education for displaced and vulnerable workers. Also, creating an entry-level jobs workforce to take jobs in sectors that can sustain an inevitable economic downturn.

According to the Census Bureau, 32.5% of the twenty-five and older population has a bachelor's degree or more, compared to only 22.5% of African Americans. In addition, 55.6% of African Americans in the labor force are underemployed or working jobs that do not require their degree. The following recommendations are needed to improve the quality of life for African Americans in the Commonwealth.

- Career and Technical Education (CTE) - Create high-quality K-12 education with career training that leads to career pathways that build a resilient middle class.
- Workforce Development/Credentialing will allow access to educational or credentialing opportunities, on-the-job training, and removing barriers such as transportation and childcare.
- Provide grant funding to schools and community organizations for internships, experiential learning opportunities, career counseling, and other activities that impact the integration of their education and career preparation.

Virginia's Community Colleges are currently partnering with the Virginia Department of Education (VDOE) and K-12 school districts to provide additional career pathways for high school seniors. Using existing G3 pathways in career areas of health, public safety, manufacturing, childcare, and technology, high school seniors who meet eligibility requirements may earn a workforce credential at a fraction (about $\frac{1}{3}$) of the cost. However, additional funding is needed to provide financial aid so that financially disadvantaged students can access these family-sustaining wage-earning opportunities.

We hope these recommendations will serve as a bridge to close the disparities gap and serve as a propeller to catapult African American children into the 21st century with economic security and the opportunities to create wealth. However, even with all the education opportunities, the efficacy is significantly weakened if the Black community's health gaps are not addressed.

Health & the Environment

Access to Quality Health Care

Health disparities within African American communities have been shown to significantly impact both longevity and quality of life. These disparities are largely attributed to a complex interplay of socioeconomic barriers and broader social determinants of health. Key factors such as income inequality, limited access to educational and employment opportunities, substandard housing conditions, and food insecurity all contribute to the persistence of these inequities. Together, these social determinants create an environment of chronic stress and hinder access to adequate healthcare, resulting in poorer health outcomes such as higher incidences of chronic conditions like hypertension, diabetes, and heart disease. These disparities are particularly pronounced when compared to the health outcomes of their white counterparts in Virginia.

Enhancing Health Literacy

The National Institute of Health defines Health Literacy as the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions. Research suggests that individuals with stronger health literacy skills are more likely to make informed decisions about their health, resulting in improved health outcomes and potentially longer life spans. Conversely, limited health literacy is associated with higher rates of hospitalization, increased use of emergency care, and overall poorer health outcomes.

For many African Americans in Virginia, barriers to health literacy contribute significantly to disparities in healthcare access, delayed diagnoses, and suboptimal management of chronic diseases. Health literacy encompasses much more than the ability to read medical materials; it includes the capacity to navigate complex healthcare systems, effectively communicate with providers, and make informed decisions about personal health. Nationally, only 12% of adults are estimated to be proficient in health literacy, underscoring the broader challenge in the United States to facilitate healthcare navigation and informed decision-making. As Virginia pursues initiatives to improve healthcare access and outcomes, strengthening health literacy within the Black community is essential for advancing health equity and improving population health outcomes. This focus is particularly important given the impact of low health literacy on low-income and rural communities, which often face compounded healthcare disparities. Several factors impact health literacy in the African American community, such as historical distrust of the healthcare system, socioeconomic factors, limited healthcare access, and chronic health conditions.

Improving health literacy is essential for empowering individuals to make informed health decisions, manage chronic conditions, and engage in preventive care. For African Americans, higher health literacy can reduce the impact of diseases like diabetes, hypertension, and heart disease by promoting a better understanding of treatment plans and medication instructions. However, low health literacy, compounded by barriers like economic inequality and historical mistrust, worsens health outcomes and deepens health disparities. Targeted, community-driven interventions, like those by Inova and the University of Virginia Health System, can help bridge this gap, fostering better communication and trust between healthcare providers and patients. By integrating health literacy into public health initiatives, Virginia can work toward reducing disparities and improving the overall well-being of its African American communities.

