

Jeffress Trust
Awards Program
in Research
Advancing
Health Equity
2018-2026 Awardees



Jeffress Trust Awards Program in Research Advancing Health Equity

2022 Research Awards

Michelle Brauns, MS

Chief Executive Officer

Community Health Center of the New River Valley

“Improving Implementation of Evidenced-Based Colorectal Screening Practices in a Multisite Federally Qualified Health Center in Appalachia Virginia”

This implementation science research project is being conducted by the Community Health Center of the New River Valley (CHCNRV) and the University of Virginia Comprehensive Cancer Center (UVACC). Importantly, CHCNRV is a Federally Qualified Health Center (FQHC) and the only health care entity in its rural, southwestern Appalachia Virginia service area that provides care regardless of patients’ ability to pay. The overall research goals are focused on advancing health equity and improving colorectal cancer (CRC) screening rates. CRC screening options include visual exams (e.g., colonoscopy) and stool-based tests [e.g., fecal immunochemical test (FIT)]. While FITs have demonstrated efficacy and cost-effectiveness among average at-risk populations, there are numerous system- and patient-level barriers. Due to these barriers, CRC screening rates remain substantially lower at FQHCs relative to the general age-eligible U.S. population. By concentrating on CHCNRV system-level practices and focusing on root causes to low CRC screening rates (e.g., structural/institutional barriers, distribution of resources, poverty), the long-term goal is to improve screening rates and reduce CRC-related morbidity and mortality in CHCNRV’s service area. The specific aims are to: 1) advance organizational/provider-level capacity to execute evidence-based CRC screening practices, 2) develop patient-level education materials and evaluate effectiveness at improving CRC screening rates, and 3) build external capacity and disseminate findings at local and state levels. The health equity goals include efforts to increase system-wide CRC screening rates, standardize CRC screening workflow processes among clinics, increase FIT-colonoscopy follow through (among FIT positive patients) and eliminate racial/ethnic disparities in CRC screening rates. The proposed case study and systems-based approach and is guided by the Consolidated Framework for Implementation Science and community-based participatory research strategies and includes a concurrent mixed-methods research design. Proposed data sources include provider/staff interviews and surveys, patient focus groups, systematically tracked meeting minutes and artifacts, and EMR CRC screening and demographic data.



Zach Conrad, PhD, MPH

Assistant Professor

William & Mary

“Developing a Decision-Support Tool for Achieving Food Sovereignty on Native American Tribal Lands in Virginia”

Indigenous communities in Virginia face substantial health disparities driven by unequal access to healthy food and lack of community ownership over food production. Indigenous food sovereignty initiatives have not addressed the unique needs of tribal communities in Virginia, and this project aims to fill that gap. We have partnered with Indigenous community organizations and Virginia tribes to develop a computational tool for our community partners to make decisions about transitioning toward sustainable food production on Indigenous lands. A unique tool will be developed for each tribe in Virginia to reflect tribe-specific concerns and local environmental conditions. This tool will provide information on the number of people that can be fed a healthy diet from food produced on tribal lands, optimal sites for sustainable food production, amount of land and other agricultural resources needed, and the effects of future climate change scenarios. The objectives of this project are to 1) develop geospatial models to identify suitable tribal lands for sustainable food production, 2) develop biophysical models to estimate the number of people that can be fed a healthy diet from food grown on Indigenous lands, 3) develop user-friendly computer software that integrates the geospatial and biophysical models to create a decision-support tool for dissemination to community partners, and 4) incorporate novel geospatial data into an educational course titled Pilot GIS Training for Native American Tribes in Virginia hosted by the Institute for Integrative Conservation. This project uses mostly secondary, cross-sectional, publicly available geospatial and survey data collected from US government agencies, and will be supplemented with primary data collected from Indigenous communities using questionnaires and community conversations. To maximize impact, Indigenous communities will play critical roles at each stage of this project to create a circular flow of information that originates from the communities and ultimately feeds back into the communities.



2022 Partnership/Collaborative Establishment Awards

Michel Aboutanos, MD

Director, VCU Injury and Violence Prevention

Virginia Commonwealth University

“Maternal Health and Mortality Research Partnership”

The purpose of the Maternal Health/Mortality Research Partnership is to enhance and build cross-collaboration across hospitals, local victim service agencies, and mental health community service boards to examine the root causes and barriers to health equity experienced by pregnant/postpartum people with a focus towards Black, Indigenous, and/or Women of Color who are also survivors of intimate partner/domestic violence at risk of risk of suicide and homicide. By further exploring barriers and risks to safety we can identify how to increase access to services and reduce fatalities. This research project will create a diverse advisory group to collectively study and develop best practices for programmatic and coordinated community response. We anticipate the data will illuminate how institutional practices and leadership, social norms, relationships, messaging, values, beliefs, and locality will greatly influence health outcomes for

pregnant/postpartum survivors of violence. We seek funding to support general research activities to analyze, both within VCU HealthSystem and within our collaborating partners across the state, how institutional practices, social norms, relationships, leadership structures, modes of communication, values, and beliefs, community history, community settings, societal factors and/or social factors, can influence health either through advancing or undermining health promoting polities, practices, and programs.

Our project will link VCU hospital programs across OBGYN, Emergency Department, and a hospital-based program called EMPOWER with partner agencies across the state to study and develop best practices to respond to victims of violence and abuse and accompanying suicide risk. This program will engage established partnerships and engage new partnerships to expand

our research into maternal mortality causes, impact, and best-practice response to reduce death due to domestic violence, suicide, and homicide. This project includes the creation of an Advisory Council of internal and external community partners to ensure a diverse arena in which to collect data and develop a robust research program.



