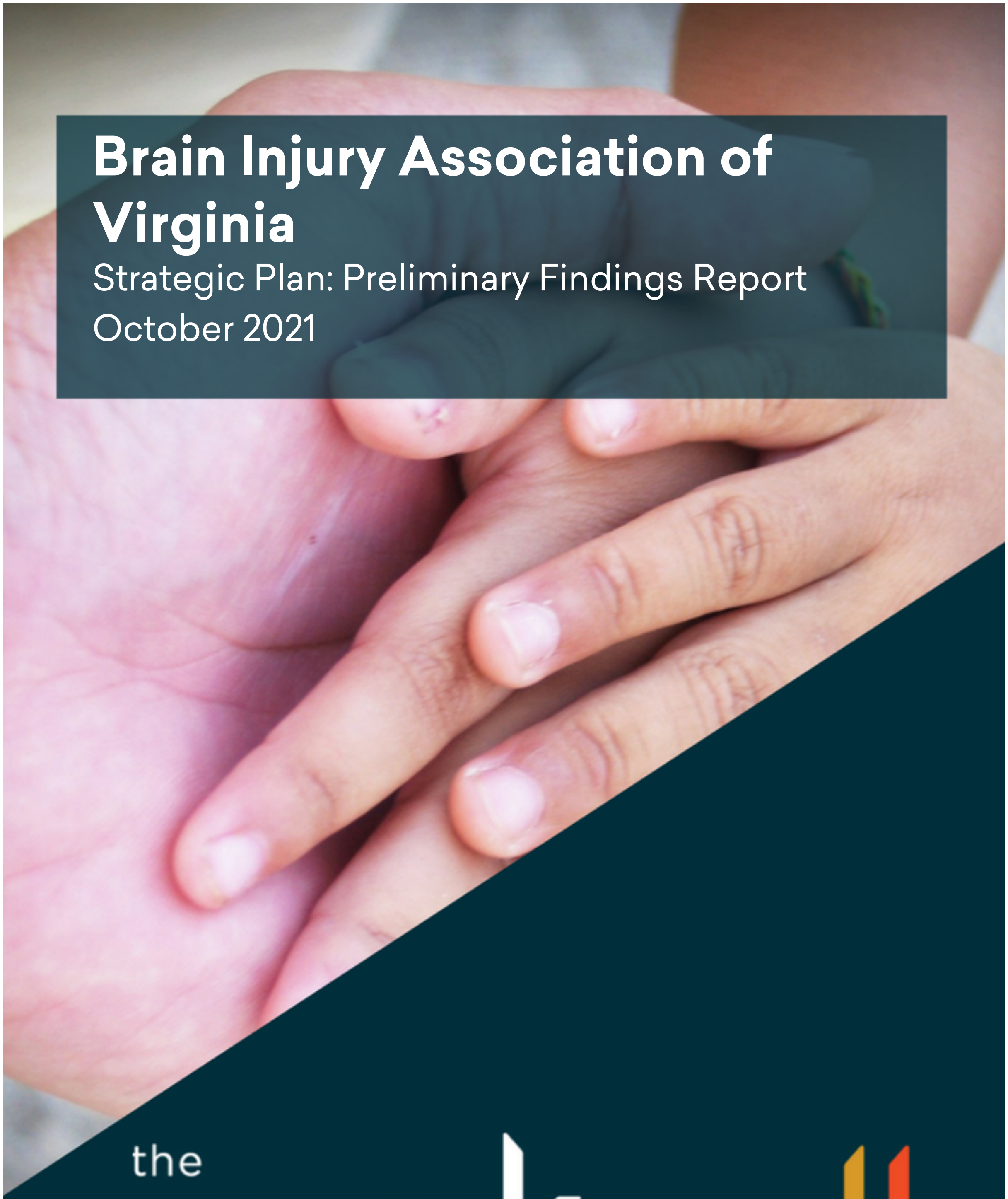
Brain Injury Association of Virginia

Strategic Plan: Preliminary Findings Report

October 2021



the spark mill

we make change possible

Description of The Spark Mill

We are a regional strategic planning firm based in Richmond, VA. Serving clients throughout Virginia, we offer services in strategic planning, organizational development, nonprofit sustainability, board facilitation, and community engagement. We've been helping a wide variety of clients, including nonprofits, government agencies, associations, and businesses flourish and live into their mission and vision since 2009. Our six-member staff prides itself on recommending cost-effective and practical solutions with tangible action steps that can be implemented by the organization and/or agency.