Improving Black Maternal and Infant Health

National

Alarming statistics on maternal health outcomes for Black women in the United States have garnered significant national attention in recent years. CDC data show that Black women are [two to three times more likely](#) to die from pregnancy-related complications than white women, with most of the maternal deaths being [preventable](#). The elevated risk of maternal mortality among Black women persists across all income and education levels. Although higher income and advanced education are typically associated with improved health outcomes, these protective factors do not effectively mitigate maternal mortality risks for Black women. College-educated Black women in the U.S. are at 60% greater risk of maternal death than white or Hispanic women with less education¹.

Virginia

Maternal health outcomes in Virginia closely reflect national statistics. The [2023 Virginia Maternal Mortality Review Team Report](#) highlights that Black women in Virginia continue to experience disproportionately higher rates of pregnancy-associated deaths compared to White women. In 2021, the pregnancy-associated mortality rate for Black women was more than double that of White women, at 113.8 versus 54.8 per 100,000, respectively. Black women also had significantly higher rates of natural pregnancy-associated deaths than White women. Furthermore, the rate of homicide-related deaths among Black women remains notably higher than among White women.

Maternal and infant health outcomes for Black women are significantly impacted by a mix of medical, social, and systemic factors that increase the risk of poor health outcomes. Black women are more likely to experience chronic health conditions such as hypertension, diabetes, and obesity before pregnancy, conditions that can complicate pregnancy and increase the likelihood of adverse outcomes like preeclampsia, preterm delivery, and low birth weight. These preexisting conditions make pregnancy more challenging and demand careful, consistent healthcare access to minimize risks for both mother and baby.

Social determinants of health—like income, access to healthcare, neighborhood conditions, and education—also play a substantial role in shaping these outcomes. Black women in the United States are often more likely to live in areas with limited access to healthcare services, healthy food options, and clean environments, each of which contributes to health disparities. Economic barriers and inconsistent health insurance coverage can restrict access to quality prenatal care, which is essential for identifying and managing risks early in pregnancy. Additionally, biases in the healthcare system can make Black women feel unheard or dismissed, leading to delays in care and a lack of trust in healthcare providers, further worsening health outcomes ([KFF](#), [VDH](#)).

Governor Youngkin's Executive Order 32 is a commendable step toward addressing maternal health disparities by reestablishing the Maternal Health Quality Data Taskforce. This task force plays an essential role in gathering and analyzing data to identify and address the specific factors contributing to poor maternal health outcomes, particularly for women of color who face a heightened risk of complications. By prioritizing quality data, the task force can inform policies

and interventions tailored to reducing maternal mortality and improving overall maternal health outcomes across the state.

Additionally, the bipartisan support behind HB935/SB118, which mandates health insurance coverage for doula services, demonstrates Virginia's commitment to comprehensive maternal healthcare. Recognizing doulas as essential providers, especially for high-risk groups, this legislation helps ensure that women receive the emotional, physical, and informational support they need during pregnancy and childbirth. Doulas have been shown to reduce the risk of complications and enhance birth experiences, making their services invaluable in communities where maternal health disparities are most pronounced. Both Executive Order 32 and HB935/SB118 reflect Virginia's collaborative efforts to create a healthcare environment that is supportive, inclusive, and responsive to the needs of all mothers. However, significant work remains to be done to fully address these complex issues. To advance efforts in improving maternal health outcomes, the Health Committee recommends that the Governor consider the following key actions outlined in the recommendations section below.

The Environment

Healthy living environments are key to longevity of life in the African American community. Green spaces have been determined to make people healthier and happier. Years of environmental injustice have left many African Americans and other people of color without access to healthy green space, living in environments where industrial and hazardous facilities are housed. Environmental data reflects that low-income and minority communities are disproportionately exposed to environmental contamination. Several studies have been conducted that analyze the spatial distribution of environmentally hazardous facilities and found facilities concentrated in or near communities of color and poor communities. Researchers have found a statistically significant connection between environmental exposure and socioeconomic class as well as racial composition in recent years.