Sarah Holland

Chief Executive Officer

Virginia Health Catalyst

“Understanding Community Perceptions of Drinking Water in Virginia”

Virginia Health Catalyst (Catalyst), Concerned Citizens of Charles City County (C5), and the Virginia Polytechnic Institute and State University (VT) will establish a collaborative partnership to understand community concerns and perspectives on drinking water in Virginia. Specifically, Catalyst, C5, and VT will comprise the lead project team, with room to engage additional community members and organizations if that ultimately aligns with the needs of the community and the project's overall trajectory. Project collaborators aim to understand trust in drinking water, associated community concerns and barriers that erode trust, and existing water coping mechanisms of rural Virginians and communities of color in order to design effective, responsive health interventions. For the first year of the grant, collaborative partners will focus on relationship-building between the partnering organizations, co-learning activities, and project planning. During the second year of the grant period, the lead project team will engage directly with community members and residents in Charles City County, potentially replicating these efforts in other Virginia localities with rural and marginalized communities. Through both qualitative and quantitative research methods, including but not limited to mailed surveys, focus groups, and interviews, the lead project team will collect data about rural Virginians' perspectives on and trust in their drinking water and their associated water coping mechanisms. Ultimately, the lead project team will compile these data results into a final report, which will include both analysis of the data and key recommendations for next steps. This final report will inform future broader water research projects conducted by the lead project team, as well as policy solutions and community-based interventions guided by impacted community members.



Erin Maughan, PhD

Associate Professor

George Mason University

“Virginia School Health Equity Research Consortium”

School health has been described as a ‘hidden healthcare system.’ Policies and funding siloes in health and education often exclude school health, causing a gap and perpetuating health inequities. We propose to establish a new and unique partnership, entitled the Virginia School Health & Equity Research Consortium (VSHERC). Co-Led by the Virginia Association of School Nurses (VASN) and a school nurse researcher from George Mason University (GMU), along with support from the Virginia Department of Education (VDOE) and the Virginia Department of Health (VDH) the core group will expand to include non-governmental organizations who address children health and inequities. A strategic plan will be developed to guide the VSHERC and regional contacts will create a network across the state to examine state and district policies and infrastructures through the lens of health inequities. Training will be provided for school nurses and school health personnel, and baseline information will be collected to determine how school health policies overtly or covertly perpetuate health inequities, especially among students of color. The baseline data will be used to develop a future research proposal that is action oriented. The ultimate goal of the VSHERC is to increase the percentage of students in VA schools with a school health program that facilitates child health and do not contribute to child health inequities. This will ultimately lead to a healthier, more equitable VA.



Iyabo Obasanjo, DVM, PhD

Assistant Professor of Health Sciences

College of William & Mary

“Studying the Impact of Community Health Workers: Collecting Baseline Information for a Longitudinal Study”

Community Health Workers have been shown to help reduce the negative impact of social determinants of health on health outcomes for low-income communities of color and for immigrants and refugee communities. The government has started to fund Community Health Worker programs in health departments and health districts but most of the published research on the effectiveness of CHW are from their being employees of hospital systems or non-profit organizations. There is still no framework on the deployment of CHWs as part of the public health system at the health district level. There is no longitudinal study examining the long-term effect of CHWs who are staff of local health districts on social determinants of health when deployed to work in low-income communities. This partnership is to start a long-term collaboration to evaluate of impact of CHW intervention when deployed as health district employees to low-income communities of color by collecting baseline information about their clients in 3 low-income communities.

1. Long-term CHW intervention of 10 years in Richmond (Predominantly African-American and Hispanic population)
2. CHWs program on the Westside of Henrico (started in 2020) (Afghanistan Refugee population)
3. Pre-CHW Intervention in Eastside Henrico (mainly African-American population)

We will collect information on the following variables at our baseline evaluation: Employment Status, Health Insurance Status, Having a Primary Care Provider, COVID-19 vaccination status and take Blood Pressure measurement. Fifty individuals will be chosen from each community and matched on income, family size, age, and gender, across the communities for this evaluation. We will determine how these social determinants of health differ in the 3 populations at baseline. We then plan to follow-up on how these individuals on the same social determinants at the next evaluation time point which will be a year after the CHW program in the Eastside of Henrico



Moira O'Neill, JD

Associate Professor of Urban and Environmental Planning

University of Virginia

“Building Resiliency of Virginia School Food Authorities through Virginia Food for Virginia Kids Initiative”

The Virginia Department of Education, Office of School Nutrition Programs (VDOE-SNP) serves a geographically diverse state spanning rural areas to population-dense urban and suburban areas. According to the Food Research and Action Center (2019), Virginia’s child poverty rate equates to 244,953 children under the age of 18 living in poverty. Many of these children rely on school meal programs and this need intensified during the COVID-19 pandemic. Pandemic-related supply chain shortages impacted student access to school meals and revealed the fragility of traditional school food systems. The VDOE-SNP launched Virginia Food for Virginia Kids (VFVK) with a committed public sector, academic, non-profit, and community-based stakeholders to advance systems change. The overall objective is support VFVK and the development of resilient and flexible local school meal programs prepared to meet the needs of every child—even in and especially in times of crisis. Eight volunteer pilot School Food Authorities from each of Virginia’s Superintendent’s Regions have partnered in VFVK. The goal of the proposed work is to develop an inclusive and equitable participatory research design that will support VFVK implementation and scaling what works across the state. The specific aims of this planning and collaboration stage will be to: (1) solidify emerging partnerships across the public and non-profit sectors, and at multiple levels of the public sector, through two team building and research design work sessions and regular virtual team meetings throughout the grant period; (2) produce a participatory spiraling research design that includes a refined scope of research and theory of change and completed protocols; (3) three topical framing papers that summarize the relevant knowledge gained during the research design period; and (4) a communications strategy to share out information about the initiative and future research findings.