The Process

We use creative methods to refine strategy and end with an actionable plan that is immediately useful to guide decisions. We work together with clients to design a process that meets the overall goals of the project. The exact steps and timeline are adaptable to your organization, culture, and expectations. We rely on a wide variety of resources and tools during our engagement, including interactive facilitation techniques, group-process dynamics, strategy development models, conflict resolution, financial modeling, and board governance best practices.

Table of Contents

Project Overview

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Charge & Goal

In 2021, The Spark Mill was hired to guide Brain Injury Association of Virginia in the development of its strategic plan. The project began with the Gather phase, gaining input and feedback from key stakeholders about building a foundational guide to where Brain Injury Association of Virginia is going for the next three years.

This report is the summary findings of all the data collected during the Gather phase. The project now pivots to the Soak phase, where The Spark Mill guides the Strategic Planning Team in listening to stakeholder data and discerning how it will shape the organization's plan.

The last phase, and ultimate goal of this project, is to transform all of the knowledge gained into goals and strategies that guide the organization as it looks to increase its capacity to more clearly define its mission, its vision of how it will live into that mission, and how to build a cadre of resources around Pathways to sustain your ability to do your best work.

Process

We began the project in May 2021 with a kick-off meeting with the Executive Director, Anne McDonnell. At this meeting, we discussed an overview of the process and began establishing key dates for the project. To move us forward, we established a strategic planning team to support the development of the strategic plan by promoting board engagement, staff engagement and offer definitive inputs throughout the process.

Strategic planning team members included:

- Anne McDonnell
- Amy Smith
- Kelli Gary
- Laura Bennett
- Meg Kelly
- Dan Raper

During our July strategic planning team meeting, we determined which key stakeholder voices we needed to engage and how best to talk with them. Once the team created the stakeholder list, The Spark Mill began engaging stakeholders and gathering data.

Stakeholder Overview

We gathered data from over 500 people through informational interviews and a stakeholder survey. We also reviewed internal documents, including previous strategic and financial documents, annual reports, and other important organizational data. In the appendices, at the end of this report, you will find a list of stakeholders, as well as interview and survey questions.

Upon completion of gathering data from internal and external stakeholders, we began sifting through data and identifying key themes to create this Preliminary Findings Report.

Inside the Report

Context: Time and Place

This section will provide a space to acknowledge any external factors that impact the findings of Gather and the decisions that will need to be made through strategic planning.

Survey Data

This section will provide an overview of primary findings from the community survey conducted as part of Gather. The survey questions can be found in Appendix B.

Themes

In this section, we articulate the themes that emerged from the stakeholder data. A theme is a topic or idea that we heard in multiple stakeholder conversations. For each theme, you will find a brief narrative along with supporting quotes. Items in quotes are direct quotes from interviews, focus groups, and surveys. We identified the following six themes in our data-gathering:

- Identified Gaps
- Uneven Access To Services Across The State
- More Coordination And Collaboration Between Brain Injury Organizations
- Making Connections – Helping Navigate The System
- Advocacy For Public Policy Changes And Funding Support
- Succession Planning

Pathways

In this section, we identify potential opportunities for the organization to consider as it works toward implementing learnings from this report's findings. We identified two key options for you to consider as you create your strategic plan:

- What Gaps Are Ours To Address?
- Financial Sustainability To Do The Work

Context

Throughout our conversations with stakeholders, one significant contextual factor stood out: a lack of understanding about brain injury across many sectors, including some parts of the medical sector. This knowledge gap impacts policy, state-funding, behavioral health treatment, and treatment for substance use disorders. Likewise, it impacts sectors like education, youth sports, medicine, and law enforcement.

This knowledge gap leads to missed brain injury diagnoses or a lack of considering whether a brain injury may be the cause of other presenting symptoms. This causes second order impacts where professionals in education, mental health, law enforcement, and a host of other sectors are treating the symptoms of a brain injury as mental illness or other behavioral symptoms. This lack of understanding can lead to further trauma and challenge for persons with an undiagnosed or misdiagnosed brain injury.

While traditionally this might be a theme because it is something that emerged in almost all of our interviews, we decided to name it as context because much of the feedback points back to the knowledge gap around brain injuries and the absence of a standard "brain injury" informed approach across multiple sectors.