Environmental data reflects that low-income and minority communities are disproportionately exposed to environmental contamination. Several studies have been conducted that analyze the spatial distribution of environmentally hazardous facilities and found facilities concentrated in or near communities of color and poor communities. Researchers have found a statistically significant connection between environmental exposure and socioeconomic class as well as racial compositions in recent years. The Environmental Justice Act of 2020, introduced by Senator Ghazala Hashmi (SB406) and Delegate Mark Keam (HB704), established that the policy of the Commonwealth is to promote environmental justice as defined in the bill and to ensure that environmental justice is carried out throughout the Commonwealth. It defines environmental justice as "the fair treatment and meaningful involvement of every person, regardless of race, color, national origin, income, faith, or disability, regarding the development, implementation, or enforcement of any environmental law, regulation, or policy."

We are encouraged by the actions of the 2020 General Assembly and the Department of Environmental Quality's (DEQ) commitment to environmental justice, establishing the Environmental Justice Act, which established DEQ's statement of policy and a commitment to fulfill DEQ's environmental responsibilities. DEQ states: Success in advancing environmental justice through DEQ's activities does not simply involve "checking boxes," but putting a process

in place to build trust, share understanding, and align values among community members, stakeholders, local, state and federal government, industry partners and DEQ staff. The ultimate goal is to create greater equity and justice for all Virginians. The Health and Environment Committee would like to see the recommendations of the October 2020 Environmental Justice Study for the Virginia Department of Environmental Quality advanced.

Firearm Violence is a Public Health Crisis

In the United States, gun violence and firearm-related injuries are on the rise. According to the U.S. Surgeon General's *Advisory on Firearm Violence*, since 2020, gun-related injuries have been the leading cause of death for U.S. children and adolescents (ages 1-19), surpassing motor vehicle crashes, cancer, drug overdose, and poisoning (U.S. Department of Health and Human Services, 2023)². In fact, a recent study found that from 2013 to 2020, firearm-related deaths rose shockingly by 108.3% among Black youth and by 47.8% for young whites, with the largest increase occurring between 2019 and 2020 (Brooks, 2022)³. In Virginia specifically, according to Johns Hopkins Bloomberg School of Public Health 2022 data, black Virginians were nearly three times as likely to die from firearm violence than their white counterparts (Center for Gun Solutions, 2022)⁴. The Virginia Department of Health (VDH) reports that firearm-related deaths in Virginia rose by 27% from 2018 to 2022, reaching a total of 1,308 deaths in 2022. Of these, 55% were suicides and 42% were homicides. The health districts with the highest rates were the Peninsula, Virginia Beach, and Fairfax. Firearm deaths were most prevalent among individuals aged 25-34, who accounted for 23% of all deaths. Additionally, 87% of those who died were male, and 40% were Black (VDH, 2022).⁵

In June 2024, United States Surgeon General Dr. Vivek Murthy, declared firearm violence a public health crisis, stating, *"Firearm violence is an urgent public health crisis that has led to loss of life, unimaginable pain, and profound grief for far too many Americans. "We don't have to continue down this path, and we don't have to subject our children to the ongoing horror of firearm violence in America. All Americans deserve to live their lives free from firearm violence, as well as from the fear and devastation that it brings. It will take the collective commitment of our nation to turn the tide on firearm violence."* The purpose of a public health approach is to help guide the nation with a strategic framework and actions that have been successfully implemented in the past to address tobacco-related disease and motor vehicle crashes.

Contributing Factors

The contributing factors to firearm violence are multifaceted and complex. It is essential to understand the social determinants of health, the impacts of exposure to firearm violence, and the issues of socioeconomic, geographic, and racial inequities to address this public health crisis appropriately. Research indicates that urban areas see higher firearm homicide rates, while rural areas experience more firearm suicides. Structural racism, including historic policies like redlining, has concentrated economic disadvantages in minority communities, increasing their risk of violence. In 2020, counties with the highest poverty levels had firearm homicide rates 4.5 times higher and suicide rates 1.3 times higher than the least impoverished counties. Factors like

low social mobility, poverty, and social isolation further elevate risks, while improvements in socioeconomic status, upward mobility, and institutional trust significantly reduce firearm violence rates.