Katherine Tossas, PhD

Assistant Professor and Harrison Endowed Scholar

Virginia Commonwealth University

“The Chickahominy TRUTH (Trust, Research, Understand, Tell and Heal) Project”

The Virginia Chickahominy Tribe and the VCU Massey Cancer Center (MCC) propose a community-academic partnership to interrogate how structural factors (i.e., build environment, local policies, and healthcare access/resources) contribute to perceived cancer risk, and health-seeking behaviors among Charles City County residents. The partnership grew out of concerns brought by the Tribe leaders to MCC researchers that a potential community cancer cluster existed in proximity to a local landfill, in operations since 1990. Many of the cancers, which began surfacing in the 2000’s, are linked in the scientific literature to pollutants often found in landfill leachates. However, there are challenges investigating cancer clusters due to cancer’s long latency and complex, multifactorial etiology. But the Tribe sits in Charles City County, a majority (racial/ethnic) minority community in southeastern, VA, that ranks 113th in health outcomes out of 133 state counties and has two doctors serving roughly 7000 residents. Thus, we propose The Chickahominy TRUTH (Trust, Research Understand Tell and Heal) Project, which will adapt the Policies, Systems, and Environments seven-step change strategy, to: (1) Identify structural factors and barriers associated with perceived cancer risk, and cancer care (2) Assess cancer knowledge and access to care gaps as well as perceived risks, including testing individual (wells) and community (creeks) water sources using EPA-certified testing (3) Develop and deploy culturally-tailored cancer education and resource navigation, including groundwater safety education, policies and remediation. This collaborative investigation offers an opportunity to interrogate cancer health inequities across private, public, and tribal spaces, building research and health policy advocacy capacity, and acknowledging the power and knowledge of a historically underserved community and building the foundation for a longitudinal partnership to inform future research questions.



Jeffress Trust Awards Program in Research Advancing Health Equity

2023 Research Awards

Sepideh Dolatshahi, PhD

Associate Professor, Biomedical Engineering

University of Virginia

“Uncovering Immune Inflammatory Axes of Racial Disparities Linked with Gestational Weight Gain in Pregnant Women”

Obesity is more prevalent in non-Hispanic Black (NHB) women of Virginia. Although weight gain tracks inversely with pre-pregnancy BMI, normal and underweight but not obese Black women experience an increased risk of inadequate Gestational Weight Gain (iGWG) compared to White women within the same BMI groups. Importantly, obesity and iGWG are both associated with adverse pregnancy outcomes such as preterm birth, which in turn predispose the newborn to a myriad of early-life health complications. For example, Elevated levels of pro-inflammatory cytokines associated with obesity can trigger the premature onset of labor. As such, concurrent higher prevalence of iGWG and obesity in NHB might seem paradoxical but points to distinct profiles of Social Determinants of Health (SDoH) that drive these risk factors that separately contribute to preterm birth disparities. Meanwhile, pregnancy is a dynamic process that involves immunosuppressive reprogramming at the maternal-fetal interface to accommodate for the tolerance of paternal antigens. The proposed study aims to dissect these two hypothesized distinct pathways of racial disparities from the root/trunk (SDoH) to the middle branches (perturbed baseline immunity and the immune remodeling) to the outer leaves (adverse clinical outcomes) of the tree. While sparse attempts to stratify the contributors to obesity and iGWG as they relate to pregnancy outcomes have been published, these studies are essentially lacking in the Virginia. Moreover, African Americans have been underrepresented in immunological studies of pregnancy. To address these limitations, we will use innovative systems biology approaches that combine SDOH information with high-plex maternal and placental measurements, and data-driven statistical modeling approaches to examine longitudinal human specimen from a unique cohort of racially diverse pregnant women of Virginia and further targeted recruitment, which will highlight novel social and immune axes that may be manipulated to enhance pregnancy outcomes through the design of preventative, diagnostic, and therapeutic strategies.



Freddy Mejia

Policy Director

The Commonwealth Institute for Fiscal Analysis

“Keep People Covered: Analyzing the Medicaid Unwinding and Redetermination Process through a Person-Centered, Racial Equity Lens”

In April 2023, Virginia will begin to review all Medicaid enrollees’ eligibility, a process called “unwinding” and start ending coverage for those found ineligible. The unwinding process will require enrollees to update contact information and submit all required paperwork in a timely fashion. Caught in the middle of this process are approximately 160,000 individuals and families who remain eligible but who are nevertheless most at risk of losing coverage because of administrative hurdles and/or language access issues. The current administration in Virginia has not shared its posture on the Medicaid redetermination process. This is concerning to advocates due to national research from the Department of Health and Human Services that estimates children, Black, and Latino individuals are most likely to be disenrolled while still being eligible for coverage.

At the core of this project are three goals: First, through research and analysis, act as a watchdog that brings accountability and an equity focused lens on a complex process that may leave individuals and families uninsured on account of technicalities. Second, drive education efforts to help as many people as possible weather the “unwinding” storm and preserve their health insurance. Third, leverage the research to change systems to improve the current redetermination process in the moment and create better health access programs, processes, and communications in the future.

Using a participatory research approach combined with analysis of data from EnrollVA and state agencies, and advocacy action we can achieve both meaningful research findings and changes in public policies. We plan to create and maintain a real-time dashboard that can inform decisions during the three year period, push out our findings with strategic communications and coordinate with our partners including members of the Collective Work coalition focused on racial justice and the Health Equity Action Leaders program.