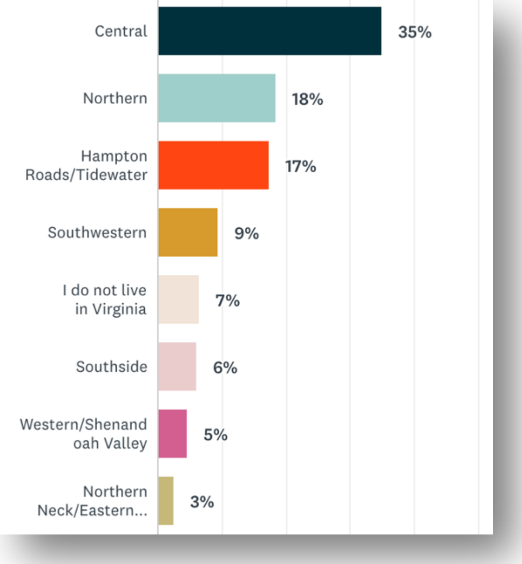
Survey

The survey was originally emailed to 4,756 email addresses and closed with a total of 522 responses. After removing email bounces and opt outs the response rate was 12%. Based on the number of emails The Spark Mill received from people asking if they should still take the survey if they no longer lived in Virginia and the number of people who went ahead and took the survey despite living out of state (31), it would appear your database has a significant number of people who no longer live in Virginia.

Who

The majority of respondents were people with a brain injury (31%) or the family/caregiver of a person with a brain injury (23%). The next largest categories were BIAV members (19%) and brain injury professionals (17%). Demographically, respondents were fairly consistent with most nonprofit surveys – white (78%) women (70%). The age range showed good representation between 25-74 with the majority of respondents being between 45-54 (20%) and 55-64 (31%).

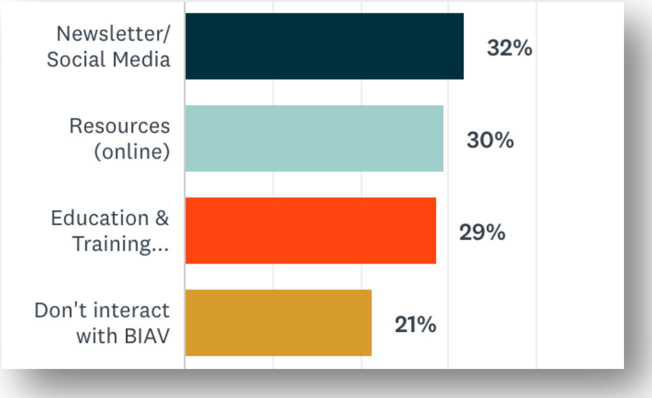
As far as where in the state respondents live, the Central VA region had most respondents (35%) followed by Northern Virginia (18%) and the Hampton Roads/Tidewater region (17%). Everyone else was under 10%. The large percentage of respondents from Central VA combined with the very small numbers from the more rural areas of the state are relevant to findings in the rest of the report.



- 80% of respondents believe BIAV is valuable to the brain injury community
- 82% of respondents would recommend BIAV to others

Relationship with BIAV

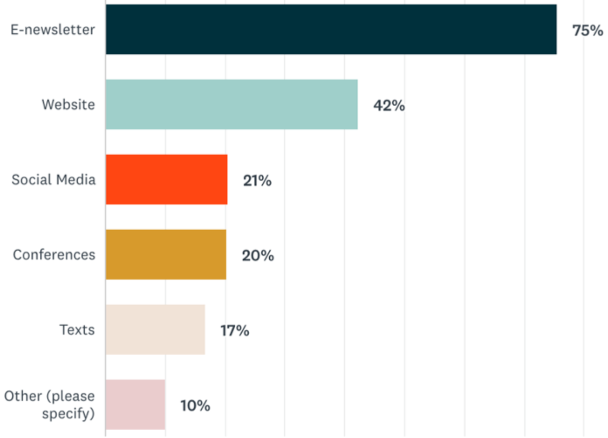
How do you commonly interact with BIAV?



The next question was an open-ended opportunity for those who said they do not interact with BIAV to explain why they don't. The Spark Mill looked at all of the responses and categorized them into themes. Below are the top 4 categories, all of the others were less than 4%.

