# Community Health Priority #1: Mental Health & Substance Use

## **GOAL:** Increase culturally and linguistically appropriate capacity and increase community awareness of mental health and substance abuse problems.

**CMHWC Recommended Strategies Addressing Mental Health**

**Community Mental Health and Wellness Coalition Advocacy Brief (draft), 2016**

* Develop **public awareness campaigns**:
  + to help residents and providers learn more about available resources and
  + reduce stigma related to mental health and substance abuse problems
* Expand **Mental Health First Aid training** to reach workplaces, faith based, other groups
* Expand **screening and early intervention** for mental health and substance abuse concerns
* Increase **service system capacity** to address waitlist, cost and other barriers to care
* Advocate for **policy initiatives** to expand healthcare access, including parity for insurance payments for behavioral health services
* Work with local health systems and non-profit and private medical providers to strengthen and expand **integrated care**
* Increase **tele-health** opportunities to reach isolated communities
* Assess **transportation challenges** that affect access and develop strategies to address
* Expand **peer and family support** for behavioral health services
* Expand **medication assisted treatment** and other substance abuse treatment
* Work with local healthcare systems to develop effective **prescription monitoring and provider education**
* Promote **community awareness** and change social norms to recognize the danger of prescription drug misuse and the importance of safe storage and safe disposal
* Expand opportunities for **prescription drug take back.**

**Virginia Department of Health, Virginia’s Plan for Wellbeing, 2016**

* Expand access to and use of **community-based programs** for treatment of mental health disorders
* In primary care and other settings, increase use of the **Screening, Brief Intervention, Referral and Treatment tool** (an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs)
* Establish **smoke-free policies** and social norms
* Increase the number of providers who **screen for nicotine use**, including smokeless tobacco and e-cigarettes, and provide or refer for cessation services

# Community Health Priority#2: Age and Family-Friendly Continuum

## **GOAL:** Increase wellbeing across the age continuum by supporting education, awareness, and prevention that will lead to a healthy, connected community.

**Virginia Department of Health, Virginia’s Plan for Wellbeing, 2016**

* Increase access to **quality family planning services** for all women of child-bearing age
* **Educate** women and men about the effectiveness of contraceptive methods and increase access to the most effective methods
* Expand **evidence-based programs** that promote healthy relationships
* Increase enrollment of three to five year-old children in **early childhood education programs**
  + From previous meetings: Increase accessible, convenient, affordable, high quality childcare and after school programs
* Increase the number of providers and educators who **screen for adverse childhood events** (ACEs) and are trained in using a trauma-informed approach to care
* **Expand programs** that help families affected by ACEs, toxic stress, domestic violence, mental illness, and substance abuse create safe, stable, and nurturing environments
* Provide **alternative pathways to graduation** and post-secondary training for disconnected youth and those with special needs
* Expand **training and work-linked learning** opportunities for youth
* Support opportunities for **mid-career retraining**
* Build **affordable housing**, and rehabilitate existing affordable housing to accommodate low-income families
* Encourage construction of safe, congregate and retirement **housing for the aging** population
* Increase the number of **fitness and physical therapy facilities** that promote senior fitness
* Develop a **senior falls prevention** program

**World Health Organization Checklist of Essential Features of Age-friendly Cities (2007)**

*The checklist features a variety of strategies across eight broad categories:*

* Outdoor spaces and buildings (e.g. public areas are clean and pleasant)
* Transportation (e.g. public transportation is reliable and frequent, including at night, on weekends)
* Housing (e.g. sufficient and affordable housing for frail and disabled older people)
* Social participation (e.g. there is consistent outreach to include people at risk of social isolation)
* Respect and social inclusion (e.g. schools provide opportunities to learn about aging and older people)
* Civic participation and employment (e.g. paid opportunities for older people to work is promoted)
* Communication and information (e.g. people at risk of social isolation get one-to-one information)
* Community and health services (e.g. all staff are respectful, helpful and trained to serve older people)

# Community Health Priority #3: Health Disparities / Access to Care

## **GOAL:** Increase health equity through professional development, community education and engagement, and building capacity among leaders.