2022 Partnership/Collaborative Establishment Awards

Matthew Loos, MD, FACS, MBA

Chief Academic Officer

Ballad Health

“Impact of Medical-Legal Partnership (MLP) Collaborative Upon Social Determinants of Health of Low-Income Individuals in Rural Southwest Virginia”

The proposed Medical-Legal Partnership (MLP) research collaborative will enhance and build cross-collaboration across hospitals, legal service agencies, academic institutions, and community-based organizations to examine the root causes and barriers to health equity experienced by low-income patients. The Appalachian School of Law, Virginia Tech University, Ballad Health, and the STRONG Accountable Care Community (ACC) serve as the core collaborators working within a Medical-Legal Partnership. Ballad Health is one of the backbone organizations for the STRONG ACC, which stands for Striving Toward Resilience & Opportunity for the Next Generation. The STRONG ACC is an independent, multi-sector coalition of 360+ partner organizations working together to improve physical, social, and economic health in our region. The MLP serves a large, rural population in Southwest Virginia which faces significant social determinants that negatively impact health. The MLP works to remove barriers to health equity by providing free legal services to low-income patients aimed at resolving legal obstacles impacting health such as quality housing and income supports. Despite the establishment of numerous MLPs throughout the U.S., there are few published studies on the impact of MLPs on healthcare and outcomes. The proposed collaborative project establishes an Advisory Council to collectively study and develop MLP best practices for programmatic and coordinated community response. The Advisory Council, created of internal and external community partners, will ensure a diverse arena in which to collect data and develop a robust research program. We anticipate the data will illuminate how health-harming legal needs are impacted through MLP intervention with free legal services to address social determinants of health (SDOH). We seek funding to support activities to analyze the impact of the IHELP model (Income/Insurance, Housing, Education, Legal status, Personal family stability) on participants' SDOH. This program will leverage established partnerships and engage new partnerships to expand our research and best-practice response.



Sara Rothenberg, MPH

Instructor of Pediatrics, Assistant Director of Consortium for Infant and Child Health

Old Dominion University

“Centering Black Voices: An Exploration Of Current And Historical Black Breastfeeding Experiences In Their Own Words”

Eastern Virginia Medical School (EVMS), the Consortium for Infant and Child Health (CINCH), #757Breastfeeds, SonShine & Rainbows Lactation, and From the Start Holistic Services will establish a collaborative partnership to understand how contemporary and historic experiences of racism explain Black breastfeeding disparities and perpetuate maternal and child health inequities in Virginia. The lead project team consists of public health professionals and researchers, lactation and birth workers, and community members with lived experience in Black breastfeeding. The project seeks to address and uproot structural racism that underpins maternal and child health inequities by centering Black voices, building community capacity, and decolonizing breastfeeding research. The work of the project team will be guided by the following major goals over a two-year period: 1) Build community capacity through collaboration, training, and education to dismantle racism underpinning Black maternal child health and breastfeeding inequities. 2) Create a safe space for authentic, respectful engagement of Black families to listen and understand their breastfeeding experiences, focused on how intergenerational perspectives and experiences of racism impact breastfeeding success rates. 3) Engage in research and data collection to understand the extent of racial inequities in breastfeeding rates and outcomes and identify evidence-based solutions/areas for future research to address these disparities. 4) Amplify Black voices and perspectives to increase awareness and visibility of the Black maternal and child health crisis in the broader community and across the Commonwealth. Through sustainable, respectful collaboration, this project will lay the groundwork for future research, publication, and more effective public health strategies for advancing maternal child health equity.



Shuntay Tarver, PhD, MSW

Assistant Professor

Old Dominion University Research Foundation

“Advancing Health Equity through a Regional Coalition for reducing Opioid and Substance Use”

There is a critical need in Hampton Roads Virginia to reduce opioid and substance use (O/SU) and overdose related deaths. Current trends reveal health disparities exacerbated systemically by racism and poverty. There has been 140% increase in Black people dying from opioid overdose since the start of the Covid-19 pandemic (Gupta, 2021). Yet, Black families are less likely to have access to care, and face systemic barriers such as cultural stigma, threat of family separation, and economic issues that discourage help seeking behaviors (Roberts et al., 2018; Tarver, et al., 2021). Resource disintegration between service providers, researchers, and community stakeholders across neighboring cities impede adaptation of strategies to engage populations, which may be highly transient across cities; although service providers are uniquely positioned with resources to engage in data-driven approaches. Integrating culturally-informed approaches with data-driven strategies, is necessary to reduce O/SU and overdose related deaths. The project is broadly designed to advance health equity through establishment and maintenance of a culturally-informed, data-driven regional coalition to decrease O/SU and overdose related deaths among Black and low-income families within the cities of Norfolk, Hampton, and Newport News, VA that have a Black population of 42%, 43%, and 50% respectively. Long-term objectives include: 1) organization of existing services to decrease O/SU and overdose related deaths across targeted cities; 2) development of a plan for collaborative data sharing and assessment; 3) establishment and maintenance of a regional coalition committed to advancing health equity through decreased O/SU and overdose related deaths. Specific aims are to a) analyze existing data; b) assess community needs related to O/SU and overdose related deaths; c) present data findings to community stakeholders to building capacity for a regional coalition, and d) develop a collaborative plan to decrease O/SU and overdose related deaths among Black and low-income families in targeted cities.