- What/When/How (21%) – these were comments about not knowing what is going on or how to connect with BIAV
- Location (17%) – this was a combination of people who had moved out of state or who did not believe there were any BIAV services available to them in their part of the state
- Unhelpful Experience (16%) – people who had reached out and not heard back, had a negative interaction with BIAV, or who had been told BIAV could not help them
- Brain Injury Complications (10%) – people who have a difficult time connecting because of their brain injury or caregivers who feel too overwhelmed caring for someone with a brain injury to participate

What are your preferred methods of receiving communication from BIAV?



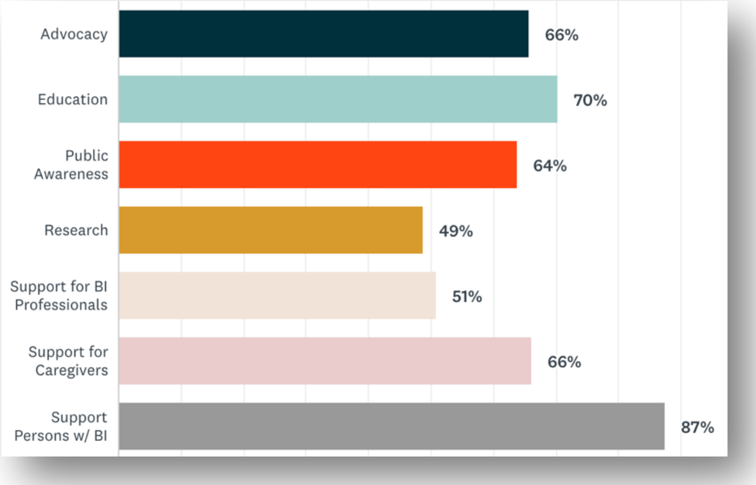
There were 47 other responses: email (27), mail (7), phone (6)

Focus Areas

Overall, all of BIAV's focus areas are important to a lot of people. This question was asked two different ways and, in both cases, the most favored focus area was support for persons with brain injuries and the two with the least responses were support for brain injury professionals and research.

When asked if BIAV could only focus on one area, what area should that be 51% of survey respondents said support for persons with brain injuries. The next two closest responses were advocacy (15%) and public awareness (12%).

Which of BIAV's focus areas are important to you?



Patterns & Analysis

When looking at all of the quantitative and qualitative data comprehensively, there were a few ideas that continuously came up in the survey. As this information folds into the larger report and themes, you will see that much of this is probably not BIAV's work to tackle, at least not directly. But understanding the needs and desires of your stakeholders can help you see where the gaps exist and position you to make more strategic decisions based off of that knowledge.

Communication to the general public (public awareness) and also to the brain injury community, including those who are already connected with you. There was a general lack of understanding about what BIAV does with questions and comments like "I have this problem, can they help with that?" "Why should I be involved?" or "What do they even do?" Additionally, the survey showed that people with a brain injury may need an extra layer of proactive reminders and engagement to get or keep them involved.

Customer service/Lack of help – bad experiences, reached out and never heard back, were told they can't help b/c not sick enough or wrong kind of sick, etc. ...some more isolated feedback around only helping people that have money, or only being interested in getting money from folks

Life Navigation – This was a big one. Respondents lifted up over and over a need for actionable outcomes for navigating life with a brain injury or as a caregiver. Some of the particular needs lifted up included help finding lawyers and financial advisors/assistance, employment, workforce development/training, help finding providers, help finding at home care/childcare, etc.

*As a note, 323 people provided an email or phone number to be entered for the gift cards. That information is in a separate Excel sheet for the BIAV team.

Themes

IDENTIFIED GAPS

In our conversations with stakeholders, we asked about where they saw gaps related to the brain injury community. During our conversations, three categories of gaps emerged.

UNDERSERVED POPULATION GAPS. This category points to segments of the population that stakeholders saw as underserved when it comes to brain injury services. Specific segments lifted up were: children & youth, persons with a minor brain injury, victims of partner abuse, severe neurobehavioral cases, persons with substance abuse disorder, and persons who require supportive housing services.