**MAPP Leadership Council Meeting, October 19, 2016**

* Develop a community coalition, including residents, health systems, community agencies, faith-based organizations, and others to address this priority
* Engage the community around stigma and access and health disparities
* Identify 3 specific health conditions to address (diabetes, hypertension, asthma)
* Address public transportation barriers
* Expand workforce to represent the diversity of the population it serves
* Increase professional development around implicit bias and cultural humility

**Virginia Department of Health, Virginia’s Plan for Wellbeing, 2016**

***Racial Disparities in Pregnancy Outcomes***

* Form a neighborhood collaborative co-led by community members in under-resourced communities to identify obstacles and develop plans to address the root causes of health inequities
* Increase the number of providers who screen postpartum women for depression and provide or refer for treatment
* Expand outreach to pregnant women and increase the number of group prenatal care classes

***Access/Health Equity***

* Improve access to comprehensive primary care in patient-centered medical homes
* Expand telemedicine services in rural areas of Virginia
* Increase care coordination across providers and settings
* Expand adoption of the community health worker model by health care organizations

**Healthy People 2020**

***Access***

* Increase the proportion of persons with health insurance
* Increase the proportion of persons who have a specific source of ongoing care (a PCP)
* Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines

# Community Health Priority #4: Obesity and Lack of Recreation

## **GOAL:** Stop the trend of persons who are overweight and obese from increasing through education and advocacy for infrastructure, prevention, and policy initiatives around healthy lifestyles across the continuum.

**Recommended Community Strategies to Prevent Obesity in the United States, CDC, 2009**

**Strategies to Promote the Availability of Affordable Healthy Foods and Beverages**

Strategy 1. Increase Availability of Healthier Food and Beverage Choices in Public Service Venues

Strategy 2. Improve Availability of *Affordable* Healthier Food and Beverage Choices in Public Service Venues

Strategy 3. Improve Geographic Availability of Supermarkets in Underserved Areas

Strategy 4. Provide Incentives to Food Retailers to Locate in and/or Offer Healthier Food and Beverage Choices

Strategy 5. Improve Availability of Mechanisms for Purchasing Foods from Farms

Strategy 6. Provide Incentives for the Production, Distribution, and Procurement of Foods from Local Farms

**Strategies to Support Healthy Food and Beverage Choices**

Strategy 7. Restrict Availability of Less Healthy Foods and Beverages in Public Service Venues

Strategy 8. Institute Smaller Portion Size Options in Public Service Venues

Strategy 9. Limit Advertisements of Less Healthy Foods and Beverages

Strategy 10. Discourage Consumption of Sugar-Sweetened Beverages

**Strategy to Encourage Breastfeeding.** Strategy 11. Increase Support for Breastfeeding

**Strategies to Encourage Physical Activity or Limit Sedentary Activity Among Children and Youth**

Strategy 12 & 13. Require Physical Education in Schools / Increase the Amount of Physical Activity in PE

Strategy 14. Increase Opportunities for Extracurricular Physical Activity

Strategy 15. Reduce Screen Time in Public Service Venues

**Strategies to Create Safe Communities That Support Physical Activity**

Strategy 16. Improve Access to Outdoor Recreational Facilities

Strategy 17 & 18. Enhance Infrastructure Supporting Bicycling / Walking

Strategy 19. Support Locating Schools within Easy Walking Distance of Residential Areas

Strategy 20. Improve Access to Public Transportation

Strategy 21. Zone for Mixed-Use Development

Strategy 22 & 23. Enhance Personal / Traffic Safety in Areas Where Persons are or Could be Physically Active

**Strategy to Encourage Communities to Organize for Change**

Strategy 24. Participate in Community Coalitions or Partnerships to Address Obesity

**Virginia Department of Health, Virginia’s Plan for Wellbeing, 2016**

* Implement organizational and programmatic nutrition standards and policies
* Expand programs and services to eliminate childhood hunger
* Help people recognize and make healthy food and beverage choices
* Increase the number of evidence-based employee wellness programs