Jeffress Trust Awards Program in Research Advancing Health Equity
2024 Research Awards

Sarah Holland

Chief Executive Officer

Virginia Health Catalyst

“(Re)Building Trust in Tap Water through Community Advocacy and Action”

Project Summary: Water is fundamental to health and well-being. Our long-term goal is to ensure all Virginians have access to safe, trusted, fluoridated tap water, and that it is their beverage of choice. Threats to water security are becoming increasingly urgent, while trust in tap water is declining, particularly among the most historically disenfranchised communities. Mistrust in and subsequent avoidance of tap water has critical implications for health equity, such as higher consumption of sugar-sweetened beverages, greater likelihood of experiencing food insecurity across all income levels, and disparities in oral health and chronic disease. The project’s research design is based on iterative cycles of participatory action research in geographically focused communities across Virginia that are most impacted by water inequities. Each cycle begins with focus groups to uncover a locally-based understanding of the issue from the perspective of community members and then shifts into a dialogic approach to learning, interpreting findings, and identifying possible actions. The cycle culminates with implementation and evaluation of at least one community-led action in each geographic area of focus. Community health workers serving as water advocates will play an integral role in facilitating the research process, sharing findings back to community members, and (re)building trust in tap water. Acknowledging that water issues and solutions are highly localized, this project lays the groundwork for the development of a statewide network of communities that act, advocate, and engage in local decision-making to advance water security.



2024 Partnership/Collaborative Establishment Awards

Meaghan Butler

Health Equity Director

Federation of Virginia Food Banks

“Virginia Healthy Pantry Initiative”

The Virginia Healthy Pantry Initiative (HPI) is a health-focused, neighbor-centered transformation of the food pantry network lead by the Federation of Virginia Food Banks. HPI is a statewide movement of advocates and pantries committed to breaking the cycle of food insecurity and poor health.

The initiative’s participants believe that any pantry, regardless of size or capacity, can implement practices that promote health and nutrition for neighbors facing hunger. Thanks to statewide dedication in recent years, more than half of Virginia’s 1,100 pantries have already joined the Healthy Pantry Initiative, but further research is needed.

This project builds on existing research, vital community voices, and initial pilot test results that culminated in 20 specific “healthy pantry practices” within four categories: Food Availability, Neighbor Centered Practices, Health Education, and Community Connection. Examples include increased fresh produce distribution, culturally preferred foods, nutrition education, and benefits outreach. The Federation seeks funding to better understand the practices’ successes and challenges at scale, and to ensure equitable access for people and places most in need.

With this funding, collaborators in seven distinct regions of the state will work with local partners to tailor one or more of these promising practices to local needs, with a focus on racial and geographic disparities. Quantitative and qualitative data will be compared to benchmark data from the annual statewide Healthy Pantry Assessment. Funds will be disbursed by “goal factor,” a collection of equity-based data points about food security, health outcomes, and resource availability in the given region. Collaborators have committed to regular peer support, data sharing, and consistent evaluation practices with a vision to improve hunger and health outcomes for more than 800,000 Virginians facing hunger.



Cleaveland Carol, PhD

Associate Professor

George Mason University

“Building Enclave Solidarity To Improve Health Outcomes”

The public health literature on undocumented Latino immigrants is unequivocal: This population suffers pronounced health disparities compared to other groups, most recently seen in disparate rates of COVID-19 hospitalizations and deaths during the pandemic. What is not known is how to address these disparities. A substantial majority (7.5 million of the nation’s 11,047,000) lack health insurance (Krogstad, Lopez& Passel, 2020), a critical issue for Virginia given that immigrants comprise 12.3% of the state’s population, and 22% of them are undocumented (American Immigration Council, 2021). We propose to establish a research consortium that serves as a model for improving undocumented immigrant access to preventative health care by strengthening social networks within local immigrant enclaves, a sustainable, low-cost initiative. Through collaboration with local NGOs, a strategic plan will be developed to ensure that 10,000 low-income Latinos in the neighborhoods that are our foci receive vaccines as well as other preventative health services; this point is critical as NGOs report that many immigrants arrive from countries where there was no preventative health infrastructure, and thus are not aware of its necessity or availability. Training will be provided to neighborhood residents on topics such as childhood vaccines, diabetes prevention and destigmatizing mental health services, among others. Baseline information will be accessed to determine knowledge of locally available preventative health services. To successfully disseminate public health information, we need to know how well neighbors know one another and share information. Using that data, an actionable research proposal will be developed with the goal of improving resident contact with preventative care. Our end goal is to develop a model that could be replicated in immigrant enclaves across the state for minimal costs, ultimately improving health for Virginia’s immigrants.



Gabriela León-Pérez, PhD

Assistant Professor, Department of Sociology

Virginia Commonwealth University

“RVA Latino Youth Coalition: A Community-Academic Partnership To Support The Mental Health Of Latino Youth In Richmond”

The overarching goal of this proposal is to identify the root causes of the well-documented mental health problems among Latino immigrant youth in Richmond, Virginia and find ways to make sustainable changes. To achieve this, the proposal centers on the creation of a community-academic partnership – the RVA Latino Youth Coalition – to focus on mental health inequities among Latino youth. This community-driven, multi-sectoral partnership includes organizations that engage Richmond’s Latino community in different ways: Waymakers Foundation, Richmond Public Schools, the City of Richmond’s Office of Immigrant and Refugee Engagement, Virginia Department of Health, and Virginia Commonwealth University (VCU). The team, led by the VCU Clark-Hill Institute for Positive Youth Development, will create Youth and Parent Advisory Groups made up of Latino community members whose voices, perspectives, and concerns will inform the work of this partnership. To meet the overarching goal, the following objectives will guide the work of the project team: (1) Establish a sustainable community-academic partnership through relationship- and capacity-building; (2) Engage in community-informed strategic planning; and (3) Conduct a participatory community assessment to identify the migration-related factors, structural factors, and institutional challenges related to mental health inequity, as well as the resources and services that exist in Richmond to support Latino youth mental health. The project team will produce a final report with recommendations for next steps which will be disseminated to relevant stakeholders. The results from the community assessment, and the experience of collaborating on this project, will set the foundation for the project team to put together a future research program proposal. While based in Richmond, this proposal can help advance health equity in Virginia by promoting evidence-based structural change in the form of new policies and the implementation of programs that effectively address the root causes of Latino youth mental health.