> *"The school systems are lacking understanding because people don't understand that a brain injury is a brain injury. A lot of young people had a brain injury. TBI or ABI, it was still a brain injury, but because of lack of knowledge, everyone was fit into the same puzzle. There was no individuality. Because it was institutionally identified under the same label."*
>
> *"Associations should be a lot more involved with children and youth."*
>
> *"One of the populations we haven't talked about would be victims of partner abuse. Anne has done work in that field, and advancing that [work] could help a lot of states."*
>
> *"A big gap is how we serve severe neurobehavioral cases. Another gap is supportive living, supportive housing. It's really hard to care for someone who needs 24/7 support at home. Is there transitional housing? Housing and supportive living are a gap."*
>
> *"I think that a lot of times, BIAs are addressing moderate to severe brain injuries. Unless you have a real direct outreach to hospitals, it might take years to connect individuals to services. If you give folks at the time of the injury, they are not a place where they are ready to receive it. It takes 6mos to a year."*
>
> *"An identified gap is in the area of spousal abuse and DV issues – often these are accompanied with an undertreated brain injury."*
>
> *"The other area [that is a gap] is working with children and youth with brain injury. Creating supports in education and the transition into adulthood – work, education, life skills, etc. Brain injury can't be described as [it's own] system of care. It's really relying on systems that exist."*
>
> *"One gap – Care for brain injury is very state-specific. Everything is tied to funding. In VA, we don't have a Medicare waiver; what that means is people with really serious brains issues – there is nowhere to send them."*

> *"Also, substance abuse and addiction services for those with brain injuries are missing, too."*

SERVICE/SYSTEM GAPS. This category points to types of services or barriers preventing persons with brain injury from accessing services. Additionally, a national stakeholder suggested the need for a clear and consistent protocol that could be used across different parts of the system to guide providers in diagnosing and supporting brain injury more holistically.

> *"Social recreation component is often missing. The biggest issues are isolation and lack of activities for quality of life."*
>
> *"Universal access to competent and consistent services – this is the area to focus on."*
>
> *"We don't have any designated Medicaid program like disabilities do. That is why so many people [with a brain injury] are in mental hospitals and nursing homes.“*
>
> *"Transitional care programs are missing in our community."*
>
> *"Protocol: Identifying the brain injury, what does that mean for them, individualized treatment plan, and then training people to do it. It's not about accessing the services. It's Helping people be brain-injury informed in service delivery."*

PROVIDER GAPS. Stakeholders identified specific gaps with service providers and medical professionals. Provider gaps range from how they diagnose or pay attention to brain injury to sectors of the medical and services community "coming to the table" to understand that brain injury may be at the core of a person's behavioral or social challenges.

> *"I think a low-hanging fruit is to incentivize providers to ask screening questions. Incentivize folks to go through the training. It's hard to get people to use the great protocols developed at UVA."*
>
> *"We are shifting in brain injury in thinking about brain injury as a chronic condition. It's gaining a bit more traction. What are long-term actions for people with brain injury Aging and living with brain injury more long term. Not just rehabilitative but life management*
>
> *"The biggest gap is behavioral health. States have historically had a challenge with getting that partner to the table. They are already serving people with brain injuries. They often don't know it. Once they do, they want to shift them to another department. We finally started making inroads with better partnering and better identification."*
> *"Brain injury just crosses all the sectors. How do we understand to really connect with those systems so that they understand brain injury and how to work with brain injury."*

> *"We do have a registry program [in Virginia] where they send a letter to persons who have had a neck or brain injury. However, if you go to the ER for a concussion and are released without getting admitted, you don't get the letter. For those that aren't admitted in a hospital, it is a huge gap."*

> *"I know one thing that was really effective in the past; BIAV used to have regional people out in the field going and talking to pediatricians and talking to professionals and individuals in the field."*

> *"I have a son that needs dental care, and no dentist in Virginia wants to work on him. Where do we go? Who can help?"*

> *"I have reached out to others in need of support from the group. Unfortunately, many health care providers fail to include information to families in need of support, awareness, and contact information. I was lucky that my awareness came from working Camp Bruce McCoy."*

UNEVEN ACCESS TO SERVICES ACROSS THE STATE

Gaps in services and providers due to geography came up so often in our conversations that we made it a separate theme. Outside of more urban areas, getting access to service providers who understand or work with persons with brain injury is a challenge. Likewise, according to stakeholders, there is a lack of services or awareness of services for persons with brain injury across the state. Moreover, survey respondents expressed frustration that BIAV's support groups felt very Richmond-centric.