Collective Toll

The collective toll of firearm violence is exposure is profound as it directly impacts the mental health and well-being of our communities, children, adolescents, and families. One study examining emergency department admissions between 2014 and 2018 found that children and adolescents in west and southwest Philadelphia, who lived within two to three blocks of where a shooting occurred, had nearly 50% increased odds of using an emergency room for mental health reasons during the subsequent 30 days after the shooting than other children and adolescents. The odds were highest among youth who were exposed to multiple shootings and among those who lived closest to a shooting's location.

Solutions

There is no single solution to firearm violence; however, a public health approach can help prevent and reduce harm by addressing the issue comprehensively. Efforts to tackle gun violence may include advocating for firearm reform, implementing community-based violence prevention programs, launching educational initiatives, and providing outreach to at-risk individuals. Mothers and other community members can play a crucial role in raising awareness about the issue and advocating for change. In one such community, Danville, Virginia, local law enforcement has demonstrated that engagement and partnership with the community are a significant part of the model's success in reducing and solving crime since 2018. Local law enforcement cannot do this alone. For example, Mothers Stronger Together, an organization with the mission to help other mothers who have lost children to gun violence, works in the Danville community to help reduce gun violence by uniting the youth. Danville has reduced gun violence deaths by nearly 50%; the death toll from 2016-2018 was over 13% before the initiatives started in 2018, and the death toll was reduced to 6% after 2018.

A Public Health Approach

As suggested by the surgeon general's advisory report, this crisis calls for a multifaceted public health approach that is designed to prevent and reduce harm by changing the conditions and circumstances that contribute to the risk of firearm violence. Cross-sector collaboration is the first vital step to addressing the firearm violence crisis. To be successful, this approach must include everyone, leveraging the expertise, influence, and unique perspectives of firearm owners, health workers, law enforcement, educators, community leaders, etc. This crisis necessitates breaking down silos between sectors to provide sustainable solutions for our communities. Second, experts must collect reliable data about firearms that includes when and where shootings happen, the demographics affected, and the types of gun violence committed. Next, they must identify various risk factors and how to mitigate them, which include access to guns, violent histories, community factors, and gun policies in different areas. Using those factors, we then implement prevention strategies, such as pushing for legislation that reduces risk factors, identifying and addressing behavioral risk factors, background checks, tracking firearms sales, and community-level training with de-escalation. A widespread understanding of how gun violence impacts people, its signs, and its consequences is only the beginning of resolving this issue.

Recommendations:

- I. **Health Literacy:** Establish and provide funding to increase community-based health literacy initiatives that are specifically tailored to the needs of African American communities. These programs should focus on education about managing chronic diseases, navigating healthcare systems, and preventive care. Partnerships with local organizations, faith-based institutions, MCOs, hospitals, and community health centers can help ensure that these efforts are trusted and widely accessible. In addition, it is vital to collaborate with state agencies and like-minded partners to develop and disseminate digital health literacy tools, including mobile apps, telehealth platforms, and online health information resources, that are user-friendly and accessible to all literacy levels.