Caitlin Martin, MD, MPH

Assistant Professor of Obstetrics and Gynecology

Virginia Commonwealth University

“Advancing Health Equity For Birthing People With Substance Use Disorders: Capacity Building Of A Community Partnership Team For Intervention Development And Implementation Research”

The United States is undergoing simultaneous maternal mortality and overdose crises. In Virginia, overdoses account for over 88% of ‘accidental’ deaths in pregnancy and postpartum. Our team’s prior Jeffress-supported research highlighted disparities in substance use disorder (SUD)-related morbidity and mortality among postpartum people. Specifically, we identified that having an opioid use disorder (OUD) diagnosis prior to giving birth was associated with 11 times the odds of OUD-related morbidity through the 12 months after delivery for Black, Non-Hispanic birthing individuals, compared to double the odds in their White counterparts. Next, using an intersectionality framework, we identified the primary target for reduction of SUD-related postpartum morbidity and mortality: the expansion of evidence-based treatment utilization through the reproductive lifecourse. However, we identified large gaps in treatment continuity among birthing Virginians, reflecting the downstream effects of social determinants of health, including structural racism. In this partnership application, we propose to move our prior Jeffress supported research into action. We will establish and strengthen inter-organizational collaborations between community partners (Urban Baby Beginnings, Rams in Recovery, OB MOTIVATE clinic) with VCU’s In Recovery (IVY) Lab to develop, implement and evaluate an innovative version of an effective SUD patient navigation model for birthing people. Harnessing the expertise of our diverse team, we will incorporate peer recovery support specialists, doulas, people with lived experience as Black birthing parents and with addiction, as well as experts in contingency management, to adapt a recently published patient navigation model (Cochran 2023) to the needs of birthing people in Central Virginia. Using existing protocols as a foundation, we will focus on the development of collaborative relationships between our partners while simultaneously taking action to create a work product by the conclusion of the award (pilot model), ready for rigorous evaluation in a subsequent Jeffress Research Award.



Jeffress Trust Awards Program in Research Advancing Health Equity

2025 Research Awards

Katherine Tossas, PhD

Assistant Professor and Harrison Endowed Scholar

Virginia Commonwealth University

“Virginia Tribal Nations TRUTH (Trust, Research, Understand, Teach and Heal) Project”

Building on the effective community-academic partnership established through the Chickahominy TRUTH (Trust, Research, Understand, Teach, and Heal) Project, the proposed initiative will expand to all 11 Tribal Nations across Virginia to collaboratively investigate the root cause of persistent cancer disparities facing Native Americans statewide, and critically, how to address them. Chickahominy TRUTH project findings highlighted the need to examine how structural barriers (i.e., environmental pollution and healthcare inequities) shape community and individual beliefs about cancer’s causes (cancer causal attributions, CCA) and how these beliefs influence individual and community efforts to mitigate cancer risk. To drive meaningful change, we will apply a community-based participatory research approach at the Collaborate and Empower Levels of the Public Participation Spectrum, identifying action opportunities at all levels of the Health Tree.



Shanteney Jackson, MA, CCHW, CSAC

Executive Director

Virginia Community Health Worker Association

“Evaluating How CHW Training And Certification Improve Employability”

Community Health Workers (CHWs) have become foundational in reaching low-income communities around the world with health care. In the US, CHW programs have been initiated to improve health access in culturally, economically, and geographically disadvantaged communities. Because CHWs are chosen from their own communities which have poor health outcomes due to compromised social determinants of health, they also suffer from many of the same poor social determinants of health of the clients they are serving. The healthcare sector is one of the areas where jobs are numerous and growing due to the aging population, and COVID-19 pandemic led to several senior health workers retiring thereby exacerbating the health workforce shortage. Trained and certified CHWs can serve to relieve some of the health manpower shortage. As of 2022, 18 states including Virginia have CHW certification programs managed by state governments. Virginia Community Health Workers Association is a trade organization started in 2014 to advocate and promote the CHW profession.

The main goal of our research is to understand how training and certification of CHWs progresses into a career for people chosen from vulnerable communities to become CHWs. Our conceptual framework is based on the role of education in lifting individuals out of poverty as a well-trodden path. We want to know how becoming a Community Health Worker for people from low-income communities serves as a gateway to sustainable employment and lifting individuals out of poverty.



2025 Partnership/Collaborative Establishment Awards

Sabrina Burress, MA HS, MA CMHC, LPC, NCC

Executive Director

ARROW Project

“Enhancing Mental Health Equity: Evaluating Non-Crisis Mobile Mental Health Services”

The primary objective of this project is to enhance access to mental health services for underserved populations, particularly in low-income, and marginalized communities. By leveraging mobile health technologies, this initiative seeks to reduce barriers to care, such as geographic isolation, financial constraints, and stigma, while improving mental health outcomes. Long-term, the project aims to integrate non-crisis mental health services into routine healthcare systems, ensuring that mental health support is accessible, equitable, and sustainable for all individuals.



Sandra Dewar, PhD, RN, FAES, FAAN

Assistant Professor

Virginia Commonwealth University School of Medicine

“Developing Culturally Relevant Media To Bridge Information Gaps For African Americans With Uncontrolled Epilepsy: A Community Collaboration”

Uncontrolled epilepsy is an unpredictable and highly stigmatized condition. In the US, incidence varies by race and is three times higher in African Americans than in Caucasians^{1,2}. Racial disparities in this population are evidenced by lack of regular neurological care, poor treatment adherence, and less likelihood to participate in safety and wellness behaviors³. Low health literacy in people with epilepsy is well documented and negatively impacts the extent to which people actively participate in health-related decisions. Members of VCU’s epilepsy team recently conducted an exploratory study with African American epilepsy patients. Not knowing others with epilepsy and not talking about it were associated with social isolation, being uninformed, and having reduced quality of life.