> *"A lot of rural community doesn't know BIAV exists. They don't' know what services are available because of where they're located."*

> *"From our end – we see it most with pediatric patients and folks in rural areas. We have a hard time connecting to services because they just don't exist."*

> *"There is a significant difference in how people access acute injury support. Those rehab centers are in metro hubs. If you don't live there and don't have the insurance to pay for it, you are not going to get access to those services."*

> *"If there was a way to figure out better infrastructure to help the rural populace."*

> *"I know you provide help to TBI patients, but there is no TBI group near where I live in Chesterfield, so I am out of the loop."*

> *"We do know that there are gaps in services in certain rural areas of VA, Southwest Virginia for instance. Paige County and Greene County, these are mountainous regions often with Appalachian culture. Culturally there is a fear of the medical community. Part of it is a transportation barrier. Some of these persons live in really difficult to get to areas. Telehealth in Libraries is not always the answer."*
>
> *"I think you need local chapters across the state to help educate and provide resources."*
>
> *"I cannot drive to Richmond. I will need support groups online or during the day closer to where I live."*
>
> *"As far as I could tell, we don't have anything in this area (Halifax County, VA) that helps. Everything looks like it's based around the Richmond area."*
>
> *"Local groups, so there is less traveling and more local community involvement."*

MORE COORDINATION AND COLLABORATION BETWEEN BRAIN INJURY ORGANIZATIONS

Related to the previous theme, stakeholders recognize that brain injury organizations across the state are operating in parallel and not always in partnership. Stakeholders expressed a desire for a more collaborative approach to brain injury services across Virginia to streamline the journey for caregivers and persons with brain injury to connect to existing resources available to them.

> *"They could be a referral and patient care navigation central brain and hard drive. This is my big wish for them! There are a lot of opportunities to connect the service hubs. The entire system is siloed. Can we coordinate with the seven providers and get them to share better and streamline efforts. More alignment between the seven hubs."*
>
> *"Some areas of Virginia are unserved. If there was a service map with documentation of coverage. There are more central hub areas that could benefit – a program scan and menu for the state."*
>
> *"I would advise a collaborative relationship with our state agency and stakeholders. See yourselves as partners and collaborators."*
>
> *"I'd like to see BIAV less focused on "the win" and more on bringing partners together to make things happen."*
>
> *"Communicate! I didn't know you existed. My medical professionals must not know you exist because no one ever referred me to BIAV even though I have practically begged for help. I*

> *know I can get better, but corporate medicine just churns people for insurance without actually helping or providing info about where to get help. MANY other clients of Brain Injury Services feel the same way. Why don't BIAV and BIS work together?"*
>
> *"The hardest thing for me as a caregiver was reaching out to so many different organizations to try and find help; there is no one-stop-shop that gives you all the information of all the different benefits that you can receive across the state or country or county I had to contact each organization individually to see what they offered if they offered anything and there were so many cracks that a person could possibly fall into which prevented them from getting assistance. It would be great if there is a book or a website or link that could name all the different organizations and what they offer to what age group."*

MAKING CONNECTIONS – HELPING NAVIGATE THE SYSTEM

One of BIAV's strengths is connecting individuals to the right nodes in the system. This was identified as a strength by individuals with a brain injury and their caregivers as well as by those organizations who serve them. At the same time, this was also lifted up as an area to strengthen. Much of the invitation to strengthen this muscle came from survey respondents looking for a menu or comprehensive list of resources.

> *"[BIAV is] best known for being an anchor in the community for people looking for resources and advocacy. They are known for being a clearinghouse of sorts. If you don't know where to go when you Google you are going to find them and they will connect you. They are really good at connecting people with resources."*
>
> *[In response to the question, What is BIAV best known for?] "Finding and educating people on brain injury and services they can obtain. A lot of people don't know how to access information. Provides information for caregivers. Not only for the person but also caregivers."*
>
> *"[BIAV is] best equipped to serve the system. I don't know that that is what they do. They are also equipped to serve families, but that is what DARS does. BIAV is helping people get help."*
>
> *"We are trying to figure out how to generate referrals and connect people sooner and do some follow-ups with patients sooner and ongoing education opportunities. [BIAV] was one of the first on my partner list. I have worked in the community side for several years. It is hard to connect brain injury communities to services."*
>
> *"Referrals for doctors who can work with my sister. Doctors who are willing to network with one another, as a brain injury patient, is very complex. It would help if the doctors would engage one another and explore treatment options as a team. Referrals for caregiver*