- II. **Maternal Health: Medicaid Benefit for Community Health Workers (CHWs):** Virginia is not among the 15 states that have established a sustainable pathway to fund Community Health Workers (CHWs). Currently, no Medicaid benefit covers CHW services. CHWs can serve as vital connectors between the healthcare system and underserved populations. They help to ensure that pregnant and postpartum women are engaged in their care, improving overall health outcomes and reducing the likelihood of maternal complications. These workers are often members of the communities they serve, providing culturally competent care and building trust. CHWs have been essential in various public health efforts across Virginia, including COVID-19 vaccination campaigns, opioid overdose reversal training, and STI prevention initiatives. Their on-the-ground approach has proven effective in reaching marginalized populations and addressing health disparities. CHWs build individual & community capacity by increasing health knowledge & self sufficiency through a range of activities that include outreach, community education, informal counseling, social support, and advocacy.
 - Up to 80% of an individual's health is determined by health-related social needs such as food, housing, education, and transportation.
 - Health disparities in the United States have contributed to approximately \$93 billion in excess medical care costs and \$42 billion in productivity losses from related premature deaths per year
 - The Virginia Hospital-Based Violence Intervention Program (HVIP) collaborative, which is staffed by CHWs, has served over 4,000 victims of violence, achieving a re-injury rate of less than 3%, compared to a national re-injury rate of 40%.
 - Experts predict that funding CHW programs will result in a 147% return on investment for Virginia's Medicaid Program.

The Health Committee respectfully recommends that the Governor direct the Department of Medical Assistance Services (DMAS) to convene a workgroup to study the integration of community health worker (CHW) services as a Medicaid benefit. This workgroup will assess how Community Health Worker (CHW) services can best support Medicaid and Children's Health Insurance Program (CHIP) beneficiaries, improve health outcomes, and enhance access to care. By exploring sustainable funding models and implementation strategies, Virginia can strengthen its healthcare system and address health disparities more effectively.

- III. Enhance Health Literacy Programs Targeted at Maternal Health: Develop statewide health literacy initiatives focusing on maternal health, prioritizing communities with the highest maternal mortality rates. Educational campaigns, available in multiple languages and accessible across digital and community-based channels, should empower patients with knowledge about their rights, healthcare options, and the signs of potential complications. It is recommended that public-private partnerships be leveraged to enhance health literacy programs by combining the strengths and resources of both sectors. This collaboration can provide comprehensive solutions that enhance access to essential health information, ultimately leading to improved health outcomes. PPPs facilitate the creation of innovative, scalable educational initiatives, leveraging the reach of both public institutions and private organizations to address gaps in health literacy.
- IV. Firearm Violence: The Commonwealth should collect reliable and timely data about firearms that includes when and where shootings happen, the demographics affected, and the types of gun violence committed. In addition, the committee recommends identifying risk factors and how to mitigate them, including access to guns, violent histories, community factors, and gun policies in different areas. Using this information, implement prevention strategies such as legislation that aids in reducing risks, identifying and addressing behavioral risk factors, background checks, tracking firearms sales, and community-level training with de-escalation. Incorporate the CDC's four-step guideline using the public health approach to address gun violence across the commonwealth.
- V. Utilize the [Whole Family approach](#) model to reduce firearm violence in the community and restore a sense of community among African Americans.
- VI. It is recommended that the Secretary of Natural Resources, DEQ, and the Virginia Council on Environmental Justice collaborate to develop a centralized list of African American communities impacted by environmental injustices. This list should be integrated with other affected communities and housed in a central repository to track and provide updates on resolution efforts.

Public Safety and Criminal Justice

The Public Safety & Criminal Justice Committee strategically addresses safety concerns based on data, which impede quality of life and adversely impact healthy socialization in African American communities. The committee will also examine public safety and criminal justice practices that perpetuate generational poverty, unhealthy neighborhoods, and inevitable incarceration in African American communities. In addition, it will explore and analyze public policies that inadvertently perpetuate violent crime and economic disparity in African American communities.

Declaring Firearm Violence a Public Health Emergency

Firearm violence is not just about crime suppression or enforcement, it is also about prevention, intervention, and reentry. One of our chief concerns is firearm violence and its impact on the African American community. Since 2011, at least 100,000 people have died due to gun violence

in our Black and Brown communities, which has largely gone unnoticed. In Virginia, 82% of firearm homicide victims are male, and African American males are disproportionately impacted. African American males aged 15-34 have a firearm homicide rate nearly sixteen times higher than White (non-Latino) males of the same age group. Strategies likely will involve traditional police enforcement and crime prevention activities through a multipronged and multi-disciplinary strategy to include police to address the underlying problems that facilitate gun violence.