Evelyn B. Kelly, MPH

Director, Strategic Initiatives

Institute for Public Health Innovation

“Community Engagement to Reduce Structural Language Barriers to Healthcare Access and Inclusion Along the Route 1 Corridor in Prince William County”

In partnership with the Prince William Health District (PWHD), Edu-Futuro, National Alliance on Mental Illness Prince William Chapter (NAMI PW), and other local community-based organizations, the Institute for Public Health Innovation (IPHI) will investigate a culturally competent model for disseminating relevant health information and addressing healthcare hesitancy among immigrant communities along the Route 1 Corridor in Prince William County. This research will expand on the 2025 Community Health Assessment (CHA) to engage residents in identifying the root causes of health disparities.



Reem Sharaf-Alddin, MD, MPH, CPH

Assistant Professor

CONRAD, Old Dominion University

“Breaking Barriers to Bacterial Vaginosis Testing: Advancing Prenatal Health Equity in Virginia through Community-Engaged Women-Centered Research and Action (EMPOWER)”

Bacterial Vaginosis (BV) affects ~27% of pregnant women in the US and disproportionately affects African American women more than other racial groups. BV is tested by vaginal swab and treated with antibiotic. Untreated BV is linked to adverse pregnancy outcomes such as preterm birth (PTB). African American women are also at a higher risk of Gestational Diabetes (a predisposing factor of BV). This two-folded disparity is transgenerational as PTB is linked to adverse health outcomes in offspring during adulthood. Despite the significant health consequences of BV, there remains a lack of awareness and screening for BV among pregnant women, contributing to persistent health disparities. Recognizing the significant influence of socio-behavioral barriers in uptake of screening tests for various health conditions (e.g, screening for cervical cancer, or colorectal cancer), we believe community engagement activities should precede a change in best practice. Therefore, we aim to establish the EMPOWER partnership between ODU (CONRAD, Socio behavioral Scientist, Loving Steps) and The Child Health Investment Program (Community Outreach Program) as equal partners in this community-participatory project



Arnethea Sutton, PhD

Assistant Professor

Virginia Commonwealth University School of Medicine

“Advancing Access to Cancer Screening: Building Capacity for A Faith-Based Navigation Program”

The American Cancer Society recently reported that while the cancer incidence rate in the United States (U.S.) continues to rise, the death rate is declining. Unfortunately, racial disparities in cancer mortality continue to persist as Black Virginians have the highest cancer mortality rate at 170.7 than their non-Black counterparts (e.g., mortality rate for White Virginians is 150.0). Lack of access to timely and quality screening is one potential contributor to this disparity as it may result in late-stage diagnosis, another disparity burdening the Black community. Recent studies even highlight the impact of the COVID-19 pandemic on slow recovery of cancer screening in the Black community. As such, the overall goal of this project is to build capacity for the development and establishment of a novel faith-based cancer screening navigation program to increase access to timely and quality cancer screening care for Black communities of faith and the communities that surround their churches



Kenda Sutton EL

Founder, Executive Director

Birth In Color

“COLOR Theory: Creating Community Partnerships To Combat Implicit Bias For Equitable Birth Outcomes”

The United States has the highest maternal mortality rate among industrialized nations, with 17.4 deaths per 100,000 pregnancies. Virginia closely follows at 15.6 per 100,000. While maternal mortality affects women of all backgrounds, racial disparities are stark, with Black women experiencing the highest risk—47.2 deaths per 100,000, more than twice the rate of white women (18.1). These disparities stem from systemic factors such as limited access to quality healthcare, provider bias, and social determinants of health, highlighting the urgent need for policy and community-based interventions. This project will expand and strengthen community-academic partnerships among Birth in Color, CHC: Creating Healthier Communities, Lynchburg Hospital, and Virginia Commonwealth University to address maternal health inequities among Black birthing people in Virginia. By centering their voices and support networks, the project will: (1) Establish a Community Coalition Board—including Black birthing people, their partners, community doulas, perinatal medical providers, and other stakeholders—to provide feedback on provider implicit bias training. (2) Revise the provider bias training, under the Coalition Board’s leadership, to address systemic racism within healthcare. (3) Pilot the revised, community-informed training and evaluate its feasibility, acceptability, and scalability. Led by Birth in Color, our community-academic partnership will leverage the expertise of all collaborators to integrate innovative approaches that dismantle racial disparities in patient experiences and reduce adverse maternal health outcomes.



Jeffress Trust Awards Program in Research Advancing Health Equity
2026 Research Awards

Sara Rothenberg, MPH

Assistant Professor of Pediatrics, Assistant Director of Consortium for Infant and Child Health
Old Dominion University

“Reclaiming Blactation: Studying the Impact of a Community-Led Mixed-Media Campaign to Shift Breastfeeding Norms and Advance Health Equity”

Persistent racial inequities in breastfeeding reflect not only differences in access to services, but also the influence of social norms, dominant narratives, and structural conditions that shape beliefs about who is supported to breastfeed. Black families, in particular, encounter stigma, limited representation, and inconsistent institutional support that undermine breastfeeding intentions and experiences. This project builds on the Reclaiming Blactation partnership, a community-led collaborative established to center Black intergenerational breastfeeding experiences and address these upstream drivers of inequity through narrative change.