> *agencies or a list of private duty caregivers. A list of places in the surrounding areas that are wheelchair/special needs friendly could help new patients."*
>
> *"I would like to see more resources that list doctors across the state who have an interest in or are known to be knowledgeable and compassionate in dealing with patients with my TBI. I went through several doctors who were dismissive and of no help to me when I was suffering and struggling."*
>
> *"Lists of resources - doctors, caregivers, dentists, therapist - in different areas of the state, information for people moving into the state who need resources, and working to be sure hospitals make brain injury patients/family members aware of the BIAV before they are discharged from the hospital."*
>
> *"I think, to be honest, BIAV is best equipped to serve family members/caregivers and professionals. They do serve persons with brain injury, but to best serve them, we arm the people who help them. People with brain injury can come to an event, but what they really need is someone who helps them get through their day. Families and caregivers first. Then it would be professionals who are in adjacent spaces that don't understand brain injury."*

ADVOCACY FOR PUBLIC POLICY CHANGES AND FUNDING SUPPORT

Stakeholders see advocacy as a place that BIAV is uniquely positioned to address in the brain injury services landscape. They recognize the work that staff and the organization are doing in this space, and they want to see more happening. They wish to see BIAV engaging in advocacy around policy and legislation as well as greater funding for services across the state.

> *"There is one thing they can do we can't do: we can't lobby and advocate. BIAV can be activists and advocates; they can petition. They can work hand in hand with neighbors and legislators."*
>
> *"Advocating for anything that will impact the quality of life for the consumer. Funding, programs, etc. Across the state there is nothing. I'm not asking them to run programs across the state – but if they could advocate for more funding and programs to support these things."*
>
> *"Amplify the advocacy contribution of all members of the BIAV team. It just feels like there is a black box. I don't know what's in it. I don't know enough about the infrastructure of the organization."*

> *[In response to what is BIAV best equipped to do?] "Advocacy comes to mind. The advocacy work they do at a state level and the national work, focusing on policy and legislation development."*
>
> *"What BIAV is poised to do or can best do is be the mouthpiece in the legislature."*

SUCCESSION PLANNING

Stakeholders appreciate the work that BIAV, and Anne in particular, does in the brain injury space. In fact, many of them equate BIAV with Anne. They lifted this up as a concern for Anne, they are afraid that Anne is going to burn out or leave, and they are concerned in Anne's absence who will take up the charge. It's not that they don't trust or believe in the current staff; they haven't connected with them or seen them doing this kind of work. Stakeholders actively wondered about succession planning.

> *"We see Anne as the organization – she has really grown the organization. I think what's underneath it is that Anne's job is not sustainable."*
>
> *"Anne is a powerhouse. She is dynamite. There is fire in her work. And there is fear, and there is a fearlessness in her work. I don't know sustainable that is. I don't know how involved her staff is. I think she tries to do what I am talking about. But I see it as her, one person. We worry about when Anne retires; what is the succession plan."*
>
> *"I think what I am also trying to say, Anne cannot be the only one doing this work. She needs a delegation of people to join her in this work. Does the whole organization do that?"*

SPARKS

> *"Anything strategically that will drive the quality of life for these patients and families after they leave is so very important and must remain your focus."*
>
> *"The caregivers need more than we even think. Caregivers need just as many services."*
>
> *"I think we need to think about the application of consumer-led and engaged case management."*
>
> *"There are so many things, and that's maybe part of the problem."*

Pathways

While there is much work to be done within the brain injury ecosystem in Virginia, not all of the work is yours to do. It is important that as we start crafting a plan with the stakeholder feedback in mind that BIAV determines its focus. Two guard rails we suggest you consider are:

What Gaps Are Ours To Address?
As BIAV looks to the next three years, what are the gaps mentioned above that are yours to address? Likewise, what are the gaps that can be addressed through partnerships and collaborations? As you consider your strategic plan, you will want to focus on the significant gaps lifted up that you are uniquely equipped and positioned to address in line with your mission and vision.

Financial Sustainability To Do The Work
That said, you will want to create a development plan that allows you to do the work you are best equipped to do in order to make the greatest impact. It is clear from talking with stakeholders, BIAV is a significant resource and that people value your work and want more from you. The key will be to determine the work that is yours to do and identify a pathway to do that work sustainably.