Recommendations:

- I. Community Violence Intervention (CVI) communities suffering from high levels of gun violence need to know about, understand, and strongly consider the (CVI) strategy. Violence interrupters is a community-based strategy that helps to resolve conflicts, spread the retail deterrence message, and serve as street-level conduits to social services.
- II. The Cure Violence (CV) model is a promising approach to reducing urban gun violence. CV is rooted in the theory that violence is a behavior pattern that acts like a contagious disease transmitted from person to person via rivalry and social conditions. A key principle of CV is that, by targeting the individuals most at risk for driving or becoming the victims of violence, it is possible to interrupt and slow the spread of violence within the “infected” community. “Under this framework, America’s poor, inner-city neighborhoods are 28 the epicenters of the gun violence epidemic. Underserved, predominantly urban African American and Hispanic areas are plagued by a massively disproportionate share of violence.
- III. Hospital-Based Violence Intervention. A strategy that focuses on gun violence and high-risk individuals who have been recently admitted to a hospital for treatment of a serious violent injury due to gun violence. This strategy, referred to as Hospital-based Violence Intervention (HVIP), is built upon the premise that the strongest risk factor for violent injury is a history of previous violent injury. In fact, being the victim of violence also significantly increases the chances of a person becoming a perpetrator of violence.
- IV. Require police agencies to conduct a comprehensive yearly report on all guns recovered. The Norfolk Model: The Norfolk Police Department (NPD) is in its sixth year of tracking the history of guns that have been recovered by the NPD. These guns have either been found or used in the commission of a crime. This intensive research effort has been put forth to better understand how firearms are found in the hands of criminals despite the state and federal laws in place that are meant to control the flow of weapons into the hands of criminals. Almost every gun in this country is legally purchased through a federally licensed firearm dealer. Data reveals that the crime that has occurred with that firearm in most cases was not committed by the lawful purchaser. It is only through analyzing evidence such as this data that we can make informed decisions that will have the greatest impact on violent crime in our neighborhoods.

Pretrial Justice

Call for Virginia to continue to examine its pretrial system to ensure that people are not subjected to unnecessary and costly pretrial detention.

Racial disparities are prevalent in the criminal legal system, including the disproportionate number of persons of color who are detained pretrial. Persons of color disproportionately receive higher bails and more burdensome release conditions compared to their white counterparts.

In Virginia, 45 percent of the local and regional jail populations is comprised of people who are presumed to be innocent. And despite comprising only 20 percent of the state's population, Black Virginians make up 43 percent of the people in the state's jails, reflecting an overrepresentation in its 29 pretrial detention population. As detailed in the Virginia State Crime Commission's final report on the Virginia Pretrial Data Project, Black individuals were significantly overrepresented in their pretrial cohort, constituting 40 percent of the cohort population.

Proactive steps must be taken to address these disparities on a systemic level. Beyond the incarceration costs, substantial harm is inflicted with any pretrial detention. Research shows that those released within the first 24 hours following their detention are more likely to have their case dismissed or have a deferred adjudication. Pretrial release is also associated with a lower likelihood of being sentenced to incarceration if convicted and receiving a shorter sentence when they are incarcerated.

Being detained for more than 24 hours can often mean losing employment and housing, disruption of medical care, mental health services, and medication, and serious damage to family and community relationships. Additionally, even brief periods of pretrial detention have significant adverse impacts on factors that impact the operations of the legal system. Compared with their peers who are detained, those released within the first 24 hours are less likely to miss a court appearance or to be arrested for a new criminal charge while awaiting disposition or in the 2 years following the conclusion of their case.