2026 Partnership/Collaborative Establishment Awards

Sarah Jane Brubaker, PhD

Professor of Criminal Justice and Public Policy

Virginia Commonwealth University

“Promoting the Health of System-Involved Youth”

This project will develop a partnership between the L. Douglas Wilder School of Government and Public Affairs and RISE for Youth (RFY) to identify and address the core causes of mental health challenges among system-involved young people in Virginia. The project will begin to implement recommendations from RFY’s strategic plan to increase awareness of their successful programs and policy advocacy, expand collaborations with other youth-serving organizations, and create a logic model of their Youth Development Academy for replication. The project will also gather data from young people and their families to lay the groundwork for a future study of risk and protective factors for the mental health of system-involved young people and explore options to create a community center to provide additional support and resources to young people and their families.



Wendy Cohn, PhD, MEd

Associate Director for Community Outreach & Engagement

UVA Comprehensive Cancer Center

“Advancing Lung Cancer Screening Equity Through Virginia Partnership & Research”

Lung cancer remains the leading cause of cancer death in Virginia, with disproportionately high mortality in rural and Appalachian counties. These regions face compounded risk driven by elevated smoking prevalence, persistent socioeconomic disadvantage, and limited access to preventive services, particularly low-dose CT lung cancer screening (LDCT). Although LDCT is an evidence-based intervention shown to reduce lung cancer mortality, uptake across Virginia remains low at approximately 18%, far below rates for other recommended cancer screenings.



Fern R. Hauck, MD, MS

Professor of Family Medicine & Professor of Public Health Sciences; Director of Research and Faculty Development; Director, International Family Medicine Clinic

University of Virginia

“Cultivating Health Equity with Refugee Women: A Community-Engaged, Culturally Responsive Research Collaboration”

This project will enhance the Charlottesville area’s capacity to support refugee families by prioritizing refugee women’s mental health as a foundation for strong family care, informed healthcare decision-making, and effective navigation of U.S. health systems. Built through a trusted partnership among Cville Tulips, UVA’s International Family Medicine Clinic, and community partners, the initiative grows from years of relationship-based work with Afghan and Syrian women.



Sheri Shannon

Co-founder

Southside ReLeaf

“Workplan Action Towards Environmental Resilience (WATER): Co-Creating/Building Capacity for/Working with the Community To Resilient Health Systems in Flood-Impacted Communities”

Workplan Action Towards Environmental Resilience (WATER) is a two-year planning initiative designed to understand and address the health impacts of chronic flooding in Southside Richmond. Pluvial flooding following heavy rainfall is a recurring disruption in historically redlined neighborhoods, where standing water, delayed municipal response, mold exposure, and impassable roads create compounding health risks. Flooding can interrupt access to emergency and routine medical care, increase stress, and expose residents to environmental contaminants. Yet the connection between flooding and health outcomes has not been formally documented in a way that supports policy change.



Keisha Taylor, PhD

Executive Director of Student Health Services

Norfolk State University

“Advancing Health Equity: Development of Community-informed Tools to Lower Risks Associated with Marijuana-related Sleep Problems and Sexually Transmitted Infections among HBCU college students”

Black college students experience persistent health inequities that undermine academic success, including elevated rates of sexually transmitted infections (STIs), disrupted sleep, and unmet behavioral health needs. Emerging evidence suggests that marijuana use—often reported as a sleep aid—may contribute to increased sexual health risk and poor sleep quality, yet these intersecting factors remain understudied within Historically Black Colleges and Universities (HBCUs).



Philip Wenkster

Executive Director

United Way of Henry County & Martinsville

“Community Based Strategies to Improve Rural Maternal Health Outcomes”

This project will assess the effectiveness of Community Health Workers (CHWs) in addressing maternal health barriers in maternal care deserts in the state of Virginia, during the actual pregnancy and the subsequent 12-month post-partum period. The project will target Martinsville City and Henry County, two localities with some of the worst health outcomes in the state. CHWs will work closely with the Virginia Department of Health (VDH), the local Healthy Heart Collaborative, and a new learning collaborative established through this award that focuses on understanding barriers to maternal and postpartum care in rural communities. CHWs will utilize Chronic Care Management (CCM) strategies to pilot their efficacy on a new target population. CCM strategies are currently only reimbursable through Medicare. Evaluating these strategies' impact on Medicaid-eligible patients will hopefully support expanding CCM codes so communities can serve patients through a more high-touch, low-cost service model.



Lea Whitehurst-Gibson

Founder & CEO

Virginia Community Voice

“Growing Sovereignty: Public Land Stewardship and Community Health in South Richmond”

This project asks: How do we, in a climate-endangered, food desert community, create equitable food systems that advance health equity, resilience, and self-determination?

Grounded in seven years of multilingual community engagement along Richmond’s Southside, particularly the Richmond Highway Corridor, this research responds to residents’ identification of food access as both an immediate material need and a structural issue tied to land use, environmental exposure, economic precarity, and exclusion from decision-making. In South Richmond, food insecurity is inseparable from climate vulnerability, historic disinvestment, and lack of local control over land and infrastructure.

Led by Virginia Community Voice in partnership with the City of Richmond Office of Sustainability and the Department of Parks & Recreation, the project will co-develop a community-informed framework for equitable, climate-resilient food systems rooted in public land stewardship. Residents with lived experience of food insecurity will serve as co-researchers.

The research design includes: (1) partnership alignment and co-development of a research framework grounded in VACV’s Community Voice Blueprint; (2) resident capacity-building in land stewardship and participatory data collection; (3) qualitative and quantitative data collection across active community gardens, orchards, and remediation sites; and (4) analysis, synthesis, and dissemination through bilingual community forums and practitioner briefs.

By integrating healing-centered engagement, municipal partnership, and participatory research, the project advances health equity by shifting food from a charity-based model toward community stewardship, shared governance, and climate resilience. Findings will inform near-term program expansion and provide a replicable model for other Virginia communities seeking to advance health equity through food, land, and self-determination.