Appendix A:

Key Stakeholders Interviewed and Questions

One-On-One Interviews

- Alison Clarke - *Sheltering Arms Institute, Community Engagement Manager*
- Maria Crawley - National Association of Head Injury Administrator, Director of Professional Development
- Judy Dettmer - National Association of Head Injury Administrator, Director of Strategic Partnerships
- Debra Holloway – *BIAV, Education Manager & Support Group Leader*
- Brianna Kilmartin – *Sheltering Arms Institute, Program manager*
- Cara Meixner - *Virginia Brain Injury Council, Chairperson*
- Malvina Sandidge-Penn - *Department for Aging and Rehabilitative Services*

Base Interview Questions

1. How are you connected with BIAV?
2. What is BIAV best known for?
3. Who do you think BIAV is best equipped to serve? Why?
4. What gaps in services that you see in the brain injury community?
5. Are there certain populations that don't have access to necessary information and services? If so, why do you think that is?
6. If you gave BIAV $1,000,000, how would you want them to spend it?
7. If BIAV had time and money to do only one thing in the next three years, what would you want it to be?
8. If you could pass a secret note to Ann and the board, what would it say?
9. Is there anything else you think we should know?

Appendix B:
Survey Questions

What led you to become involved with BIAV for the first time?

- I attended an event
- I have a brain injury
- I am a family member of someone with a brain injury
- I work in the brain injury field
- I wanted to support the mission
- Other (please specify)

What is your current relationship with BIAV? (Select all that apply)

- BIAV Member
- Board
- Brain Injury Professional
- Camp Bruce McCoy attendee
- Community partner
- Donor
- Event attendee
- Family/Caregiver
- Intern
- Person with a brain injury
- Staff
- State funded brain injury program
- Support group leader
- Support group participant
- Volunteer
- Other (please specify

In what ways do you commonly engage with BIAV's services? (Select all that apply)

- Camp Bruce McCoy
- Education & Training (conferences, webinars, ACBIS)
- Events (Golf, Legacy Dinner)
- I do not interact with BIAV
- Information & Referral Services (I&R)
- Legislative/Policy Advocacy
- Other (please specify)
- Professional's Directory (online)
- Read Newsletter/Social Media
- Resources (online)
- Support Groups/Peer Communities
- Volunteer Opportunities

If you do not interact with BIAV, please tell us why.

Do you have a clear understanding of what BIAV does?

Do you believe BIAV is valuable to the brain injury community?

Does BIAV do a good job of telling the story of their work and impact in the community?

Would you recommend BIAV to others?

Which of BIAV's focus areas are important to you? (Select all)

- Advocacy
- Education
- Public Awareness
- Research
- Support for Brain Injury Professionals
- Support for Caregivers
- Support for Persons with a Brain Injury

How well does BIAV meet the needs of the brain injury community in the following areas?

- Advocacy
- Education
- Public Awareness
- Research
- Support for Brain Injury Professionals
- Support for Caregivers
- Support for Persons with a Brain Injury

If BIAV could only focus on one area of its current work, which area do you think is most impactful to the brain injury community?

- Advocacy
- Education
- Public Awareness
- Research
- Support for Brain Injury Professionals
- Support for Caregivers
- Support for Persons with a Brain Injury

Is there anything you need or want from BIAV that you are not currently receiving?

Is there anything else you believe is important for us to consider as we help BIAV plan for the future?

Region

- Central
- Hampton Roads
- Northern
- Northern Neck/Eastern Shore/Middle Peninsula
- Southside
- Southwestern
- Western/Shenandoah Valley
- I don't live in Virginia

To which age bracket do you belong?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+
- Prefer not to answer

What is your gender identity?

- Man
- Nonbinary
- Woman
- None of the above
- Prefer not to answer

How would you best describe yourself? (Select all that apply)

- American Indian or Alaskan Native
- Asian/Asian American
- Black/African American
- Hispanic
- Latino or Spanish
- Native Hawaiian or Pacific Islander
- White
- None of the above
- Prefer not to answer

What are your preferred methods of receiving communication from BIAV? (Select all that are relevant)

- E-newsletters
- Conferences
- Social Media
- Texts
- Website
- Other (please specify)