Legislation adopted during the 2021 General Assembly session mandates the collection of a specific set of data on individuals held pretrial in Virginia and requires the data to be made publicly available. With the passage of this legislation, Virginia now has a continuous, sustained data collection process, allowing for the examination of demographics related to race, ethnicity, gender, and age disparities, pretrial detention and other data related to pretrial outcomes. With this victory, Virginia will need to remain vigilant and continue to examine its pretrial system to ensure that individuals are not being subjected to unnecessary and costly pretrial detention and correct for any possible disparities that the data may show. The legislation adopted, as well as the continued examination of Virginia's pretrial system is a priority issue of a coalition of state and national organizations under the banner of the Virginia Pretrial Justice Coalition (VPJC).

- I. Support and encourage policies that implement counsel at first appearance (CAFA) in jurisdictions across the Commonwealth. This can include supporting legislative proposals, as well as, appropriating needed financial resources to ensure successful implementation.

As cited in “The Role of Defense Counsel in Ensuring a Fair Justice System,” the author states: *“It is at the first arraignment of the defendant that a vigorous defense counsel is needed for the justice system to be a fair one. Studies have repeatedly demonstrated that the defendant who is released on bail ends up with a better ultimate disposition than one who does not. The freed defendant is at a better bargaining position regarding plea negotiations, is able to enter a rehab program and have counselors report to the court about his progress, is able to locate witnesses, and is available to meet with and assist counsel in preparing the case for a hearing or trial.”*

While there is a need for counsel at every stage of the process, none may be more critical than the first days following an arrest. Data-driven studies repeatedly demonstrate the benefits of providing CAFA. The presence of counsel at this initial court proceeding improves outcomes for accused individuals, the legal system, and the community.

As well, providing a meaningful defense voice in the early moments of a case can help mitigate the disproportionate impact of the criminal legal system on communities of color, who are overrepresented in pretrial detention. In Virginia, arrested individuals are not guaranteed to have an attorney at their initial appearance or to have the court consider bail at that stage. The state’s law requires those detained be brought before the court on the “first day on which such court sits after the person is charged.” Larger jurisdictions may conduct these initial hearings daily, but in small, rural communities, a person may wait a week or more for an initial appearance and then wait additional time for an attorney to be assigned, to meet with the lawyer, for a bond motion to be filed, and to have that motion docketed and heard. There is no statutory time limit for conducting an initial appearance or assigning counsel.

The state currently has no uniform method for providing pretrial representation. Not every jurisdiction is served by a public defender’s office, some jurisdictions provide CAFA regularly, others sporadically, and most do not provide it at all.

Similarly, variation exists regarding when issues of bail 31 are addressed substantively for the first time. As a result, statewide action can positively impact thousands of individuals. Each year from 2020, the Virginia General Assembly has considered legislation that would encourage providing CAFA statewide in Virginia.

The legislative proposals would have:

- Guaranteed every person who is not free on bail be brought before a judge on the first day of such court sites after the person is detained.
- Guaranteed every person in custody have a lawyer to assist them during their first court appearance.
 - Provided the lawyer have access to the information needed for effective pretrial advocacy.
- Ensured an individual and their lawyer have adequate time to communicate in confidence before appearing in court.
- Required courts to allow a meaningful bond hearing to take place on the same day as the initial appearance. The proposals also called for each jurisdiction to form a committee with a broad array of stakeholders to design a plan for implementation that reflects the needs, resources,

staffing and practices of that locality. The legislative proposals have been supported and championed by a coalition of state and national organizations under the banner of the Virginia Pretrial Justice Coalition (VPJC). The 2022 legislation, SB 475, received bipartisan support in the State Senate.

Conclusion

The Virginia African American Advisory Board remains steadfast in its commitment to advancing the well-being of African American communities across the Commonwealth. The findings and recommendations outlined in this report reflect the voices, concerns, and aspirations of Black Virginians and are rooted in data-driven analysis and community engagement. As we look ahead, the Board is eager to continue working in partnership with the Office of the Governor to promote policies and initiatives that serve the best interests of African Americans in Virginia. We respectfully urge the Governor's office to take meaningful action on the priorities presented in this report to help ensure that every citizen has a fair chance to thrive in our great Commonwealth.

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